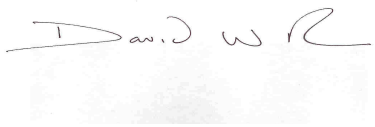
Public Document Pack

Health Policy and Performance Board

Tuesday, 5 March 2013 at 6.30 p.m.
Council Chamber, Runcorn Town Hall



Chief Executive

BOARD MEMBERSHIP

Councillor Ellen Cargill (Chairman)	Labour
Councillor Joan Lowe (Vice-Chairman)	Labour
Councillor Sandra Baker	Labour
Councillor Mark Dennett	Labour
Councillor Valerie Hill	Labour
Councillor Miriam Hodge	Liberal Democrat
Councillor Margaret Horabin	Labour
Councillor Chris Loftus	Labour
Councillor Pauline Sinnott	Labour
Councillor Pamela Wallace	Labour
Councillor Geoff Zygadllo	Labour
Mr J Chiocchi	LINk

Please contact Lynn Derbyshire on 0151 511 7975 or e-mail lynn.derbyshire@halton.gov.uk for further information.

The next meeting of the Board is on a date to be determined.

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

Part I

(E) **HOMECARE IN THE BOROUGH** | **267 - 269**

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.

Agenda Item 3

REPORT TO: Health Policy & Performance Board

DATE: 5th March 2013

REPORTING OFFICER: Strategic Director, Corporate & Resources

SUBJECT: Public Question Time

WARD(s): Borough-wide

1.0 PURPOSE OF REPORT

1.1 To consider any questions submitted by the Public in accordance with Standing Order 34(9).

1.2 Details of any questions received will be circulated at the meeting.

2.0 RECOMMENDED: That any questions received be dealt with.

3.0 SUPPORTING INFORMATION

3.1 Standing Order 34(9) states that Public Questions shall be dealt with as follows:-

(i) A total of 30 minutes will be allocated for dealing with questions from members of the public who are residents of the Borough, to ask questions at meetings of the Policy and Performance Boards.

(ii) Members of the public can ask questions on any matter relating to the agenda.

(iii) Members of the public can ask questions. Written notice of questions must be given by 4.00 pm on the working day prior to the date of the meeting to the Committee Services Manager. At any one meeting no person/organisation may submit more than one question.

(iv) One supplementary question (relating to the original question) may be asked by the questioner, which may or may not be answered at the meeting.

(v) The Chair or proper officer may reject a question if it:-

- Is not about a matter for which the local authority has a responsibility or which affects the Borough;
- Is defamatory, frivolous, offensive, abusive or racist;
- Is substantially the same as a question which has been put at a meeting of the Council in the past six months; or
- Requires the disclosure of confidential or exempt information.

(vi) In the interests of natural justice, public questions cannot relate to a planning or licensing application or to any matter which is not dealt with in the public part of a meeting.

(vii) The Chairperson will ask for people to indicate that they wish to ask a question.

(viii) **PLEASE NOTE** that the maximum amount of time each questioner will be allowed is 3 minutes.

(ix) If you do not receive a response at the meeting, a Council Officer will ask for your name and address and make sure that you receive a written response.

Please bear in mind that public question time lasts for a maximum of 30 minutes. To help in making the most of this opportunity to speak:-

- Please keep your questions as concise as possible.
- Please do not repeat or make statements on earlier questions as this reduces the time available for other issues to be raised.
- Please note public question time is not intended for debate – issues raised will be responded to either at the meeting or in writing at a later date.

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 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

8.1 There are no background papers under the meaning of the Act.

REPORT TO: Health Policy & Performance Board

DATE: 5 March 2013

REPORTING OFFICER: Strategic Director - Communities

PORTFOLIO: Health and Adults; Children and Young People

SUBJECT: Warrington & Halton Hospitals NHS Foundation Trust

WARD(S): Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To receive a presentation from Mel Pickup, Chief Executive of Warrington & Halton Hospitals NHS Foundation Trust.

2.0 **RECOMMENDATION: That the Board note content of the presentation.**

3.0 **SUPPORTING INFORMATION**

3.1 Warrington and Halton Hospitals NHS Foundation Trust manages Warrington Hospital and Halton General Hospital. There vision is ***'High Quality, Safe Healthcare'*** and their staff work together to provide high quality, safe health care services across the towns of Warrington, Runcorn, Widnes and the surrounding areas.

They are responsible for a budget of around £200 million each year, manage over 4,100 staff and provide access to care for over 500,000 patients.

3.2 A number of developments have been made recently within the Hospitals which will be on particular interest to Members of the Board.

4.0 **POLICY IMPLICATIONS**

4.1 None identified at this stage.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 None identified at this stage.

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

6.1 **Children & Young People in Halton**
Not applicable

6.2 **Employment, Learning & Skills in Halton**
Not applicable

6.3 **A Healthy Halton**
All issues outlined in the presentation will focus directly on this priority.

6.4 **A Safer Halton**
Not applicable.

6.5 **Halton's Urban Renewal**
Not applicable.

7.0 **RISK ANALYSIS**

7.1 None identified at this stage

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 Any services provided which seek to address the health needs of the residents of Halton needs to be fully accessible.

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

9.1 None under the meaning of the Act.

REPORT TO: Health Policy and Performance Board

DATE: 5 March 2013

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Health & Adults

SUBJECT: Halton Hospital Elective Care Visioning Event

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To inform the Board of the output from the Halton hospital elective care visioning event.

2.0 **RECOMMENDATION: That the Board note the output of the event.**

3.0 **SUPPORTING INFORMATION**

3.1 Halton hospital elective care visioning event invitation (appendix A).

3.2 **Halton hospital elective care visioning event discussion summary**

An elective care visioning event took place at Halton hospital on 22 January looking at the next stage of Warrington and Halton Hospitals NHS Foundation Trust's elective care reform programme.

Over 60 people were in attendance including a range of trust staff from various staff groups and clinicians together with partners including Halton CCG, Halton Borough Council and Bridgewater Community Services. The event was very positive with a plethora of ideas for the services that could possibly be delivered in the future from the Halton campus.

The event was hosted by Chief Executive, Melanie Pickup and consisted of a mixture of presentations from both external and internal speakers. This included a presentation from Dr Cliff Richards about the commissioning intentions for Halton CCG. This then led into table discussions about what a Centre of Excellence at Halton could look like and what opportunities there are to develop other services on the Halton campus.

3.2.1 **Halton CCG Presentation**

Dr Cliff Richards, Chair of Halton CCG gave a presentation titled 'Shaping the future of elective care in Halton'. In it he outlined the vision, purpose and values of the CCG. He also gave delegates ten things they needed to know about Halton as follows:

1. Older people (+65) are projected to grow by 33% by 2021
2. Halton's population is 97.5% white
3. Unemployment and worklessness are key challenges
4. The average household income is £33,800
5. GCSE attainment is slightly lower than the national average
6. House prices are low
7. House rental is twice as high as regional and national figures
8. Deprivation is a major issue with ¼ of children living in poverty
9. Life expectancy is low with female expectancy the 4th lowest in the country
10. Halton is the 8th worst local authority for alcohol-related harm and the 50th worst for binge drinking

Dr Richards outlined the five priority areas identified in the Joint Health and Wellbeing Strategy (JHWS) as:

1. Prevention and early detection of cancer
2. Improved child development
3. Reduction in the number of falls in adults
4. Reduction in the harm from alcohol
5. Prevention and early detection of mental health conditions

Dr Richards then went on to discuss the 'long list' of Halton CCG commissioning intentions and the desire to work collaboratively with partners.

3.2.2 **Table Discussions – Centre of Excellence and Services that Potentially Could be Delivered from the Halton Campus**

There were two table discussions, comprising of eight tables. The first related to what a **'Centre of Excellence'** would look like in relation to four key areas, namely; staff, public/patients, service and buildings. The summary output from these table discussions concluded the following:

Staff should follow the 6 C's model regardless of whether they are nurses, administrative staff, doctors or other health professionals. The 6 C's articulated cover care, compassion, courage, communication, competence and commitment. Delivering high quality care should be the overriding principle. Tables felt that this could best be delivered through highly competent staff who are skilled and demonstrate excellent leadership. They should be committed, flexible and go the extra mile for patients.

With regards to the **public and patients**, the overwhelming view was that services should be provided to suit patient needs. These should be patient focused, joined up services, accessible 24/7 with short waiting times and no cancellations. However the quality of care patients receive together with how we communicate with them was rated as highly important. Care should be delivered in a low infection and clean hospital.

Discussions surrounding **service** were similar to that of patients, with a desire to provide community based, local, integrated and 24/7 services. However more specific services in relation to health promotion, children's services and women's health services were thought to be required.

Buildings should have easy access for all, with good parking availability. They should be clean and well-maintained with multi-purpose facilities for a wide range of health services not necessarily just acute care.

The second table discussion centred on **what services potentially could be delivered from the Halton campus**. Services were considered in relation to the requirement for minor governance changes, major governance changes and where services would require high dependency unit (HDU) or intensive care unit (ICU) support. The summary of these table discussions is as follows:

The overwhelming view from the table discussions was that a women's health service covering breast surgery, gynaecological procedures and termination of pregnancy could be established with **minor governance changes**. Also frequently suggested in this category were ophthalmology services, maxillofacial services and an alcohol detox/rehabilitation unit.

Services that could be delivered but where there would be a requirement for **major governance changes**, included paediatric surgery and care, cystectomies and nephrectomies.

Those services that could only be delivered with the introduction of **HDU or ICU** services includes those patients who have high risk factors resulting from co-morbidities such as diabetes, heart disease or respiratory disease. Such patients would require closer post anaesthesia care and monitoring and potentially HDU or ICU.

4.0 POLICY IMPLICATIONS

4.1 This event was designed to capture delegate's thoughts and ideas with regards to what services could be developed on the Halton hospital campus. The outputs of the event will be written up and summarised to allow further discussions, decisions and development of services to take place. As a consequence, no

decisions have been made and therefore policy implications are unknown at this stage. This will need to be considered as part of the decision making process.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 This event was designed to capture delegate's thoughts and ideas with regards to what services could be developed on the Halton hospital campus. The outputs of the event will be written up and summarised to allow further discussions, decisions and development of services to take place. As a consequence, no decisions have been made and therefore financial or other policy implications are unknown at this stage. This will need to be considered as part of the decision making process.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

The potential development and delivery of additional services on the Halton hospital campus would positively support children and young people in Halton. This could either be in support of carers of children or young people for instance in accessing services more locally or the delivery of specific children and young people services. It is important to note that no decisions have yet been made about what these services may be.

6.2 Employment, Learning & Skills in Halton

Should additional services be delivered from the Halton hospital campus, this could in turn have a positive local impact with regards to employment as well as enhanced third sector and local business opportunities. It is important to note that no decisions have yet been made about what these services may be.

6.3 A Healthy Halton

The potential development and delivery of additional services on the Halton hospital campus would positively support a healthy Halton. Discussion took place at the event about the specific demographic needs of the area that are incorporated within the Joint Health and Wellbeing Strategy (JHWS). This included discussion regarding the needs of an increasingly ageing population, lower than average female life expectancy rates and where alcohol harm and binge drinking is above the national average. It is important to note that no decisions have yet been made about what these services may be.

6.4 A Safer Halton

Services that potentially reduce alcohol harm and binge drinking are likely to have a positive impact on the safety of Halton. It is

important to note that no decisions have yet been made about what these services may be.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 This event was designed to capture delegate's thoughts and ideas with regards to what services could be developed on the Halton hospital campus. The outputs of the event will be written up and summarised to allow further discussions, decisions and development of services to take place. As a consequence, no decisions have been made and therefore risks cannot be effectively considered. This will need to be undertaken as part of the decision making process.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 It is not anticipated that the development of services on the Halton hospital campus will raise equality and diversity issues. The visioning event asked delegates to consider services that potentially could be delivered with minor governance issues that could be easily addressed, major governance issues and those services that would require a high dependency or intensive care service. However, as no decisions have been made with regards to these services, equality and diversity issues cannot be effectively considered. This will need to be undertaken as part of the decision making process.

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

None under the meaning of the Act.

Appendix A

Elective Care Visioning Event

Exciting times are on the horizon…….come and help us shape the future of elective care in Halton

Tuesday 22 January 5.00-8.00pm, Post Graduate Centre, Halton

With the move of our Orthopaedic Surgery service to the Cheshire and Merseyside Treatment Centre from 2 January, we embark on an exciting new chapter for the Trust.

A brand new facility at Halton with four state-of-the-art operating theatres, a 44 bed ward, day unit, full diagnostic, outpatients and physio suites provide us with a perfect opportunity to expand our orthopaedic services in the future. But are there more opportunities for us to deliver high quality patient care in the Halton Campus other than just orthopaedics?

We'd like to hear your thoughts and ideas, so come and join us to shape the future.

This event which will be hosted by Mel Pickup will consist of a mixture of presentations from both external and internal speakers who will provide you with some background information. This will then lead into your table discussions about what a Centre of Excellence could look like and what opportunities we have to develop other services in Halton.

A hot supper will be provided at the start of the event and I look forward to seeing you all there.

REPORT TO: Health Policy and Performance Board

DATE: 5 March 2013

REPORTING OFFICER: Strategic Director - Communities

PORTFOLIO: Health and Adults

SUBJECT: Vascular Services across Cheshire and Merseyside

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To consider the Secretary of State (SoS) for Health's response to the referral made to him from the Halton, St Helens and Warrington Joint Health Overview and Scrutiny Committee (HOSC) regarding the development of Vascular Services across Cheshire and Merseyside and agree an appropriate way forward.

