

Public Document Pack



Executive Board

Thursday, 2 December 2010 2.00 p.m.
Bridge Suite, Stobart Stadium

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

Chief Executive

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

PART 1

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1. MINUTES	
2. DECLARATION OF INTEREST	
Members are reminded of their responsibility to declare any personal or personal and prejudicial interest which they have in any item of business on the agenda no later than when that item is reached and, with personal and prejudicial interests (subject to certain exceptions in the Code of Conduct for Members), to leave the meeting prior to discussion and voting on the item.	
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*Please contact Angela Scott on 0151 471 7529 or
Angela.scott@halton.gov.uk for further information.
The next meeting of the Committee is on Thursday, 16 December 2010*

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<p>ITEMS CONTAINING "EXEMPT" INFORMATION FALLING WITHIN SCHEDULE 12A OF THE LOCAL GOVERNMENT ACT 1972 AND THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985</p>	
<p>In this case the Board has a discretion to exclude the press and public and, in view of the nature of the business to be transacted, it is RECOMMENDED that under Section 100A(4) of the Local Government Act 1972, having been satisfied that in all the circumstances of the case the public interest in maintaining the exemption outweighs the public interest in disclosing the information, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraphs 3 of Part 1 of Schedule 12A to the Act.</p>	
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In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.

REPORT TO: Executive Board

DATE: 2nd December 2010

REPORTING OFFICER: Strategic Director, Adults & Community

SUBJECT: Service Inspection of Adult Social Care –
September 2010

WARDS: All wards

1.0 PURPOSE OF THE REPORT

1.1 To present the Executive Board with details of the outcome of the Service Inspection of Adult Social Care recently carried out by the Care Quality Commission (CQC).

2.0 RECOMMENDATION: That the Board:

- (1) Receive a presentation from Susan Talbot, CQC Lead Inspector; and**
- (2) Note the contents of the report and associated appendices**

3.0 SUPPORTING INFORMATION

3.1 Background/Methodology to Inspection

3.1.1 The CQC is the independent regulator of health and social care in England. CQC regulate care provided by the NHS, local authorities, private companies and voluntary organisations. The inspection of Adult Social Care services is an integral part of the wider performance assessment of Councils. Service inspections of adult social care use the CQC Adult Social Care Outcomes Framework including domains relating to capacity for improvement. Evidence is assembled and reported against outcomes and constituent performance characteristics for the areas selected for an individual inspection.

The areas inspectors assess include:

- how well local services meet people's needs
- whether they provide the right specialist services and how good they are
- how effectively the council involves local people in planning services.

The resulting inspection report looks at areas that are successful, areas that are less successful, and states what needs to be changed and improved.

3.1.2 An inspection team from CQC visited Halton in September 2010 to find out how well the Council was delivering adult social care. To do this, the inspection team looked at how well Halton was:

- Safeguarding adults whose circumstances made them vulnerable

As part of safeguarding, inspectors would have considered how we safeguard people from abuse, neglect and self harm. How we ensure that people who use services and their carers are free from discrimination, respected in terms of individual preferences, dignity and privacy.

- Improving the health and wellbeing of older people

Inspectors would have reviewed whether we ensure that people are well informed and advised about their physical, mental health and wellbeing and how this helps to lower rates of preventable illnesses and long term conditions. Inspectors would have reviewed how we support people to recover following treatment in hospital through rehabilitation, intermediate care or support at home. At the end of life, do we ensure that people who use our services and their carers have their wishes respected and are treated with dignity.

- Increasing choice and control for older people

Services would have been assessed in terms of how people are supported to take control of their support including the assessment of their needs and whether we support their choices via a wide range of services that help promote independence. Inspectors would have also reviewed how effectively we manage complaints.

3.1.3 Before visiting Halton, the inspection team reviewed a range of key documents supplied by the Council and assessed other information about how the Council was delivering and managing outcomes for people. This included, crucially, the council's own assessment of their overall performance. The team then refined the focus of the inspection to cover those areas where further evidence was required to ensure that there was a clear and accurate picture of how the Council was performing. During their visit, (which involved 6 working days fieldwork within Halton) the team met with people who used services and their carers, staff and managers from the Council and representatives of other organisations.

3.2 Summary of Findings

3.2.1 CQC judges the performance of Councils using the following four grades: -

- performing poorly
- performing adequately

- performing well
- performing excellently

3.2.2 In respect of the three areas outlined in paragraph 3.1.2, CQC concluded that Halton was :-

- performing **excellently** in safeguarding adults.
- performing **well** in supporting improved health and wellbeing of older people.
- performing **excellently** in supporting increased choice and control for older people.

3.2.3 CQC also rates a Council's capacity to improve its performance using the following four grades:-

- Poor
- Uncertain
- Promising
- Excellent

CQC concluded that the capacity to improve in Halton was **excellent**

3.2.4 A copy of the Inspection report produced by CQC can be found at Appendix 1.

3.3 Action Plan/Monitoring Arrangements

3.3.1 Appendix A of the Inspection report (pages 31 & 32), provides a summary of the recommendations made by CQC for improving performance in Halton and as a result the Council (in conjunction with it's partners) has completed an Improvement Plan to address the issues raised. (This Improvement Plan is supported by a more detailed internal action plan). A copy of the Improvement Plan is attached at Appendix 2.

3.3.2 This Improvement Plan has been incorporated into Halton Safeguarding Adults Boards (HSAB) and the Health SSP performance management and business planning processes to ensure appropriate action/progress is taken/made.

3.3.3 The Improvement Plan will steer the work of the Council and its partners, with regards to adult social care over the next few months. The Council already have a strong base to make further improvements and recognise that we will do more to ensure that Halton residents receive the services they need. Given the dedication of our staff to deliver quality services and the commitment of the Council (and its partners) to support improvements we feel we can achieve the actions set down in the plan.

4.0 POLICY IMPLICATIONS

4.1 These are identified within the action plan at Appendix 2.

5.0 FINANCIAL IMPLICATIONS

5.1 The outcomes that are expected to be achieved will be done so from within existing budgets, however consideration will need to be given in respect of the ongoing efficiency review and other associated budgetary issues and the possible impact on service delivery.

5.2 At this stage it is anticipated that the actions linked to transport (Action point 2.2.2 'Address gaps in access to and the flexibility of local transport') may require further review and if resources are required then the implications etc will have to be addressed by the Council's Executive Board.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

No specific issues identified

6.2 Employment, Learning and Skills in Halton

No specific issues identified

6.3 A Healthy Halton

The outcomes of the Inspection and it's resulting action plan clearly demonstrates the Council's commitment, (along with it's partners), in recognising the needs of Service Users and their Carers in promoting the health and wellbeing of vulnerable adults within the Community.

6.4 A Safer Halton

The Council and its partners (via the HSAB) continue to ensure that adults whose circumstances make them vulnerable are safeguarded.

6.5 Halton's Urban Renewal

No specific issues identified

7.0 RISK ANALYSIS

7.1 The main risk associated with the delivery of the outcomes outlined in the action plan are linked to financial implications as outlined in paragraph 5 of this report.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 No specific issues identified



Inspection report

Service inspection of adult social care: **Halton Borough Council**

Focus of inspection:

Safeguarding adults

Improved health and wellbeing for older people

Increased choice and control for older people

Date of inspection: September 2010

Date of publication: November 2010

About the Care Quality Commission

The Care Quality Commission is the independent regulator of health and adult social care services in England. We also protect the interests of people whose rights are restricted under the Mental Health Act.

Whether services are provided by the NHS, local authorities, private companies or voluntary organisations, we make sure that people get better care. We do this by:

- Driving improvement across health and adult social care.
- Putting people first and championing their rights.
- Acting swiftly to remedy bad practice.
- Gathering and using knowledge and expertise, and working with others.

Inspection of adult social care

Halton Borough Council

September 2010

Service Inspection Team

Lead Inspector: Sue Talbot

Team Inspector: Laura Middleton

Expert by Experience: Malcolm Haddick
Supported by: Age UK

Project Assistant: Balwinder Jeer

This report is available to download from our website on www.cqc.org.uk

Please contact us if you would like a summary of this report in other formats or languages. Phone our helpline on 03000 616161 or Email: enquiries@cqc.org.uk

Acknowledgement

The inspectors would like to thank all the staff, service users, carers and everyone else who participated in the inspection.

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Introduction

An inspection team from the Care Quality Commission visited Halton in September 2010 to find out how well the council was delivering social care.

To do this, the inspection team looked at how well Halton was:

- Safeguarding adults whose circumstances made them vulnerable,
- Improving the health and wellbeing of older people, and
- Increasing choice and control for older people.

Before visiting Halton, the inspection team reviewed a range of key documents supplied by the council and assessed other information about how the council was delivering and managing outcomes for people. This included, crucially, the council's own assessment of their overall performance. The team then refined the focus of the inspection to cover those areas where further evidence was required to ensure that there was a clear and accurate picture of how the council was performing. During their visit, the team met with people who used services and their carers, staff and managers from the council and representatives of other organisations.

This report is intended to be of interest to the general public, and in particular for people who use services in Halton. It will support the council and partner organisations in working together to improve people's lives and meet their needs.

Reading the report

The next few pages summarise our findings from the inspection. They set out what we found the council was doing well and areas for development where we make recommendations for improvements.

We then provide a page of general information about the council area under 'Context'.

The rest of the report describes our more detailed key findings looking at each area in turn. Each section starts with a shaded box in which we set out the national performance outcome which the council should aim to achieve. Below that and on succeeding pages are several 'performance characteristics'. These are set out in bold type and are the more detailed achievements the council should aim to meet. Under each of these we report our findings on how well the council was meeting them.

We set out detailed recommendations, again separately in Appendix A linking these for ease of reference to the numbered pages of the report which have prompted each recommendation. We finish by summarising our inspection activities in Appendix B.

Summary of how well Halton was performing

Supporting outcomes

The Care Quality Commission judges the performance of councils using the following four grades: 'performing poorly', 'performing adequately', 'performing well' and 'performing excellently'.

Safeguarding adults:

We concluded that Halton was performing excellently in safeguarding adults.

We concluded that Halton was performing well in supporting improved health and wellbeing of older people.

We concluded that Halton was performing excellently in supporting increased choice and control for older people.

Capacity to improve

The Care Quality Commission rates a council's capacity to improve its performance using the following four grades: 'poor', 'uncertain', 'promising' and 'excellent'.

We concluded that the capacity to improve in Halton was excellent.

What Halton was doing well to support outcomes

Safeguarding adults

The council:

- Was active and vigilant in its work to promote the safety and well-being of local people.
- Ensured safeguarding investigations were well-managed and that risks were appropriately addressed.
- Offered a comprehensive programme of training and guidance that built the knowledge, skills and confidence of staff across the sector.
- Promoted a strong culture and standards for ensuring people were treated with dignity and respect.
- Made detailed checks of the quality of local services, and took robust action to tackle poor performance and support improvements.

Improved health and wellbeing for older people

The council:

- Had developed a broad range of preventative strategies and activities that assisted older people to remain fit and active.
- Worked well with other agencies in supporting older people and their carers, including those with complex needs.
- Enabled easy access to and achieved good outcomes from rehabilitation services.
- Provided a range of equipment and home adaptations to promote independence.
- Provided effective support to older people and their families at the end of their lives.

Increased choice and control for older people

The council:

- Provided a high level of information, advice and support to local people.
- Ensured a timely and person-centred response to individual needs.
- Successfully supported high numbers of older people to live safely at home.
- Enabled good outcomes and flexible support through use of Direct Payments and individual budgets.
- Ensured older people and their carers were actively involved in their reviews and that their preferences and changing needs were carefully considered.

Recommendations for improving outcomes in Halton

Safeguarding adults

The council should:

- Strengthen the collection and analysis of information about safeguarding activity to support wider learning and targeting of areas of risk.
- Ensure people have good access to advocacy support to promote their full understanding and involvement in safeguarding work.

Improved health and wellbeing for older people

The council should:

- Secure further improvements in the health and wellbeing of older people and their carers.
- Address gaps in access to and the flexibility of local transport.
- Ensure hospital discharge arrangements work well for everyone and reduce the rate of emergency re-admissions.
- Continue to enhance the availability, range and quality of support for older people and their carers.

Increased choice and control for older people

The council should:

- Make it easier for people to raise concerns and ensure timely investigation and feedback about the outcome of complaints.

What Halton was doing well to ensure their capacity to improve

Providing leadership

The council:

- Benefited from having stable, strong and effective senior managers and elected members.
- Had a clear and shared vision and was making good progress in improving outcomes for older people and their carers.
- Had strong partnerships secured by comprehensive plans and effective deployment of resources.
- Had developed robust staff development and training opportunities to equip staff to do their jobs well.
- Set ambitious targets and ensured clear governance and accountabilities underpinned its improvement work.

Commissioning and use of resources

The council:

- Had a sound awareness of the needs and strengths of people living in the area.
- Had achieved wide ownership of shared agendas to transform local services.
- Effectively managed and controlled its resources.
- Actively promoted the involvement of older people and their carers in developing local services.
- Had successfully driven up standards and promoted innovative services.

Recommendations for improving capacity in Halton

Providing leadership

The council should:

- Strengthen the involvement of older people and their carers in key activities such as mystery shopping and review of the quality of local services.
- Continue to strengthen the involvement and contribution of all organisations to the work of the Safer and Healthier Halton partnership programmes.

Commissioning and use of resources

The council should:

- Ensure effective co-ordination of and enhancement of the role and contribution of local community, voluntary sector and faith groups.

Context

Halton Borough Council became a unitary authority in 1988. It was a district of Cheshire County Council prior to this. It has a population of approximately 120,000 people. Its two biggest settlements are Widnes and Runcorn. Halton's population is currently younger than national and regional averages. There are 17,100 people over the age of 65. This is predicted to rise by 40 per cent over the next decade. The population is predominantly white (97.6 per cent). Gypsy and traveller communities have settled in the area. In recent years small numbers of migrant workers from Poland and Slovakia have come to live in Halton.

Many local people experience significant health, social and environmental problems. Cancer rates, heart disease and life expectancy are amongst the worst in the country. Halton is ranked as the 30th most deprived area in England. A third of the population live in the top 4 per cent most deprived health areas in England. Over 50 per cent of people over the age of 65 have a limiting long-term condition or disability. There are 13,500 carers offering regular and substantial levels of care to family members or friends. Halton has a higher proportion of carers, many of whom are also in poor health, compared to other areas in England. Over 2,400 carers are currently registered.

The council has a Leader and Cabinet model of governance. The Labour party holds the majority of seats. The council is structured into four directorates. The Adults and Community Directorate was restructured on 1st April 2010 into five departments: Community Services, Prevention and Commissioning Services, Catering and Stadium Services, Complex Care Services and Enablement Services. The Directorate has a gross budget of £46,178,820 for 2010-2011. The council employs approximately 650 adult social care staff.

The council's Fair Access to Care Services (FACS) criteria includes people who fall within moderate, substantial and critical levels of need. The directorate dealt with a total of 1946 referrals in 2009-10. This included 359 safeguarding adult referrals. The majority of referrals (231) concerned the safety of older people.

Halton Borough Council has been rated by the Audit Commission as an 'excellent' council for a number of years. It is rated as good in its use of resources. The council's performance in the delivery of adult social care has been rated by the Care Quality Commission as excellent overall in the delivery of outcomes. All domiciliary care providers and 87 per cent of care homes operating in the area have been rated as good or excellent by CQC.

In 2009, the Care Quality Commission rated the performance of Halton and St Helens Primary Care Trust as good in the quality of commissioning, and fair in its financial management arrangements. The 5 Boroughs Partnership NHS Foundation Trust was rated as excellent in the quality of services delivered.

Key findings

Safeguarding

People who use services and their carers are free from discrimination or harassment in their living environments and neighbourhoods. People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life.

People who use services and their carers are free from discrimination or harassment when they use services. Social care contributes to the improvement of community safety.

The council and its partners were active and vigilant in their approach to promoting the safety and well-being of local people. There had been a steady decrease in the incidence of reported crime in the area in recent years. Older people and people with learning disabilities reported positively about the support they had received from the police in helping them to feel safe.

The council strongly promoted equality and fairness in the way it conducted its business. Senior managers and elected members worked closely with local people to address concerns and build safe and supportive communities. Community safety, children and adult safeguarding and public protection arrangements were well-developed and were being continuously enhanced.

There was a significant programme of work to identify people who were vulnerable to abuse and to increase reporting of concerns including hate crime and domestic abuse. Arrangements for supporting people at risk of domestic abuse had been reviewed and strengthened. The Safeguarding Adults Board's (SAB) '*Don't turn your back on abuse*' and dignity campaigns had wide coverage and encouraged local people to report incidences of poor treatment or abuse.

*Halton Speak Out*¹ had a strong leadership role in raising awareness about abuse and how to deal with bullying. It was in the process of setting up a reporting centre to enable people to raise concerns in a supportive environment. There was positive work undertaken with students at the local college to promote the needs and rights of people with disabilities. This work was effective in supporting their social inclusion. The council was proactive in its encouragement of a number of inter-generational initiatives to promote wider understanding and respect between younger and older people.

