

Public Document Pack



Executive Board

Thursday, 26 May 2011 2.00 p.m.
Marketing Suite, Municipal Building

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

Chief Executive

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

PART 1

Item	Page No
1. MINUTES	
2. DECLARATION OF INTEREST	
Members are reminded of their responsibility to declare any 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.	
3. HEALTH AND ADULTS PORTFOLIO	
(A) LOCAL HEALTHWATCH PATHFINDERS	1 - 7
(B) NHS LISTENING EXERCISE	8 - 15

*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 June 2011*

Item

Page No

4. TRANSPORTATION PORTFOLIO

**(A) TRANSPORT CAPITAL IMPLEMENTATION
PROGRAMME 2011/12**

16 - 25

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: 26 May 2011

REPORTING OFFICER: Strategic Director, Communities

SUBJECT: Local HealthWatch Pathfinders

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To report the use of the Chief Executive's powers regarding the background to Local HealthWatch Pathfinders and highlight implications for the Local Authority in applying for Pathfinder status.

2.0 RECOMMENDATION

That the Council notes that after consultation with the Leader and Members of the Executive Board, the Chief Executive has under delegated powers (Matters of Urgency, Constitution) determined not to submit a Local HealthWatch Pathfinders proposal.

3.0 SUPPORTING INFORMATION

3.1 Local Health Watch

The Government has announced that HealthWatch will replace Local Involvement Network (LINKs). Currently LINKs are contractually managed and administered by St Helens and Halton VCA, however each Borough has a separate Board. Local HealthWatch will build on the current remit of and strengthen the ways in which commissioners and providers take the views of patients and the public into account when improving the quality and safety of health and social care services.

3.2 Subject to the passing of the Health and Social Care Bill, the remit of Local HealthWatch will include:

- Ensuring that the views of patients, carers and the public are represented to commissioners and provide local intelligence for HealthWatch England.
- Work alongside the role of the public, members, commissioners and governors of foundation trusts in influencing providers and having a role in service design and delivery.
- Local HealthWatch will have a seat on the Health and Wellbeing Board in Halton.

- Local authorities will be able to commission Local HealthWatch to provide advocacy, advice and information to support people if they have a complaint and to help people make choices about services. This could include helping people to access and understand information about provider performance and safety, and the NHS Constitution.
- Involvement in the scrutiny of local care services.
- Local HealthWatch will be able to escalate concerns about the quality of health and care services to the Care Quality Commission (CQC).

3.3 Local Authorities will continue with their role as commissioners for Local Healthwatch, as they currently do for LINK.

3.4 Local HealthWatch will become effective at the earliest in July **2012**

Local HealthWatch Pathfinders

3.5 A letter from the Department of Health (DH) dated 7th March 2011 invited Local Authorities and their LINKs to apply to become a Pathfinder. HealthWatch Pathfinders will be able to test and challenge emerging models with and alongside other Local Authorities and LINKs.

3.6 During this transition period a network of action learning sets will also be developed which will engage and involve all LINKs with a view to support all LINKs with the transition to HealthWatch.

3.7 HealthWatch Pathfinders will be a partnership between the local LINK, the Host and the Local Authority and will:

- Submit funded plans for 2011/12 from the Local Authority with the LINK and Host organisation. Where more than one Local Authority wants to work collaboratively in order to test new boundaries and potential overlaps in the new system, these plans should be described;
- Propose the agreed areas of focus of the Pathfinder, in particular how it will test the new functions of HealthWatch;
- Build and test new relationships with the Health and Wellbeing Board early implementers and GP Consortia Pathfinders, looking at how collaborative working with community based member and voluntary organisations could help support the role of HealthWatch;
- Describe how it will evaluate and share it's learning with other pathfinders and the network of action learning sets.

3.8 Initial feedback from the North West Regional LINK Authorities Network suggests that St Helens, Bolton and Lancashire are unlikely to apply to be a Pathfinder, with Blackpool, Warrington, Wigan and Cumbria indicating that they may apply.

3.9 The Halton LINK Board voted in favour of submitting a Pathfinder business plan, although made it clear that they wished the pathfinder to focus upon the geographical area of Halton. This would therefore conflict with the existing contractual arrangements, as alluded to in 3.1. The Halton LINK Manager has indicated that they would require some additional resource to support the process.

4.0 **POLICY IMPLICATIONS**

4.1 Pathfinders should test which models most effectively deliver locally commissioned services to support patient choice and complaints advocacy. They should highlight any potential conflicts that arise between Health Watch's different roles and test ways of addressing these.

4.2 Pathfinders should explore more fully a number of issues that the HealthWatch consultation has raised, for example:

- Test different structures for governance and accountability of local HealthWatch, including the role of hosts.
- Explore how different patient engagement organisations can work in a complementary way.
- Capacity of LINK/HealthWatch members.