2.0 **RECOMMENDATION: That the Board**

1. **note the contents of the report and associated appendices; and**

2. **consider the options for receiving information and influencing the development of vascular services in the future (outlined in paragraph 3.5).**

3.0 **SUPPORTING INFORMATION**

3.1 Further to the joint HOSC's formal referral to the SoS for Health on 3rd October 2012, regarding the proposals for the future development of vascular services across Cheshire and Merseyside not being in the interests of the health service in the area, a response from the SoS has now been received. (***Appendix 1***)

3.2 The SoS had asked the Independent Reconfiguration Panel (IRP) to undertake an initial review of the referral made and on the advice of the IRP has decided not to agree a full review. Details of the information supplied to the SoS from the IRP is attached at ***Appendix 2.***

3.3 The implication of this decision is that the proposal for an arterial centre based at the Countess of Chester will now proceed. However there is some acknowledgement that there will be some considerable challenges to be met prior to implementation.

3.4 The SoS is recommending that local commissioners of NHS Services invite the National Clinical Advisory Team (NCAT) to re-examine whether the current proposals meet the requirements for a modern vascular network in South Merseyside, particularly in light of the concerns raised from surgeons at Arrowe Park Hospital and the updated guidance from the Vascular Society of Great Britain and Ireland. The SoS has asked that this work be undertaken as a matter of urgency and should be overseen by the Strategic Health Authority.

3.5 The SoS also acknowledges the need that local HOSC's should be fully involved and informed of developments throughout the design phase and as such Halton, St Helens and Warrington Councils need to consider whether they want to continue to receive information and influence this development via the Joint HOSC or as individual HOSCs.

4.0 POLICY IMPLICATIONS

4.1 There are no policy implications as a direct result of this report.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None identified at this stage.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

There are no specific implications as a direct result of this report, however the health needs of children and young people are an integral part of the Health priority.

6.2 Employment, Learning & Skills in Halton

None identified.

6.3 A Healthy Halton

The remit of the Health Policy and Performance Board is directly linked to this priority.

6.4 A Safer Halton

None identified.

6.5 Halton's Urban Renewal

None identified.

7.0 RISK ANALYSIS

7.1 Appropriate consideration will need to be given to associated risks identified as part of the on-going development of Vascular Services in Cheshire and Merseyside.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 Any service which seeks to address the health needs of Halton needs to be fully accessible.

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

9.1 None under the meaning of the Act.

IRP

6th Floor
157 – 197 Buckingham Palace Road
London
SW1W 9SP

The Rt Hon Jeremy Hunt MP
Secretary of State for Health
Richmond House
79 Whitehall
London SW1A 2NS

7 December 2012

Dear Secretary of State

REFERRAL TO SECRETARY OF STATE FOR HEALTH
Vascular services across Cheshire and Merseyside
Wirral Council Health and Wellbeing Overview and Scrutiny Board
Halton, St Helens and Warrington Joint Health Overview and Scrutiny Committee

Thank you for forwarding copies of the referral letter and supporting documentation from Cllr Phil Davies, Leader Wirral Council and Cllr Simon Mountney, Chair Wirral Health and Wellbeing Overview and Scrutiny Board (HWOSB) and from Cllr Tony Higgins, Chair, Halton, St Helens and Warrington Joint Health Overview and Scrutiny Committee (Joint HOSC). NHS North West provided initial assessment information. A list of all the documents received is at Appendix One.

The IRP has undertaken an initial assessment, in accordance with our agreed protocol for handling contested proposals for the reconfiguration of NHS services. The IRP considers each referral on its merits and its advice in this case is set out below. **The Panel concludes that this referral is not suitable for full review.**

Background
Proposals to improve the way vascular services are provided in Cheshire and Merseyside have been under development since early 2010. Local NHS commissioners of services established a Vascular Review Project Board to carry out a review. A clinical advisory group was also convened comprising representatives from all the trusts involved to develop clinical standards for vascular services across Cheshire and Merseyside.

A public engagement exercise was held between January and May 2011. A *"consultation"* document was produced setting out the case for change and proposals for arterial surgery and complex interventional radiology to be carried out at a small number of arterial centres with other care continuing to be performed locally. Respondents were invited to rank the most important goals for the proposed changes – patient safety, expertise of staff, increased positive outcomes for patients and access to services. The document also suggested four criteria for selecting which hospitals might act as arterial centres – compliance with clinical standards, maximum degree of co-location with inter-dependent clinical services, close to

where people live with good public transport links and lowest investment required to bring about the changes. Comments were invited on whether these were the right criteria. Public events were held to outline the purpose of the review and invite views. Local MPs and health overview and scrutiny committees were also involved. The main conclusion drawn from the engagement phase was that the public overwhelmingly felt that patient safety was a more important factor than local access to services.

In March 2011, groups of trusts that believed they met the standards for accreditation as arterial networks were invited to apply for designation. Applications were scrutinised by a panel of independent clinicians, and then by representatives of primary care trusts (PCT) and clinical commissioning consortia. The Project Board then reviewed their recommendations.

Taking account of feedback from the public engagement phase and further work on the clinical standards identified, the Project Board reported to local NHS commissioners in October 2011. It recommended that two vascular networks be established with one, high quality arterial centre in each network. A proposal for a network north of the Mersey, centred at the Royal Liverpool University Hospital, was recommended by the Project Board.

Warrington and Halton NHS Foundation Trust and St Helens and Knowsley Teaching NHS Trust made a joint application to form a vascular network centred at Warrington Hospital. A further application was received from the Countess of Chester Hospital NHS Foundation Trust and Wirral University Teaching Hospital NHS Foundation Trust (WUTH) centred at the Countess of Chester Hospital. The Project Board did not make a recommendation between the alternative networks for the Cheshire, Warrington and Wirral clusters as it concluded that there were a number of factors, beyond its remit, that required further consideration.

A meeting to review the two options was held in October 2011 and chairs of the clinical commissioning groups (CCG) across south Mersey subsequently recommended that the Countess of Chester Hospital be approved as the arterial centre working with local trusts in a network across Warrington and Wirral. The November 2011 Boards of the Merseyside and Cheshire, Warrington and Wirral PCT Clusters approved the recommendations of the Project Board and the CCGs, subject to National Clinical Advisory Team (NCAT) and Gateway reviews and formal public consultation.

Reports were provided to all relevant health overview and scrutiny committees (HOSC) throughout this phase. Feedback reflected some concern from both Warrington and Wirral HOSCs about the relocation of some services to Chester.

Gateway and NCAT reviews were completed in December 2011. The NCAT report affirmed the decision to establish two networks for the population of Cheshire and Merseyside while also highlighting the challenges to be faced in the establishment of an arterial centre in the South Mersey Network.

Formal public consultation took place between March and July 2012. Local meetings were held throughout Cheshire and Merseyside in response to requests from HOSCs. The consultation described a pathway that allowed for initial consultations, diagnostics and follow-up to take place in local hospitals, allowing most vascular procedures to continue in local trusts. It proposed that the North Mersey Network should be centred at the Royal Liverpool University Hospital and that the South Mersey Network be centred at the Countess of Chester Hospital. Patients living in mid-Mersey would have the option to "flow" into either network (allowing patients who would previously have been referred into Whiston Hospital the option to be referred into either centre).

On 30 April 2012, the leader of Wirral Council wrote to the chief executive of NHS Cheshire, Warrington and Wirral expressing support for WUTH to become the arterial centre for the south Mersey area and opposing the transfer of services to the Countess of Chester Hospital. A Joint HOSC was established for Halton, St Helens and Warrington. On 20 June 2012, the Joint HOSC agreed a report on 20 June 2012 for submission to the consultation recommending that two centres of excellence be developed – one located at the Royal Liverpool University Hospital and one at Warrington Hospital. HOSCs in the north Mersey area supported the proposal for the northern network.

Meetings of the Cheshire, Warrington and Wirral and the Merseyside Cluster Boards on 4 and 17 July 2012 respectively agreed that there should be two arterial centres for Cheshire and Merseyside, that they should be based at the Royal Liverpool and Countess of Chester hospitals and that patients in mid-Mersey could be referred into either centre.

The North Mersey Network, centred at the Royal Liverpool University Hospital was implemented on 3 September 2012.

Wirral HWOSB wrote to the Secretary of State for Health on 31 July 2012 to refer the proposals for changes to vascular services in the south Mersey area. Department of Health officials sought clarification of the grounds for referral and a further letter was received from the HWOSB on 27 September 2012.

At a meeting of the South Mersey Arterial Network Board on 16 August 2012, the Wirral, Warrington and Chester NHS Foundation Trusts endorsed a *so-called* Option 3 model. David Allison, Chief Executive of WUTH wrote to Kathy Doran, Chief Executive of NHS Cheshire, Warrington & Wirral PCT Cluster on 20 August 2012 advising that Option 3 describes a model intended to maintain *"the interests of the spoke hospitals whilst recognising the benefits of a vascular centre based at Chester"*. Under this option, *"all aortic and carotic* [sic] *surgery goes to the centre at Chester but with amputations, upper and lower limbs surgery, diabetic feet and others (eg ulcers) remaining at the spoke units"*. Day case surgery and outpatients would also remain at local sites.

The Halton, St Helens and Warrington Joint HOSC wrote to the Secretary of State on 3 October 2012 to refer the proposals requesting that either a south Mersey centre be based at

Warrington Hospital or that a three centre model be implemented based on the Royal Liverpool, the Countess of Chester and Warrington hospitals.

Basis for referral

The referral letter of 27 September 2012 from Cllr Davies and Cllr Mountney, on behalf of Wirral HWOSB states:

"We wish to refer under the criteria set out in… The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 … In an case where an overview and scrutiny committee considers that the proposal would not be in the interests of the health service in the area of the committee's local authority, it may report to the Secretary of State in writing who may make a final decision on the proposal...".

The referral letter of 3 October 2012 from Cllr Higgins, Chair, Halton, St Helen's and Warrington Joint HOSC states:

"This letter comprises formal notice of a referral to you in accordance with Regulation 4(7) of The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002, on the grounds that the proposal would not be in the interests of the health service in the area".

IRP view

With regard to the referrals by Wirral HWOSB and Halton, St Helen's and Warrington Joint HOSC, the Panel notes that:

- The proposal is driven by the desire to improve the quality of care for patients undergoing both elective and emergency arterial surgery across Cheshire and Merseyside
- There is widespread consensus on the need for change
- The proposal for a North Mersey Network, centred at the Royal Liverpool University Hospital was widely supported, including by relevant HOSCs, and was implemented on 3 September 2012
- NCAT advice - taking into account the recommendations of the National Aneurysm Screening Programme that a screening population of 800,000 is required to support an arterial centre - is that the establishment of two centres for a population of around two million *"appears to be well founded"*
- NCAT further commented that a three centre model may not result in sufficiently improved outcomes
- In its referral letters, Wirral HWOSB raises concerns about:
    - more patients being required to travel from the Wirral to Chester for emergency and elective surgery than from the mid-Mersey area
    - geographical proximity being less important than level of need
    - best practice indicating that vascular and renal centres ideally being co-located on the same site

  - WUTH best meeting the criteria for selection of arterial centres as set out in the pre-consultation document – and these criteria subsequently not being applied consistently in selecting the arterial centre for the south Mersey area
  - vascular surgeons at WUTH remaining opposed to the revised proposal and apparently being prevented from expressing their views to CCGs
  - a petition signed by local residents opposing the changes
- In its referral letter, the Joint HOSC raises concerns about:
  - the minimum threshold identified of 100 carotid endarterectomies to be performed in an arterial centre for the south Mersey area
  - lack of consideration of age profiles and levels of deprivation across the area
  - the failure to take account of potential additional demand for services from the population of north Wales
  - lack of consideration of access and transport issues, and impact on ambulance services
  - anticipated patient volumes being affected by patient choice (particularly in relation to mid-Mersey patients)
  - sustainability of other co-dependent services
  - the challenges to be faced in establishing an arterial centre at the Countess of Chester Hospital in view of its current relatively low volume base
- The three foundation trusts providing vascular services in the south Mersey area have endorsed a model of care for aortic and carotid surgery to be performed at the arterial centre at Countess of Chester Hospital
- Concern remains amongst vascular surgeons at WUTH about the model of care that has been proposed – namely that lower limb bypasses and amputations will be performed at the non-arterial centres

Conclusion

The IRP offers its advice on a case-by-case basis taking account of the specific circumstances and issues of each referral. **The Panel does not consider that a full review would add any value in this instance.**

The referrals by Wirral HWOSB and Halton, St Helens and Warrington Joint HOSC raise a number of issues covering a variety of different areas. Those relating to the quality of the consultation perhaps reflect the complex nature of the subject and the fact that the development of proposals for the south Mersey area has evolved as the process of engagement leading to consultation has progressed. The consultation document produced in 2011 could more appropriately have been termed an *engagement* document seeking, as it did, views on the criteria listed for the selection of hospitals as arterial centres. The criteria ultimately used to determine selection were broader taking account of the various views expressed.

From the Panel's enquiries, it appears that concerns raised about the application of clinical standards, service capacity and geographical and demographic issues were given due

IRP

consideration during the decision-making process. The threshold for performance of carotid endarterectomies in the arterial centre for the south Mersey area was set following careful consideration of local circumstances. The possible impact of additional demand for services from patients in north Wales, should it ever arise, has been taken into account. The Chief Executive of North West Ambulance Service has confirmed that there will be a negligible impact on emergency ambulance services.

NCAT advice, mindful of relevant national guidance, has supported the Project Board's assertion that two arterial centres for the population of the Cheshire and Mersey area would be appropriate. One centre, at the Royal Liverpool University Hospital has been agreed and is now operational in the North Mersey Network. The Panel concurs with the view that the population of the south Mersey area is insufficient to justify two arterial centres for that network.

It is an inevitable consequence of the centralisation of services that some patients will have to travel further for treatment. The trade-off, clearly supported by expert clinical advice in this instance, is better outcomes for patients. It is important now that progress is made to agree the base for the arterial centre in the south Mersey area as soon as possible. Detailed consideration by the expert bodies involved has identified the Countess of Chester Hospital as the preferred choice. The IRP has seen no compelling evidence to contradict that choice, the considerable challenges to implementation that have been identified notwithstanding.