Adult social care staff worked closely and effectively with partner agencies in sensitively addressing risks to people who were vulnerable to harm or exploitation. Cheshire Fire and Rescue Service referred people to the council and voluntary sector organisations where it identified concerns about their safety or well-being. Home security and assistive technology was provided to help people feel safe.

¹ Self-advocacy group for people with learning disabilities.

People are safeguarded from abuse, neglect and self-harm.

The council and its partners were committed to and demonstrated 'zero tolerance' of all forms of abuse. There was clear recognition of individual and joint agency responsibilities and accountabilities. Partner organisations had reviewed and strengthened their capacity and systems to deliver the Safeguarding Adults Board's priorities and work plan. Arrangements for sharing sensitive and confidential information between agencies were clear, complied with legal requirements, and were being continuously improved. There was strong management oversight and support for the work of front-line staff.

Safeguarding adults and dignity in care information was effectively promoted via the council website and through information leaflets, postcards and posters. Information was available in other languages and formats with easy read versions for adults with learning disabilities. The '*Inside Halton*' magazine went to every household and contained articles about safeguarding adults. The council held an awareness-raising event for local voluntary and community sector organisations that promoted their wider understanding of and contribution to safeguarding work. A number of dignity events had been held involving a wide range of partners, including people using services. These had been well-received and informed local priorities in identifying and addressing poor standards of care.

Safeguarding policies and procedures were comprehensive and had been recently reviewed and updated. They promoted best practice and incorporated learning from a wide variety of sources. The Safeguarding Adults Board had recently commissioned its first serious case review. Transition arrangements for young people moving into adult services had a clear focus on safeguarding. There was joint work taking place with neighbouring councils to streamline procedures and strengthen support to people who moved from one council to another. Work to develop a shared approach to safeguarding competences and to establish a multi-agency learning network should further enhance local safeguarding practice across the wider partnership.

There was a clear, joint and well-targeted approach to safeguarding people. Work had taken place to improve understanding of risk and levels of abuse. As a consequence the number of inappropriate referrals made under safeguarding procedures was reducing. Referrals made to the police protection unit had fallen, but the number of those being investigated had increased. NHS partners had seen an increase in the number of safeguarding referrals as a result of improved awareness and scrutiny of care provided. There was appropriate alignment of safeguarding adults and serious and untoward incident procedures. Staff working in Halton Direct² and the emergency duty team had sound systems in place for identifying and managing safeguarding concerns.

We saw many examples of work with service providers to learn lessons from safeguarding incidents and to embed learning to prevent recurrence. Care was taken to ensure they had the appropriate levels of staffing and expertise to support people with high and complex needs, including people whose behaviour placed themselves or others at risk. The council proactively supported people who experienced

² The council's customer contact centre

difficulties in managing their finances.

The council and its partners were working to strengthen the focus and reliability of safeguarding data to improve awareness of incidences of abuse and local trends. There were some areas where the collection and analysis of information about safeguarding activity required further development. This included learning from people's experiences of being safeguarded and the impact of preventative work in supporting people to be safe.

We found that safeguarding investigations were well-managed from the initial alert through to closure and involved appropriate partners. Safeguarding referrals were given high priority and were promptly followed up. Strategy discussions and meetings routinely took place and were clearly recorded. There was strong support from managers in planning and monitoring the effectiveness of actions to address risk. The standard of case recording was good. Safeguarding investigations were appropriately closed and outcomes were clearly identified and reported. Quality assurance and case file auditing supported wider learning and improvements.

Safeguarding work had a strong focus on promoting personal independence and expanding social and personal support networks to reduce the risk of further incidences of abuse. We found sensitive and effective multi-agency work to support people with complex needs, including those who were reluctant or felt unable to withdraw from abusive situations. Care was taken to build their trust and confidence and to help them to develop strategies to protect themselves. We found good practice in ensuring mental capacity assessments were routinely undertaken to inform actions taken in the best interests of individuals. Individual safeguarding plans were well-developed and regularly reviewed. People who needed help in staying safe told us:

"I am glad of all the support and advice I have been given to keep myself safe".

"There are people I can turn to who give me the support I need".

Care was taken to inform and involve people, and their carers and families as appropriate, in investigating risks to their personal safety or well-being. The council and its partners recognised the need to promote the use of advocacy to all people about whom there were safeguarding or deprivation of liberty concerns. This included increasing the availability of advocacy to people in hospital and care homes.

There was a need to strengthen support to carers of alleged victims and to perpetrators who were themselves vulnerable. There were some areas where work was required to build peoples' understanding of the safeguarding process and the options open to them. There was some good group work practice in supporting people with learning disabilities and women who had experienced domestic abuse that could be further built on.

There had been a number of positive developments to ensure effective alignment of children and adult safeguarding procedures and to promote a 'whole family' approach to safeguarding work. The focus of drug and alcohol services was reviewed to promote stronger joint working with children's services. There were a number of actions that consolidated joint working and quality assurance of practice in

supporting children whose parents had mental health needs. Partnership working with supported housing providers had been strengthened to ensure early identification of people vulnerable to abuse and reduce the risk of their being made homeless.

People who use services and carers find that personal care respects their dignity, privacy and personal preferences.

The council was innovative and challenging in its approach to ensuring local people received high quality, individually tailored support that recognised their uniqueness and promoted their dignity and privacy. The role, leadership and contribution of the dignity in care co-ordinator was highly valued and effective in raising standards and tackling discrimination or poor treatment of people in a variety of settings. There were many examples of the positive impact of this post in promoting and sharing best practice and tackling poor performance.

The council and its partners were working to embed a shared culture and customer care standards centred in implementing the Dignity in Care Charter and action plan. A dignity issues log had been developed to promote awareness of areas where practice fell below the required standards and to track the outcome of concerns raised. Some providers had undertaken detailed dignity in care audits and customer care surveys which provided a reality check of their performance. Other services would benefit from this rigorous approach in striving for excellent standards. The Local Involvement Network (LINK) was well-developed and positively contributed to improvement activity in a number of areas.

The '*Sticks and Stones*' campaign led by the 5 Borough Partnership NHS Trust had improved awareness of the discrimination faced by many people with mental health needs. The council and its partners had reviewed and strengthened their arrangements for promoting human rights and preventing people from being inappropriately deprived of their liberty. Care was taken to ensure care home providers understood their responsibilities in supporting people who lacked mental capacity. Health and social care staff had strengthened their focus on the care and treatment of people assessed as having continuing health care needs.

Frontline staff sensitively supported people in dealing with carer or relationship breakdown issues. Attention was paid to addressing the concerns of carers. Support plans increasingly reflected individual needs and preferred activities and routines. High priority was given to ensuring individual faith, dietary and cultural needs were met.

Social care staff were alert to concerns about the quality and reliability of providers. The council encouraged feedback from people using services about areas for improvement. However, some people we met did not feel confident or were worried about raising concerns, especially on behalf of others. This was an area that required further review.

The council had strong procurement and contract management arrangements. Service specifications required high standards of performance by service providers in

the promotion of equality and diversity, dignity and privacy. There were unannounced visits and detailed checks made of the quality and experiences of people using local services. Care was taken to review provider practices in areas such as infection control, medication, staff training, complaints and management of safeguarding incidents. Improvements were closely monitored to assess progress in addressing gaps or areas of weak practice.

People who use services and their carers are respected by social workers in their individual preferences in maintaining their own living space to acceptable standards.

The council and its partners had a strong focus on addressing a wide range of health inequalities and home/environmental issues that posed risks to personal safety and well-being. We found many examples of effective joint working between health, housing and social care staff to maintain people in their homes and local communities.

Halton Speak Out provided a positive challenge and contribution to the review of supported housing services for adults with learning disabilities. Outcomes included an expansion of opportunities for people to shape the development of their support service and be more actively involved in the life of their local communities.

Improved health and wellbeing

People in the council area have good physical and mental health. Healthier and safer lifestyles help lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well-timed, well-coordinated treatment and support.

People are well informed and advised about physical and mental health and wellbeing. They take notice of campaigns that promote healthier and safer lifestyles. This is helping to lower the rates of preventable illness, accidents and some long-term conditions.

Senior managers and elected members gave a high priority to improving the health and well-being of local people. The council and its health partners had been working over a number of years to embed a shared approach to identifying and addressing the underlying causes of poor health. There were joint strategies to prevent ill-health, improve earlier identification of need, ensure targeted rehabilitation and support for people with long-term conditions. This was a significant challenge given the legacy of poor health and extent of deprivation experienced by local people.

Detailed research was undertaken to improve understanding of the health needs and experiences of local people. This has led to better targeting of health improvement work towards individuals and communities facing particular risks. Awareness raising and risk management had been strengthened as a result. For example, the council and primary care trust staff were working with local voluntary sector organisations, older people, housing providers and GPs to reduce the incidence of winter deaths. Halton Direct was implementing improved screening of the health needs of people who made contact with the council. Work was required to improve identification and support for older people and family carers who were dependent on alcohol or substances, including prescription medication.

There were a number of targeted campaigns to inform and advise people about risks to their health. Information about specific health conditions and sources of support was widely promoted. The council's approach to assisting people to manage their health and well-being was inclusive of their physical, mental health and emotional needs. There was a range of practical support to assist them in managing their finances or maintaining their home including help with claiming welfare benefits, handyperson and emergency alarm systems.

There was good awareness of and support to people with learning disabilities as they aged. Priority was given to identifying and supporting people who were reluctant to accept or may not know about help locally available. The council took into consideration the limited literacy levels of some people and used other media such as the radio and outreach in community venues to reach them.

There was effective work with members of the local gypsy and traveller communities to encourage their awareness of and take up of health screening and exercise groups. A health inequalities checklist was being used by front-line staff to

proactively identify individual needs and risks arising from their home or environment. This early identification of concerns supported improved targeting and involvement of other agencies to deliver the 'whole system' impact required to address the multiple problems experienced by some people or communities.

There was a strong focus on promoting the health and well-being of carers. There was good partnership working between the council, GPs and the local Carers Centre to ensure better access to health checks for carers and to advise them of social, leisure, training and employment opportunities locally available. An on-line support service was developed for carers who were lesbian, gay, transgender or bi-sexual that allowed them to have their needs recognised and met in the way they wanted.

The council and its health partners had a strong focus on enabling older people to live longer, active and more fulfilled lives. Support provided by Community Bridge Builders and Sure Start to Later Life positively promoted new opportunities and innovative practice. There was a clear focus on reducing social isolation and encouraging the active participation of older people in a wide range of social and community activities. The involvement of older people as volunteers was growing and there was potential to further build on this. There was positive use of exercise classes and falls prevention programmes to promote improved mobility and agility. One older person who enjoyed attending a lunch club told us:

"It stimulates me mentally. I enjoy the social company and the good food. It is a welcome day out. Otherwise I would be isolated".

Travel training was effectively used to help some older people to be independent in the use of public transport, important in an area of relatively low car ownership. People valued the community transport that was provided. However, it had a waiting list and people found it insufficiently responsive, particularly out-of-hours. There was a particular need to expand the availability of wheelchair accessible transport.

People who use services and carers go into hospital only when they need treatment. They are supported to recover through rehabilitation, intermediate care or support at home. This helps them to keep or regain their independence as far as possible.

Community-based health and social care staff worked well together in addressing the needs of older people and their carers, including those with complex mental health needs, sometimes over long periods of time. The council had established a *Social Care in Practice* project in one locality where social care staff were linked to GP surgeries. This ensured a prompt and shared response to addressing people's needs and provided easy access to a wide range of support for people in crisis. There were positive outcomes for people with long-term conditions including significant reductions in admission rates to hospital for some people. One older person told us:

"I have been very impressed by the multi-disciplinary work of social services, the NHS and my GP".

The council and primary care trust had enhanced access to out-of-hours and

emergency back-up services. This was effective in providing targeted support to people as their needs increased and provided a prompt response to crises. They had also had significantly expanded rehabilitation services. This was routinely offered to people in advance of decisions being made about how their long-term needs were best met. There was effective deployment of the expertise of team members to assist older people in regaining their skills or adjusting to changes in their health or mobility. Family carers were actively involved and were well-informed and supported in their role. Cardiac rehabilitation and after-care support was valued.

Care was taken to assist people to overcome any barriers to their personal safety and to ensure their home environment remained appropriate to their needs. The council and its partners had strengthened local arrangements for the delivery of items of equipment and assistive technology. There was a good range of equipment provided and older people reported high satisfaction rates with a positive impact on their ability to remain safe and independent. Waiting times for home adaptations had significantly reduced. There was creative work with housing partners to deliver improved outcomes. A few people told us that the delays in having a ramp installed to help them get out and about were too long.

We had positive feedback about many health and social care staff who were involved in supporting older people. The work of the specialist rehabilitation worker supporting people who were newly registered as blind or partially sighted was valued. People were supported to develop new skills and enjoy fuller and more active lives. Older people who were deaf or hard of hearing had identified some areas where they required additional support, which were being addressed by the council. However, some older people told us that there were too many changes of workers as people moved through different health and social care systems. Older people using services, particularly those with dementia and their carers would welcome more consistent support.

Outcomes from joint work to prevent avoidable admissions to hospital or care homes were good and improving. The council performed very well in supporting older people to live independently. There was relatively low usage of care homes in Halton compared to other areas. The council had very good performance in ensuring there were no delays in discharge from hospital for social care reasons. There were positive alternatives to in-patient care for older people with mental health needs. There was work taking place to reduce the length of stay of some people with long-term conditions.

Work was required to ensure hospital discharge arrangements worked well for everyone. This included ensuring shared and robust arrangements for identifying and managing risk. For people with complex needs this required a more person-centred approach with regular review of changes to their well-being or home circumstances. There were relatively high emergency re-admission rates to hospital for Halton residents. There was a need to improve communication and the sharing of information to support discharge arrangements. Some people also highlighted areas where there was a need to improve the care and dignity of older people in hospital settings. Senior hospital staff were working with the dignity in care co-ordinator to promote improvements.

There was a carer pilot project in one local hospital that sought to improve the focus

on and support to carers. This was seen to be working well and required expansion. The practical support provided by the Red Cross service on discharge from hospital was valued.

The council and its health partners were working to improve the quality and range of local services supporting older people with mental health needs. We saw some examples of sensitive work with individuals that provided reassurance and effectively involved or distracted them when they were distressed or were at risk of harming themselves or others. However, some service providers were not sufficiently skilled or responsive in meeting the needs of older people with dementia. Some carers highlighted areas for improvement in the level of support and communication by service providers. There was potential to be more creative in engaging with people with dementia and to offer a person-centred and stimulating range of activities.

People who use services in care homes or in their own homes have meals provided that are balanced, promote health, and meet their cultural and dietary needs. People who need support are helped to eat in a dignified way.

The council and primary care trust recognised the importance of ensuring older people were able to enjoy meals that promoted their health and wellbeing. The choice of meals and quality of food was routinely checked by the quality assurance team during their visits to care homes. There was also an assessment made of the quality of the environment and recognition of individual support needs.

The expertise of the speech and language therapist in the rehabilitation team was used to inform healthy eating and the provision of balanced diets in a number of settings. Individual cultural and faith requirements in the preparation and provision of food were recognised. There was targeted provision of hot community meals for some older people. Support plans increasingly included details about the levels of support and preferences of individuals.

At the end of life, people who use services and their carers have their wishes respected and are treated with dignity.

Older people with a diverse range of health needs were supported to die in the place of their choice. This included older people at the end stages of dementia as well as those with palliative care or other progressive conditions. Increasingly older people were able to die in their own homes in line with their wishes. Care was taken to involve wider family and friends and ensure a prompt and flexible response to meeting people's needs. This included provision of appropriate equipment with support provided at a number of levels by voluntary sector, health and social care staff. Work had taken place to strengthen the capacity of residential and nursing homes to care for people at the end of their lives. Domiciliary care staff had received appropriate training to support people with terminal conditions.

Family carers commended the quality and speed of response in meeting individual needs and supporting them before and following the death of their family member. One family member told us:

“Staff were very supportive, and organised a package of care, transfer home and equipment in a sensitive and timely manner”.

Joint arrangements for supporting people with continuing health care needs had been strengthened. There were now clear systems in place that focused on accountabilities, monitoring and review of changing needs to ensure appropriate care continued to be provided.

Increased choice and control

People who use services and their carers are supported in exercising control of personal support. People can choose from a wide range of local support.

All local people who need services and carers are helped to take control of their support. Advice and information helps them think through support options, risks, costs and funding.

The council provided a high level of information, advice and support to local people. It had reviewed its Fair Access to Care Services criteria and included people with moderate needs. Information leaflets were well-presented and translated into other formats or languages on request. The council's website provided good and easy access to information about local services. The One Stop Shops and advice bus were well-used and provided a comprehensive range of information. Customer services staff had a sound awareness of the needs of older people and their carers. They had a good understanding of changes within the directorate to support the personalisation agenda.

Local GP surgeries and libraries also provided a good range of information and advice on health and social care matters. The gypsy and traveller liaison worker played an important role in building people's awareness of and confidence in using local services.