This will require research, consultation and analysis with the LINK Host, Members and patient engagement organisations to identify viable arrangements that take account of the additional responsibilities of Local HealthWatch. The Halton LINK Board have indicated that they would not want advocacy to be part of the pathfinder submission.

4.3 The Health and Social Care Bill provides for regulations to be made setting out what local HealthWatch membership should look like. But the Bill will not prescribe exactly how each local HealthWatch should provide people with advice and information, allowing a degree of flexibility for Local Authorities. An early priority for Pathfinders will be to test out how relationships and accountabilities will work, especially the relationship between local authorities, local HealthWatch and HealthWatch England. To date there is no further guidance relating to this.

4.4 The Pathfinders will be required to test new relationships with the Health and Wellbeing Board early implementers and GP Consortia Pathfinders in order to develop their understanding of local communities and consider how best to ensure patients and the public are involved and engaged in commissioning.

4.5 The Department of Health wish to commence Pathfinders in late May 2011, therefore business plans need to be submitted no later

than **12th May 2011**.

4.6 On 5th April 2011 the Health Secretary announced a pause of up to 3 months in the progress of the Health and Social Care Bill through Parliament to listen to national concerns about the reforms. Other than a delay to the implementation date of the Bill, It is not known at this stage what affect, if any, this may have on the Local HealthWatch Pathfinders.

5.0 **FINANCIAL IMPLICATIONS**

5.1 The LINK host has agreed reduced funding totalling £85,727 for the transitional year, of which £43,727 was allocated from the Council's 2011/2012 budget, although this will be subject to approval by Executive Board Sub Committee in June 2011.

5.2 No additional funding has been retained by the Council to support development of HealthWatch on top of what has been agreed to maintain the existing LINK operation during the transitional period.

5.3 There is no further detail regarding the possible financial resources available from the Department of Health as outlined in the Pathfinder Invitation letter. Any funding made available to support to the Pathfinders will be limited and is subject to the outcome of the Departments business planning.

5.4 The Link Host raised concerns over financial and personnel resource of the Host and Board that may be required to attend the Evaluation events, which the Department of Health 'HealthWatch Transition Plan' indicates will take place in London. This will incur a financial cost.

5.5 The Link Board and Host have raised some concern over capacity of the Board and Host to develop the business plan and delivery of the pathfinder against the Department of Health's timescales, given that the LINK are committed to a number of information and consultation events during the period that the Pathfinder processes will be established.

6.0 **OTHER IMPLICATIONS**

6.1 **View of the LINK Board:**

The LINK Board and members volunteer their time and there have been some concerns expressed by LINK Board regarding the capacity of the Board and Host to undertake additional responsibilities in addition to what is required under the existing LINK mandate. The Board's view was that if Halton were to develop a transition plan that was purely Halton focused, with no collaborative working with other areas then the Council should submit a

Pathfinder business plan. However, if collaborative working were to be explored, the complexities and resource requirements of coordinating this might put Halton under undue pressure if it were a Pathfinder, having to work to Pathfinder timescales.

6.2 **Exploring collaborative working with other areas**

Whilst the Link Board acknowledge that the issue of the NHS Complaints Advocacy is almost a separate issue, where exploring working with other Local Authorities would make sense in order to benefit from economies of scale, the LINK Board are clear that they would not want to explore working across other geographical boundaries for any other part of the HealthWatch remit. The Board would be concerned that any joining up with other geographical areas (for example developing a Mid Mersey HealthWatch) could constitute a watering down of the Local HealthWatch remit.

Halton Borough Council has been approached by Liverpool City Council to take part in a Mid Merseyside meeting to explore where there may be opportunity for collaborative working. A date has yet to be set for this meeting. In addition, the North West LINK Authorities Network will also be meeting in May to explore opportunities for collaborative working across a wider footprint.

6.3 **Evaluation and feedback process**

The Department of Health have advised that there will be no prescriptive Pathfinder analysis/evaluation requirements issued from them. Instead there will be a number of events to share findings and learning points that the Authority and LINK will be expected to attend and contribute to. In order to meet the commitment to contribute to these shared learning events it will be down to the Local Authority and LINK to include an analysis and evaluation process as part of their business plan.

The Link Host raised concerns over financial and personnel resource of the Host and Board that may be required to attend the evaluation events, which the Department of Health 'HealthWatch Transition Plan' indicates will take place in London.