However, the IRP has received representations from surgeons at Arrowe Park Hospital, part of WUTH, questioning whether the future configuration of services as now proposed is fully in line with professional standards. Further, it is unclear to the Panel to what degree the proposals as they currently stand still reflect those reviewed by NCAT in its December 2011 assessment.

The IRP considers that it would be prudent for local commissioners of services to invite NCAT to re-examine whether the current proposals meet the requirements for a modern vascular network between the hospitals in Chester, The Wirral and Warrington, as described in updated guidance from The Vascular Society of Great Britain & Ireland (2012). This work should be undertaken as a matter of urgency and overseen by the strategic health authority.

The considerable challenges to be faced in establishing this network have already been alluded to and will need to be worked through carefully before implementation begins. Local HOSCs should be kept fully involved and informed of developments throughout this phase of the process.

Yours sincerely

Independent Reconfiguration Panel
Tel: 020 7389 8045/6
E Mail: info@irpanel.org.uk *Website:* www.irpanel.org.uk

IRP

Lord Ribeiro CBE
Chairman, IRP

Independent Reconfiguration Panel
Tel: 020 7389 8045/6
E Mail: info@irpanel.org.uk *Website:* www.irpanel.org.uk

IRP

APPENDIX ONE

LIST OF DOCUMENTS RECEIVED

Wirral Health and Wellbeing Overview and Scrutiny Board

1 Letters of referral from Cllr Davies and Cllr Mountney, on behalf of Wirral HWOSB to Secretary of State for Health, 31 July and 27 September 2012

Halton, St Helen's and Warrington Joint HOSC

1 Letter of referral from Cllr Higgins, Chair, Halton, St Helen's and Warrington Joint HOSC to Secretary of State for Health, 3 October 2012
Attachments:
2 Background to the referral
3 Halton Local Authority concerns
4 St Helen's Local Authority concerns
5 Warrington Local Authority concerns

NHS North West

1 IRP template for providing initial assessment information
Attachments:
2 Equality and the burden of vascular disease across the Cheshire Clinical Network, June 2012
3 Health Gateway Review: Cheshire and Merseyside Vascular Services Reconfiguration, 7 December 2011
4 NCAT Review: Cheshire and Merseyside Vascular Services Reconfiguration, 23 December 2011
5 Cheshire and Merseyside Vascular Services - Reconfiguration proposals, NHS North of England SMT meeting, 1 March 2012
6 Cheshire and Merseyside Vascular Services Review – Report to Commissioners, October 2011
7 Addendum: Equality and the burden of vascular disease across the Cheshire Clinical Network, May 2012
8 Equality Impact Assessment: Cheshire and Merseyside Vascular Services Review, report to 4 July 2012 Board meeting
9 South Mersey Arterial (SMART) Centre, Patient Access / Transport, report to 4 July 2012 Board meeting
10 Arterial surgery – activity and associated costs at 2012/13 and 2011/12 PbR tariffs, Oct 2010 – Sept 2011
11 Vascular Services Review: Consultation Document – Improvements to vascular services in Cheshire and Merseyside, March 2012
12 NHS Cheshire, Warrington and Wirral Formal Board meeting – minutes, 4 July 2012
13 Link to NHS CWW July 2012 Board papers Outcome of Vascular Services Review
14 Link to NHS CWW November 2011 Board Papers, including full Vascular Services Project Board Report
15 Letter to Kathy Doran, Chief Executive, NHS Cheshire, Warrington & Wirral PCT Cluster from David Allison, Chief Executive, Wirral University Teaching Hospital NHS Foundation Trust, 20 August 2012
16 Consultation document: Improvements to vascular services in Cheshire and Merseyside, January 2011

IRP

17 Letter to Kathy Doran, Chief Executive, NHS Cheshire, Warrington & Wirral PCT Cluster from Darren Hurrell, North West Ambulance Service NHS Trust

Other information received

1 Letter to Lord Ribeiro, IRP Chairman, from Consultant Vascular Surgeons, Wirral University Teaching Hospital NHS Foundation Trust, 26 November 2012

2 Letter to Lord Ribeiro, IRP Chairman, from David Allison, Chief Executive, Wirral University Teaching Hospital NHS Foundation Trust, 23 November 2012

3 The Provision of Services for Patients with Vascular Disease 2012, The Vascular Society of Great Britain & Ireland

From the Rt Hon Jeremy Hunt MP
Secretary of State for Health

POC1_730701

Richmond House
79 Whitehall
London
SW1A 2NS

Tel: 020 7210 3000
Mb-sofs@dh.gsi.gov.uk

Councillor Tony Higgins
Chair
Halton, St Helens and Warrington
Joint Health Overview and Scrutiny Committee
Town Hall
Sankey Street
Warrington
WA1 1UH

11 JAN 2013

Dear Cllr Higgins,

VASCULAR SERVICES ACROSS CHESHIRE AND MERSEYSIDE – REFERRAL FROM HALTON, ST HELENS AND WARRINGTON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Further to your letter of 3 October 2012 referring proposals concerning changes to vascular services across Cheshire and Merseyside, I asked the Independent Reconfiguration Panel (IRP) to undertake an initial review on your referral.

The Panel has now completed its initial assessment and shared its advice with me.

A copy of that advice is appended to this letter and which will be published on the Panel's website at www.irpanel.org.uk

In order to make my decision on this matter, I have considered the concerns raised by your Committee, and have taken into account the Panel's advice.

IRP advice

Essentially, the Panel believes the referral is not suitable for full review.

The referrals by made to me by your Committee and Wirral Council raise a number of issues covering a variety of different areas, which the IRP has considered in detail.

Those relating to the quality of the consultation perhaps reflect the complex nature of the subject and the fact that the development of proposals for the south Mersey area has evolved as the process of engagement leading to consultation has progressed.

I agree with the Panel that the consultation document produced in 2011 could more appropriately have been termed an "*engagement*" document seeking, as it did, views on the criteria listed for the selection of hospitals as arterial centres. The criteria ultimately used to determine selection were broader taking account of the various views expressed.

From the Panel's enquiries, it appears that concerns raised about the application of clinical standards, service capacity and geographical and demographic issues were given due consideration during the decision-making process. The threshold for performance of carotid endarterectomies in the arterial centre for the south Mersey area was set following careful consideration of local circumstances.

I understand the possible impact of additional demand for services from patients in north Wales, should it ever arise, has been taken into account.

I also understand the Chief Executive of North West Ambulance Service has confirmed there will be a negligible impact on emergency ambulance services.

NCAT advice, mindful of relevant national guidance, has supported the Project Board's assertion that two arterial centres for the population of the Cheshire and Mersey area would be appropriate. One centre, at the Royal Liverpool University Hospital has been agreed and is now operational in the north Mersey Network.

The Panel concurs with the view that the population of the south Mersey area is insufficient to justify two arterial centres for that network.

It is an inevitable consequence of the centralisation of services that some patients will have to travel further for treatment. The trade-off, clearly supported by expert clinical advice in this instance, is better outcomes for patients.

It is important now that progress is made to agree the base for the arterial centre in the south Mersey area as soon as possible. Detailed consideration by the expert bodies involved has identified the Countess of Chester Hospital as the preferred choice. The IRP has seen no compelling evidence to contradict that choice, the considerable challenges to implementation that have been identified notwithstanding.

However, the Panel has received representations from surgeons at Arrowe Park Hospital, questioning whether the future configuration of services as now proposed is fully in line with professional standards. Further, and having read the Panel's initial assessment, it is unclear to the Panel to what degree the proposals as they currently stand still reflect those reviewed by NCAT in its December 2011 assessment.

Conclusion

The IRP considers it would be prudent for local commissioners of services to invite NCAT to re-examine whether the current proposals meet the requirements for a modern vascular network between the hospitals in Chester, The Wirral and Warrington, as described in updated guidance from The Vascular Society of Great Britain & Ireland (2012). This work should be undertaken as a matter of urgency and overseen by the strategic health authority.

The considerable challenges to be faced in establishing this network have already been alluded to and will need to be worked through carefully before implementation begins. Local OSCs should be kept fully involved and informed of developments throughout this phase of the process. This is reflected in your letters to both Committees.

I support the Panel's advice in full and would expect to see NCAT re-examine current proposals in light of the Panel's advice.

I am copying this letter to Lord Bernard Ribeiro, Chair of the IRP and Stephen Singleton, Chief Executive of NHS North of England.

Yours sincerely

Jeremy Hunt

JEREMY HUNT

REPORT TO:	Health Policy & Performance Board
DATE:	5th March 2013
REPORTING OFFICER:	Strategic Director - Communities
PORTFOLIO:	Health and Adults; Children, Young People and Families
SUBJECT:	Scrutiny Topic 2013/14 : Mental Health
WARD(S):	Borough-wide

1.0 **PURPOSE OF REPORT**

1.1 To present the Board with details of the Mental Health Scrutiny topic as outlined in the attached topic brief.

2.0 **RECOMMENDATION: That the Board**

1. **note contents of the report;**
2. **approve the Topic Brief outlined at Appendix A; and**
3. **nominate Members of the Board to form part of the Scrutiny Topic Working Group.**

3.0 **SUPPORTING INFORMATION**

3.1 Significant numbers of people suffer mental health problems such as depression.

Mental Health problems account for the single largest cause of ill health and disability in the Borough and can have a significant impact on a person's ability to lead a full and rewarding life.

The current economic climate and welfare reforms are likely to increase the levels of people suffering from mental distress.

3.2 However, through a range of evidence based interventions to promote mental and emotional wellbeing this is amenable to change. Therefore this report seeks approval to carry out a scrutiny review of Mental Health provision in terms of prevention and promotion. It will examine interventions and materials that are already in place to address this key area and will look at their effectiveness in meeting the needs of the local population.

3.3 Subject to agreement by Board to accept the topic brief; this report seeks nominations from members of the Board to form a member led scrutiny working group.

4.0 POLICY IMPLICATIONS

4.1 The recommendations from the resulting scrutiny review may result in a need to review associated policies and procedures.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None identified.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

The mental wellbeing of children who have been in care tends to be worse than children who have not been in care.

6.2 Employment, Learning & Skills in Halton

None identified.

6.3 A Healthy Halton

Halton's Health and Wellbeing Board have chosen the 'prevention and early detection of mental health conditions' as one of their five priorities for action during 2013-16.

6.4 A Safer Halton

None identified.

6.5 Halton's Urban Renewal

None identified.

7.0 RISK ANALYSIS

7.1 None identified.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None identified.

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

9.1 None under the meaning of the Act.

TOPIC BRIEF

Topic Title:	Mental Health
Officer Lead:	Dave Sweeney, Operational Director, Integrated Commissioning
Planned Start Date:	April 2013
Target PPB Meeting:	March 2014

Topic Description and Scope:

This topic will focus on the Mental Health priority, specifically in relation to the prevention and promotion of services/issues. It will examine the interventions and materials that are already in place to address this key area and will look at their effectiveness in meeting the needs of the local population.

Why this topic was chosen:

Significant numbers of people suffer mental health problems such as depression.

Mental Health problems account for the single largest cause of ill health and disability in the Borough and can have a significant impact on a person's ability to lead a full and rewarding life.

Some associated statistics[1] are outlined below:-

- One in four people attending GP surgeries seek advice on mental health.
- Deaths from suicides & undetermined injuries were ***31*** (2008-10) ***Rate 8.2***(England 7.2, NW 9.07 per 100,000 population).
- The number of people diagnosed with depression is ***11,924*** (11.94% GP pop aged 18+). Regional prevalence is 13.3% and nationally 11.7%.
- Dementia: there is an estimated ***1082*** *people aged 65+ compared to* ***634*** *people on GP* register (2010-11) with a diagnosis of dementia.
- The rate of hospital admissions due to self- harm for under 18s is high.
- The mental wellbeing of Children who have been in Care tends to be worse than children who have not been in Care.
- Stigma of mental ill health (more prominently in men) is a major factor in people not seeking help and support.
- Aligned with the above suicide is now recognised as the biggest killer of young men, higher than road traffic accidents. Stigma is reported to be the major influence of men refusing support.

The current economic climate and welfare reforms are likely to increase the levels of people suffering from mental distress.

However, through a range of evidence based interventions to promote mental and emotional wellbeing the above are all amenable to change.

[1] Halton Health and Wellbeing Strategy : 2012-15

Halton's Health and Wellbeing Board have chosen the '*prevention and early detection of mental health conditions*' as one of their five priorities for action during 2012-15.

Key outputs and outcomes sought:

- An understanding of existing mental health provision in Halton in relation to prevention and promotion.
- Examine the effectiveness of current pathways/materials for mental health prevention and promotion.
- Consider national best practice and evidence based practice in relation to pathways for prevention and the promotion of mental health issues.
- Consider ways to continue to make improvements to promotional materials thus enabling Halton to reduce the social and economic cost of mental health issues, with a particular emphasis on reducing reliance on acute services.

Which of Halton's 5 strategic priorities this topic addresses and the key objectives and improvement targets it will be help to achieve:

A Healthy Halton

- To understand fully the causes of ill health in Halton and act together to improve the overall health and well-being of local people.
- To lay firm foundations for a healthy start in life and support those most in need in the community by increasing community engagement in health issues and promoting autonomy.
- To respond to the needs of an ageing population, improving their quality of life and thus enabling them to lead longer, more active and more fulfilled lives.
- To remove barriers that disable people and contribute to poor health by working across partnerships to address the wider determinants of health such as unemployment, education and skills, housing, crime and environment

Nature of expected/ desired PPB input:

Member led scrutiny review of Mental Health.

Preferred mode of operation:

- Meetings with/presentations from relevant officers from within the Council/ Health Services and partner agencies to examine current practices regarding mental health prevention services and promotional materials.
- Review of existing pathways into Mental Health prevention services.
- Review of existing promotional materials etc. in relation to supporting those with mental health issues.