The council had strengthened access to and the co-ordination of advice and support across its wider partnerships. It was working with other councils to expand on-line self-directed support and procurement options. Joint working with Age Concern and Sure Start to Later Life enabled a comprehensive response to individual needs. Arrangements for signposting people onto other agencies for additional advice or support were clear. Work was taking place to promote better understanding of the impact of support provided at a wider partnership level. The work of the local Carers Centre was highly valued. The number of people registered as carers was good and continued to increase. These approaches ensured improved targeting of information, advice and peer support.

People using services had been engaged in developing and giving feedback on the quality of public information. Most people reported that information was easy to access. A few people said they would have benefited from knowing about help available at an earlier stage, and that charging for services could be clearer.

Information and practical advice to support people using Direct Payments or personal budgets and employing their own staff was well-developed. The council had recognised the need to expand advocacy for older people, including out-of-hours. It gave priority to ensuring people with complex needs or communication difficulties were able to say what they wanted to see happen. It had commissioned additional capacity to support increased patterns of use. There was work in progress to encourage the development of user-led organisations to provide a higher level of peer support.

People who use services and their carers are helped to assess their needs and plan personalised support.

Many older people and their families praised the work of frontline staff in enabling them to be safe and independent. Older people and carers told us:

“Our social worker is very supportive and treats my husband and me with dignity and respect”.

“All my needs have been dealt with quickly”.

“They look at things from our perspective- they try hard to understand what we want and will explore alternatives”.

The council was working to transform the way it met the needs of older people and their carers. Changes had been made to assessment, care planning and review arrangements to deliver more flexible and creative responses to peoples’ needs and personal circumstances. These were informed by consultation with people using services and partner organisations. There was a carer support worker linked to each of the frontline care management teams that provided a strong focus on the specific needs of carers. Adult social care staff worked well with their local health colleagues in supporting older people with a diverse range of needs. There remained a few gaps in implementing single assessment across the wider health system that still needed to be addressed.

The use of pen pictures promoted improved understanding of the history, interests and talents of older people. Care was taken to actively involve them so that their priorities and wishes underpinned the help they received. This approach had also been positively adopted by some service providers, including care homes. There was evidence of stronger partnership working in enabling people to access a range of community-based activities.

The equality of older people and carers was strongly promoted. There was a clear focus on preventing age-related discrimination in promoting access to services. Frontline staff sensitively responded to the diverse faith, cultural and lifestyle preferences of local people. There was appropriate access to interpreting and translation services for people whose first language was not English. The needs of carers were clearly identified and promoted. Arrangements to support carers in the event of an emergency were well-developed.

Casework demonstrated sensitive practice in working at the pace of and in accordance with the older person’s wishes. Advocacy was effectively used where there were differences of opinion or uncertainty about the best way forward. Best interest decisions were carefully taken to secure shared understanding and agreement in supporting people who lacked mental capacity. Assessments of individual needs were thorough and paid attention to risks and areas where the older person required additional support to maintain their dignity and relationships.

Duty and access arrangements had been reviewed and strengthened. Demand and trends were carefully monitored. Staff capacity was flexibly deployed to support transition to new ways of working and address local priorities. This included

strengthening social work input to the older person's mental health team to support wider awareness of and take up of personal budgets.

The workload of frontline teams was well-managed and there were few delays or unallocated work. Management support and supervision arrangements were well-developed. Record keeping was of a good standard. There were clear arrangements in place to support case transfer or closure. Case records were routinely audited including by senior managers.

Service development and review arrangements were robust and guided practice so that new ways of working were sustainable and effectively managed risk. A risk enablement panel had been established to support decision-making in complex cases. Resource allocation systems had been piloted and a model for costing personal budgets had been agreed. A wide range of partners were proactively engaged in understanding the costs, workforce issues and changes required to fully implement self-directed support. Direct Payment arrangements had been reviewed to ensure alignment with new personalisation developments.

People who use services and their carers benefit from a broad range of support services. These are able to meet most people's needs for independent living. Support services meet the needs of people from diverse communities and backgrounds.

Older people had access to a broad range of support services. High numbers of people, including those with complex needs, were helped to live at home. There were few delays before people accessed the help they needed. Most people told us they were satisfied with the level of support provided. There was low and decreasing use of care homes. New models of support were being developed that offered increased choice to older people and their carers.

There was positive joint working with housing, rehabilitation and specialist health partners to help people live safely at home. The outcomes of the council's work with registered social landlords to expand the availability and timeliness of home adaptations was impressive. There was increasing use and enhancement of the capacity of assistive technology. The council had one extra-care housing scheme that was highly regarded by local people and was working to commission others.

Local services strongly promoted the social inclusion of older people and sought to strengthen their support networks. The Community Bridge Builders scheme supported older people to be active and develop new skills. A new sitting service had been developed to support carers of people with dementia, with improved levels of support out-of-hours. Care homes were strengthening their links with local voluntary sector organisations to enable people to access a wider range of opportunities.

There was wide promotion of personal budgets. The use of Direct Payments by older people and carers was steadily increasing. Recruitment, training and back-up support for people using personal assistants had been strengthened.

There were some areas where there was a need to further improve the quality and

availability of local services. Some older people told us that the service provided by their domiciliary care agency was not sufficiently flexible or responsive to their needs. This included issues around the timing of calls and choice of provider. Some carers reported gaps in local short-breaks services. The council was working to make booking arrangements more flexible and widen the range of options available.

People who use services and their carers can contact service providers when they need to. Complaints are well-managed.

Older people told us it was easy to get help from the council including out-of-hours. Halton Direct provided a single point of access to the council. The emergency duty team effectively responded to crises out-of-hours. The 5 Boroughs Partnership Trust had established a single point of access that provided a timely response to adults and older people with mental health needs. Surveys undertaken indicated high customer satisfaction with the council's response to requests for help.

The council had good performance in reviewing the needs of older people and their carers. The option of self-directed support and individual budgets was routinely offered. Reviews were outcome-focused and provided a clear picture of how well individual needs were being met. They involved appropriate partners and clearly recorded individual wishes. They took account of changes in individual need and ensured contingencies were in place to manage future risk.

Reviews had a strong focus on safeguarding including the effectiveness of support to people who lacked mental capacity and deprivation of liberty issues. Reviews also focused on the quality of life experienced by older people and their carers. This provided important information about inequalities and progress made in addressing risks.

The council encouraged feedback from people using services to inform its understanding of the quality of local services. There were a number of surveys and focus groups held to identify what was working well and areas for improvement. The dignity in care co-ordinator had undertaken an analysis of all complaints to inform preventative work. Information about making a complaint was widely available. Elected members were proactive in passing on any concerns brought to them by local people.

The council received a relatively low number of complaints about adult social care services. Some local people told us they were worried about or reluctant to complain. There was work required to build the confidence of older people and their carers and ensure independent support in enabling them to raise concerns. Our analysis of recent complaints identified the need for a timely response and to ensure the outcomes of the investigation and improvement actions were clearly shared with all relevant people.

Capacity to improve

Leadership

People from all communities are engaged in planning with councillors and senior managers. Councillors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce.

People from all communities engage with councillors and senior managers. Councillors and senior managers show that they have a clear vision for social care services.

The council benefited from having strong, stable and effective leadership. Senior managers and elected members had regular contact with and a sound awareness of the needs of local people. The council encouraged and challenged its partners to ensure shared understanding of local priorities and promote better use of resources and expertise across the wider system. It was working to continuously improve satisfaction rates, value for money and outcomes for local people. People who used services and their carers told us they had seen real improvements over the last five years, and that they felt safe and happy living in the area.

The council had a clear and ambitious vision and goals to deliver high quality and sustainable responses to the needs of individuals and communities. The council had strong values centred in reducing inequalities in the life chances and outcomes experienced by many local people. Senior managers and elected members were energetic, responsive and accountable in the discharge of their responsibilities. Elected members were actively involved, well-informed and supportive of new developments in safeguarding and personalisation work. Partner agencies commended the council for its role in sharing learning and promoting innovative practice.

Links between children and adult safeguarding and wider community safety arrangements were developing well. Members of the Safeguarding Adults Board were working to continuously strengthen partner agency involvement in keeping people safe. The safeguarding event for local community and voluntary sector organisations provided a useful platform for widening awareness of individual and collective responsibilities in preventing and reporting abuse.

The Older Persons Empowerment Network (OPEN) and LINK had a strong focus on the experiences of local people. They were actively engaged in identifying and supporting improvements across a wide range of council and health services. The development of peer support groups for people with dementia and their carers was a positive development in tackling social isolation and ensured wider representation and involvement of older people.

People who use services and their carers are a part of the development of strategic planning through feedback about the services they use. Social care develops strategic planning with partners, focuses on priorities and is informed by analysis of population needs. Resource use is also planned strategically and delivers priorities over time.

Older people and carers were actively engaged in a range of user-led forums, partnership boards and joint planning groups. Strengthening their involvement in quality assurance activities such as mystery shopping and review of local services should ensure a comprehensive focus on the wishes and experiences of older people and their carers. As highlighted earlier in the report enhancing the involvement of people who were at risk of or who had been abused should provide important feedback on the effectiveness of safeguarding approaches and support provided.

The council had strong and enabling relationships with a wide range of partners. It had skilfully woven together a number of strategies and partnerships to keep people safe and to promote their independence and personal control. It was inclusive in its approach to addressing challenges and managing change at strategic and operational levels. The social care in partnership work with local GPs and work taking place to integrate hospital discharge arrangements should ensure wider learning and improved capacity to support people as they moved between different health and social care systems.

There was a sound focus on delivering efficiencies, securing value for money with close scrutiny of capacity to meet changes in demand and address risks. Plans were up-to-date, comprehensive and secured by robust governance and reporting arrangements. The council was effective in its management and control of resources. Medium term financial planning was closely aligned to service development and improvement priorities. Alternative funding had been secured to support new ways of working.

The terms of reference, representation and partner agency contribution to the work of the Safeguarding Adults Board had been reviewed and strengthened. The police and local health organisations had increased their capacity and focus in relation to the recognition and support of people at risk of abuse. There was positive joint working with neighbouring councils to align safeguarding policies and procedures. However, there were still a few partners that needed to be actively involved and increase their contribution to the work of the Board and its sub-groups.

The safeguarding work plan was well-developed. Good progress had been made in all areas. There was work in progress to develop practice networks that included a range of staff involved in safeguarding work. This was welcomed by frontline staff to support wider learning and review of their work, particularly in supporting people whose needs or personal circumstances were complex.

Joint approaches with health, community and voluntary sector organisations were being expanded to improve targeting and co-ordination of work to address the health and wellbeing and quality of life of local people. There was good progress being made and wide ownership of the personalisation agenda. The council had built open and transparent relationships with service providers. As highlighted elsewhere in the

report the joint approach to implementation of '*Dignity in Care*' in Halton was challenging and effective in recognising the value and human rights of people who were reliant on others for their safety and well-being.

The social care workforce has capacity, skills and commitment to deliver improved outcomes, and works successfully with key partners.

Frontline staff and their managers impressed us with their sense of purpose, enthusiasm and commitment to deliver high quality and responsive support. The council invested in a range of apprenticeships, professional training and leadership programmes that contributed to high staff morale and a stable workforce. There was a comprehensive programme of staff development and training to equip staff across the sector with the knowledge, skills and sensitivity required to meet the diverse needs of older people living in the area. The directorate restructuring process had been well-managed and the new operational teams worked well together.

The council's recruitment and employment practices complied with legal requirements and promoted high professional standards. Disciplinary procedures were promptly and appropriately used where there were concerns about the performance of staff. The council's quality assurance team routinely checked the procedures and practice of local providers.

There was a comprehensive programme of multi-agency safeguarding training and guidance to build the expertise and confidence of the workforce across the sector. Partners reported positively on ease of access to and the quality of safeguarding training. Training provided by the local police force supported improved joint working and understanding of evidence gathering requirements. Audits were undertaken of the effectiveness of training and its impact in delivering better outcomes. This approach to learning from and refining the delivery of training, including assessment of value for money was robust.

Workforce planning was well-developed and had a clear focus on the areas where change was required to support full implementation of the personalisation agenda. There had been a range of development work to promote awareness of the responsibilities of people employing their own personal assistants.

The council had positively used external support to strengthen its arrangements for carers and to develop new tools and approaches to deliver person-centred support. New ways of working were being introduced that promoted innovative working with people who had high or complex needs.

Performance management sets clear targets for delivering priorities. Progress is monitored systematically and accurately. Innovation and initiative are encouraged and risks are managed.

The council was strong in challenging its own performance and that of its partners in its quest for the highest possible standards and top performance. The directorate had a solid track record in raising and sustaining high performance, with an improvement-driven culture that supported a wide range of transformational activity. The council set ambitious targets and performed well in meeting them, including its local area agreement targets. There were sound systems in place for identifying and managing organisational risk.

Changes in performance levels and trends were carefully monitored and evaluated. Comprehensive quarterly performance reporting was undertaken. Policy and performance boards had a clear focus on the assessment of progress in meeting key targets, with detailed analysis of cost and efficiency and the quality and effectiveness of local services. Performance against key and wider partnership indicators, risk management and equality actions was routinely reported. The Safeguarding Adults Board and its sub-groups were working to continuously improve the collection and analysis of data.

Frontline staff had a good awareness of their own personal and team performance and contribution to wider organisational priorities and targets. Service development days and performance clinics were held to promote wider learning and shared approaches to service delivery. There was a strong emphasis on learning from compliments and complaints. Partnership agreements were in place and regularly reviewed to ensure the required outcomes were achieved. Action planning to support improvements was robust.

Commissioning and use of resources

People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value.

The views of people who use services, carers, local people, partners and service providers are listened to by commissioners. These views influence commissioning for better outcomes for people.

The council gave a high priority to involving and listening to its partners, including people who used services and their carers. The Older Person's Empowerment Network had a large membership. They were engaged in work to identify unmet need and were consulted on the development of new models of support. The Carers Strategy was well-informed by the wishes and views of carers. Progress was reviewed and new priorities identified through a range of consultation and focus groups.

The LINK was actively involved alongside senior managers and elected members in work to address a range of health and social care issues that mattered to local people. Their '*Fact or Fiction*' events provided an important means of ensuring local people got clear messages about national and local policy changes and the implications for them.

The council hosted a number of personalisation events over the past year. "*Celebrating Our Successes*" was effective in promoting wide awareness of the impact of new ways of working in enabling people to have more choice and control over their lives. The council through its "*Working for Change*³" pilot with provider organisations demonstrated creative work and positive outcomes for adults with mental health needs. Its improvement focus and priorities were positively shaped by the experiences and views of people using local services.

Halton Speak Out had undertaken some innovative consultation work with older people with a learning disability. This included work on identifying people's future dreams and aspirations. There were positive outcomes including improved access and opportunities for people to make a positive contribution to the life of their local communities. Older people with mental health needs including dementia would also benefit from a targeted focus on the quality of their lives and the opportunities open to them.

³ Department of Health initiative to enable organisations consider the workforce and commissioning implications in supporting the shift to personalisation

Commissioners understand local needs for social care. They lead change, investing resources fairly to achieve local priorities and working with partners to shape the local economy. Services achieve good value.

Senior managers and elected members had a sound awareness of the needs and strengths of people living in the area. They were continuously striving to secure new opportunities and to deliver 'whole system' change to address the deprivation and inequalities experienced by local people. The joint strategic needs assessment had been updated and local people gave feedback on the issues they saw as most important for them and their communities. The council and its local health partners had a detailed understanding of the needs and risks to the safety and well-being of local people. It had achieved wide ownership of shared agendas through the work of policy and performance boards, local partnership boards, joint strategic needs assessment and joint commissioning arrangements.

The council had developed strong and shared approaches to maximising use of its own and partner agencies' expertise and resources. The work of the Carers Centre, Sure Start to Later Life and Community Bridge Builders enabled older people to have help at a number of levels and participate in a wide range of activities. The council was working to further expand these services in response to increased demand. Dignity in care was a 'golden thread' that supported a shared culture, standards and joint improvement projects across the partnership. Developments in assistive technology should further strengthen links between teams and agencies and provide better management and monitoring of risk.

There was a significant programme of work to address the current and future needs of older people. There had been additional investment in intermediate care services. High numbers of people did not require ongoing support, or a reduced level following their period of rehabilitation. The council was working with its health partners to shift investment from hospital care to ensure a stronger focus on early intervention and prevention and to expand the levels of specialist and out-of-hours support available in community settings. There was effective joint working with housing partners to expand approaches to meeting the needs of older people. The joint commissioning strategy for people with dementia supported an improved focus on early diagnosis, treatment and the delivery of person-centred support.

The council was effective in the management and control of its resources. Pooled budgets were well-managed. There was a clear focus on securing value for money and building organisational flexibility to address future risks and changes in demand. The council was working to address the impact of future funding constraints for its own and partner organisations. Care was taken to safeguard and continuously improve frontline operations whilst seeking efficiencies in its back office functions. It had refined and reduced its use of care home provision and worked sensitively with local providers to expand support to people with complex needs. It had freed up block contracting arrangements and had decommissioned some of its traditional services to enable a wider choice of options and flexibility of funding.

The council had a good track record in working with local providers to challenge poor performance and to drive up and maintain high standards of service delivery. Contract management and monitoring promoted a strong joint focus on work to continuously improve the responsiveness, quality and consistency of service

providers. There was a review of sheltered housing taking place to strengthen levels of support and the quality of local services. Further review of domiciliary, day care and short breaks services was required to achieve more individually tailored support arrangements.