7.0 **CONCLUSIONS**

7.1 The Council has already been accepted as an Early Implementer for the establishment of Health & Wellbeing Boards and it has supported the GP Consortia Pathfinders. In addition, the Council is working with the new Mersey NHS Clusters and with Ashton, Wigan & Leigh NHS Trust and will shortly be addressing the transfer of Public Health functions to the Council. This is a large drain upon Council time and resources and supporting a further Pathfinder would stretch current Council Officer and Elected Member time.

7.2 Applying for Pathfinder status may be of benefit to the current LINK Host in terms of raising their profile and positioning themselves for future developments when the Local HealthWatch Host tender is released in due course.

7.3 As there will be no significant financial support, if any, and no additional personnel resource to test the new functions of Local HealthWatch and the associated analysis and evaluation there is a question about cost/benefit of becoming a pathfinder. Through the action learning sets that are to be established Halton would get support in the development Local HealthWatch from other areas who were Pathfinders, regardless if Halton was a Pathfinder.

7.4 If Halton were **not** to submit a Pathfinder business plan, the LINK Board have indicated that they would expect there to be a Transition Plan agreed between them and the Authority detailing how they will work together to plan for HealthWatch and it is therefore proposed that instead of putting forward a Pathfinder that a Council working group be established with partners as part of the action learning set.

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

8.1 **Children & Young People in Halton**

No implications - There is no explicit duty on National or Local HealthWatch to promote the involvement of Children and Young People in the development of their services or care.

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

None identified.

8.3 **A Healthy Halton**

Through Local HealthWatch Halton residents will contribute to the health improvement agenda by scrutinising the quality of commissioned services and by having a voice in determining the types of services that are commissioned to meet local health and social care needs.

8.4 **A Safer Halton**

None identified.

8.5 **Halton's Urban Renewal**

None identified.

9.0 **RISK ANALYSIS**

9.1 Halton LINK has a Transition Group in place, of which a Council Policy Officer is a member. The Group, with partners, will undertake an assessment of the current LINK arrangements and success. An evaluation of which will form the basis of a transitional plan to HealthWatch. This plan will be developed in conjunction with the current LINK board, the LINK host, Halton Borough Council, the PCT and the GP Commissioning Consortia.

10.0 **EQUALITY AND DIVERSITY ISSUES**

10.1 Local Healthwatch has a remit to seek the views of and represent all sectors of the community and undertake actions to facilitate this.

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

None.

REPORT TO: Executive Board
DATE: 26 May 2011
REPORTING OFFICER: Strategic Director, Communities
SUBJECT: NHS Listening Exercise
WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 The purpose of this report is to provide members of the Executive Board with:

- Information on the NHS Listening Exercise and;
- A draft response to the questions set out by Department of Health from Halton Borough Council

2.0 **RECOMMENDATION: That:**

- (i) **Members of the Executive Board note the contents of the report;**
- (ii) **Comment on the draft response as set out in Appendix 1 and subject to agreement submit the response to the Department of Health on behalf of Halton Borough Council.**

3.0 **SUPPORTING INFORMATION**

Health and Social Care Bill 2011

3.1 The Health and Social Care Bill covers an extensive range of measures; some of the key elements are as follows.

- Establishing the NHS Commissioning Board answerable to the Secretary of State for Health (SoS).
- Establishing commissioning consortia answerable to the NHS Commissioning Board.
- Abolition of primary care trusts, strategic health authorities, and NHS trusts (to become foundation trusts).
- An extended role for Monitor as the economic regulator with a remit for promoting competition where appropriate.
- Local authorities to become responsible for local health improvement, and jointly appointing directors of public health with the Secretary of State.

- Establishing local Healthwatch organisations and the Healthwatch England Committee within the Care Quality Commission
- Local authority scrutiny of NHS bodies and NHS-funded providers.
- Health and Wellbeing Boards to be set up by local authorities with statutory membership for commissioning consortia who will also be partners in joint strategic needs assessments and health and wellbeing strategies.
- The National Institute for Health and Clinical Excellence (NICE) to produce quality standards, to cover social care, to produce guidance on behalf of the NHS Board and to publish a charter describing how it operates.
- A new Health and Social Care Information Centre established for the collection, analysis and publication of information following guidance from the SoS and the Board.
- Duties on Monitor, the Care Quality Commission, the NHS Board, NICE and the Information Centre to cooperate in their functions. The SoS would intervene in breaches of cooperation.
- Changes to health and social care professional regulation.

3.2 Listening Exercise

In a speech to the House of Commons on 4th April, Health Secretary Andrew Lansley announced that the government would take “the opportunity of a natural break in the passage of the bill to pause, to listen and to engage with all those who want the NHS to succeed”.

Following the announcement of the listening exercise the Department of Health established the NHS Future Forum to oversee the process. Members of the forum include clinicians, patient representatives voluntary sector representatives and others from the health field, including frontline staff. It will drive the process of engagement with staff, patients and communities over the coming weeks. The group will be chaired by Professor Steve Field, immediate past Chairman at the Royal College of GPs.