Agreed and signed by:

PPB chair ……. **Officer …….**

Date …… **Date …….**

REPORT TO: Health Policy and Performance Board

DATE: 5 March 2013

REPORTING OFFICER: Strategic Director Resources

PORTFOLIO: Resources

SUBJECT: Performance Management Reports for Quarter 3 of 2012/13

WARDS: Boroughwide

1.0 PURPOSE OF REPORT

1.1 To consider and raise any questions or points of clarification in respect of performance management of the Prevention and Assessment and Commissioning & Complex Care Departments for the third quarter of 2012/13 to 31st December 2012. The report details progress against service objectives/ milestones and performance targets, and describes factors affecting the service.

2.0 RECOMMENDED: That the Policy and Performance Board

1) **Receive the third quarter performance management report;**

2) **Consider the progress and performance information and raise any questions or points for clarification; and**

3) **Highlight any areas of interest and/or concern where further information is to be reported at a future meeting of the Policy and Performance Board.**

3.0 SUPPORTING INFORMATION

3.1 The departmental objectives provide a clear statement on what the services are planning to achieve and to show how they contribute to the Council's strategic priorities. Such information is central to the Council's performance management arrangements and the Policy and Performance Board has a key role in monitoring performance and strengthening accountability.

3.2 In line with the revised Council's Performance Framework for 2012/13 (approved by Executive Board in 2012/13), the Policy and Performance Board has been provided with an overview report for the Health Priority; which identifies the key issues arising from the performance in Quarter 3.

3.3 The full Departmental quarterly reports are available on the Members' Information Bulletin to allow Members access to the reports as soon as

they have become available within six weeks of the quarter end. This also provides Members with an opportunity to give advance notice of any questions, points or requests for further information that will be raised to ensure the appropriate Officers are available at the PPB meeting. The Departmental quarterly monitoring reports are also available via the following link
http://hbc/teams/PERFIMP/Com%20Quarterly%20Monitoring%20Reports/Forms/AllItems.aspx

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 Departmental service objectives and performance measures, both local and national are linked to the delivery of the Council's priorities. The introduction of a Priority Based Report and the identification of business critical objectives/ milestones and performance indicators will further support organisational improvement.

6.2 Although some objectives link specifically to one priority area, the nature of the cross - cutting activities being reported, means that to a greater or lesser extent a contribution is made to one or more of the Council priorities.

7.0 RISK ANALYSIS

7.1 Not applicable.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Not applicable.

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

9.1 None under the meaning of the Act.

Health PPB Thematic Performance Overview Report

Directorate: Communities Directorate

Reporting Period: Quarter 3 – Period 1st October 2012 to 31st December 2012

1.0 Introduction

This report provides an overview of issues and progress for the Health PPB that have occurred during the third quarter 2012/13. It describes key developments and progress against key objectives and performance indicators for the service.

2.0 Key Developments

There have been a number of developments within the third quarter which include:-

I COMMISSIONING AND COMPLEX CARE SERVICES

Supported Housing
Quarter 3 has seen the successful opening of Naughton Fields Extra Care Housing Scheme. Naughton Fields offers high quality purpose built housing for people over 55. The development consists of 47 two bedroom apartments and in partnership with Halton Housing Trust will deliver an exciting new opportunity for people in the borough.

Mental Health Services
The service reconfiguration within the 5Boroughs has continued during this Quarter, and the new service structure is in place. This means that there is now a single Recovery Team (which closely resembles the former Community Mental Health Teams, and in which the social works are placed) and a Home Treatment Team, both based at the Brooker Unit. An assessment team is based in Warrington but covers Halton as well. During this Quarter, the social services staff have all moved in together to the single team in Runcorn, where they continue to work alongside their colleagues in the 5Boroughs. The effectiveness and impact of the changes will begin to be apparent from now, and will be reported on a regular basis to the Mental Health Strategic Partnership Board. The Partnership Agreement and Information Sharing agreement between the 5Boroughs and the Council are in the process of being refreshed.

The Mental Health Strategic Commissioning Board continues to develop, with a strong input from the CCG, the Public Health service and the Borough Council. Draft Terms of Reference have been developed for an Executive Subgroup which will support the Board in the delivery of its aims.

Section 136 Mental Health Act 1983: the work on developing an appropriate process for the use of Section 136 – which relates to the police powers to detain a person who is in a public place and may have a mental health problem – continues. A high level strategic meeting has taken place with the police, other Local Authorities and health services, and this is being continued into the next year.

II PREVENTION AND ASSESSMENT SERVICES

Care Management and assessment services
The care management and assessment service was reconfigured to create a dedicated multi-disciplinary duty function team, now the 'Initial Assessment Team' (IAT), responsible for all new referrals, screening, signposting and initial assessments. There are two Operational teams dealing with complex work, (one in Widnes and one in Runcorn), developments will ensure they become locality based care management teams, aligned to GP practices. A progress report will be presented to Health PPB in June 2013. A Care Management strategy will be developed to further support future development of services.

Learning Disability Nursing Team
The Learning Disability Nursing Team continue to work within the GP's surgeries to ensure that the Learning Disability (LD) register held by the surgeries are up to date and people on the register are invited to attend for their health check. The link workers are encouraging surgeries to complete LD health checks throughout the year. The Learning Disability Nurses are continuing with nurse-led psychiatric clinics.
Staff are continuing to support individuals to attend hospital. Health facilitation into local mainstream services remains a priority, such as the Fresh Start programme, a ten week course healthy eating, exercise and education around looking after yourself.

The women's group has taken place, which was very successful and well attended. This will be repeated in April.
Future developments:

- The next men's group will take place in February/March
- Training has been set for staff regarding Friendships and Relationships via the Learning Disability Training Alliance. 3 self-advocates are co-facilitating the sessions.
- Walks in the park are being done on Mondays to increase health and support friendships and relationships
- Delivering sessions for Supporting People Achieving Real Choice (SPARC) on their 'true grit' project

Learning Disability Partnership Board Annual Self-Assessment
The 2012/13 assessment of Halton's progress in implementing the Government "Valuing People Now" strategy submitted in September 2012 and validated in November 2012 by the strategic health authority.

Results for LDSAF 2011 and 2012

	2011 Halton and St Helens (PCT)	2012 Halton
Green	2	13
Amber	12	13
Red	6	1

The SHA panel highlighted the following as areas good work had been undertake:

- Response to Winterbourne View.
- Transformation of services.
- Quality assurance and contract monitoring.
- Equalities; pilot site for Hate Crime.
- Robust governance.

- Positive Behaviour Support Service
- Impressed by the level of evidence we were able to submit.

The draft LDSAF (Joint Health and Social Care Self-Assessment Framework – Learning Disabilities) 2013 proposes submission of the LDSAF on the 31st July 2013. This will be confirmed February 2013. Halton will monitor progress against the action plan via the LD Quality and Performance Board reporting to the LD Partnership Board and CCG Quality and Integrated Governance Committee.

Three key submissions:

- Data
- Compliance List
- Measures (including RAG ratings - read, amber, green status symbols as shown in the Appendix).

An Action Plan co-owned by the Council and CCG will be developed to continue to with the improvements achieved in 2013.

Integrated Care Homes Support Team
Within Halton, plans are underway to develop a multi-disciplinary 'Care Home Support Team' to provide additional support to residential and nursing homes, initially as a 12 month pilot project. The team will act as a bridge to support care homes to access existing health services, such as G.P's Community nurses, Geriatricians etc. It will work closely with the local authority Quality Assurance and Contract monitoring Services and the newly developed Safeguarding Unit. The service will have an educational role and provide enhanced support/training to care homes to improve overall standards of care and competencies within the care home sector. We are now finalising recruitment of nursing and social work staff.

Oak Meadow Community Support Centre
CQC completed a compliance review of Oak Meadow as part of their routine schedule of planned reviews on 16th August 2012 and the results of which were subsequently published on 5th November 2012. They reviewed against five standards. Oak Meadow remained compliant in all areas and CQC were very positive regarding the centre and its approach to care and support..

3.0 Emerging Issues

3.1 A number of emerging issues have been identified during the third quarter that will impact upon the work of the Directorate including:-

I <u>COMMISSIONING AND COMPLEX CARE SERVICES</u>

Mental Health Services
For some time work has been going on to examine the role and function of the Mental Health Outreach Team. This service, which is jointly funded with the CCG, is looking to extend its remit to support more people in the community, and particularly to engage with people at an earlier stage to prevent a harmful deterioration in their mental health. A

report is being taken in Quarter 4 to the Mental Health Strategic Commissioning Board to consider whether a project can be put in place with local GP surgeries.

II PREVENTION AND ASSESSMENT SERVICES

ADL Smartcare
Work has been undertaken with conjunction with market leader ADL smartcare to promote their Smart Assist web site in Halton. Smart Assist is a web based self-assessment tool which can help people find equipment and advice to stay independent at home. This will be part of a wider project and advertising campaign.

Vision Services
In order to check progress in delivering the UK Vision strategy, SMT are supporting a Joint Review of Halton Low Vision Services. A report went to the Clinical Commissioning Group requesting their support for the review to be included in the 2013/14 work programme. And this has been agreed.

The "care and support for you" portal.
There is on-going development of an online, "Care and Support for You" portal. This is a website where you can easily find lots of information about Adult Social Care Support and Services to help you get on with your life and keep your independence. 'Care and Support for You' delivers information and advice, signposting citizens to the relevant information, and towards enabling self-assessment and self-directed support. The portal has now gone LIVE with over 3,000 organisations now available in the public domain. 'Care and Support for You' is also being used by our care management teams to signpost citizens to the relevant information required. System Administration access has been given to a number of providers for them to amend and change information on their own service page; this enables the information on the website to up to date.

4.0 Risk Control Measures

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. During the development of the 2012/13 Business Plan , the service was required to undertake a risk assessment of all key service objectives with high risks included in the Directorate Risk Register.

As a result, monitoring of all relevant 'high' risks will be undertaken and progress reported against the application of the risk treatment measures in Quarters 2 and 4.

5.0 Progress against high priority equality actions

There have been no high priority equality actions identified in the quarter.

6.0 Performance Overview

The following information provides a synopsis of progress for both milestones and performance indicators across the key business areas that have been identified by the Communities Directorate. The way in which the Red, Amber and Green, (RAG), symbols have been used to reflect progress to date is explained at the end of this report.

I ***Commissioning and Complex Care Services***

Key Objectives / milestones

Ref	Milestones	Q3 Progress
CCC1	Conduct a review of Homelessness Services to ensure services continue to meet the needs of Halton residents **Mar 2013** (AOF4)	✓
CCC1	Monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder. **Mar 2013.** (AOF 4)	✓
CCC1	Implement the Local Dementia Strategy, to ensure effective services are in place. **Mar 2013**. (AOF 4)	✓
CCC1	Implement 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems. **Mar 2013** (AOF 4)	✓
CCC1	Work with Halton Carers Centre to ensure that Carers needs within Halton continue to be met. **Mar 2013** (AOF 4)	✓
CCC2	Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. **Mar 2013** (AOF 21)	✓
CCC2	Continue to negotiate with housing providers and partners in relation to the provision of further extra care housing tenancies, to ensure requirements are met (including the submission of appropriate funding bids). **Mar 2013** (AOF18 & 21)	✓
CCC2	Update the JSNA summary of findings, following community consultation, to ensure it continues to effectively highlight the health and wellbeing needs of people of Halton. **Mar 2013** (AOF 21 & AOF 22)	✓
CCC3	Consider with our PCT partners the recommendations and implications of the review of Halton's section 75 agreement in light of the publication of the Government White Paper 'Equity and Excellence: Liberating the NHS'. **Mar 2013.** (AOF21, AOF 24 & AOF 25)	✓

SUPPORTING COMMENTARY

Review of Homelessness Services
The Homelessness Strategy review for 2013 – 2017 is now underway. The relevant Homeless Forum Sub Groups and Strategic Commissioning Group have now been devised and will form part of the development and implementation of the strategic review process. A further event has been arranged for January 2013 to allow the authority to consult with all stakeholders which will form part of the final review document. It is anticipated that the Strategy review and Action Plan will be completed and circulated by the end of March 2013.

Autistic Spectrum Disorder
The Autism Strategy Group continues to monitor service developments and the Autism Strategy Action Plan on a quarterly basis. The Adult Autism Diagnostic Pathway will be re-launched in April 2013, Autism awareness training continues to be offered to the workforce, and an additional training programme aimed at Children's Social Care Colleague's is currently going through Chest. The Autism Champion pilot commenced in December 2012. The Carers Centre has appointed a part time worker for Autism/ADHD.

Local Dementia Strategy
Development of dementia awareness training specification is on-going and will be completed in quarter 4. The dementia Partnership Board continues to work across Health and Social Care to develop services for people with dementia, this includes the redesigned Later Life and Memory Service that will be an integral part of the full implementation of the dementia strategy and will be complete by March 2013.

In addition work is underway on developing an in-reach model to support improved care for people living in residential care. A model led by 5 Boroughs Partnership it aims to identify and address the needs of the most vulnerable people in a care home setting.

5Boroughs NHS Foundation Trust Mental Health redesign proposals
The 5 Boroughs Partnership has successfully completed its first full quarter of service since the redesign of the Acute Care Pathway. Initial findings have been extremely positive in both the quality and the timeliness of delivery of care. Progress will continue to be monitored.

The redesign of the Later Life and Memory Service for older people is currently being undertaken. Findings from an agreed pilot in Wigan have been analysed and implementation plans for Halton have been developed. The redesign will be in place by April 2013.

Carers Centre
Work continues with the Carers Centre and a review is underway to determine the most efficient of conducting carers assessments.