The council was working to strengthen the capacity and contribution of local community and voluntary sector organisations. There was work required to ensure effective co-ordination of and enhancement of the role and contribution of local community, faith and voluntary sector groups in supporting the delivery of local priorities.

The council was working to update and improve the capabilities of its electronic social care recording system. There was work in progress to improve data capture across its partnerships. New management information systems aimed to strengthen analysis of the diverse needs of local people and improve performance management of outcomes across the wider system.

Appendix A: summary of recommendations

Recommendations for improving performance in Halton

Safeguarding adults

The council should:

1. Strengthen the collection and analysis of information about safeguarding activity to support wider learning and targeting of areas of risk (Page 13).
2. Ensure people have good access to advocacy support to promote their full understanding and involvement in safeguarding work (Page 13).

Improved health and wellbeing for older people

The council should:

3. Secure further improvements in the health and wellbeing of older people and their carers (Page 16).
4. Address gaps in access to and the flexibility of local transport (Page 17).
5. Ensure hospital discharge arrangements work well for everyone and reduce the rate of emergency re-admissions (Page 18).
6. Continue to enhance the availability, range and quality of support for older people and their carers (Pages 18-19, 24 and 31).

Increased choice and control for older people

The council should:

7. Make it easier for people to raise concerns and ensure timely investigation and feedback about the outcome of complaints (Pages 14 and 24).

Providing leadership

The council should:

8. Strengthen the involvement of older people and their carers in key activities such as mystery shopping and review of the quality of local services (Page 26).
9. Continue to strengthen the involvement and contribution of all organisations to the work of the Safer and Healthier Halton partnership programmes (Page 26).

Commissioning and use of resources

The council should:

10. Ensure effective co-ordination of and enhancement of the role and contribution of local community, voluntary sector and faith groups (Page 31).

Appendix B: Methodology

This inspection was one of a number service inspections carried out by the Care Quality Commission (CQC) in 2010.

The assessment framework for the inspection was the commission's outcomes framework for adult social care which is set out in full [on our website](#). The specific areas of the framework used in this inspection are set out in the Key Findings section of this report.

The inspection had an emphasis on improving outcomes for people. The views and experiences of adults who needed social care services and their carers were at the core of this inspection.

The inspection team consisted of two inspectors and an 'expert by experience'. The expert by experience is a member of the public who has had experience of using adult social care services.

We asked the council to provide an assessment of its performance on the areas we intended to inspect before the start of fieldwork. They also provided us with evidence not already sent to us as part of their annual performance assessment.

We reviewed this evidence with evidence from partner agencies, our postal survey of people who used services and elsewhere. We then drew provisional conclusions from this early evidence and fed these back to the council.

We advertised the inspection and asked the local LINKs (Local Involvement Network) to help publicise the inspection among people who used services.

We spent six days in Halton when we met with five people whose case records we had read and inspected a further twenty case records. We also met with approximately hundred people who used services and carers in groups and in an open public forum we held. We sent questionnaires to 150 people who used services and 41 were returned.

We also met with

- Social care fieldworkers
- Senior managers in the council, other statutory agencies and the third sector
- Independent advocacy agencies and providers of social care services
- Organisations which represent people who use services and/or carers
- Councillors.

This report has been published after the council had the opportunity to correct any matters of factual accuracy and to comment on the rated inspection judgements.

Halton will now plan to improve services based on this report and its recommendations.

If you would like any further information about our methodology then please visit the [general service inspection page](#) on our website.

If you would like to see how we have inspected other councils then please visit the [service inspection reports](#) section of our website.

Improvement Plan - Halton Borough Council

Improvement Area 1 – Strengthen the collection and analysis of information about safeguarding activity to support wider learning and targeting of areas of risk		
How is this to be achieved / action	Expected evidence of improvement	Timescale (by)
1. Review & update the Safeguarding Board's Quality & Performance Sub-group work plan and continue to progress work already underway.	Evidenced by :- a) Information will be reported to the Safeguarding Board's Quality and Performance Sub Group and Safeguarding Adults Board for analysis and comment. b) The above will be inclusive of partner agency data. c) Analysis of safeguarding data, feedback from service users and carers, and provider monitoring will all inform the Safeguarding Adults Board about the effectiveness of the management of Safeguarding activity. d) Analysis and interpretation of the above information will inform service development and commissioning. e) Data will be of good quality. f) Electronic Safeguarding Case Recording Form will be implemented. Staff fully trained in how to use electronic form. Any implementation issues resolved. g) Multi agency auditing will be established and reported to Safeguarding Adults Board 6 monthly. All agencies will address areas for development identified.	1. December 2010
2. Implement monitoring systems to track progress towards national dignity measures – data collection will be ongoing once system implemented		2. March 2011

Improvement Area 2 – Ensure people have good access to advocacy support to promote their full understanding and involvement in safeguarding work		
How is this to be achieved /action	Expected evidence of improvement	Timescale (by)
1. Develop Advocacy 'hub' specification for individuals/family and develop appropriate pathways	Evidenced by :- a) Advocacy Hub <ul style="list-style-type: none"> • All relevant elements and different types of Advocacy will have been determined • All relevant local services will have been appropriately mapped • Gaps in information, advice and advocacy will have been identified • Services specification will be in place which will determine what will be commissioned, decommissioned, how this will be completed and the agreed timescales. b) All Family members of service users who are the subject of Safeguarding cases will receive written information that states an advocacy service will be sought where needed.	1. December 2010
2. Commission provider to deliver 'hub' and ensure appropriate publicity of service		2. September 2011
3. Review & update advice leaflet 'Explaining Adult Protection Inquiries – Information for Families, Advocates & other Carers'.		3. December 2010
4. Implement updated advice leaflet 'Explaining Adult Protection Inquiries – Information for Families, Advocates & other Carers' via assessment teams		4. March 2011

Improvement Area 3 – Secure further improvements in the health and wellbeing of older people and their carers		
How is this to be achieved / action	Expected evidence of improvement	Timescale (by)
1. Nutrition guidelines will be developed to support Care Homes, Domiciliary Care, Sheltered Accommodation etc. Staff to be trained on appropriate guidelines	Evidenced by : - a) 90% of key identified frontline staff trained in alcohol awareness/identification and brief advice by November 2011 b) 70% of trained key frontline staff undertake alcohol screening/brief interventions with older people by January 2012. Ongoing process with quarterly updates to be made available. c) Brief intervention for alcohol and signposting training offered to all identified key frontline professionals by December 2011. Training sessions commence January 2011. d) Guidelines on emotional health and well being for older people developed by December 2011, training for staff commences January 2011. e) Consultation with carers and support into services commenced by December 2010. Health Checks+ commenced for carers by December 2010. Carers literature on health improvement initiatives available by June 2011.	1. January 2011
2. Increase the number of brief interventions for alcohol and signposting into relevant services for older people. These interventions will be undertaken by key frontline professionals who come into contact with older people, e.g. Age Concern and Primary Care. Training for staff will be in accordance with Identification and Brief Advice Training (IBA)		2. November 2011
3. Undertake an audit of hospital alcohol related admissions by age and condition to inform service delivery.		3. December 2010
4. Provide support and training to staff within Care Homes, Domiciliary Care, Sheltered Accommodation etc to improve the Health and Wellbeing of older people and their carers. To include:- a) Brief intervention Training on 1 to 1 Weight Management to tackle obesity b) Emotional Health and Wellbeing (inc. development of guidelines)		4 a) June 2011 4 b) December 2011

c) Stop Smoking Intermediate Training		4 c) March 2011
5. Continue to implement the 2010 Action Plan to Improve the Accessibility of Health Improvement Information for Carers.		5. January 2011

Improvement Area 4 – Address gaps in access to and the flexibility of local transport		
How is this to be achieved /action	Expected evidence of improvement	Timescale (by)
1. Transport gaps including issues around Community Transport and Wheelchair Accessible vehicles to be considered as part of the efficiency review of the Logistics division, incorporating Client Transport and Fleet Management.	Evidenced by :- a) Fleet Management and Transport are included within the current wave of efficiency reviews. As part of this review, shortfalls identified in various transport areas including community transport and wheelchair accessible vehicles will be addressed. This will be evidenced within the Efficiency Board Closure Report at the conclusion of the review	1. March 2011

Improvement Area 5 – Ensure hospital discharge arrangements work well for everyone and reduce the rate of emergency re-admissions		
How is this to be achieved / action	Expected evidence of improvement	Timescale (by)
1. To continue with the implementation of the Integrated Discharge Teams in Warrington and Whiston Hospitals.	Evidenced by:- a) a reduction in readmissions to hospital from the 2009/10 baseline- 9.6% (Warrington) (9.3% Whiston) to 8% by September 2011. b) a reduction in lengths of stay from the 2009/10 baseline- equivalent to 12 beds, in Warrington and 24 beds in Whiston, by September 2011. c) a reduction in people being discharged from hospital care directly to long term institutional care- from a 30% baseline 2009/10 (Further work required on accuracy of the data) d) an increase in the number of people receiving Intermediate Care/Re-ablement services. e) patient satisfaction on discharge from hospital.	1. January 2011
2. Develop and implement documentation, pathways, risk management and communication between the Hospital Teams and Care Management Teams, on admission and discharge.		2. November 2010
3. Develop processes to ensure that carers are partners in planning for discharge from hospital – To take account of the learning from the DoH Carers Demonstrator Site Project		3. January 2011

Improvement Area 6 – Continue to enhance the availability, range and quality of support for older people and their carers		
How is this to be achieved /action	Expected evidence of improvement	Timescale (by)
1. Review adult placement, domiciliary and residential services to identify capacity and skills to deliver support to people diagnosed with dementia	<p>Evidence by :-</p> <p>a) Will aim to achieve objectives within the National Dementia Strategy, including Objectives 4, 5, 6 and 9. This will be further enhanced by the implementation of a 17 point local action plan. The following are the key milestones to complete by March 2011:</p> <ul style="list-style-type: none"> • Dementia service pathway mapping complete • Proposed redesign of existing dementia services • Draft specification for the Assessment, Care and Treatment Service agreed. <p>Each of these targets and the others within the local action plan will be monitored through the Multi-agency dementia steering group.</p> <p>b) Actions 6 and 7 will be monitored through a range of consultation exercises that will be taking place with different carers across the borough. This will include at the Carers Event in December 2010, as part of the review of Adult Placement and as part of the development of Dementia Champions in the borough.</p> <p>c) Refreshing the Carers Strategy action plan to reflect findings in respect to the need for respite.</p>	1. March 2011
2. To continue to implement the Local Dementia Strategy		2. March 2015
3. To further develop and modernise Oakmeadow Community Support Centre in order to improve the range and quality of enabling support provided including activities and day opportunities		3. April 2011
4. Pilot electronic monitoring of domiciliary care with a local provider with a view to introducing borough wide electronic monitoring within 12 months		4. October 2011
5. Negotiate with a small number of providers to agree allocated beds for planned respite.		5. November 2010
6. Undertake a full needs assessment to identify both met and unmet need for short breaks/planned respite.		6. January 2011
7. Refresh commissioning action plans to incorporate findings from needs analysis		7. April 2011

Improvement Area 7 – Make it easier for people to raise concerns and ensure timely investigation and feedback about the outcome of complaints

How is this to be achieved / action	Expected evidence of improvement	Timescale (by)
<p>1. Form a Halton Customer Care Group working group (to include partner agencies e.g. Acute Trust) to develop a process to enable people to raise issues less formally in Halton and encourage an approachability ethos - linked to the developing Customer Service Excellence programme. The Contracts Team will work with providers to roll out a consistent approach across all sectors.</p>	<p>Evidenced by :-</p> <p>a) Action 1 (the formation of a Halton Customer Care Group working group) has commenced, with the 1st meeting held on 10th November 2010. Evaluation will be the formulation of new informal ways to raise concerns and the marketing of such an approach (as described in action 2)</p> <p>b) Action 3 ensures that this will remain under scrutiny and the outcome is evidenced through an analysis of resulting data and feedback (both unsolicited and proactive)</p>	1. June 2011
<p>2. Develop a marketing plan to promote the approachability culture to people who use services and their carers along with staff and the wider public, including attendance and promotion at user consultation forums, staff training etc. Also work with other colleagues to strengthen the approachability message across all organisations serving Halton residents.</p>		2. May 2011
<p>3. Review progress and consider and plan future activity</p>		3. July 2011

Improvement Area 8 – Strengthen the involvement of older people and their carers in key activities such as mystery shopping and review of the quality of local services

How is this to be achieved /action	Expected evidence of improvement	Timescale (by)
1. In conjunction with Halton OPEN, implement mechanisms to ensure that Older People are able to effectively contribute to service monitoring and reviews, including the development of mystery shopping. (Need to give consideration that all Halton OPEN members are volunteers.)	Evidenced by :- a) Complete three agreed focus groups as set out by Halton OPEN by March 2011 – These have been provisionally agreed to cover Dementia, Sensory Impairment and Complaints b) Involve Older People in the review of information services in the Borough c) Commissioning will develop a performance framework to ensure that Halton OPEN operates to an agreed governance arrangement as well as to a specific business model. In addition each of the actions will have completed documents to support their implementation and evidence the impact of the intervention. This will include a business plan, focus groups, minutes of meetings and monitoring paperwork	1. December 2010
2. Develop Peer monitoring pilot programme with Halton OPEN – this will initially include mystery shopping of the contact centre and local information providers.		2. January 2011
3. Develop an Older People’s Community Engagement strategy to support Older People and their Carers to effectively contribute to service planning, developments etc.		3. March 2011

Improvement Area 9 – Continue to strengthen the involvement and contribution of all organisations to the work of the Safer and Healthier Halton partnership programmes

How is this to be achieved / action	Expected evidence of improvement	Timescale (by)
1. Review representation on partnership programmes to ensure all key partners are appropriately represented. Put in place a framework for routine follow up.	Evidenced by :- a) All key partners are engaging effectively and contributing to partnership programmes - This will be evidenced through Boards and working groups and an annual review will be undertaken of relevant work plans	1. April 2011
2. Review effectiveness of Sub Groups and the contribution of partner organisations		2. April 2012

Improvement Area 10 – Ensure effective co-ordination of and enhancement of the role and contribution of local community, voluntary sector and faith groups		
How is this to be achieved /action	Expected evidence of improvement	Timescale (by)
<p>1. BME & FAITH NETWORK: Commissioners establish a link into the network and engage with the participants in future consultations to shape commissioning to support better outcomes for marginalised people.</p>	<p>Evidenced by :-</p> <p>a) 3 Consultations to be held with the BME & Faith Network over the next twelve months</p> <p>b) Themed local area forums meetings:-</p> <ul style="list-style-type: none"> • Area Forum for Birchfield, Farnworth & Halton View holding a themed daytime event on “Support for Older People” in January 2011 • Area Forum for Grange, Halton Brook, Heath & Mersey holding a daytime themed event on “Intergenerational Activity” in January 2011 • Area Forum for Castlefields, Norton North & South & Windmill Hill hosting a daytime meeting on “Drugs & Alcohol” in February 2011 • Area Forum for Appleton, Kingsway & Riverside hosting a daytime meeting of “Employment & Welfare Support” in January 2011. <p>c) Partner agencies, including the third sector become embedded in the Local Area Forum mechanism</p> <p>d) EVOLVE monitoring process – piloted with 10 VCS organisations before full roll out – Full roll out by May 2012.</p> <p>e) ‘Here to help’ searchable website with</p>	1. November 2011
<p>2. LOCALITY MANAGEMENT: The local area forum mechanism is extended to include partners at planning meetings, three per year per area forum area. Provide focussed community development to support community involvement at public meetings and agree a minimum of one themed daytime meeting per year per area forum, a total of seven per year responding to local concerns.</p>		2. January 2012
<p>3. Undertake a Corporate review of partnership and coordination of local community, voluntary sector and faith groups</p>		3. September 2011
<p>4. Working with partners in Health, ensure the effective co-ordination of information and intelligence on voluntary and faith sector provision</p>		4. May 2012

	intelligence on voluntary and faith sector provision will be fully populated by May 2012.	
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Annual Audit Letter

Halton Borough Council

Audit 2009/10

The Audit Commission is an independent watchdog, driving economy, efficiency and effectiveness in local public services to deliver better outcomes for everyone.

Our work across local government, health, housing, community safety and fire and rescue services means that we have a unique perspective. We promote value for money for taxpayers, auditing the £200 billion spent by 11,000 local public bodies.

As a force for improvement, we work in partnership to assess local public services and make practical recommendations for promoting a better quality of life for local people.

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Key messages

This report summarises my findings from the 2009/10 audit. My audit comprises two elements:

- **the audit of your financial statements (pages 4 to 7); and**
- **my assessment of your arrangements to achieve value for money in your use of resources (pages 8 to 11).**

I have included only significant recommendations in this report. The Council has accepted these recommendations.

Audit opinion and financial statements

1 I issued an unqualified audit opinion on the Council's financial statements on 29 September 2010.

Value for money

2 I issued an unqualified value for money conclusion confirming the Council has satisfactory arrangements to secure economy, efficiency and effectiveness in its use of resources.