The Forum’s first task will be to report to the Prime Minister, Deputy Prime Minister and the Secretary of State for Health on what they have heard on the following four themes:

- the role of choice and competition for improving quality
- how to ensure public accountability and patient involvement in the new system
- how new arrangements for education and training can support the modernisation process
- how advice from across a range of healthcare professions

can improve patient care.

3.3 To inform its report, the group will undertake a range of activities, including:

- facilitating local engagement events across the NHS to engage staff and leaders in improving plans
- engaging with existing professional and other networks from across the health sector
- encouraging pathfinder consortia and early implementer health and wellbeing boards to contribute their views
- using surveying, polling, digital engagement and other techniques to harness a wide range of views
- a small number of national engagement events.

Following its initial report, which will be submitted by the end of May, the NHS Future Forum will continue to listen and advise on other non-legislative aspects of the modernisation plans, implementation of the changes, and the design of any secondary legislation.

3.4 **Halton Borough Council Response to Listening Exercise**

3.5 Halton's response to the Listening Exercise is attached as Appendix 1 to this report. The response is based on issues that have been raised during the early stages of the implementation of Health and Wellbeing Boards, the recent Commissioning event and other observations during preparation for the implementation of the legislation.

3.6 A few key points outlined in the response are:

- Support for the transfer of Public Health to Local Authorities given the role of local government in being able to address the wider determinants of health.
- Support for statutory Health and Wellbeing Boards and the opportunities that this represents in terms of more integrated partnership working across NHS, Social Care and Public Health.

Choice and competition

- We have highlighted that choice could drive up the quality of care but there is potentially a danger that competition in the system may cause a fragmented continuum of care rather than providers working holistically.
- The location of health facilities, transport and parking are a critical consideration especially in addressing health inequalities in areas of high deprivation such as Halton.

Patient and public involvement and accountability

- The suggestion that the membership of GP Commissioning Consortia (GPCC) needs to be widened to local authority members, public health and social care.
- Support for Healthwatch however we have some minor concerns in terms of whether it is appropriate to set up the proposed new local “Healthwatch” organisations so soon after the institution of Links.

Clinical advice and leadership

- There needs to be an understanding that the professions which impact on health are much wider than those who provide clinical treatment especially when considering addressing the wider determinants of health.
- Suggestion to widen the membership of GPCC in order to reflect the range of other (clinical and non-clinical) considerations which impact on effective commissioning.

Education and training

Sharing the local view:

- At a local level a significant amount of work needed to be undertaken on understanding the current commissioning structures, examining their effectiveness and reviewing potential new approaches.
- GP colleagues also felt it was important for them to fully understand the role of partner organisations, current roles and responsibilities and how this can help them in carrying out their new responsibilities.

4.0 POLICY IMPLICATIONS

- 4.1 The policy implications stemming from the Health and Social Care Bill are far reaching as they will have a direct impact on the way services are commissioned and delivered in the future.

5.0 OTHER/FINANCIAL IMPLICATIONS

- 5.1 There are no direct implications as a result of this report however the proposals outlined in the Health and Social Care Bill itself will have financial implications for the NHS and Local Authorities.

6.0 IMPLICATIONS FOR THE COUNCIL’S PRIORITIES

6.1 Children & Young People in Halton

There are no direct implications as a result of this report on Children and Young People's services although the wider implications of the Health and Social Care Bill may have implications for this priority.

6.2 Employment, Learning & Skills in Halton

None identified.

6.3 A Healthy Halton

The Health and Social Care Bill will have a direct impact on the way future Health and Social Care services are commissioned and delivered and will therefore have direct implications for this priority.

6.4 A Safer Halton

None identified.

6.5 Halton's Urban Renewal

None identified.

7.0 RISK ANALYSIS

7.1 The implementation of proposals set out within the Health and Social Care Bill will inevitably pose certain risks for example around service continuity, staffing and finance. Until the proposals within the bill have been confirmed it is difficult to undertake any risk analysis. This will however be factored into the action plan for implementation as soon as we know the full extent of the proposals.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 In implementing the proposals set out within the Health and Social Care Bill due regard will be given to the Equality Act 2010, (including new legislation) around the Public Sector duty.

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

None

APPENDIX 1

Halton Borough Council

Response to the Health and Social Care Bill Listening Exercise.

Halton Borough Council welcomes the Health and Social Care Bill listening exercise and the opportunity to be able to comment on the proposals set out within it.