Establishment of Local Healthwatch
The public consultation closed at the end of November 2012 and analysis of the responses is planned to take place during Q4.
The service specification and contract have been completed in draft and are also due to be finalised during Q4.

The existing LINk has now been established as a Corporate Body with the ability to become a formal Healthwatch organisation from April 2013.

A regional Independent Complaints Advocacy Service is being commissioned. Liverpool Council is the lead commissioning Authority. Halton Borough Council Commissioning Managers are engaged in the commissioning process. The Tender evaluation process will commence in January 2013 and the award of the contract is due to take place in Q4.

Development of Extra Care Housing Provision
Bids have been submitted to the Homes and Communities Agency for two extra care schemes, each of 50 units, on land at Halton Brook and Pingot. The outcome of the bids is awaited.

Joint Strategic Needs Assessment
The JSNA now supports the Joint Health & Wellbeing Strategy (JHWBS) and an update schedule has yet to be agreed. However, the JSNA is an on-going process rather than a single document and is being updated at various times to support the JHWBS priorities and other commissioning needs.

Discussions regarding the chapter on disabilities have been held and felt to inadequately reflect the complexity of issues. A detailed Health Needs assessment of learning disabilities began in December 2012 and it is likely this will include autism. This will be completed June 2013. Agreement on a schedule of an updated piece of needs assessment on physical and sensory disabilities has not been agreed but it likely to be undertaken late 2013.
A dataset is being updated on a regular basis and is available online. This is currently held on the PCT website but will transfer to the HBC website, together with the JSNA chapters and full needs assessments and evidence reviews undertaken, as part of the transition of public health to the local authority from April 2013.

Section 75 Agreements
Aligning Public Health, Clinical Commissioning Group and Directorate priorities is underway. The Executive Board has approved a proposal to establish a pooled budget across Health and Social Care. Work is also underway of reviewing commissioning priorities across Health and Social Care.

Key Performance Indicators

Ref	Measure	11/12 Actual	12/13 Target	Q3	Current Progress	Direction of travel
CCC 6	Adults with mental health problems helped to live at home per 1,000 population (Previously AWA LI13/CCS 8)	3.97	3.97	3.38	?	↓
CCC 7	Total number of clients with dementia receiving services during the year provided or commissioned by the Council as a percentage of the total number of clients receiving services during the year, by age group. (Previously CCC 8)	3.4%	5%	3.14%	?	↑
CCC 8	The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years (Previously CCC 9).	0	1.2	1	✓	↓

CCC 9	Number of households living in Temporary Accommodation (Previously NI 156, CCC 10).	6	12	6	✓	⇔
CCC 10	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough) (Previously CCC 11).	4.71	4.4	4.71	✓	⇔
CCC 11	Carers receiving Needs Assessment or Review and a specific Carer's Service, or advice and information (Previously NI 135, CCC 14).	21.64%	25%	14.31%	✓	⇑

Supporting Commentary

CCC 6 - Although there has been a reduction since Quarter 3 in 2011/12 in the proportion of adults with mental health problems helped to live at home, this is partially explained by an adjustment to the figures for the overall adult's population in Halton following the 2011 census. The absolute level of activity has declined a little, and the reasons for this are being explored.

CCC 7 - This particular indicator has seen a significant reduction in the performance in the quarter. However, it is clear that there are still issues on how dementia is recorded onto Carefirst. This is particularly challenging as people diagnosed with dementia may well have dual diagnosis and this would be how they are categorised on Carefirst.
In addition, there has been a significant increase in the number of people supported by both 5 Boroughs Partnership and the Alzheimer's Society, but neither cohort is currently recorded on Carefirst. A solution to this is being sought.

CCC 8 - The Authority has now formed part of the Sub Regional No Second Night Out scheme. The service provides an outreach service to identify and assist rough sleepers. The Authority will continue to strive to sustain a zero tolerance towards repeat homelessness status.

CCC 9 - Due to increased prevention measures in place, this has proven contributable towards the sustained reduction in temporary accommodation provision.

CCC 10 - The Housing Solutions service promotes a community focused approach. During the last 2 years there has been an increase in prevention activity, as officers now have a range of resources, initiatives to offer client threatened with homelessness. Due to the proactive approach, the officers have continued to successfully reduce homelessness within the district.

CCC 11 - The performance in Quarter 3 against this indicator is substantially improved when compared with the same Quarter in 2011/12, and it is the Directorate's view that the target for this indicator will be achieved. There have been some challenges which have impacted to some extent on this indicator, but action plans are in place in all teams to ensure that the target is achieved.

II *Prevention and Assessment Services*

Key Objectives / milestones

Ref	Milestones	Q3 Progress
PA1	Support the transition of responsibility for Public Health and Improvement from NHS Halton & St Helens to Halton Borough Council. **Mar 2013**. (AOF 2 & 21)	✓
PA1	Implementation of the Early Intervention/Prevention strategy with a key focus on integration and health and wellbeing. **Mar 2013.** (AOF 3 & 21)	✓
PA1	Review current Care Management systems with a focus on integration with Health (AOF 2, AOF 4 & AOF 21) **Aug 2012**	✓
PA1	Continue to establish effective arrangements across the whole of Adult Social Care to deliver Self-directed support and Personal Budgets. **Mar 2013** (AOF 2, AOF 3 & AOF 4)	✓
PA1	Continue to implement the Local Affordable Warmth Strategy, in order to reduce fuel poverty and health inequalities. **Mar 2013** (AOF 2)	✓

SUPPORTING COMMENTARY

Transfer of Public Health to Halton Borough Council
The Public Health transition group continues to meet on a regular basis and is making good progress in terms of transition including submission of IG Toolbox, development of a procurement plan, access to N3 connections, extension of contracts, etc.

Implementation of the Early Intervention/Prevention strategy
All of the agreed milestones for 2012/3 have been achieved. The strategy group now works directly with the Health and Wellbeing group and is developing plans to work across public health and particularly the Health Improvement Team. An updated action plan has been developed and presented to the Health and Well-being board that will address the new priorities from the recently completed Health and Well-being strategy.

Review of current Care Management Configuration
A new model for adult services has been launched at the beginning of June 2012. An Initial Assessment Team (IAT) is now responsible for all new referrals, screening,

signposting and initial assessments. There are two Operational teams dealing with complex work, (one in Widnes and one in Runcorn) that are to become locality based care management teams with workers aligned to GP practices.

Self-directed support and Personal Budgets
Arrangements are in place to offer Self-directed support across the whole of Adult Social Care and Personal Budgets to all Service Users. Systems are continually monitored and reviewed for improvement, including a working group to review the direct payments and self-directed support policy.

Affordable Warmth Strategy
Actions to implement the strategy are on-going.

Key Performance Indicators

Ref	Measure	11/12 Actual	12/13 Target	Q3	Current Progress	Direction of travel
PA 1	Numbers of people receiving Intermediate Care per 1,000 population (65+) (Previously EN 1)	91.67	99	62.42	?	↓
PA 4	Number of people receiving Telecare Levels 2 and 3 (Previously PA 6)	240	259	144	✓	↑
PA 5	Percentage of Vulnerable Adult Abuse (VAA) Assessments completed within 28 days (Previously PA 8)	90.80%	82%	86.43%	✓	↑
PA 11	% of items of equipment, and adaptations delivered within 7 working days (Previously CCS 5, PA 14)	97.04%	97%	92.23%	?	↓
PA 14	Proportion of People using Social Care who receive self-directed support and those receiving Direct Payments (ASCOF 1C) (Previously NI 130, PA 29)	48.31%	55%	53.86%	✓	↑
PA 15	Permanent Admissions to residential and nursing care homes per 1,000 population (ASCOF 2A) (Previously PA 31)	147.89	130	82.02	✓	↑
PA 16	Delayed transfers of care from hospital, and those which are attributable to	1.86 (as at end	3.0 (PCT Target)	2.05	?	↓

	adult social care (ASCOF 2C) (Previously NI 131, PA 33)	March 2012)				
PA 17 (SCS HH 10)	Proportion of Older People Supported to live at Home through provision of a social care package as a % of Older People population for Halton	15.7%	14.8%	14.29%	✓	N/A
PA 18	Repeat incidents of domestic violence (Previously NI 32, PA 28)	27.6%	27%	33%	?	
PA 19	Number of people fully independent on discharge from intermediate care/reablement services (Previously PA 5)	58%	42%	64%	✓	

SUPPORTING COMMENTARY

PA 1 – This is a cumulative figure of 1164 and equates to 427 people in receipt of Intermediate Care this quarter in the 65+ age bracket. The cumulative figure is slightly lower compared to Q3 2011/12 at 1183 (68.1)

PA 4 - A continued increase in referrals and subsequent connection onto the service indicates that the target will be achieved.

PA 5 – This Target has been achieved. Newly revised systems and processes are having a beneficial impact on the throughput of this segment of work. Teams also ensuring targets met through effective and efficient signposting across teams.

PA 11 – The slight decrease in 2012/13 Q3 performance compared to last year's figure of 97.84% is due to contractual issues with the Provider. These issues are currently being addressed with a view to achieving our target.

PA 14 - Based on current rate of improvement within this area, the target should be achieved.

PA 15 - This indicator is within target which should not be exceeded. There is significant improvement compared to the figure of 155.14 for Q3 last year.

PA 16 - Q1 & Q2 have been updated. Q3 is a proxy based on Oct12 data. Q3 will be updated in the next submission. Currently we are bench marking performance against baseline year 2010-11.
Delays in transfers increased in Q3 due to winter/systems pressures across Trusts.

PA 17 - No comparable data is available for last year as the indicator definition is slightly different. We are likely to meet this target in Q4.

PA 18 – The Halton Multi Agency Risk Assessment Conference (MARAC) has a current rolling NI 32 performance level of 33% compared with 29% in quarter 3 last year. 63 cases were discussed in quarter 3 compared to the same period last year (68) with 19 repeats seen this quarter compared to 21 in Q3 last year. Given the Co-ordinated Action Against Domestic Abuse (CAADA) guidance that an area with a mature MARAC as is Halton's we should be hearing between 28%-40% repeat cases appearing at MARAC, this would indicate that victims feel confident to call for supporting services when necessary.

PA 19 - Performance remains on track.

Adult Social Care Outcomes Framework Indicators (2011/12)

Finalised statutory return information is available in Q1 2012/13 for the previous financial year's performance, as shown in the Table below.

Ref	Measure	10/11 Actual	11/12 Actual	12/13 Target	Direction of travel
CCC 18	Social Care-related Quality of life (ASCOF 1A) (Previously CCC 38)	18.9	19.7	19	↑
CCC 19	The proportion of people who use services who have control over their daily life (ASCOF 1B) (Previously CCC 39)	79.2%	80.6%	80%	↑
CCC 23	Overall satisfaction of people who use services with their care and support (ASCOF 3A)	61.7%	69.2%	65%	↑
PA 20	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services (ASCOF 2B) (Previously NI 125, PA 32)	68.83%	74.07%	70%	↑
PA 21	The Proportion of people who use services and carers who find it easy to find information about support – Adult Social Care Survey (ASCOF 3D) (Previously PA 34)	65.4%	65.5%	65%	↑
PA 22	The Proportion of People who use services who feel safe – Adult Social Care Survey (ASCOF 4A) (Previously PA 35)	51.3%	66.2%	54%	↑
PA 23	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B Previously PA 36)	N/A New Indicator for 11/12	79.1%	79.1%	N/A

SUPPORTING COMMENTARY

CCC 18 – This is a composite measure which brings together the outcomes from a number of questions asked as part of the Adult Social Care Survey. The set of eight questions are aggregated to provide an overall indication of quality of life. Out of a possible total score of 24, those included in the 2011/12 survey resulted in a score of 19.7. This score indicates a strong score for quality of life.

CCC 19 – Performance increased from 2010/11 to 2011/12, 80.6% of those who responded to the Adult Social Care survey in 2011/12 reported that positively that they have control over their daily life. To contribute to this score, respondents answered either; 'I have as much control over my daily life as I want' or "I have adequate control over my daily life".

CCC 23 – Performance increased from 2010/11 to 2011/12, 69.2% of those who responded to the Adult Social Care survey in 2011/12 reported that they were either 'extremely' or 'very' satisfied with the care and support services they receive from Halton Borough Council.

PA 20 - Performance increased from 2010/11 to 2011/12, from 68.83% to 74.07%. This measures the benefit to individuals from re-ablement, intermediate care and rehabilitation following a hospital episode, by determining whether an individual remains living at home 91 days following discharge – the key outcome for many people using reablement services. A higher figure is better.

PA 21 – Performance remained constant from 2010/11 to 2011/12, 65.5% of those who responded to the Adult Social Care survey in 2011/12 reported that they found information about support was either, 'Very easy to find' or 'fairly easy to find'.

PA 22 - Performance increased from 2010/11 to 2011/12, 66.2% of those who responded to the Adult Social Care survey in 2011/12 reported 'I feel as safe as I want'.

PA 23 - 79.1% of those who responded to the Adult Social Care survey for the first time in 2011/12 reported that support services helped them to feel safe. This indicator reflects directly whether the support services that Halton Borough Council provides has an impact on an individual's safety. This is in comparison to PA21 which is a general measure of whether an individual feels safe – which could be as a result of a multitude of factors. A higher figure is better.