Audit fees

3 I set out my fee proposals to you in my 2009/10 fee letter in April 2009. I set an initial audit fee of £239,408. I increased this by £4,000 in July 2010 to accommodate an additional piece of audit work on payments made to a head teacher at one of the Council's schools. This additional audit work was outside of the scope of my agreed audit plan for 2009/10.

Current and future challenges

4 The economic downturn continues to be felt and the Council, along with other public sector bodies, is facing significant challenges. The recently announced Comprehensive Spending Review has indicated annual cuts in council budgets of 7.25 per cent and a general reduction in capital funding of some 30 per cent. Grants to local government will also fall.

5 In response to the increased financial pressures, the Council continues to review its financial plans to maintain robust finances while continuing to work towards achieving its strategic objectives. It seems likely that these pressures will continue to worsen at least in the short term and significant savings will be required over many years to achieve a balanced budget.

Financial statements and annual governance statement

The Council's financial statements and annual governance statement are an important means by which the Council accounts for its stewardship of public funds.

I gave an unqualified audit opinion on the Council's 2009/10 financial statements on 29 September, within the statutory target date.

Overall conclusion from the audit

6 I gave an unqualified audit opinion on the Council's financial statements in line with the required statutory deadline. I also issued an unqualified opinion on the Whole of Government Accounts consolidation pack on 29 September 2010. I reported the significant issues arising from my audit in my Annual Governance Report which I presented to the Business Efficiency Board on 29 September 2010.

7 The financial statements were submitted for audit in line with agreed timescales. They were of a good standard and supported by good quality working papers. I identified a number of errors within the statements, only one of which was material. All errors were amended before I gave my opinion.

Audit opinion

8 The material error related to pooled budgets income and expenditure. The Council is involved in four pooled budgets with the local PCT. Financial reporting standards require all parties to a pooled budget arrangement to reflect their share of income, expenditure, assets and liabilities within their respective accounts. The Council's draft income and expenditure account included the PCT's share of pooled budget income and expenditure. This meant that the Council's cost of services income and expenditure figures were both overstated by £8,330k. The accounts were amended to take out the PCT's share of income and expenditure.

9 Appendix 2 of my Governance Report details all the amendments I requested to the Council's 2009/10 financial statements. My report also highlighted a number of areas for improvement, all of which are included in the agreed action plan of recommendations at Appendix 5 of the report.

10 Members will recall that my audit plan highlighted the organisational restructure and the associated loss of corporate knowledge as a key risk to producing the Council's 2009/10 financial statements. The Council managed this risk well. It established a team of officers to prepare the accounts and increased capacity with temporary contract support. The 2009/10 accounts were produced on time and to a good standard. I also noted a significant improvement in the quality, number and consistency of working papers to support the accounts.

Significant weaknesses in internal control

11 I did not identify any significant weaknesses in your internal control arrangements that might result in a material error in your financial statements. However my audit did highlight an issue relating to the Adults with Learning Disabilities (ALD) pooled budget with the PCT.

12 The 2009/10 ALD pooled budget agreement was not signed by the PCT. Lack of an up to date and agreed SLA makes effective financial management and performance monitoring difficult. Council officers need to continue to work with their partners at the PCT to ensure formal agreed SLAs are in place for all relevant joint arrangements. Given the financial and service pressures facing all sectors this is now more important than ever.

International Financial Reporting Standards

13 Local government bodies will prepare their financial statements on a new accounting basis for the first time in 2010/11 to comply with the International Financial Reporting Standards (IFRS). The introduction of IFRS raises significant challenges for local authorities. Disclosure requirements will be much greater under the IFRS Code than under previous rules and the burden will be particularly large in the first year. Authorities must ensure arrangements are in place if they are to publish timely and accurate IFRS compliant accounts for 2010/11.

14 My Annual Governance Report in September noted that officers had a significant amount of work to do to meet the IFRS implementation deadline. A lot of information was still to be collected and its impact assessed, particularly on leases and non-current assets. My ongoing discussions with officers suggest that momentum has picked up in recent weeks. Progress is now being made in a number of key areas, see table overleaf.

Table 1: **IFRS implementation 2010/11**

Progress is being made but further work is needed if officers are to meet the deadline for restatement.

Issue	Findings
Governance and oversight	The Operational Director Finance has provided several IFRS updates to the Business Efficiency Board. Members have provided appropriate challenge to officers.
Timetable	Officers plan to complete a restatement of the 1 April 2009 opening balance sheet and the 2009/10 accounts by 30 November 2010. Officers are still aiming to meet this deadline, although information is still to be collected for some items of account.
Non-current assets	Work on revaluation losses, impairment, and reclassification of some asset types is in progress. Work is also underway to identify and value relevant components of fixed assets.
Leases and other lease type arrangements	Officers have reviewed the Council's lease arrangements, including assessing 550 property related leases. My audit team are meeting with officers to discuss the approach adopted.
Employee benefits	Work is almost complete on capturing the data to calculate the accrual for holiday pay.
Group accounts	The Council's group accounts include Halton Transport Limited (HBT). Officers are currently discussing this issue with HBT's accountants.

15 Officers expect to produce the restated 2009/10 balance sheet and notes by the end of November 2010. I plan to complete an early review of the re-stated balances, operating costs and notes to confirm they are in line with the guidance.

National Fraud Initiative

16 The National Fraud Initiative (NFI) is the UK-wide anti-fraud programme developed by the Audit Commission. A data matching exercise is carried out comparing information held by and between around 1,300 organisations including councils, the police, hospitals and nearly 100 private companies. This helps to identify potentially fraudulent claims, errors and overpayments. Where matches are identified these are presented to the Council to investigate.

17 The exercise is carried out every two years. The last completed exercise was carried out in 2008/09. Internal audit identify matches needing investigation and co-ordinate with the relevant service area. As at October 2010, the Council had identified potential fraud and error overpayments (including already delivered and estimated outcomes) of £162,591. The table below summarises these.

Table 2: **Fraud and error overpayments (including already delivered and estimated outcomes) as at 14 October 2010**

Housing benefit	Pensions	Housing	Payroll and other investigations	Creditors	Late savings from 2006/07	Total
£25,215	£0	£124,995	£0	£341	£12,040	£162,591*

**This includes estimates where it is reasonable to assume that fraud and overpayments would have continued undetected without NFI data matching. A more detailed explanation is included at appendix 2 to the national NFI report.*

18 The Council has recently completed uploading its data onto the NFI website for the 2010/11 exercise.

Recommendations

R1 Ensure the ALD agreement is signed by all parties as soon as possible to minimise both financial and service delivery risk.

R2 Ensure that sufficient capacity and priority is given to the implementation of IFRS to meet the required deadlines.

Value for money

I considered whether the Council is managing and using its money, time and people to deliver value for money.

I assessed your performance against the criteria specified by the Audit Commission and have reported the outcome as the value for money (VFM) conclusion.

2009/10 use of resources assessments

19 At the end of May 2010, the Commission wrote to all chief executives to inform them that following the government's announcement, work on CAA would cease with immediate effect and the Commission would no longer issue scores for its use of resources assessments.

20 However, I am still required by the Code of Audit Practice to issue a value for money conclusion. I have therefore used the results of the work completed on the use of resources assessment up to the end of May to inform my 2009/10 conclusion.

21 I report the significant findings from the work I have carried out to support the vfm conclusion.

VFM conclusion

22 I assessed your arrangements to achieve economy, efficiency and effectiveness in your use of money, time and people against criteria specified by the Audit Commission. The Audit Commission specifies each year, which Key Lines of Enquiry (KLOE) are the relevant criteria for the VFM conclusion at each type of audited body.

23 I am satisfied that the Council has met all of the relevant criteria for the VFM conclusion as shown overleaf.

Criteria	Adequate arrangements?
Managing finances	
Planning for financial health	Yes
Understanding costs and achieving efficiencies	Yes
Financial reporting	Yes
Governing the business	
Commissioning and procurement	Yes
Use of information	Yes
Good governance	Yes
Risk management and internal control	Yes
Managing resources	
Natural resources	Not assessed in 2009/10
Strategic asset management	Yes
Workforce	Yes

24 I issued an unqualified value for money conclusion confirming the Council had satisfactory arrangements to secure economy, efficiency and effectiveness in its use of resources during 2009/10. I have set out below the key messages from my review.

25 The Council's track record of robust financial management and good financial standing has continued in 2009/10. It has achieved both cost and service efficiencies during the year. The efficiency programme, which includes a programme of service reviews, expects to deliver significant ongoing efficiency savings to the local community over the next couple of years. With the current pressures on public sector funding and spending it is more important than ever that these efficiency savings are delivered.

26 The Council has a fairer charging policy for personal budgets for social care. This and other service charges, such as libraries, are part of its overall budget strategy. A 2009/10 Internal Audit report on charging for services highlighted some good evidence of benchmarking and examples where charging powers have been used to influence consumer behaviour such as internet use in libraries. It also highlighted several areas for improvement including the development of a corporate charging policy and the establishment of a corporate framework to facilitate a more consistent approach to applying concessions. I endorse those recommendations particularly given the challenging financial outlook facing the Council.

27 The Council has well established governance arrangements in place which are well understood by both officers and members. There is a strong ethical framework and culture within the organisation and a real commitment to deliver good quality services which meet the needs of the local community.

28 The Council has continued to develop its commissioning and procurement functions and I have seen good evidence of joint procurement initiatives with partners and neighbouring organisations. The Council now has a sustainable procurement policy with identified champions at member and executive level. A structured training programme for key staff is being developed.

29 There is generally good use of data to inform decision making and service delivery with some good examples of improved outcomes being delivered. Data quality arrangements have improved from last year. Risk based work has been undertaken to test systems and develop improvement plans. Information security policies and guidance has been enhanced and data quality training has been delivered. Work is ongoing to continue to strengthen data quality arrangements.

30 For the first time this year I assessed the Council's arrangements for planning, organising and developing its workforce. My assessment took place during a period of significant change for the Council yet I was able to conclude positively on the arrangements in place.

31 As part of its ongoing efficiency programme the Council implemented a major organisational restructure during 2009/10 which included the loss of over 100 FTE posts and changed roles and responsibilities for many staff. This organisational change was managed well. The Council engaged staff effectively, communicating change using a range of mechanisms and also provided good support for staff, with input from partners, to help with job search skills. I also noted that relationships with trade unions continue to be very good.

32 The Council has an up-to-date people strategy which provides a corporate framework for people management. The strategy includes a comprehensive analysis of local and national drivers which will impact on future workforce needs and makes good links with the Corporate Plan and Community Plan. Directorate workforce plans are in place and plans are underway to improve the consistency of the data within them.

33 Sickness absence rates, although still high, are reducing. Average sickness rates per employee fell from 13.5 days in 2008/09 to 10.2 days in 2009/10. This followed more support to managers to implement existing absence management policies and procedures. Further initiatives are planned for 2010/11 to further improve sickness absence rates across the Council.

34 The Council's asset management arrangements are adequate. The current asset management plan covers minimum requirements. The Council has continued to manage and use its assets well at an operational level with some good examples of Council assets being used to benefit the local community and enhance service delivery. There is however scope to further strengthen the links between corporate strategy and service outcomes and to more formally integrate financial and property planning.

Recommendations

R3 Develop a corporate charging policy and establish a corporate framework to ensure a more consistent approach to applying concessions.

R4 Continue to address and improve the strategic aspects of asset management, including a stronger and more explicit link between financial and asset planning.

Approach to local value for money work from 2010/11

35 Given the scale of pressures facing public bodies in the current economic climate, the Audit Commission has been reviewing its work programme for 2010/11 onwards. This review has included discussions with key stakeholders of possible options for a new approach to local value for money (VFM) audit work. The Commission aims to introduce a new, more targeted and better value approach to our local VFM audit work.

36 My work will be based on a reduced number of reporting criteria, specified by the Commission, concentrating on:

- securing financial resilience; and
- prioritising resources within tighter budgets.

37 I will determine a local programme of VFM audit work based on my audit risk assessment, informed by these criteria and my statutory responsibilities. I will no longer be required to provide an annual scored judgement relating to my local VFM audit work. Instead I will report the results of all my local VFM audit work and the key messages for the Council in my annual report to those charged with governance and in my annual audit letter.

Current and future challenges

Financial challenges

38 The effect of the economic downturn continues to be felt in the public sector. The Council had already embarked on an ambitious efficiency programme to help it manage the impact of the downturn but these challenges have increased further in recent months.

39 In early September, and in response to the Government's emergency budget in June 2010, the Council revised its 2010/11 budget to reflect the required in-year reductions to its government and other grants of some £6.8 million. It identified a number of actions to address the funding shortfall and thereby ensure a continued balanced budget. The budget report to Council in March 2010 identified a 'pessimistic' funding gap of £10 million for 2011/12 but this was increased to around £15 million in the September revision.

40 The Government's Comprehensive Spending Review (CSR) in October has further increased the financial pressures facing the Council. Officers are currently working out the full implications of the CSR as part of the update of the Council's medium term financial strategy for 2011/12 onwards. Early indications are that the impact will be significant with the funding gap referred to above growing to a potential £20 million. Assuming a zero per cent council tax increase for the next three years the funding gap is £48 million or 37 per cent of the Council's budget.

41 The Local Government Finance settlement is expected in early December and will provide the detailed information on which the Council can base its future financial plans.

Mersey Gateway

42 After awaiting information from Government for much of the year, and following much lobbying from the Council and its members, the Mersey Gateway project has been given the go ahead by the Government. As already acknowledged by the Council the Mersey Gateway is a significant and challenging project that carries with it a number of risks, including financing and affordability.

43 I understand the detailed funding arrangements for Mersey Gateway are being discussed with ministers. I will review the proposed arrangements as part of my ongoing review of the project and its affordability.

Audit arrangements

44 On Friday 13 August, the Secretary of State for Communities and Local Government announced the proposed abolition of the Audit Commission and the transfer of the audit practice to the private sector. The proposed abolition will be from 2012/13 at the earliest and is subject to the passage of legislation.

45 Arrangements for the audit of local government bodies from 2012/13 onwards will be clarified when the government publish their white paper on the future of public audit. This is expected in early 2011.

46 My priority is to ensure our professional standards and commitment will be maintained for the 2010/11 and 2011/12 audits. You will see no deterioration in customer service and quality.

47 We are currently working on a proposal to develop an independent audit practice to continue beyond the abolition of the Audit Commission. Options available to us include a potential mutualisation or buy-out. Whatever the governance model that we adopt, we remain committed to providing excellent services to our existing clients, seeking new opportunities to improve financial management and reporting and helping the sector achieve better value for money.

Closing remarks

48 I have discussed and agreed this letter with the Strategic Director Resources and the Operational Director Finance. I will present this letter at the Executive Board on 2 December 2010 and will provide copies to all Board members.

49 Full detailed findings, conclusions and recommendations in the areas covered by our audit were included in the reports I issued to the Council during the year.

Report	Date issued
Audit fee letter	April 2009
Opinion audit plan	March 2010
Annual governance report	September 2010
Opinion on the financial statements	September 2010
Value for money conclusion	September 2010
Annual audit letter	November 2010

50 The Council has taken a positive and helpful approach to our audit. I wish to thank the Council's staff for their continued support and cooperation during the audit.

Mike Thomas
District Auditor
November 2010

Appendix 1 Audit fees

	Actual	Proposed	Variance
Financial statements and annual governance statement	£181,161	£177,161	£4,000*
Value for money	£62,247	£62,247	n/a
Total audit fees	£243,408	£239,408	£4,000
Non-audit work	n/a	n/a	n/a
Total	£243,408	£239,408	£4,000

* In July 2010, and following discussion with officers, I carried out an additional piece of work to review a number of payments made to a head teacher at one of the Council's schools. This was outside of the scope of my agreed audit plan for 2009/10 and as a result I billed the Council an additional fee of £4,000.

Appendix 2 Glossary

Annual governance statement

Governance is about how local government bodies ensure that they are doing the right things, in the right way, for the right people, in a timely, inclusive, open, honest and accountable manner.

It comprises the systems and processes, cultures and values, by which local government bodies are directed and controlled and through which they account to, engage with and where appropriate, lead their communities.

The annual governance statement is a public report by the Council on the extent to which it complies with its own local governance code, including how it has monitored the effectiveness of its governance arrangements in the year, and on any planned changes in the coming period.

Audit opinion

On completion of the audit of the accounts, auditors must give their opinion on the financial statements, including:

- whether they give a true and fair view of the financial position of the audited body and its spending and income for the year in question; and
- whether they have been prepared properly, following the relevant accounting rules.

Financial statements

The annual accounts and accompanying notes.

Qualified

The auditor has some reservations or concerns.

Unqualified

The auditor does not have any reservations.

Value for money conclusion

The auditor's conclusion on whether the audited body has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of money, people and time.

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- any director/member or officer in their individual capacity; or
- any third party.



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Annual Audit Letter

Halton Borough Council

Audit 2009/10

The Audit Commission is an independent watchdog, driving economy, efficiency and effectiveness in local public services to deliver better outcomes for everyone.

Our work across local government, health, housing, community safety and fire and rescue services means that we have a unique perspective. We promote value for money for taxpayers, auditing the £200 billion spent by 11,000 local public bodies.