We welcome the new role for local government in improving health and wellbeing by the transfer of the public health function to local councils. Local authorities are well placed in being able to respond to the wider determinants of health as demonstrated by the Marmot Review and are well placed in being able to understand the wider needs of the local population. The cross-cutting agenda of local Council's will be able to deliver better outcomes within the community and we believe there are some potential efficiencies to be made by integrating services. In addition, we believe we can provide more effective services in conjunction with Public Health services.

We are also supportive of the proposal to establish statutory Health and Wellbeing Boards aimed at improving integration and partnership working across the NHS, Social Care and Public Health. The implementation of Health and Wellbeing Boards should also strengthen and enhance relationships with GP colleagues who as primary care providers have a crucial knowledge of local communities and a sound understanding of cultures and behaviours that are essential to being able to address health inequalities at a local level.

The Health and Wellbeing Board must have sufficient powers to deliver on its responsibility to coordinate health and wellbeing commissioning with power to sign off the (JSNA based) commissioning plans of the GP Consortia and councils for investment in health, care and wellbeing outcomes.

Choice and competition

How can these be used to improve patient care and how when and where should they be extended?

More patient choice around elective and non-urgent treatments could drive up quality. There is however a danger that competition could cause a more fragmented continuum of care rather than providers working together/ collaboratively to develop holistic services.

The location of health facilities, transport and parking are a critical consideration and are regularly raised within community and patient forums within Halton. If we are to really make a difference to health inequalities these need to be examined alongside clinical considerations otherwise those who are often most in need of services are unable to access them.

There is concern that use of private companies will mean they compete to provide the profitable, cost effective health care at the cost of long-term limiting illnesses.

Patient and public involvement and accountability

How can the NHS be properly held accountable to the public and how can public and patient involvement be built into the heart of the new arrangements?

In terms of the proposed composition of GP Commissioning Consortia it may be useful to consider broadening the membership of these boards to include local authority members, public health and social care. This would provide a more rounded and joined up approach to commissioning and would ensure that expertise from a variety of sources is used to inform commissioning activity and decisions.

We wish to express our overall support for the establishment of Health Watch, however we have some minor concerns in terms of whether it is appropriate to set up the proposed new local "Healthwatch" organisations so soon after the institution of LinKs.

Guidance also states that HealthWatch would have a place on Health and Wellbeing Boards and have a role in scrutiny, which would present a conflict of interests.

The name "Healthwatch" may also be considered as misleading as it is also intended to cover social care.

In terms of accountability the issue has also been raised locally as to whether the Health and Wellbeing Board and GPCC meetings would be held in public. This has not been clarified within the existing legislation.

Clinical advice and leadership

How to ensure that advice and leadership from across the range of healthcare professions is at the heart of the new system in order to drive higher quality and more integrated care.

There needs to be an understanding that the professions which impact on health are much wider than those who provide clinical treatment especially when considering addressing the wider determinants of health. There is therefore a need to ensure that the broader role of local government professionals is taken into consideration. Some of this work is already happening on the ground but the value of this contribution within the new system needs to be highlighted and communicated at all levels of the Healthcare system.

In terms of GP Commissioning Consortia whilst we understand that GPs would make up the majority of members, it would also be beneficial to widen the membership in order to reflect the range of other (clinical and non-clinical) considerations which impact on effective commissioning.

Public Health England

As currently envisioned, the functions and staff of the Health Protection Agency and the Public Health Observatories will be located within the Department of Health as Public Health England.

It is considered that this may give rise to three issues of conflict:

- the health protection function would not be an independent entity and its advice might be questioned;
- there would be problems with the continued ability to sell services and the capability, capacity and resources for health protection at local level might migrate to the national function,
- with lack of influence from the local level on national policy and poor local implementation from the national function.

The lack of independence and commercial aspects would also apply to the public health intelligence functions of the current PH Observatories. It is unclear how the health improvement and healthcare functions of public health form any part of this 'integrated public health service' and this needs to be resolved.

Education and training

How can new arrangements best support improvements to the NHS and the future needs of patients?

A Commissioning event was recently held in Halton attended by GP Consortia members, PCT and Council staff. The main outcome was that a significant amount of work needed to be undertaken on understanding the current commissioning structures, examining their effectiveness and reviewing potential new approaches. Other discussions with GP colleagues, as part of the development of Health and Wellbeing Boards, revealed that they felt it was important for them to fully understand the role of partner organisations, current roles and responsibilities and how this can help them in carrying out their new responsibilities.

The recognition of the amount of work involved in understanding these new ways of working needs to be supported by integrated education and training strategies.

REPORT TO: Executive Board

DATE: 26th May 2011

REPORTING OFFICER: Strategic Director Policy and Resources

SUBJECT: Transport Capital Implementation Programme 2011/12

WARDS: Boroughwide

1.0 PURPOSE OF THE REPORT

The purpose of the report is to seek approval to the inclusion of the Transport Capital Implementation Programme and other projects into the Council's 2011/12 Capital Programme.