COMMISSIONING & COMPLEX CARE DEPARTMENT

Revenue Budget as at 31st December 2012

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000
Expenditure				
Employees	7,600	5,569	5,521	48
Other Premises	410	277	258	19
Supplies & Services	2,390	1563	1,570	(7)
Contracts & SLA's	429	164	89	75
Transport	170	128	133	(5)
Emergency Duty Team	103	51	50	1
Community Care:				
Residential & Nursing Care	697	482	465	17
Domiciliary Care	339	269	292	(23)
Direct Payments	131	131	88	43
Block Contracts	178	98	86	12
Day Care	15	12	9	3
Carers Breaks	203	165	164	1
Other Agency Costs	1,451	614	608	6
Payments To Providers	4,053	2,794	2,794	0
Grants To Voluntary Organisations	258	228	228	0
Total Expenditure	**18,427**	**12,545**	**12,355**	**190**
Income				
Residential & Nursing Fees	-78	-58	-60	2
Community Care Income	-23	-13	1	(14)
Direct Payments Income	-1	-1	-1	0
PCT Contribution To Care	-257	-136	-136	0
Sales & Rents Income	-209	-170	-172	2
Fees & Charges	-488	-300	-302	2
PCT Contribution To Service	-2,368	-1,583	-1,584	1
Reimbursements	-470	-223	-228	5
Government Grant Income	-324	-144	-142	(2)
Transfer From Reserves	-700	-700	-700	0
Total Income	**-4,918**	**-3,328**	**-3,324**	**(4)**
Net Operational Expenditure	**13,509**	**9,217**	**9,031**	**186**
Recharges				
Premises Support	439	333	333	0
Central Support Services	2,845	1,826	1,826	0
Asset Charges	462	6	6	0
Internal Recharge Income	-88	0	0	0
Net Total Recharges	**3,658**	**2,165**	**2,165**	**0**
Net Departmental Total	**17,167**	**11,382**	**11,196**	**186**

Comments on the above figures:

Net operational expenditure is £186,000 below budget profile at the end of the third quarter of the financial year.

Employee costs are projected to be £65,000 below budget at the year-end. This results from savings made on vacant posts. The staff turnover savings target incorporated in the budget for this Department is £394,000, the £65,000 represents the value by which this target is projected to be over-achieved.

The Community Care element of Mental Health Services for this financial year is forecast to be £56,000 below budget based on current data held for all known care packages. This figure is subject to fluctuation, dependent on the number and value of new packages approved, and the termination or variation of existing packages. At the end of quarter 3 the net position is £41,000 below budget profile.

Expenditure on Contracts and Service Level Agreements is projected to be £100,000 below budget at the year-end. This relates to savings in respect of payments to bed & breakfast providers for homelessness support. There has historically been significant variations in demand for this service, although current expenditure patterns are stable, and the projected underspend seems realistic.

Income is currently marginally below the target to date. Community Centres income is particularly vulnerable to economic pressures, consisting of a large volume of discretionary public spend relating to social activities. However, action has been taken to maximise income from room lettings, and it is currently anticipated that the target will be achieved.

At this stage, net expenditure for the Complex & Commissioning Care Division is anticipated to be £250,000 below budget at the end of the financial year, of this figure £56,000 relates to Community Care.

Capital Projects as at 31st December 2012

	2012/13 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Allocation Remaining £'000
Disabled Facilities Grant	735	425	282	453
Stairlifts	250	187	228	22
Energy Promotion	6	0	0	6
RSL Adaptations	550	381	153	397
Choice Based Lettings	29	22	22	7
Extra Care Housing	463	463	463	0
Bungalows At Halton Lodge	464	0	0	464
Bredon Respite Unit	10	0	0	10
Unallocated Provision	128	0	0	128
Total Spending	**2,635**	**1,478**	**1,148**	**1,487**

PREVENTION & ASSESSMENT DEPARTMENT

Revenue Budget as at 31st December 2012

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000
Expenditure				
Employees	7,972	5,447	5,426	21
Other Premises	72	43	32	11
Supplies & Services	673	326	334	(8)
Consumer Protection Contract	386	310	310	0
Transport	119	78	78	0
Food Provision	28	13	19	(6)
Aids & Adaptations	113	72	72	0
Contribution to JES	231	0	0	0
Community Care:				
Residential & Nursing Care	10,721	6,148	6,248	(100)
Domiciliary & Supported Living	7,174	4,822	4,877	(55)
Direct Payments	2,319	1,888	1,891	(3)
Day Care	236	160	211	(51)
Other Agency	88	62	62	0
Contribution to Intermediate Care Pool	2,191	1,363	1,329	34
Total Expenditure	**32,323**	**20,732**	**20,889**	**(157)**
Income				
Residential & Nursing Income	-3,789	-2,690	-2,698	8
Community Care Income	-1,165	-845	-848	3
Other Community Care Income	-186	-159	-165	6
Direct Payments Income	-124	-123	-130	7
PCT Contribution to Care	-1,002	-538	-538	0
Other Fees & Charges	-93	-33	-27	(6)
Sales Income	-26	-26	-28	2
Reimbursements	-274	-108	-108	0
Transfer from Reserves	-340	0	0	0
LD & Health Reform Allocation	-4,489	-4,489	-4,489	0
Capital Salaries	-84	0	0	0
PCT Contribution to Service	-1,506	-890	-890	0
Total Income	**-13,078**	**-9,901**	**-9,921**	**20**
Net Operational Expenditure	**19,245**	**10,831**	**10,968**	**(137)**
Recharges				
Premises Support	429	326	326	0
Asset Charges	197	14	14	0
Central Support Services	3,382	2,463	2,463	0
Internal Recharge Income	-419	0	0	0
Net Total Recharges	**3,589**	**2,803**	**2,803**	**0**
Net Departmental Total	**22,834**	**13,634**	**13,771**	**(137)**

Comments on the above figures:

In overall terms the Net Operational Expenditure for Quarter 3 is £171,000 over budget profile excluding the Intermediate Care Pool.

Staffing is currently showing £21,000 under budget profile. This is due to savings being made on vacancies within the Department, which are yet to be filled.

The figures above include the income and expenditure relating to Community Care, which is currently showing £185,000 over budget profile, net of income. Community Care includes expenditure on clients with Learning Disabilities, Physical & Sensory Disabilities and Older People. This budget, by nature, is volatile and fluctuates throughout the year depending on the number and value of new packages being approved and existing packages ceasing. The position reported at Quarter 2 was £231,000 over budget profile, this has reduced by £46,000 during the third quarter.
Due to the vulnerability of service user's health, the current winter conditions may however result in expenditure increasing in the next quarter. The Community Care budget was significantly overspent in 2011/12, however action was taken to restrict as far as possible the scale of the over spend. This action and close monitoring will continue through the remaining part of the year, however this budget is anticipated to be over profile circa £250,000, which will be contained within the overall Directorate budget.

Other fees and charges income is currently showing £6,000 below budget profile. This is due to domestic pest control fees income underachieving. The income target has already been reduced, as it was highlighted to be unachievable. However, sales income is slightly higher than anticipated, which is in the main due to pollution prevention control and charges income overachieving.

Contribution to Intermediate Care Pooled Budget

Revenue Budget as at 31st December 2012

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000
Expenditure				
Employees	1,050	1,039	1,019	20
Supplies & Services	447	30	22	8
Transport	10	7	9	(2)
Other Agency Costs	246	125	117	8
Total Expenditure	**1,753**	**1,201**	**1,167**	**34**
Income				
Total Income	**-50**	**-50**	**-50**	**0**
Net Operational Expenditure	**1,703**	**1,151**	**1,117**	**34**
Recharges				
Central Support Charges	445	180	180	0
Premises Support	43	32	32	0
Total Recharges	**488**	**212**	**212**	**0**
Net Departmental Total	**2,191**	**1,363**	**1,329**	**34**

The above figures relate to the HBC contribution to the pool only.

The above figures relate to the HBC contribution to the pool only.

Comments on the above figures:

In overall terms revenue spending at the end of quarter 3 is £34,000 below budget profile. Areas of budget pressure due to winter conditions have been identified and the under spend within the Intermediate Care Pool has been used to fund some of these additional expenses.

Capital Projects as at 31st December 2012

	2012/13 Capital Allocation £000	Allocation To Date £000	Actual Spend To Date £000	Allocation Remaining £000
Social Care & Health				
Oakmeadow	50	4	4	46
Total Spending	**50**	**0**	**0**	**50**

APPENDIX

Symbols are used in the following manner:

Progress		Objective	*Performance Indicator*
Green		Indicates that the objective is on course to be achieved within the appropriate timeframe.	*Indicates that the annual target is on course to be achieved.*
Amber		Indicates that it is uncertain or too early to say at this stage, whether the milestone/objective will be achieved within the appropriate timeframe.	*Indicates that it is uncertain or too early to say at this stage whether the annual target is on course to be achieved.*
Red		Indicates that it is highly likely or certain that the objective will not be achieved within the appropriate timeframe.	*Indicates that the target will not be achieved unless there is an intervention or remedial action taken.*

Direction of Travel Indicator

Where possible performance measures will also identify a direction of travel using the following convention

Green		*Indicates that* **performance is better** *as compared to the same period last year.*
Amber		*Indicates that* **performance is the same** *as compared to the same period last year.*
Red		*Indicates that* **performance is worse** *as compared to the same period last year.*
N/A		*Indicates that the measure cannot be compared to the same period last year.*

REPORT TO: Health Policy & Performance Board

DATE: 5 March 2013

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Health and Adults, Children and Families.

SUBJECT: Public Health Update Report

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To provide a summary of some of the key public health activities that have taken place in recent months.

2.0 **RECOMMENDATION: That**

1. **the Board note the report; and**

2. **comments be fed back to the Director of Public Health.**

3.0 **SUPPORTING INFORMATION**

3.1 Public Health will transfer to the Local Authority in April 2013 from which time it will become a statutory service. In Halton significant steps have already been taken to ensure a smooth transition.

3.2 The Public Health Team have now relocated to Runcorn Town Hall where they are situated in the same office as the Local Authority Contracts and Commissioning team, Environmental Health and the People and Communities Policy Team. They have also made arrangements to sit with Children and families in Rutland House.

3.3 The Team has continued to fulfil its obligations to NHS Halton and St.Helens, which will continue until 31st March 2013, whilst preparing for the transition. Some of the work that has taken place over the last six months include:

Public Health Transition (Some of the work that has taken place/ on-going during the transition year)

- Transfer of staff/ responsibilities - Some areas of responsibility i.e. Vaccinations and Immunisation, the Screening lead and the Dental Public Health lead, will transfer to Public Health England as from 1st April. Otherwise, members of staff that have been identified for transition to the Borough Council are now in post. Public Health vacancies have now

been filled to ensure Halton Borough Council has enough capacity to deliver the new public health functions.

- Transfer of Public Health Budgets -The Public Health budget for Halton has now been agreed and was as expected, which is sufficient to cover commissioning and contract responsibilities.

- Transfer of relevant Public Health contracts - As stipulated in the Health and Social Act that was passed June 2012 this has involved identifying all live contracts on a data capture tool, splitting them between Halton and St Helens and transferring them to Public Health England, the NHS Commissioning Board or Halton Borough Council.

- Information Governance Toolkit - This enables Public Health to access data that previously was only accessible to NHS staff. This toolkit has been completed, submitted to the Department of Health and it is agreed Public Health can now access this data in the local authority.

- A Memorandum of Understanding (MoU) has been agreed between Public Health and Halton Clinical Commissioning Group - This is because there is a requirement for local authorities to provide specialist public health advice to Clinical Commissioning Groups (CCGs). So far this is most explicit in relation to health care public health, but it also includes health protection and health improvement. The guidance proposes that there should be a Memorandum of Understanding (MoU) between the local authority and the CCG in order to clarify the expectations on both sides.

- A Memorandum of Understanding (MoU) has been agreed between Public Health and Merseyside and Cheshire Commissioning Support Unit (MCCSU) – This MoU ensures MCCSU provides Public Health colleagues in Halton Borough Council with hospital data sets needed to produce the Halton Joint Strategic Needs Assessment.

- Wellbeing Areas - During 2012/13 the Public Health Team has worked closely with Halton's Community Development team to implement local Wellbeing Areas. These are based on the existing Area Forum boundaries and are aimed at improving the Health and Wellbeing of the local population. Information has been provided to residents, at their Area Forum meetings, about the key health and wellbeing needs in their locality. Themed events have also taken place within the different areas based around the particular issues that exist. These have proved extremely popular with local people and it is envisaged that more of these events will take place in the future.

Legacy

- Public Health Annual Report (PHAR) - The last Halton and St. Helens PHAR has been produced with input from both areas. In future years Halton will produce its own Annual Report.

- Emergency Planning - In line with legacy guidance there has been an informed conversation between Halton Borough Council and Public Health colleagues to test emergency planning arrangements.

- Sustainable Community Strategy Mid - Year Progress Report 2012- The SCS Health Halton Mid-Year progress report is attached as Appendix 1 to this report. Whilst it is important to acknowledge that significant health challenges remain, progress against key targets has proved to be very encouraging during 2012/13. Out of the fifteen targets reported 12 are on green and likely to be achieved or exceeded. This is very encouraging and it is hoped that this progress can be sustained/ improved upon under the new structures.

4.0 **POLICY IMPLICATIONS**

4.1 There are no direct policy implications as a result of this report.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 None

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

6.1 **Children & Young People in Halton**

The transfer of Public Health into Local Authorities should contribute to improving the health and wellbeing of all residents including Children and Young People.

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

None

6.3 **A Healthy Halton**

The transfer of Public Health into Local Authorities should provide a seamless approach to the delivery of local services which in turn should have a positive impact on the health and wellbeing of local communities.

6.4 **A Safer Halton**

None

6.5 **Halton's Urban Renewal**

None

7.0 **RISK ANALYSIS**

7.1 None associated with this report. Separate risk assessments for the

transfer of Public Health will be carried out as the need arises.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None

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

9.1 None under the meaning of the Act.

REPORT TO: Health Policy & Performance Board

DATE: 5th March 2013

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Neighbourhood, Leisure and Sport

SUBJECT: Draft Halton Housing Strategy 2013-2018

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 The purpose of this report is to present Halton's Housing Strategy 2013-18 as a draft for public consultation.