As a force for improvement, we work in partnership to assess local public services and make practical recommendations for promoting a better quality of life for local people.

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Key messages

This report summarises my findings from the 2009/10 audit. My audit comprises two elements:

- **the audit of your financial statements (pages 4 to 7); and**
- **my assessment of your arrangements to achieve value for money in your use of resources (pages 8 to 11).**

I have included only significant recommendations in this report. The Council has accepted these recommendations.

Audit opinion and financial statements

1 I issued an unqualified audit opinion on the Council's financial statements on 29 September 2010.

Value for money

2 I issued an unqualified value for money conclusion confirming the Council has satisfactory arrangements to secure economy, efficiency and effectiveness in its use of resources.

Audit fees

3 I set out my fee proposals to you in my 2009/10 fee letter in April 2009. I set an initial audit fee of £239,408. I increased this by £4,000 in July 2010 to accommodate an additional piece of audit work on payments made to a head teacher at one of the Council's schools. This additional audit work was outside of the scope of my agreed audit plan for 2009/10.

Current and future challenges

4 The economic downturn continues to be felt and the Council, along with other public sector bodies, is facing significant challenges. The recently announced Comprehensive Spending Review has indicated annual cuts in council budgets of 7.25 per cent and a general reduction in capital funding of some 30 per cent. Grants to local government will also fall.

5 In response to the increased financial pressures, the Council continues to review its financial plans to maintain robust finances while continuing to work towards achieving its strategic objectives. It seems likely that these pressures will continue to worsen at least in the short term and significant savings will be required over many years to achieve a balanced budget.

Financial statements and annual governance statement

The Council's financial statements and annual governance statement are an important means by which the Council accounts for its stewardship of public funds.

I gave an unqualified audit opinion on the Council's 2009/10 financial statements on 29 September, within the statutory target date.

Overall conclusion from the audit

6 I gave an unqualified audit opinion on the Council's financial statements in line with the required statutory deadline. I also issued an unqualified opinion on the Whole of Government Accounts consolidation pack on 29 September 2010. I reported the significant issues arising from my audit in my Annual Governance Report which I presented to the Business Efficiency Board on 29 September 2010.

7 The financial statements were submitted for audit in line with agreed timescales. They were of a good standard and supported by good quality working papers. I identified a number of errors within the statements, only one of which was material. All errors were amended before I gave my opinion.

Audit opinion

8 The material error related to pooled budgets income and expenditure. The Council is involved in four pooled budgets with the local PCT. Financial reporting standards require all parties to a pooled budget arrangement to reflect their share of income, expenditure, assets and liabilities within their respective accounts. The Council's draft income and expenditure account included the PCT's share of pooled budget income and expenditure. This meant that the Council's cost of services income and expenditure figures were both overstated by £8,330k. The accounts were amended to take out the PCT's share of income and expenditure.

9 Appendix 2 of my Governance Report details all the amendments I requested to the Council's 2009/10 financial statements. My report also highlighted a number of areas for improvement, all of which are included in the agreed action plan of recommendations at Appendix 5 of the report.

10 Members will recall that my audit plan highlighted the organisational restructure and the associated loss of corporate knowledge as a key risk to producing the Council's 2009/10 financial statements. The Council managed this risk well. It established a team of officers to prepare the accounts and increased capacity with temporary contract support. The 2009/10 accounts were produced on time and to a good standard. I also noted a significant improvement in the quality, number and consistency of working papers to support the accounts.

Significant weaknesses in internal control

11 I did not identify any significant weaknesses in your internal control arrangements that might result in a material error in your financial statements. However my audit did highlight an issue relating to the Adults with Learning Disabilities (ALD) pooled budget with the PCT.

12 The 2009/10 ALD pooled budget agreement was not signed by the PCT. Lack of an up to date and agreed SLA makes effective financial management and performance monitoring difficult. Council officers need to continue to work with their partners at the PCT to ensure formal agreed SLAs are in place for all relevant joint arrangements. Given the financial and service pressures facing all sectors this is now more important than ever.

International Financial Reporting Standards

13 Local government bodies will prepare their financial statements on a new accounting basis for the first time in 2010/11 to comply with the International Financial Reporting Standards (IFRS). The introduction of IFRS raises significant challenges for local authorities. Disclosure requirements will be much greater under the IFRS Code than under previous rules and the burden will be particularly large in the first year. Authorities must ensure arrangements are in place if they are to publish timely and accurate IFRS compliant accounts for 2010/11.

14 My Annual Governance Report in September noted that officers had a significant amount of work to do to meet the IFRS implementation deadline. A lot of information was still to be collected and its impact assessed, particularly on leases and non-current assets. My ongoing discussions with officers suggest that momentum has picked up in recent weeks. Progress is now being made in a number of key areas, see table overleaf.

Table 1: **IFRS implementation 2010/11**

Progress is being made but further work is needed if officers are to meet the deadline for restatement.

Issue	Findings
Governance and oversight	The Operational Director Finance has provided several IFRS updates to the Business Efficiency Board. Members have provided appropriate challenge to officers.
Timetable	Officers plan to complete a restatement of the 1 April 2009 opening balance sheet and the 2009/10 accounts by 30 November 2010. Officers are still aiming to meet this deadline, although information is still to be collected for some items of account.
Non-current assets	Work on revaluation losses, impairment, and reclassification of some asset types is in progress. Work is also underway to identify and value relevant components of fixed assets.
Leases and other lease type arrangements	Officers have reviewed the Council's lease arrangements, including assessing 550 property related leases. My audit team are meeting with officers to discuss the approach adopted.
Employee benefits	Work is almost complete on capturing the data to calculate the accrual for holiday pay.
Group accounts	The Council's group accounts include Halton Transport Limited (HBT). Officers are currently discussing this issue with HBT's accountants.

15 Officers expect to produce the restated 2009/10 balance sheet and notes by the end of November 2010. I plan to complete an early review of the re-stated balances, operating costs and notes to confirm they are in line with the guidance.

National Fraud Initiative

16 The National Fraud Initiative (NFI) is the UK-wide anti-fraud programme developed by the Audit Commission. A data matching exercise is carried out comparing information held by and between around 1,300 organisations including councils, the police, hospitals and nearly 100 private companies. This helps to identify potentially fraudulent claims, errors and overpayments. Where matches are identified these are presented to the Council to investigate.

17 The exercise is carried out every two years. The last completed exercise was carried out in 2008/09. Internal audit identify matches needing investigation and co-ordinate with the relevant service area. As at October 2010, the Council had identified potential fraud and error overpayments (including already delivered and estimated outcomes) of £162,591. The table below summarises these.

Table 2: **Fraud and error overpayments (including already delivered and estimated outcomes) as at 14 October 2010**

Housing benefit	Pensions	Housing	Payroll and other investigations	Creditors	Late savings from 2006/07	Total
£25,215	£0	£124,995	£0	£341	£12,040	£162,591*

**This includes estimates where it is reasonable to assume that fraud and overpayments would have continued undetected without NFI data matching. A more detailed explanation is included at appendix 2 to the national NFI report.*

18 The Council has recently completed uploading its data onto the NFI website for the 2010/11 exercise.

Recommendations

R1 Ensure the ALD agreement is signed by all parties as soon as possible to minimise both financial and service delivery risk.

R2 Ensure that sufficient capacity and priority is given to the implementation of IFRS to meet the required deadlines.

Value for money

I considered whether the Council is managing and using its money, time and people to deliver value for money.

I assessed your performance against the criteria specified by the Audit Commission and have reported the outcome as the value for money (VFM) conclusion.

2009/10 use of resources assessments

19 At the end of May 2010, the Commission wrote to all chief executives to inform them that following the government's announcement, work on CAA would cease with immediate effect and the Commission would no longer issue scores for its use of resources assessments.

20 However, I am still required by the Code of Audit Practice to issue a value for money conclusion. I have therefore used the results of the work completed on the use of resources assessment up to the end of May to inform my 2009/10 conclusion.

21 I report the significant findings from the work I have carried out to support the vfm conclusion.

VFM conclusion

22 I assessed your arrangements to achieve economy, efficiency and effectiveness in your use of money, time and people against criteria specified by the Audit Commission. The Audit Commission specifies each year, which Key Lines of Enquiry (KLOE) are the relevant criteria for the VFM conclusion at each type of audited body.

23 I am satisfied that the Council has met all of the relevant criteria for the VFM conclusion as shown overleaf.

Criteria	Adequate arrangements?
Managing finances	
Planning for financial health	Yes
Understanding costs and achieving efficiencies	Yes
Financial reporting	Yes
Governing the business	
Commissioning and procurement	Yes
Use of information	Yes
Good governance	Yes
Risk management and internal control	Yes
Managing resources	
Natural resources	Not assessed in 2009/10
Strategic asset management	Yes
Workforce	Yes

24 I issued an unqualified value for money conclusion confirming the Council had satisfactory arrangements to secure economy, efficiency and effectiveness in its use of resources during 2009/10. I have set out below the key messages from my review.

25 The Council's track record of robust financial management and good financial standing has continued in 2009/10. It has achieved both cost and service efficiencies during the year. The efficiency programme, which includes a programme of service reviews, expects to deliver significant ongoing efficiency savings to the local community over the next couple of years. With the current pressures on public sector funding and spending it is more important than ever that these efficiency savings are delivered.

26 The Council has a fairer charging policy for personal budgets for social care. This and other service charges, such as libraries, are part of its overall budget strategy. A 2009/10 Internal Audit report on charging for services highlighted some good evidence of benchmarking and examples where charging powers have been used to influence consumer behaviour such as internet use in libraries. It also highlighted several areas for improvement including the development of a corporate charging policy and the establishment of a corporate framework to facilitate a more consistent approach to applying concessions. I endorse those recommendations particularly given the challenging financial outlook facing the Council.

27 The Council has well established governance arrangements in place which are well understood by both officers and members. There is a strong ethical framework and culture within the organisation and a real commitment to deliver good quality services which meet the needs of the local community.

28 The Council has continued to develop its commissioning and procurement functions and I have seen good evidence of joint procurement initiatives with partners and neighbouring organisations. The Council now has a sustainable procurement policy with identified champions at member and executive level. A structured training programme for key staff is being developed.

29 There is generally good use of data to inform decision making and service delivery with some good examples of improved outcomes being delivered. Data quality arrangements have improved from last year. Risk based work has been undertaken to test systems and develop improvement plans. Information security policies and guidance has been enhanced and data quality training has been delivered. Work is ongoing to continue to strengthen data quality arrangements.

30 For the first time this year I assessed the Council's arrangements for planning, organising and developing its workforce. My assessment took place during a period of significant change for the Council yet I was able to conclude positively on the arrangements in place.

31 As part of its ongoing efficiency programme the Council implemented a major organisational restructure during 2009/10 which included the loss of over 100 FTE posts and changed roles and responsibilities for many staff. This organisational change was managed well. The Council engaged staff effectively, communicating change using a range of mechanisms and also provided good support for staff, with input from partners, to help with job search skills. I also noted that relationships with trade unions continue to be very good.

32 The Council has an up-to-date people strategy which provides a corporate framework for people management. The strategy includes a comprehensive analysis of local and national drivers which will impact on future workforce needs and makes good links with the Corporate Plan and Community Plan. Directorate workforce plans are in place and plans are underway to improve the consistency of the data within them.

33 Sickness absence rates, although still high, are reducing. Average sickness rates per employee fell from 13.5 days in 2008/09 to 10.2 days in 2009/10. This followed more support to managers to implement existing absence management policies and procedures. Further initiatives are planned for 2010/11 to further improve sickness absence rates across the Council.

34 The Council's asset management arrangements are adequate. The current asset management plan covers minimum requirements. The Council has continued to manage and use its assets well at an operational level with some good examples of Council assets being used to benefit the local community and enhance service delivery. There is however scope to further strengthen the links between corporate strategy and service outcomes and to more formally integrate financial and property planning.

Recommendations

R3 Develop a corporate charging policy and establish a corporate framework to ensure a more consistent approach to applying concessions.

R4 Continue to address and improve the strategic aspects of asset management, including a stronger and more explicit link between financial and asset planning.

Approach to local value for money work from 2010/11

35 Given the scale of pressures facing public bodies in the current economic climate, the Audit Commission has been reviewing its work programme for 2010/11 onwards. This review has included discussions with key stakeholders of possible options for a new approach to local value for money (VFM) audit work. The Commission aims to introduce a new, more targeted and better value approach to our local VFM audit work.

36 My work will be based on a reduced number of reporting criteria, specified by the Commission, concentrating on:

- securing financial resilience; and
- prioritising resources within tighter budgets.

37 I will determine a local programme of VFM audit work based on my audit risk assessment, informed by these criteria and my statutory responsibilities. I will no longer be required to provide an annual scored judgement relating to my local VFM audit work. Instead I will report the results of all my local VFM audit work and the key messages for the Council in my annual report to those charged with governance and in my annual audit letter.

Current and future challenges

Financial challenges

38 The effect of the economic downturn continues to be felt in the public sector. The Council had already embarked on an ambitious efficiency programme to help it manage the impact of the downturn but these challenges have increased further in recent months.

39 In early September, and in response to the Government's emergency budget in June 2010, the Council revised its 2010/11 budget to reflect the required in-year reductions to its government and other grants of some £6.8 million. It identified a number of actions to address the funding shortfall and thereby ensure a continued balanced budget. The budget report to Council in March 2010 identified a 'pessimistic' funding gap of £10 million for 2011/12 but this was increased to around £15 million in the September revision.

40 The Government's Comprehensive Spending Review (CSR) in October has further increased the financial pressures facing the Council. Officers are currently working out the full implications of the CSR as part of the update of the Council's medium term financial strategy for 2011/12 onwards. Early indications are that the impact will be significant with the funding gap referred to above growing to a potential £20 million. Assuming a zero per cent council tax increase for the next three years the funding gap is £48 million or 37 per cent of the Council's budget.

41 The Local Government Finance settlement is expected in early December and will provide the detailed information on which the Council can base its future financial plans.

Mersey Gateway

42 After awaiting information from Government for much of the year, and following much lobbying from the Council and its members, the Mersey Gateway project has been given the go ahead by the Government. As already acknowledged by the Council the Mersey Gateway is a significant and challenging project that carries with it a number of risks, including financing and affordability.

43 I understand the detailed funding arrangements for Mersey Gateway are being discussed with ministers. I will review the proposed arrangements as part of my ongoing review of the project and its affordability.

Audit arrangements

44 On Friday 13 August, the Secretary of State for Communities and Local Government announced the proposed abolition of the Audit Commission and the transfer of the audit practice to the private sector. The proposed abolition will be from 2012/13 at the earliest and is subject to the passage of legislation.

45 Arrangements for the audit of local government bodies from 2012/13 onwards will be clarified when the government publish their white paper on the future of public audit. This is expected in early 2011.

46 My priority is to ensure our professional standards and commitment will be maintained for the 2010/11 and 2011/12 audits. You will see no deterioration in customer service and quality.

47 We are currently working on a proposal to develop an independent audit practice to continue beyond the abolition of the Audit Commission. Options available to us include a potential mutualisation or buy-out. Whatever the governance model that we adopt, we remain committed to providing excellent services to our existing clients, seeking new opportunities to improve financial management and reporting and helping the sector achieve better value for money.

Closing remarks

48 I have discussed and agreed this letter with the Strategic Director Resources and the Operational Director Finance. I will present this letter at the Executive Board on 2 December 2010 and will provide copies to all Board members.

49 Full detailed findings, conclusions and recommendations in the areas covered by our audit were included in the reports I issued to the Council during the year.

Report	Date issued
Audit fee letter	April 2009
Opinion audit plan	March 2010
Annual governance report	September 2010
Opinion on the financial statements	September 2010
Value for money conclusion	September 2010
Annual audit letter	November 2010

50 The Council has taken a positive and helpful approach to our audit. I wish to thank the Council's staff for their continued support and cooperation during the audit.

Mike Thomas
District Auditor

November 2010

Appendix 1 Audit fees

	Actual	Proposed	Variance
Financial statements and annual governance statement	£181,161	£177,161	£4,000*
Value for money	£62,247	£62,247	n/a
Total audit fees	£243,408	£239,408	£4,000
Non-audit work	n/a	n/a	n/a
Total	£243,408	£239,408	£4,000

* In July 2010, and following discussion with officers, I carried out an additional piece of work to review a number of payments made to a head teacher at one of the Council's schools. This was outside of the scope of my agreed audit plan for 2009/10 and as a result I billed the Council an additional fee of £4,000.

Appendix 2 Glossary

Annual governance statement

Governance is about how local government bodies ensure that they are doing the right things, in the right way, for the right people, in a timely, inclusive, open, honest and accountable manner.

It comprises the systems and processes, cultures and values, by which local government bodies are directed and controlled and through which they account to, engage with and where appropriate, lead their communities.

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Audit opinion

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- whether they give a true and fair view of the financial position of the audited body and its spending and income for the year in question; and
- whether they have been prepared properly, following the relevant accounting rules.

Financial statements

The annual accounts and accompanying notes.

Qualified

The auditor has some reservations or concerns.

Unqualified

The auditor does not have any reservations.