2.0 RECOMMENDATION: That

- (1) the Local Transport Settlement and indicative allocations covering the Comprehensive Spending Review Period be noted;**
- (2) the Council be recommended to approve the following sums for incorporation into the Council's Capital Programme for 2011/12:**
 - Transport Implementation Programme £2,663,000;**
 - Transport Major Scheme Capital Funding (SJB) £4,416,000;**
 - Street Lighting £200,000;**
 - Flood Defence £106,000;**
 - Fleet Replacements £370,000.**
- (3) authority to agree the detailed programme of schemes, based where appropriate upon the four year implementation Programme described in the Local Transport Plan 3, be delegated to the Strategic Director Policy and Resources, in consultation with the Executive Board Member for Transportation; and**
- (4) a bid for funding from the Government's Sustainable Transport Fund be prepared for presentation to the Board before submission to Department for Transport (DfT) by 24th February 2012.**

3.0 SUPPORTING INFORMATION

- 3.1** Halton's third Local Transport Plan (LTP3) was approved by the Executive Board on 17th March 2011 (Minute EXB 103 Refers). The key issues for Transport in Halton, identified through the public consultation

exercise for LTP3 are listed in Appendix 1 to this report. LTP3 contains within its Implementation Plan Appendix (and also within the Executive Summary) details of the Government's final local transport capital block settlements for 2011/12 and 2012/13 and indicative settlements for 2013/14 and 2014/15, which cover the whole period of the Comprehensive Spending Review (CSR10).

3.2 As part of CSR10, the Department for Transport (DfT) announced a radical simplification of local transport funding, moving from 26 separate grant streams to just four:

- Block funding for small transport improvement schemes – the Integrated Transport Block (capital).
- block funding for highways maintenance (capital);
- major schemes (capital); and
- a new local sustainable transport fund (capital and revenue)

All other specific grants were ended with reduced allocations being incorporated within the main Local Government Formula Grant administered by the Department for Communities and Local Government. The grants no longer available to the Council (with 2010/11 amounts given in brackets) are listed in Appendix 2.

3.3 The settlements under the transport grant streams are detailed below:

Integrated Transport and Highway Capital Maintenance Block Funding

Block Allocations	2011/12 Final £000s	2012/13 Final £000s	2013/14 Indicative £000s	2014/15 Indicative £000s
Integrated Transport	680	725	725	1,020
Highways Capital Maintenance	1,983	2,078	1,960	1,816

Local authority integrated transport block and highway capital maintenance allocations are calculated through needs-based formulae. The settlement represents a significant reduction in transport funding from previous years. The Integrated Transport budget is cut by 61% and Highway Capital Maintenance is cut by 9% compared with the 2010/11 allocations. This will have a particularly adverse impact on the number and type of integrated transport schemes that we can deliver in future years.

Major Scheme Capital Funding

DfT have given full approval for a £18.6m 5 year programme of major bridge maintenance activity for the SJB and its approach structures. The first 4 years of SJB Complex Bridge Major Maintenance Grant availability is as follows:

Major Scheme Capital	2011/12	2012/13	2013/14	2014/15
SJB Complex Bridge Maintenance Grant	£4,416m	£3,495m	£3,711m	£2,030m

This Grant funding follows on from the £13.85m of additional Capital maintenance grant funding which was awarded for the maintenance of bridges on the Council's Primary Route Network and which was delivered over 3 years ending 2010/11.

The Major Scheme funding will allow the Council to continue to address the backlog of major bridge maintenance identified within the SJB Complex Maintenance Strategy. This allows the Council to continue to provide a road crossing of the Mersey which is free from restriction and to consider a future steady state maintenance regime where maintenance can be planned and delivered in a rationalised lifecycle based manner.

The Local Sustainable Transport Fund

The Government's Local Sustainable Transport Fund (LSTF) will make available to local authorities through a bidding process, a mix of £350M revenue and £210M capital funding, for sustainable transport schemes over the next four years. The purpose of the LSTF is to enable local transport authorities to deliver sustainable transport solutions, which support economic growth whilst reducing carbon emissions. These solutions must be geared to supporting jobs and business through effectively tackling the problems of congestion, improving the reliability and predictability of journey times, enabling economic investment, revitalising town centres and enhancing access to employment. They should at the same time bring about changing patterns of travel behaviour and greater use of more sustainable transport modes and so deliver a reduction in carbon and other harmful emissions.