2.0 **RECOMMENDATION: That the Board note and comment on the content of the draft Housing Strategy and evidence paper.**

3.0 **SUPPORTING INFORMATION**

3.1 **Background**

3.1.1 Under Part 7 of the Local Government Act 2003 local authorities are expected to produce a Housing Strategy which gives an overview of housing in their district and sets out priorities for action.

3.1.2 The 2003 Act states that:

"A local housing strategy is the local housing authority's vision for housing in its area. It sets out objectives and targets and policies on how the authority intends to manage and deliver its strategic housing role and provides an overarching framework against which the authority considers and formulates other policies on more specific housing issues."

3.1.3 That strategic housing role is defined, in the Department for Communities and Local Government's 2007 document Homes for the future: more affordable, more sustainable, as providing "vision, leadership, planning and delivery to:

- assess and plan for current and future housing needs of the local population,
- make the best use of existing housing stock,
- plan and facilitate new supply,

- plan and commission housing support services which link homes to support and other services that people need to live in them, and

- have working partnerships that secure effective housing and neighbourhood management."

3.1.4 The statutory guidance "Creating Strong and Prosperous Communities" published in July 2008 reaffirmed this expectation and placed greater emphasis on housing's contribution to the authority's vision for sustainable communities as set out in its Sustainable Communities Strategy.

3.1.5 The guidance states that local authority housing strategies must:

- fully reflect the wider vision of the authority and its partners;
- reflect a clear and evidenced approach and
- provide a strong focus on how partners will deliver their commitments.

3.1.6 There have been significant achievements since the last Housing Strategy was published in 2008 including:

- Successful delivery of phase 2 of the Castlefields regeneration programme, this has so far resulted in £30 million of new development replacing the last deck access dwellings remaining in the Northwest.
- A further £5 to £10 million of development is being sought for Castlefields in the proposed draft strategy.
- Halton Housing Trust delivered on its commitment to bring all former council housing stock up to the Decent Homes Standard 12 months ahead of the Government's 2010 target date.
- Since that time the Trust has developed a comprehensive neighbourhood investment programme which will see £262 million investment in the former Council stock between 2009 and 2015 and has built its first new affordable homes in the Borough.
- Development of an additional 256 new affordable homes bringing approximately £30 million of external investment into the Borough. This includes the development of an additional extra care scheme in Halton. The outcome of further pending investment bids to the HCA are due to be reported by February, 2013.
- Crisis intervention in the form of emergency support has helped prevent homelessness for over 600 families over the last three years.
- Clearance of all backlogs in adaptations in 200 socially rented homes.;
- Development and implementation of a new Homelessness Strategy with increased emphasis on prevention which has

drastically reduced levels of statutory homelessness to an all time low.

- In the last financial year, 187 appeals on benefit decisions were attended by the Council's welfare rights team with an 84% success rate. These have resulted from referrals through the improved tenancy sustainability service offered by the Housing Solutions team.
- Since January 2010, The Housing Solutions dedicated Mortgage Rescue Adviser has provided advice to 187 households and as a result 94 cases were prevented from repossession.
- Through the Castlefields Regeneration programme approximately 15 apprenticeships/ traineeships has been secured through construction of new build homes and external makeover of retained projects. As the Programme has been 'on the ground' for over 10 years several phases of apprentices have graduated into permanent employment. The creation of the Village Square has created further local job opportunities. Additional the involvement of HPIJ within the Programme has created/safeguarded a further 139 jobs.

3.2 **Draft Halton Housing Strategy 2013 - 2018**

3.2.1 The draft Strategy takes a slightly different approach from previous years in that two documents have been produced. The Strategy itself (Appendix A) is a short, easy to read document which focuses on the strategic objectives, priorities and planned activities for the next three years which are detailed in an action plan. This is supported by an evidence paper (Appendix B) which sets out the context in which the Strategy has been developed and brings together key data and information on housing issues and services which have helped to shape the strategic objectives and priorities.

3.2.2 It is important to note that the draft Strategy has been developed in a time of rapidly declining resources for public services generally and for housing, in particular, due to the discontinuation of the Regional Housing Pot which previously was the main funding stream for the housing capital programme. Consequently the strategy reflects a realistic assessment of what can be achieved within existing and likely future resources. However the strategy means we can provide an evidence base when potential funding streams become available in the future and we will continue to explore all sources of funding on an ongoing basis to ensure we deliver the Strategy.

3.3 Housing vision, objectives and priorities

3.3.1 The Strategy contains three overarching strategic objectives with priorities within each as set out in the paragraphs below. The objectives are designed to contribute to the vision for housing:

Housing vision
Halton offers a broad range of good quality housing which meets the needs of existing communities, helps attract new residents to the Borough and contributes to the creation of sustainable communities.

3.3.2 **Strategic objective 1 – To plan for and facilitate housing growth and support economic growth**

Priority 1A: To increase the supply of market and affordable housing through partnership working and support to developers and Registered Providers;
Priority 1B: To support the implementation of the Liverpool City Region Local Investment Plan.

3.3.3 **Strategic objective 2 – To meet the housing and support needs of Halton's communities and promote choice**

Priority 2A: To increase the supply of housing for vulnerable people;
Priority 2B: To review Gypsy and Traveller pitch provision;
Priority 2C: To prevent homelessness;
Priority 2D: To improve access to social housing and home ownership and promote choice;
Priority 2E: To target housing support to those who need it most

3.3.4 **Strategic objective 3 – To improve housing conditions and make the best use of the housing stock**

Priority 3A: To complete the regeneration of Castlefields estate;
Priority 3B: To explore the implications of private rented sector growth;
Priority 3C: To improve the energy efficiency of housing and tackle fuel poverty;
Priority 3D: To make the best possible use of the existing housing stock.

3.4 **Next steps**

3.4.1 The draft Strategy is the subject of a seven week consultation period with partners, stakeholders and residents between 4th February and 22nd March 2013. This has been achieved through distribution to various partnerships, including the appropriate Policy and Performance Board and stakeholder groups, other local authorities and a copy will be placed in Halton Direct Links, main Council libraries and on the Council's website.

3.4.2 The Strategy has also been publicised via the usual media outlets including the Civic magazine which is distributed to every household in the Borough. A questionnaire attached as Appendix C to this report has been developed to collate feedback from the consultation

process.

3.4.3 Barring the need for any major changes to the document as a result of the consultation, it is intended that the Strategy will be presented to Executive Board for consideration before May 2013.

4.0 POLICY IMPLICATIONS

4.1 The Housing Strategy will set the context for future policy development relating to housing and will have a significant influence on related policies and strategies e.g. Homelessness Strategy and Tenancy Strategy

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 The financial implications of delivering the Strategy are outlined in the Action Plan contained in the draft Strategy. In particular the delivery of affordable housing is dependent on future levels of resources from the Homes and Communities Agency (HCA). At the time of writing Government announcements regarding future funding levels for the HCA are awaited although it is not clear when such announcements will be made.

5.2 The draft Strategy is deliverable within staffing resources prevailing at the time of writing, however, any change in staffing levels as a result of the need to make efficiency savings could impact upon successful delivery of the Strategy.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

The Housing Strategy aims to increase the supply of affordable housing and improve housing conditions which will have a beneficial impact on families with children among other household groups.

6.2 Employment, Learning & Skills in Halton

None directly although programmes to increase the supply and energy efficiency of housing could result in additional jobs and skills for the Borough.

6.3 A Healthy Halton

A number of priorities contained within the Strategy e.g. around fuel poverty, provision of supported housing and improving conditions in the private sector will have positive health benefits for some of Halton's most vulnerable residents.

6.4 **A Safer Halton**

A number of priorities contained in the Strategy e.g. prevention of homelessness and regeneration of Castlefields will contribute to the creation of safer and stronger communities.

6.5 **Halton's Urban Renewal**

The draft Strategy aims to promote housing growth and support economic growth in the Borough which will have a positive impact on the built environment.

7.0 **RISK ANALYSIS**

7.1 As described in 5.2 above the draft Strategy is capable of delivery within existing staffing resources, however, a reduction in staffing levels of relevant staff as a result of the need to make efficiencies could impact upon delivery of the Strategy.

7.2 Delivery of some of the Strategy is dependent on the continued availability of resources from external funding streams e.g. from the Homes and Communities Agency. Future reductions in funding levels could impact upon the ability to deliver some of the targets contained in the Action Plan.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 The Strategy specifically aims to meet the housing needs of vulnerable people due to age or disability and will therefore have positive impacts for these groups.

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

Document	**Place of Inspection**	**Contact Officer**
Housing Strategy 2013-18	Runcorn Town Hall (second floor)	Joanne Sutton
Housing Strategy evidence paper	Runcorn Town Hall (second floor)	Joanne Sutton

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A Housing Strategy for Halton

2013 to 2018

Consultation Draft
February 2013

Contents

Foreword

Halton's Draft Housing Strategy 2013-18 has been prepared following a time of rapid change for all forms of housing.

Halton's previous Housing Strategy (2008-2011) pre-dated the economic downturn and subsequent housing market decline. It achieved and exceeded many of the targets set for it, including:

- Successful delivery of phase 2 of the Castlefields regeneration programme, this has so far resulted in £30 million of new development replacing the last deck access dwellings remaining in the Northwest;
- Development of an additional 256 new affordable homes bringing approximately £30 million of external investment into the Borough. This includes the development of an additional extra care scheme in Halton. The outcome of further pending investment bids to the Homes and Communities Agency (HCA) are due to be reported by February, 2013;
- Since the Bond Guarantee System was introduced in 2009, 67% are ongoing, 15% ended without a claim and 18% ended with the bond being claimed;
- Crisis intervention support in the form of emergency support over the last three years has helped prevent homelessness for over 600 families;
- Clearance of all backlogs in adaptations in 200 socially rented homes;
- Development and implementation of a new Homelessness Strategy with increased emphasis on prevention which has drastically reduced levels of statutory homelessness to an all-time low;
- Since January 2010, the Housing Solutions dedicated Mortgage Rescue Adviser has provided advice to 187 households and as a result 94 cases were prevented from repossession;
- Halton Housing Trust delivered on its commitment to bring all former council housing stock up to the Decent Homes Standard 12 months ahead of the Government's 2010 target date. Since that time the Trust has developed a comprehensive neighbourhood investment programme which will see £262 million investment in the former Council stock between 2009 and 2015 and has built its first new affordable homes in the Borough.

The next strategy seeks to take account of the changed economic climate, reduced public investment and legislative challenges such as Welfare Reform, the Localism Bill and changes to planning law.

Some of the housing issues in Halton include:

- Securing investment to build new homes or improve existing ones.
- Rebalancing the housing market to meet people's needs and aspirations.
- An ageing population.

To address the issues we face, we will need to continue to prioritise and innovate. The new strategy has to encourage growth if we are to realise the vision for housing in Halton.

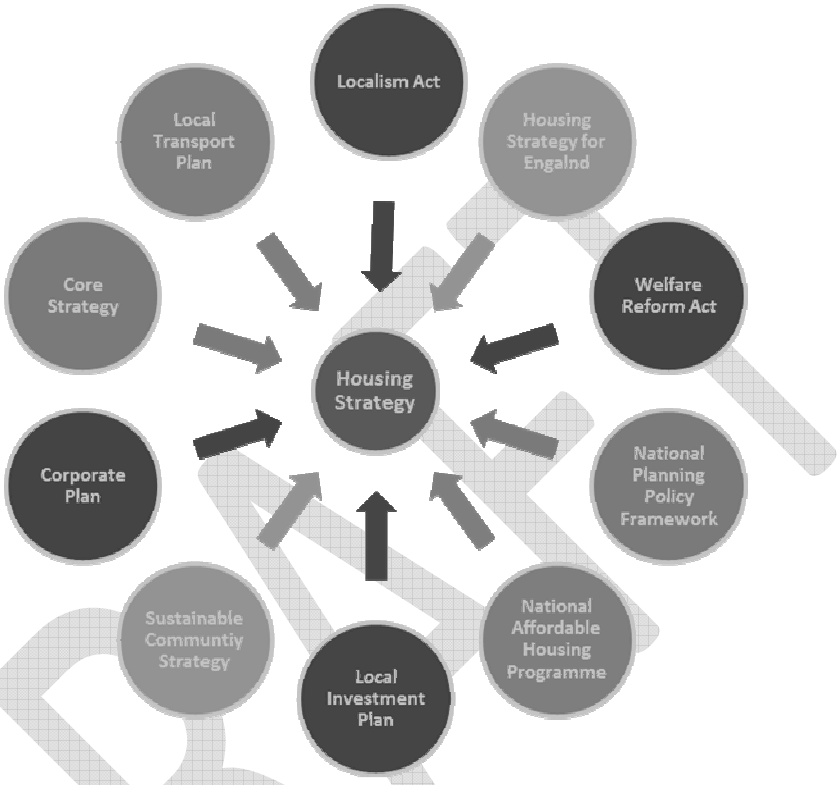
We would welcome your comments on the strategy outlined in this document and the supporting evidence paper.

Yours sincerely,
Cllr Phil Harris
Executive Board Member for Housing Strategy.

Should you have any questions or comments relating to the document, please send these to Joanne Sutton, Principal Policy Officer, Halton Borough Council, Runcorn Town Hall, Heath Road, Cheshire, WA7 5TD. E-mail: joanne.sutton@halton.gov.uk. Please submit any comments by no later than noon on Friday 22nd March, 2013.

Context

Halton's Housing Strategy has been developed in the context of a wide range of national, regional and local policies, strategies and plans as summarised in the diagram below. Further details of how these influence the Strategy can be found in the Housing Strategy evidence paper.



Housing services play a cross cutting role in meeting Halton's priorities set out in the Sustainable Community Strategy, as demonstrated in the table below.