Value for money conclusion

The auditor's conclusion on whether the audited body has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of money, people and time.

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REPORT TO: Executive Board

DATE: 2nd December 2010

REPORTING OFFICER: Operational Director – Finance

SUBJECT: Determination of Council Tax Base

WARD(S): Borough-wide

1.0 PURPOSE OF REPORT

- 1.1 There is a requirement for the Council to determine the 'Tax Base' for its area and also the tax base for each of the Parishes.
- 1.2 It is required to notify the figure to the Cheshire Fire Authority, the Cheshire Police Authority and the Environment Agency by 31st January 2011. The Council is also required to calculate and advise if requested, the Parish Councils of their relevant tax bases.

2.0 RECOMMENDED: That

- (1) **The Executive Board recommend to the Council that the 2011/12 Council Tax Base be set at 38,200 for the Borough, and that the Cheshire Fire Authority, the Cheshire Police Authority, and the Environment Agency be so notified; and**
- (2) **The Executive Board recommend to the Council that the Council Tax Base for each of the Parishes be set as follows:**

Parish	Tax Base
Hale	733
Halebank	600
Daresbury	147
Moore	343
Preston Brook	345
Sandymoor	973

3.0 SUPPORTING INFORMATION

3.1 The Tax Base

The 'Tax Base' is the measure used for calculating the council tax and is used by both the billing authority (the Council) and the major precepting authorities (the Cheshire Fire Authority and the Cheshire Police Authority), in the calculation of their council tax requirements.

The tax base figure is arrived at in accordance with a prescribed formula, and represents the estimated full year number of chargeable dwellings in the Borough, expressed in terms of the equivalent of Band 'D' dwellings.

3.2 The Council Tax Base for 2011/12

The tax base is calculated using the number of dwellings included in the Valuation List, as provided by the Listing Officer, as at 13th September 2010. Adjustments are then made to take into account the estimated number of discounts, voids, additions and demolitions during the period 13th September 2010 to 31st March 2011.

An estimated percentage collection rate is then applied to the product of the above calculation to arrive at the tax base for the year.

Taking account of all the relevant information and applying a 99% collection rate, the calculation for 2011/12 gives a tax base figure of 38,200 for the Borough as a whole.

The appropriate tax base figure for each of the Parishes is as follows:

Parish	Tax Base
Hale	733
Halebank	600
Daresbury	147
Moore	343
Preston Brook	345
Sandymoor	973

4.0 POLICY AND OTHER IMPLICATIONS

4.1 There are no direct policy or other implications arising from this report.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 Children and Young People in Halton

There are no direct implications arising from this report

5.2 Employment, Learning and Skills in Halton

There are no direct implications arising from this report

5.3 A Healthy Halton

There are no direct implications arising from this report

5.4 A Safer Halton

There are no direct implications arising from this report

5.5 Halton's Urban Renewal

There are no direct implications arising from this report

6.0 RISK ANALYSIS

6.1 Loss of income to the Council if Council Tax Base not agreed.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 There are no direct implications arising from this report

8.0 REASON(S) FOR DECISION

8.1 The 'Tax Base' is the measure used for calculating the council tax and is used by both the billing authority (the Council) and the major precepting authorities (the Cheshire Fire Authority and the Cheshire Police Authority), in the calculation of their council tax requirements.

9.0 ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

9.1 None

10.0 IMPLEMENTATION DATE

10.1 The Council is required to set the Council Tax Base by 31st January each year

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

Document	Place of Inspection	Contact Officer
Working Papers	Kingsway House	P. McCann

REPORT TO: Executive Board

DATE: 2 December 2010

REPORTING OFFICER: Strategic Director – Resources

SUBJECT: Review of the Council's Governance Arrangements

WARDS: Borough Wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to complete the final stage in the process of adopting the Council's new model of governance in accordance with the Local Government and Public Involvement in Health Act 2007.

2.0 RECOMMENDATIONS:

- (1) That Executive Board recommend to Council that the Leader with Cabinet model of governance, as contained in the proposals attached as Appendix 1, be adopted with effect from the third day after the ordinary election of Councillors in May 2011; and**
- (2) That Council incorporate a provision in the Constitution allowing for the removal of the Leader by resolution**

3.0 BACKGROUND

3.1 Part 2 of the Local Government Act 2000 introduced a new decision-making framework, which required the majority of local authorities to put in place executive arrangements involving the creation and operation of one of three different forms of executive.

3.2 Section 62 of the Local Government and Public Involvement in Health Act 2007 amended the provision of the Local Government Act 2000, compelling local authorities to adopt one of two new governance models – either a 'new style' Leader and cabinet executive or a Mayor and cabinet executive

3.3 At its meeting on 20 October 2010, following a formal public consultation process, the Council agreed proposals outlining the Leader and Cabinet Executive as its preferred governance model, which are attached as Appendix 1. Members also considered the option to incorporate a provision in the Constitution to allow for the removal of the Leader by resolution prior to the expiry of his or her term of office. Since then, the proposals have been published on the Council's

website as required. There have been no representations following this process.

- 3.4 In accordance with the Act, the Council is now required to resolve formally that the new model of governance, as set out in the proposals, be adopted with effect from the third day after the ordinary election of Councillors in May 2010.

4.0 POLICY IMPLICATIONS

- 4.1 There are no policy implications associated with this report.

5.0 OTHER IMPLICATIONS

- 5.1 There are no other implications associated with this report.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

None

6.2 Employment, Learning and Skills in Halton

None

6.3 A Healthy Halton

None

6.4 A Safer Halton

None

6.5 Halton's Urban Renewal

None

7.0 RISK ANALYSIS

- 7.1. The Council must ensure that it has an appropriate governance framework in place to comply with the new requirements. Failure to do this could have potentially significant consequences for the Authority in relation to external assessments and public confidence.

8.0 EQUALITY AND DIVERSITY ISSUES

- 8.1 There are no Equality and Diversity issues associated with this report.

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

Document	Place of Inspection	Contact Officer
Local Government and Public Involvement in Health Act 2007	Legal Services, Municipal Building Kingsway Widnes	Christine Lawley or Mark Reaney

APPENDIX 1

THE COUNCIL'S PROPOSED GOVERNANCE ARRANGEMENTS

Leader with Cabinet

The Leader and Cabinet Executive (England) model is very similar to the Council's current arrangements in that the Leader is appointed by the remaining Councillors at a full Council meeting. This appointment will be for a term of office which lasts until the Annual Meeting after the Leader's normal day of retirement as a Councillor (although, in certain circumstances, the term of office could end before this statutory period). The Leader will then appoint his/her own Cabinet and decide the Cabinet Members' areas of responsibility.

Provision will be made in the Constitution to deal with the circumstances such as the Leader wishing to retire or step down, political change, or the Council wishing to remove the Leader from office.

REPORT TO: Executive Board

DATE: 2 December 2010

REPORTING OFFICER: Strategic Director - Resources

SUBJECT: Membership of Outside Bodies

WARDS: N/a

1.0 PURPOSE OF THE REPORT

1.1 To advise Members on changes of membership of Outside Bodies.

2.0 RECOMMENDATION: That Council

- (1) be recommended to approve the appointments to the additional Outside Bodies listed in Appendix A, for the remainder of the 2010/11 municipal year;**
- (2) be asked to note the re-naming of the North Cheshire Hospital Trust as the Warrington and Halton Hospitals NHS Foundation Trust and confirm that Councillor Kath Loftus continue as the Council's representative on that Outside Body; and**
- (3) be asked to note that Councillor Harris has been nominated to replace Councillor Marie Wright as the representative on the North West Regional Housing Board and the Liverpool City Region Housing and Spatial Planning Board.**

3.0 SUPPORTING INFORMATION

- 3.1 The list of Outside Bodies 2010/11 was submitted to and approved by full Council on 21 July 2010. Since then a review of the list has revealed a number of additional Bodies on which the Council has representation, but which did not appear on the approved list. In addition, one re-naming has taken place and two appointments have been amended.
- 3.2 In order to regularise the formal appointment process, the additional outside bodies which appear in Appendix A should be added to the final list for 2010/11 and the appointment of Member representatives listed be approved by full Council.
- 3.3 In addition, the Council is asked to note the re-naming of the North Cheshire Hospital Trust as the Warrington and Halton Hospitals NHS Foundation Trust.
- 3.4 Councillor Harris has been nominated to replace Councillor Marie Wright on two outside bodies as listed in Appendix A.

4.0 POLICY IMPLICATIONS

None.

5.0 OTHER IMPLICATIONS

None.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

None.

6.2 Employment, Learning and Skills in Halton

None.

6.3 A Healthy Halton

None.

6.4 A Safer Halton

None.

6.5 Halton's Urban Renewal

None.

7.0 RISK ANALYSIS

7.1 No key issues have been identified which require control measures.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 The report of itself does not contain specific Equality and Diversity issues.

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

None under the meaning of the Act.

APPENDIX A

Organisation/Body Title	HBC Contact	Representative Name – 2010/11
Additional Outside Body Name		
Liverpool City Region Environment and Waste Board	Jimmy Unsworth	Cllr Stef Nelson
Liverpool City Region Employment Strategy Board	Wesley Rourke	Cllr Eddie Jones
Daresbury Public Sector Joint Venture Board		Cllr McInerney
The Cheshire Safer Roads Partnership	Mick Noone/Stephen Rimmer	Cllr Stockton
The Mid-Mersey Housing Growth Point Board	Mick Noone	Cllr Harris
LGA Public Transport Consortium	Mick Noone	Cllr Stockton
Mersey Gateway Environment Trust	Paul Oldfield	Cllr Rob Polhill
Ineos Local Liaison Forum	Janet Ward	Cllrs D Cargill, M Dennett, A Lowe, E Ratcliffe, M Hodgkinson, and J Bradshaw
Merseyside Improvement and Efficiency Partnership	Ian Leivesley	Cllr Wharton
Change of Name of Outside Body		
North Cheshire Hospital Trust changed to Warrington and Halton Hospitals NHS Foundation Trust		Cllr Loftus
Change of Council nominee		
North West Regional Housing Board		Cllr Harris
Liverpool City Region Housing and Spatial Strategy Board		Cllr Harris

REPORT TO:	Executive Board
DATE:	2 December 2010
REPORTING OFFICER:	Strategic Director, Children & Young People Directorate
SUBJECT:	Play Builder Project- Year 3 Proposals
WARDS:	Borough Wide

1.0 PURPOSE OF THE REPORT

- 1.1 To consider the revised proposals for Year 3 Playbuilder Projects in the light of the reduced but now confirmed capital allocation to be spent by the 31.03.11.

2.0 RECOMMENDATION: That Executive Board agree the revised proposals for Year 3 Playbuilder Projects in Halton, detailed in the report.

3.0 SUPPORTING INFORMATION

- 3.1 On 8 April 2010 the Executive Board considered and agreed proposals for the 9 play projects to be delivered with Playbuilder Capital in 2010/11 (see attached Playbuilder sites 2010/11, Appendix 1).
- 3.2 On the 15 July 2010 Halton received correspondence from the Department for Education to - "***with immediate effect and until further notice, all local authorities should avoid incurring any new contracted liabilities in relation to their play capital grants***"

At this point Halton had incurred costs of £7804 (See Appendix 2 – Letter from the Department of Education)

- 3.3 On the 20 October 2010 Halton received further correspondence saying – “I am writing to inform you that the exercise to identify savings to the 2010/11 play capital budget has been completed and I can now inform you of your local authority’s revised allocation for this financial year” (see Appendix 3- Letter from Michael Gove).

Halton’s revised allocation is £273,610 (less £7804 already spent) (Appendix 3 – Annex A).

- 3.4 Prior to the moratorium on spend imposed on the 15 July a significant amount of work had been completed or was underway on a number of these projects, in particular match funding was being sought from a number of sources to maximise the investment in new or improved play facilities a further £276,000 has been secured.
- 3.5 The reduced capital allocation (from £437,885 to £273,610) and the significantly reduced time frame in which to deliver projects (all spend must

still be achieved by 31 March 2011) inevitably leads to a re-consideration of the original project plan

3.6 In reaching the revised proposals, the Playbuilder project team has taken into account the following factors:-

Deliverability : can the project be delivered within the time frame

Cost Implications : any 'new' sites would result in increasing future revenue costs

Match Funding : to maximise the capital spend and investments – have projects attracted match funding

Playbuilder	£273,610
Match	<u>£276,000</u>
Total	<u>£549,000</u> (+ AHDC)

Needs Analysis :

- resources in target or adjacent wards
- 5 – 16 population
- geographic balance across the Borough of Playbuilder investment (Appendix 4)
- demographic information (deprivation)

3.7 Taking into account the above factors, the Playbuilder Project Team identified the following four (4) sites to progress

Site	Deliverability	Needs Analysis	Match Funding	Resource Implications
1) Upton Green	HBC Landscape Team produced preliminary designs Project achievable within time frame	Flagship project. Halton Housing Trust tenants survey highlighted need for play facilities, confirmed by consultation undertaken by HBC community development. Area of need. Large population of 5– 16 year olds	YES Playbuilder £10,000 *WREN (£50k) Halton Housing Trust (£40k) Other £96k) Total £286,000	YES Agreed at Executive Board April 2010
2) Crow Wood Park	As above	Only facility of its kind to East of Ashley Way – serves large catchment area. Some work completed 2008/09 but consultation by HBC community development identified need for facilities for older age group	Playbuilder £60,000 Under consideration + **AHDC Total £60,000+	N/A existing playground maintenance budget
3) Runcorn Hill	As above	Popular (Runcorn) 'destination' park for families. Consultation by HBC Community Development and survey	YES Playbuilder £60,000 *WREN (£50k)	As above The Play Area at Runcorn Hill

		by Parks & Countryside identified overwhelming support for improved facilities	+ ** AHDC Total £110,000+	is coming to the end of its serviceable life and would need replacement/ refurbishment in the short term
4) The Knoll	Riverside Housing lead on design & build & some preliminary designs produced. Project achievable within time frame	Currently no existing provision on Palace Fields estate. High proportion of 5-16 year olds. Consultation by Four Estates and through area forum identified strong support for project	YES Playbuilder £50,000 Riverside Housing (£40k) Total £90,000	Riverside Housing will bear the cost of ongoing maintenance. It is likely this will be achieved by contracting HBC landscape to carry out the work (as with their year 1 project at Halton Brook)

* WREN – Waste Recycling Environmental

**AHDC – Aiming High for Disabled Children (to be confirmed)

3.8 The following five sites from the original proposal were considered but did not meet one or more of the four key determining factors

Site	Deliverability	Needs Analysis	Match Funding	Resource Implications
The Glen	Feasibility study complete but would be difficult to complete in time frame	Whilst an attractive project it is one of two projects serving the same ward, the other, The Knoll, is recommended to progress	Match funding sought but not all secured. It may be possible to fund this project from external sources in future	New build – maintenance (revenue) implications

Lambstickle Lane	Small project so could possibly be delivered in time frame	Existing facility (which needs) refurbishment). Small catchment area (Weston Village). Subject to availability of future funding could be refurbished in future years	No match funding	Existing area, no increased revenue implications
Tedder Square, Ditton	Unlikely to be deliverable in time as outcome of consultation (by Halton Housing Association) not yet available	Demand for play facilities identified and provided by Ditton West community Association. High population of 5-6 years. Two play areas within 800 mtrs (one of which was a new build Year 2 project – Milton Avenue)	Sought but not confirmed	New build but Halton Housing committed to take on maintenance of new play area NB It may be possible for DWCA to progress scheme over the next 18 months with support from Halton Housing and external funding
Hough Green Park/ Caldwell Road	With Crow Wood a refurbishment/improvement of existing facilities given short time frame (4 ½ months/reduced) funding it would not be possible to do all three	Existing well maintained provision to local children and young people will still have access to play opportunities	No matched funding	Existing play areas no resource implications

3.9 The four sites proposed complement the work of Year 1 and Year 2 Playbuilder project and lead to (as far as has been practically possible) a balanced geographical enhancement of access to high quality, stimulating, play facilities over the 3 years of the project

The proposal to recommend 4 projects to develop has been governed by :

- capacity : our ability to deliver these projects to deadline in the foreshortened delivery period of 4 1/2 months

- impact : dividing the resources as recommended (with the addition of matched funding) will afford the opportunity to deliver a quality impactful resource to these communities

4.0 POLICY IMPLICATIONS

- 4.1 To embed play in local policy. The successful delivery of the Playbuilder project will make a significant contribution to this process, in particular to National Indicator N199 (Satisfaction with outdoor play facilities).