There are two types of bid that can be made: small bids of under £5m; and large bids of over £5m and up to £50m. It is proposed that Halton make a small bid (below £5m) for funding from the Government's Local Sustainable Transport Fund (LSTF) and that, in accordance with the timetable set out by DfT, an expression of interest is made to the Department before 6th June 2011, with a formal bid to be presented to the Board and submitted to DfT by 24th February 2012.

3.4 Implementation Programme.

Based upon the final and indicative transport financial settlements, a four year implementation programme has been incorporated into LTP3, which was approved by the Board on March 17th 2011. The programme was determined in line with national and local transport goals and the Government's priorities to enhance economic growth whilst reducing carbon emissions from transport.

The four year Implementation Programme covering the Integrated Transport Block and the Highway Capital Maintenance Block is reproduced below:

Integrated Transport Block	2011/12 £,000 (Final)	2012/13 £,000 (Final)	2013/14 £,000 (Indicative)	2014/15 £,000 (Indicative)	Total
Transport Integration • Halton Sustainable Transport Network Signage / Branding, Publicity & Promotion • Cycle Secure Parking Lockers	150	160	160	185	£695,000
Measures to Assist Walking • Neighbourhood Centres – Pedestrian Access, signage & Public Realm Improvements • PRow Improvement Programme	125	130	130	185	£570,000
Measures to Assist Cycling • Neighbourhood Centre Cycle Access, signage & Public Realm Improvements • Halton Cycleway & Greenway Links	100	100	100	140	£440,000
Measures to Assist Buses • Halton Neighbourhood Centres Accessible Bus Stop Improvements • Bus Priority at Junctions • Widnes Road Bus Lane and Stops	160	170	170	240	£740,000
Local Safety Schemes • Residential Area 20mph Zones • Casualty Reduction • Safety Improvement Schemes	125	140	140	180	£585,000
Intelligent Transport Systems • Expansion of VMS • Improve traffic and travel information	20	25	25	50	£120,000
Total	£680	£725	£725	£1,020	£3,150,000

(Note: Transport Integration initiatives and local safety schemes, will by their nature also incorporate a variety of measures that are designed to

increase public transport usage and measures to assist increased walking and cycling).

- 3.5** Whereas in previous LTPs, integrated transport improvements have adopted a ‘transport corridor’ approach, for LTP3, it is planned to deliver a range of pedestrian, cycle and bus route improvements, focused on neighbourhood centres. A phased approach will be rolled out across the Borough over the period of the implementation programme. There will also be a range of schemes to improve the connectivity of walking and cycling links and a programme of local safety schemes.

The range of planned initiatives, draws strongly on the Mersey Gateway Sustainable Transport Strategy, which was prepared to support the Mersey Gateway planning application. This builds upon the work completed so far under the Quality Transport Corridor approach, and will hopefully provide a platform to encourage a significant modal shift to sustainable transport in the run-up to the Mersey Gateway construction phase, and help reduce traffic congestion during the period.

Highways Capital Maintenance Block	2011/12 £,000 (Final)	2012/13 £,000 (Final)	2013/14 £,000 (Indicative)	2014/15 £,000 (Indicative)	Total
Highway Maintenance	1,483	1,478	1,360	1,216	£5,537,000
Bridge Maintenance	500	600	600	600	£2,300,000
Total	1,983	2,078	1,960	1,816	£7,837,000

- 3.6** The additional funding provided through the approved 5 year Major Scheme programme for the SJB and its approach structures has enabled the Maintenance Block allocation to be strongly biased towards roads maintenance. For 2011/12 and 2012/13 this will permit increased programmes of carriageway and footway maintenance to be implemented across the Borough.

The increased focus on footway reconstruction reported to previous Executive Boards will be continued in 2011/12 due in part to the additional demands placed on the Bridge and Highway Maintenance Division created by the transfer of the “Gulliksen” footpath network from HHT to the Highway Authority. This work is essential for the safety of our communities, but also to protect the Council from an increasing number of insurance claims.

Despite the ravages of three consecutive exceptionally severe winters, prudent, preventative maintenance over these and previous years means that the condition of the Council’s principal and non principal road network ranks highly in comparison to neighbouring authorities. However, there has been a measured deterioration in condition of

unclassified roads particularly in some residential areas and there are increasing demands to address these problem areas.

DfT has awarded Halton an additional £348k of “pothole” funding in 2011/12 (on top of £169k awarded in 2010/11) to address the deterioration of road condition due to exceptionally severe winter conditions and this is being targeted largely to unclassified roads both through preventative maintenance techniques and implementation of larger scale repair schemes.

3.7 Other Capital Allocations

Other capital allocations to budgets administered by the Policy, Planning and Transportation Department have been made as follows:

Street Lighting £200,000 (HBC Capital)

The Street Lighting allocation will be used for replacement of life-expired equipment.

Flood Defence £50,000 (HBC Capital) and £56,000 (Grant Funded)

The Department for the Environment, Food and Rural Affairs has allocated Grant-in-aid funding for a project to reinforce Keckwick Brook channel and protect the Wharford Farm reservoir embankment from erosion. This work is currently being designed and will be implemented to co-ordinate with a Defra flood protection scheme further downstream at Sandymoor. The balance of the allocation will be used to address local flooding issues following identification of flood risk areas through the surface water management study.

Fleet Replacements £370,000 (HBC Capital)

The funding allocation will be used for the replacement of life-expired refuse collection vehicles.

3.8 Detailed Implementation Programme

In previous years, the authority to agree each year’s detailed implementation programme has been delegated to the Strategic Director in Consultation with the relevant Executive Board Member. The LTP3 Implementation Plan contains provisional programmes of both integrated transport and highway maintenance schemes and it is proposed that for the four year implementation programme period of LTP3, authority to agree the detailed programme, based upon the provisional list in LTP3, be delegated to The Strategic Director Policy and Resources in consultation with the Executive Board member for Transportation.

4.0 POLICY IMPLICATIONS

The programmes of work identified in the report are designed to deliver the strategies contained in the Council's third Local Transport Plan which was approved by the Board in March 2011.

5.0 OTHER IMPLICATIONS

Resource Implications – The report outlines the programmes of work that will be implemented in 2011/12 and 2012/13 which are proposed to be the subject of detailed approval by the Strategic Director Policy and Resources in consultation with the Executive Board Member for Transportation.

Social Inclusion and Sustainability Implications – The LTP is targeted at improving transport opportunities for those without access to private cars and therefore has positive impacts on social inclusion and sustainability.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

The 2011/12 Transport Capital Implementation Programme will assist children and young people in accessing services in the Borough and improve road safety.

6.2 Employment, Learning and Skills in Halton

Measures contained within the 2011/12 Transport Capital Implementation Programme are expected to improve access to employment, training and learning facilities within the Borough and also ensure that essential maintenance is undertaken on the existing network, thereby contributing to the Council's efforts to tackle unemployment, worklessness and the problems associated with the current economic downturn.

6.3 A Healthy Halton

The 2011/12 Transport Capital Implementation Programme will help to encourage local communities to adopt more healthy lifestyles through the introduction of measures to increase the use of cycling and walking for local journeys and which could help address health problems such as obesity.

6.4 A Safer Halton

The 2011/12 Transport Capital Implementation Programme incorporates measures to reduce road casualties in the Borough, to improve road safety and provide a safe and serviceable highway network.

6.5 Halton's Urban Renewal

The 2011/12 Transport Capital Implementation Programme will continue to support the ongoing regeneration of Halton through the improvement of highway and public realm infrastructure focused upon neighbourhood centres and residential areas.

7.0 RISK ANALYSIS

A risk associated with the report is the failure to deliver against the Transport Capital Implementation Programme. This risk will be managed through the Council's quarterly performance monitoring regime and through regular progress meetings with senior managers to enable early action to be taken, should the need arise.

8.0 EQUALITY AND DIVERSITY ISSUES

Accessibility and connectivity are essential issues for equality and diversity and every effort is made to facilitate barrier-free movement around the Borough. Particular emphasis is given to improving access for people with disabilities and to education and training, employment, health, shopping and leisure facilities which are key services impacting on quality of life.

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

Document	Place of Inspection	Contact Officer
Settlement Letter from DfT dated 13 th December 2011	Rutland House Halton Lea, Runcorn	Dave Cunliffe
Correspondence in Relation to Major Bid Funding	Rutland House Halton Lea, Runcorn	Mike Bennett

APPENDIX 1

Local Transport Plan – Key issues for Transport Identified through the public consultation exercise:

- Address and manage congestion – primarily associated with the Silver Jubilee Bridge and its approaches;
- Enhance economic success through the Mersey Gateway and encourage better freight distribution;
- Reduce road casualties;
- Improve access to work, education, training, services (health) and social activities;
- Promote and provide clean, low carbon transport;
- Improve maintenance of the highway network;
- Promote public transport, walking and cycling;
- Reduce crime and fear of crime on the transport system;
- Continue to maintain the transport system;
- Reduce traffic impact on communities in terms of pollution and noise.

APPENDIX 2**Grants No Longer Available to the Council in 2011/12 and Beyond:
(2010/11 Allocations in brackets)**

Road Safety Grant	(£75,114) Capital (£337,597) Revenue
Detrunking Grant	(£219,175) Revenue
Rural Bus Grant	(£40,597) Revenue
School Travel Plan Advisors	(£17,000) Revenue

In total these amount to a loss of £75,114 capital and £614,369 revenue to the Council for transport related measures.