5.0 OTHER IMPLICATIONS

- 5.1 Financial Implications

The Playbuilder funding is a capital grant only and the investment of £961,171 million in new playspaces will have a long-term revenue implication in ensuring the necessary and appropriate maintenance and management regime of this investment

- 5.2 The revenue implications for the year 3 proposals have been considered. Of the 4 sites proposed, 2 are existing sites with management/maintenance budgets in place; 1 is a partnership project with Social Housing provider; 1 site Upton will be new site. The revenue cost of which will be covered initially by the 5 year revenue injection from the PCT

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

- 6.1 **Children and Young People in Halton**

Meeting the five outcomes

Play is a fundamental part of a healthy and happy childhood and its enjoyment is recognised by government as equally important to other outcomes for children. Because it is so fundamental it also contributes to each of the five outcomes for children specified in Every Child Matters

Enjoying and achieving

The essence of play is enjoyment. When playing, children define their own goals and interests, decide what is success or failure and pursue those goals in their own way. Children's enjoyment through play is linked to the control and choice they are able to exercise. Giving children the chance for free, uninhibited play allows them a psychologically safe space in which to try out new roles and experiences and enhances their enjoyment of life

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

The continuous quality improvement of play workers and opportunities for development of skills across play and youth qualifications will be explored fully through Halton's Workforce Development Plan

6.3 A Healthy Halton

Play is crucial to health and development throughout childhood, contributing to social, physical, intellectual, cultural, emotional and psychological development. The physical activity involved in energetic play provides children and young people with a significant amount of their regular exercise and is a key element in tackling obesity

6.4 A Safer Halton

One of the main reasons children give for not playing outdoors more is that they and their parents are afraid for their safety. Fear of strangers, traffic and bullying by other children combine to keep children in their own homes. Good play provision protects children through reducing unacceptable levels of danger, while allowing them the opportunity to challenge themselves and use their initiative. At the same time, play enables children to take risks, to think through decisions and gain increased self-confidence and greater resilience

6.5 Halton's Urban Renewal

Halton Play Builder proposals will be consistent with Halton's Policies for Urban Renewal and are designed to enhance current play provision

6.6 National Indicator Set

In addition to its direct contribution to N199, Play can, and does, contribute to a range of other indicators

7.0 RISK ANALYSIS

7.1 The Play Builder programme is a three-year capital build programme with single year capital allocations/spend targets. Individual project 'risk analysis' will be carried out by project deliverer for each individual project

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 A major criteria of the Play Builder programme is the requirement to 'ensure' that access and Inclusivity are a key consideration at the design stage

The Playbuilder project is working in partnership with the Authorities Aiming High for Disabled Children project to ensure sites are fully accessible

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

Document	Place of Inspection	Contact Officer
Play Pathfinder/Builder Application	Children & Young People Directorate	S. M. Duncan Play Services Manager
Fair Play, DCFS/DCMS	Children & Young People Directorate	S. M. Duncan Play Services Manager
Halton Play Plan 2007-2011	Children & Young People Directorate	S. M. Duncan Play Services Manager

PLAY BUILDER SITES FOR 2010/11

APPENDIX 1

Site			Delivery Agent	Site Ownership Confirmed	Revenue Support in place	Design capacity assured	Needs analysis undertaken	Consultation started	PB Funds allocated	Match funding
The Glen	R	N	HBC	*	*	*	*	*	48250	40 – 50k
The Knoll	R	N	SHP	*	*	*	*	*	48250	50k
Heath Park	R	T	HBC	*	*	*	*	*	48250	Applied for
Lambsickle Lane	R	N	HBC	*	*	*	*	*	18250	-----
Upton	W	N	P/S	*	*	*	*	*	100000	1000000 to Date
Tedder Square	W	N	SHP	*	*	*	*	*	0	Applied for
Hough Green Pk	W	T	HBC	*	*	*	*	*	48250	Applied for
Crow Wood Park	W	A	HBC	*	*	*	*	*	48250	-----
Caldwell Road	W	T	HBC	*	*	*	*	*	20735	-----
									48250	-----

KEY R – Runcorn
W – Widnes
N – New
T – Transport
A Additional

HBC – In house
SHP – Social Housing Provider
P/S – Partnership between HBC &
Social Housing Provider

Sanctuary Buildings
Great Smith Street
Westminster
London
SW1P 3BT

15 July 2010

Dear Play Lead

Government is clear that play is an important part of childhood and child development, and good for families and communities more broadly. We are committed to supporting local people to have an active role in shaping the play opportunities that they care so much about.

However, due to the need to tackle the deficit, the Secretary of State for Education announced on 5 July that the Department for Education needs to identify savings from a number of capital budgets in 2010-11 where commitments are no longer affordable.

These savings will reduce the Department's End Year Flexibility (EYF) requirements by £1bn to help ensure no additional borrowing is required this year. The Secretary of State sent a letter to all 152 top-tier local authority Chief Executives and Directors of Children's Services (or equivalent) on 14 July providing detail of which capital budgets would be affected by this. The play capital grant, which is supported by EYF, is one of those budgets which has been identified as having to make savings during 2010-11.

Play Capital Grant

In order to determine how the play capital grant will contribute to the necessary savings, and the level of capital grant payments that can therefore be made this year to each local authority, we need to ask for information from the 10 Wave 2 Pathfinders and all 122 Playbuilders (*see attached template at Annex A*).

With immediate effect and until further notice, all of these local authorities should avoid incurring any new contractual liabilities in relation to their play capital grants.

The Department will cover the cost of expenditure already incurred for completed sites and sites where groundworks / construction has already commenced.

However, we will need to review contractual commitments already entered into in relation to sites where groundworks / construction have not yet commenced. We hope to allow authorities to progress these projects, although this will be conditional on our ability to make the required savings from projects that are not yet contracted. In the event that we are unable to make the necessary savings, we may have to request further information on your contractual commitments. On this basis

authorities should not progress these projects in any way that would prejudice their ability to exit the associated contracts as per the current stated terms. **Groundworks / construction work should not commence on these sites until further notice.**

Any capital grant that is not yet spent or where there is considered to not be a strong case to continue the commitments entered into, may be retained by the Department. We will be looking to achieve the most equitable distribution of reductions possible, in the context of the savings we need to make.

In order to assess the liabilities already incurred by your authority between 1 April to 14 July 2010, **the template at Annex A needs to be completed, signed by an authorised officer of your local authority and returned, by Friday 23 July 2010.**

Where local authorities have entered into arrangements with district or parish council partners to deliver play sites we will look to the authority accountable to the Department to collate and return the information.

Completed templates should be returned to:

Amanda Barrett, Department for Education, Child Health & Wellbeing Division, Ground Floor, Sanctuary Buildings, Great Smith Street, Westminster, London SW1P 3BT.

We intend to seek any further information from you and confirm revised allocations by end of August so that you have as much time as possible to plan budgets for the rest of the financial year and get projects underway.

Play Revenue Funding

In his letter of 16 June to Chief Executives and Directors of Children's Services (or equivalent), the Secretary of State announced a £5m reduction in the Play Revenue budget as part of the £670m contribution this Department is making to the £6.2bn revenue savings announced by the Chancellor of the Exchequer on 24 May.

The letter provided specific detail of how the savings will impact on Pathfinder and Playbuilder programmes this financial year. In summary, Playbuilders will receive no revenue grant this year and Pathfinders will receive 50% of their allocation as set out in the LAC 2502100003, dated 16 March 2010.

The 50% Play Pathfinder revenue funding allocation will retain its ring-fence, and we would like Pathfinder authorities to focus this funding in the first instance on staffing for the adventure playgrounds delivered as part of the play capital programme, given the level of capital investment that has been/is being made in those facilities.

We will be employing a very light touch approach to requests for information on pathfinder revenue spending plans for the remainder of this financial year. We do however need to know what the reduced allocation means for Pathfinders' current 2010-11 Project Plan, and specifically any services to (or involving) the public. Meanwhile, until you have spoken with one of us here in the play team, we encourage Pathfinders to not make immediate decisions on stopping revenue funded projects.

Any issues should be raised by Friday 23 July 2010 with Amanda Barrett, Department for Education, Child Health & Wellbeing Division, Ground Floor, Sanctuary Buildings, Great Smith Street, Westminster, London SW1P 3BT (telephone: 0207 340 7355)

Play England Role

You may have seen the announcement from Play England, on 28 June, regarding their proposed reorganisation in light of their reduced contracts with the Department. The remainder of their contract will focus on supporting action by the community in the management and delivery of play provision.

What this will mean for you is that Play England regional teams will no longer contact you to gather data/information in order to monitor the Department's play capital and revenue programme.

We are currently working with Play England to develop a revised programme of support that will be available from August onwards. It will be aimed at increasing the involvement of community & voluntary sector organisations in shaping local play opportunities and future provision, especially in relation to the play areas delivered through the capital programme. It will include a national helpline for all those involved in the play programme. There will be range of guidance available to all via the web and some bespoke support programmes for local areas with staffed adventure playgrounds. As part of the new programme Play England will invite you to be part of practice-sharing networks so you can share your experiences and access advice and support on play.

Play England will be in touch once the revised programme has been finalised. In the meantime, their websites (www.playengland.org.uk, www.playfulcommunities.org.uk, www.playshaper.org.uk) are still available, as are the guidance resources and materials.

Amanda Barrett and colleagues in the Play team are, of course, also on hand to provide advice.

National Evaluation

The Department has significantly reduced its central costs for the national evaluation that SQW/Ipsos MORI are undertaking for us.

We intend to fund a smaller scale, yet still viable, national evaluation which should provide evidence on the impact of the play investment to date which you will be able to use. If we are able to progress this scaled down national evaluation, SQW/Ipsos MORI will be contacting those play pathfinders who were involved in the baseline evaluation activity last year with one final request for data.

Signage

Many of you have enquired about changes to signage requirements for any play areas funded via our capital programme. Given the removal of the capital ring fence and reductions in revenue, there is now much more flexibility.

There are no longer any mandatory signage requirements from the Department for play areas funded, or part-funded, via the Play capital programme.

However a local authority can, if they so wish, add the Department for Education logo to any of their own signage and can reflect whether the play area has been funded or part funded by adding text as per the jpeg file (both graphics files are attached to the covering e-mail).

There remain guidelines about an exclusion zone that should be applied around our departmental logo so as to ensure that it does not become cluttered/lost in amongst other information on signage, and these guidelines can be found on the branding page of our website.

I would like to thank you for your hard work on the play programme. We realise that the reductions in funding outlined above will have an impact on play services in your authority, but would encourage you to continue working with your local communities - and young people - to involve them in decisions that are made about the future of play in your local housing developments, public parks and open spaces; and to help more volunteers support local play opportunities for children.

Yours sincerely

A handwritten signature in black ink that reads "Anne Jackson". The signature is written in a cursive, flowing style.

Anne Jackson
Director, Child Wellbeing Group
Children and Families Directorate
Department for Education



Rt Hon Michael Gove MP
Secretary of State

Sanctuary Buildings Great Smith Street Westminster London SW1P 3BT
tel: 0870 0012345 ministers@education.gsi.gov.uk

Chief Executives
Directors of Children's Services

20 October 2010

Dear Colleagues,

I am writing to inform you that the exercise to identify savings to the 2010-11 play capital budget has been completed and I can now inform you of your local authority's revised allocation for this financial year (see table at Annex A). This will enable you to make final decisions locally about which play projects should proceed.

I know how important it is that children and families have safe, free local places to play; and the hard work that local authorities are doing to make this a reality. However, the play grant has had to make a contribution to the savings necessary to tackle the budget deficit.

In determining the level of savings, the aim has been to achieve a fair distribution across authorities so that the revised allocations cover expenditure already incurred, contractual commitments and, as affordable, give local authorities headroom to support projects valued locally that are not yet contractually committed.


Based on the information provided by local authorities, I have therefore decided to make a total saving of £20.8m to the original play capital budget of £75m. This means that every local authority will still receive a substantial play capital allocation for 2010-11, whilst ensuring that no contractual commitments have to be broken.

This has been achieved by applying a standard percentage reduction to each local authority's original allocation. The Department is also providing additional funding to cover the value of contractual commitments that local authorities have notified to my officials if these would otherwise exceed the revised allocation.

The Grant Determination Letter for this grant, giving the specific terms and conditions will follow shortly. As you know, the ring-fence attached to this grant has

been removed in order to give you more flexibility to manage your own local budgets.

I would like to thank you and your colleagues for working so diligently with Departmental officials during this exercise.

With every good wish,


MICHAEL GOVE

Annex A

2010-11 Play capital grant allocations by local authority

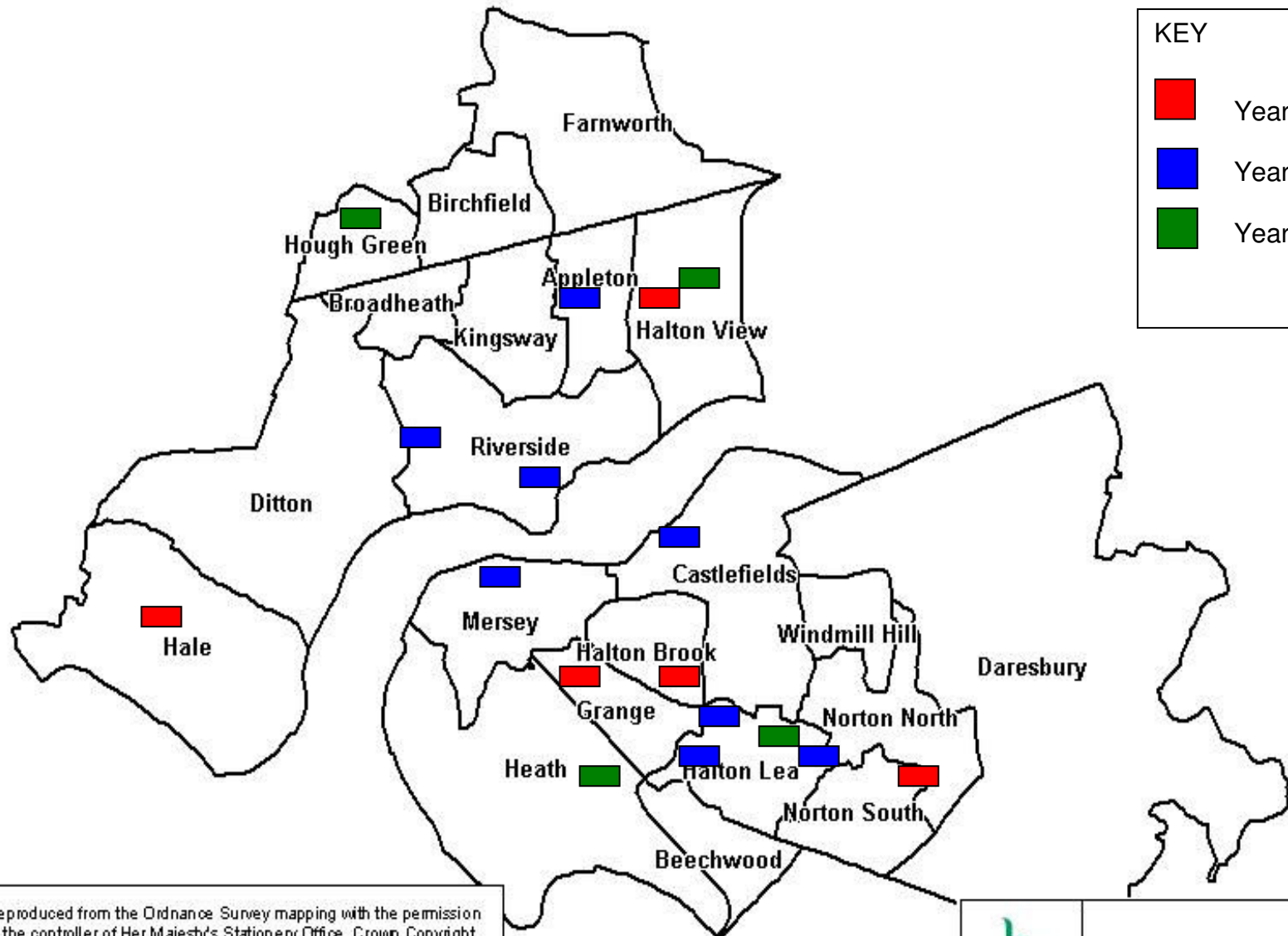
	Authorities to which grant is to be paid	Amount of grant to be paid
Wave 2 play pathfinders	Blackpool	£554,327.50
	Cornwall	£553,618.75
	Kirklees	£554,049.00
	Lambeth	£597,131.00
	Luton	£586,598.00
	Merton	£629,237.50
	Newcastle-upon-Tyne	£556,881.25
	Oxfordshire	£862,258.00
	Sandwell	£650,622.50
	Wigan	£632,049.38
	Wave 1 Playbuilders	Bolton
Brent		£276,295.63
Bury		£274,111.25
Calderdale		£274,357.50
Coventry		£275,007.50
Croydon		£275,826.88
Derby City		£274,118.13
Gateshead		£274,574.38
Halton		£273,610.63
Hampshire		£280,410.00
Islington		£287,883.75
Lancashire		£483,597.00
Leicester City		£283,875.63
Lewisham		£401,363.00
Lincolnshire		£413,176.00
Middlesbrough		£455,464.00
Northamptonshire		£443,700.00
Northumberland		£440,982.00
Nottinghamshire		£276,901.88
Peterborough		£274,043.75
Plymouth		£274,204.38
Reading		£303,657.00
Redbridge		£440,979.00
Sefton		£275,041.25
Slough		£439,010.00
Solihull		£275,117.50
Somerset		£276,011.88


Playbuilder Projects Yr 1 – Yr 3 Sites Map


APPENDIX 4

KEY

- Year 1 Sites
- Year 2 Sites
- Year 3 Sites



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