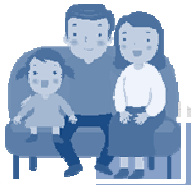
A Healthy Halton	•Improving housing conditions and energy efficiency •Maintaining independence through adapting property
Employment, Learning and Skills in Halton	•Introducing new technologies in energy efficiency projects •Apprenticeships and local labour in housing contracts
A Safer Halton	•Removing category 1 hazards within the home •Tackling anti social behaviour on estates
Children & Young People in Halton	•Reducing overcrowding •Preventing homelessness
Environment and Regeneration in Halton	•Tackling obsolete housing •Provision of new affordable housing

Housing issues

The key housing issues which influence this Strategy are examined in detail in the Housing Strategy evidence paper. They can be summarised under three main themes as illustrated below. These themes have influenced the development of our three overarching strategic objectives and the priorities within each of these, as described in more detail in the next section.

Housing market

- Growing affordability problems
- Reduced access to mortgage availability
- Growing private rented sector



People

- Ageing population
- Predicted growth in population
- Smaller household size
- Increasing levels of homelessness

Housing stock

- Poorest conditions in private rented sector
- Fuel poverty increasing
- Sizeable proportion of underoccupation in social rented stock

Our vision, objectives and priorities

Our vision for housing in Halton

Halton offers a broad range of good quality housing which meets the needs of existing communities, helps attracts new residents to the Borough and contributes to the creation of sustainable communities.

To help achieve the vision, we have adopted three strategic objectives each containing a set of priorities as detailed below. The Strategy goes on to explain why each of the priorities has been selected, what we hope to achieve and how we plan to achieve it.

Strategic objective 1:
To plan for and facilitate housing growth and support economic growth

- Priority 1A: To increase the supply of market and affordable housing through partnership working and support to developers and Registered Providers
- Priority 1B: To support the implementation of the Liverpool City Region Local Investment Plan

Strategic objective 2:
To meet the housing and support needs of Halton's communities and promote choice

- Priority 2A: To increase the supply of housing for vulnerable people
- Priority 2B: To review future Gypsy and Traveller pitch provision
- Priority 2C: To prevent homelessness
- Priority 2D: To improve access to social housing and home ownership and promote choice
- Priority 2E: To target housing support to those who need it most

Strategic objective 3:
To improve housing conditions and make the best use of the housing stock

- Priority 3A: To complete the regeneration of Castlefields estate
- Priority 3B:To explore the implications of private rented sector growth
- Priority 3C: To improve the energy efficiency of housing and tackle fuel poverty
- Priority 3D: To make the best possible use of the existing housing stock

Priority 1A: To increase the supply of market and affordable housing through partnership working and support to developers and Registered Providers		
Why is this a priority?	**What do we want to achieve?**	**How do we plan to achieve it?**
• Anticipated population and household growth • Need to encourage inmigration to support economic development projects • Core Strategy target of an average of 552 additional homes per annum • Level of need identified in Strategic Housing Market Assessment and as set out in evidence paper	• Average of 552 additional homes built per annum • A realistic target of 100 additional net affordable homes per annum	• Implementation of the Core Strategy • Identification of development sites through the Strategic Housing Land Availability Assessment • Update Site Allocations Supplementary Planning Document • Implementation of Affordable Housing Policy • Partnership working and support in securing funding

Priority 1B: To support the implementation of the Liverpool City Region Local Investment Plan		
Why is this a priority?	**What do we want to achieve?**	**How do we plan to achieve it?**
• Opportunity to achieve economies of scale and consistency of approach • Effective targeting to areas most in need	• Meet targets in Liverpool City Region Local Investment Plan	• Active participation in LCR structure and programmes

Priority 2A: To increase the supply of housing for vulnerable people		
Why is this a priority?	**What do we want to achieve?**	**How do we plan to achieve it?**
• 43% projected population growth in people aged 65 and over between 2008 and 2023 • Need for older people to maintain independence • Need for more adapted and adaptable housing • Shortage of suitable housing for other groups needing specialist provision e.g. Adults with Learning Difficulties, people with Physical and Sensory Disabilities • Need to rebalance temporary accommodation for young, single people so that there is provision on both sides of the Borough	• Maximise number of extra care units over the Strategy period (minimum of 100 by 2015) • Increase in the number of wheelchair accessible dwellings and homes built to Lifetime Homes Standard • Provide supported housing in Widnes for the single homeless in Widnes. • Provide additional accommodation for adults with learning difficulties and physical disabilities	• Identify suitable sites for older persons housing and provide support for funding bids • Implement aspiration in Design of New Residential SPD for new developments of 10 dwellings or more to provide 10% wheelchair standard dwellings • Encourage development of homes that meet Lifetime Homes standard in line with the Core Strategy • Commission supported housing for single homeless people in Widnes • Commission 10 bungalows for adults with physical and learning difficulties • Partnership working and support to developers in securing funding

Priority 2B: To review future Gypsy and Traveller pitch provision		
Why is this a priority?	**What do we want to achieve?**	**How do we plan to achieve it?**
• National Planning Policy Framework places a duty on local authorities to identify sites for five years worth of Gypsy and Traveller provision • Under the Housing Act 2004 local authorities are expected to periodically assess the need for Gypsy and Traveller Accommodation in their area • Last assessment was completed in 2007	• Up to date assessment of need • Identify sufficient site provision to meet assessed need for next five years	• Participate in Cheshire wide Gypsy and Traveller Accommodation Assessment • Incorporate Gypsy and Traveller provision in development of Site Allocations Development Plan Document

Priority 2C: To prevent homelessness		
Why is this a priority?	**What do we want to achieve?**	**How do we plan to achieve it?**
• Need to minimise impacts of Welfare Reform Act 2012 • To avoid social impacts of homelessness • To reduce the cost and impact of placing families in temporary accommodation	• To at least reduce levels of statutory homelessness to 2010/11 levels (78 presentations, 37 of which owed the full statutory duty) over the Strategy period	• Undertake strategic review of homelessness • Update Homelessness Strategy • Engage with stakeholders and partners via the Homelessness Forum to minimise the impact of Welfare Reform Act 2012

Priority 2D: To improve access to social housing and home ownership and promote choice		
Why is this a priority?	**What do we want to achieve?**	**How do we plan to achieve it?**
• To improve transparency of the allocations system • To improve neighbourhood sustainability • Due to difficulties getting a foot on the housing ladder	• A fair and transparent allocations system that promotes choice • Increase the range and awareness of intermediate housing products to assist more first time buyers access the market	• Monitor and develop sub regional Choice Based Lettings system • Implement the Affordable Housing Policy which includes a proportion of intermediate housing • Develop a Marketing Strategy to promote the various forms of home ownership available

Priority 2E: To target housing support to those who need it most		
Why is this a priority?	**What do we want to achieve?**	**How do we plan to achieve it?**
• Need to ensure value for money in housing support services • Scrutiny of supported accommodation suggests that some residents may not need support services offered • Need to ensure fair access to accommodation based support	• Improve the quality abnd fitness for purpose of temporary accommodation for single, homeless people • Supported housing is offered to those in greatest need	• Reconfigure existing provision of housing for single homeless people • Improve accommodation for people fleeing Domestic Violence • Introduce a Housing Support Gateway system and undertake effective monitoring of the system

Priority 3A: To complete the regeneration of the Castlefields estate		
Why is this a priority?	**What do we want to achieve?**	**How do we plan to achieve it?**
• Need to build on success of 10 year Masterplan • Continue the momentum of delivery of new mixed tenure homes • Some deck access flats remain	• Delivery of at least 350 new (predominantely private) homes by 2023 • Provision of a further 150 new affordable homes by 2015/16 (included within targets above) • Physical enhancement and energy efficiency improvements to 500 retained two storey system built homes by 2016	• Development and implementation of action plan for next 10 years • Neighbourhood extension of Lakeside and Canalside • Continue to take strategic leadership role within the Castlefields Regeneration Partnership

Priority 3B: To explore the implications of private rented sector growth		
Why is this a priority?	**What do we want to achieve?**	**How do we plan to achieve it?**
• Reduced mortgage availability • Reduced availability of social housing • Conditions in private rented sector generally worse • New power to discharge statutory homelessness duty through an offer of private rented accommodation	• Increase in the number of accredited landlords from 39 to 50 by end of Strategy period • Increase the number of accredited properties from 141 to 200 by end of Strategy period • Policy position on use of PRS to discharge statutory homelessness duty agreed	• Implementation of Private Rented Sector project plan • Consider implementing new flexibilities to discharge statutory homelessness duty through private rented sector (including carrying out suitability assessment)

Priority 3C: To improve the energy efficiency of housing and tackle fuel poverty		
Why is this a priority?	**What do we want to achieve?**	**How do we plan to achieve it?**
• Impact on health • Fuel poverty increasing • Positive impact on climate change • Need to maximise household incomes	• Improve SAP ratings in private sector stock • Minimise levels of fuel poverty	• Continued development of Healthy Homes Network • Develop new Affordable Warmth Strategy • Promote Green Deal and Energy Company Obligation • Develop and implement HECA further report and progress reports

Priority 3D: To make the best possible use of the existing housing stock		
Why is this a priority?	**What do we want to achieve?**	**How do we plan to achieve it?**
• Impact of welfare reform • Impact of empty homes • Potential to maximise New Homes Bonus	• Maximise the opportunities for underoccupying social tenants to find accommodation best suited to their needs • Bring 25 long term empty homes back into use over the Strategy period	• Support RPs in their implementation of the National Homeswap schemes • Review the Halton Tenancy Strategy • Work with RPs to identify empty properties suitable for lease/acquistion using HCA empty homes funding • Undertake survey of owners of empty homes to establish what support can be provided • Develop a more proactive approach to bringing empty

		homes back into use

Housing Strategy for Halton 2013 to 2018: Action Plan

Objective 1: To plan for and facilitate housing growth and support economic growth					
Priority	**Action**	**Timescale**	**Responsibility**	**Resources**	**Success measures and outcomes**
To increase the supply of market and affordable housing through partnership working and support to developers and Registered Providers	Implement Core Strategy	From 2013	HBC Planning Department	Staff time	Average of 552 additional homes built per annum
	Update Strategic Housing Land Availability Assessment annually	Annual assessment	HBC Planning Department	Staff time	
	Update Site Allocations Supplementary Planning Document	2014/15	HBC Planning Department	Staff time	
	Implement Affordable Housing Policy	2013 onwards	HBC Planning and Divisional Manager (Commissioning)	Staff time	Average of 100 additional affordable homes built per annum
	Support Registered Providers in securing funding for the delivery of the Affordable Housing Programme	As and when support required	Divisional Manager (Commissioning)	Staff time HCA resources	25% of new developed built as affordable housing subject to site viability assessments
To support the implementation of the Liverpool City Region Local Investment Plan	Participate in and support sub regional projects originating from LCR Housing and Spatial Planning Group	As and when required	Divisional Manager (Commissioning)	Staff time	Meet targets in Liverpool City Region Local Investment Plan

Objective 2: To meet the housing and support needs of Halton's communities and promote choice

Priority	Action	Timescale	Responsibility	Resources	Success measures and outcomes
To increase the supply of housing for vulnerable people	Increase the supply of housing for older people through identification of sites, supporting Registered Provider funding bids and procure support and care services	Throughout period of the Strategy	Divisional Manager (Commissioning)	HCA funding (capital) Revenue implications for housing support and care services (amount dependent on bids)	100 units of additional older persons housing over the Strategy period
	Implement aspiration in Design for New Residential SPD for new developments of 10 dwellings or more to provide 10% wheelchair standard dwellings	As and when planning applications received	HBC Planning	Staff time	Aspirational target of 30 wheelchair accessible dwellings built per year (subject to site viability)
	Encourage development of homes that meet Lifetime Homes standard in line with Halton's Core Strategy	As and when planning applications received	HBC Planning	Staff time	Aspirational target of 25% increase in the number of homes built to Lifetime Homes standard (subject to site viability)
	Commission supported housing scheme for single homeless in Widnes	2013/14	Divisional Manager (Commissioning)	Staff time Revenue implications for housing support service	Development completed by 2014
	Commission 10 bungalows for rent for adults with physical disabilities and learning difficulties	2013/14	Divisional Manager (Commissioning)	Staff time Council or HCA grant	Development completed by 2014

Priority	Action	Timescale	Responsibility	Resources	Success measures and outcomes
To review future Gypsy and Traveller pitch provision	Participate in Cheshire wide Gypsy and Traveller Accommodation Assessment	2013/14	Divisional Manager (Planning and Development Services)	Staff time Approx £8,000 contribution to be identified	Identify sufficient site provision to meet assessed need for next five years
	Incorporate Gypsy and Traveller provision in Site Allocations Development Plan	2013/14	Divisional Manager (Planning and Development Services)	Staff time	
	Deliver an additional 12 permanent pitches adjacent to existing transit site	2013/14	Divisional Manager (Planning and Development Services)	Staff time HCA funding (£800k)	New 12 pitch site completed
To prevent homelessness	Undertake strategic review of homelessness	2013/14	Divisional Manager (Commissioning)	Staff time	To maintain the number of statutory homeless acceptances to no more than a 10% increase per year of 2011/12 levels (64 acceptances)
	Update Homelessness Strategy	2013/14	Divisional Manager (Commissioning)	Staff time	
	Engage with stakeholders and partners via the Homelessness Forum to minimise the impact of the Welfare Reform Act 2012	2013/14	Divisional Manager (Commissioning)	Staff time	
To improve access to social housing and home ownership and promote choice	Monitor and develop sub regional Choice Based Lettings scheme	Throughout period of Strategy	Divisional Manager (Commissioning)	Staff time Running costs (£125k pa)	Provision of a cost effective, fair and transparent allocations system that promotes choice Percentage of bids within each banding Number of private homes let through system
	Implement the Affordable Housing Policy which includes a proportion of intermediate housing	2013	HBC Planning Divisional Manager (Commissioning)	Staff time	50% of units delivered through affordable housing policy to be intermediate housing (subject to demand and viability)
	Develop a Marketing Strategy to promote the various types of low	2013	Divisional Manager (Commissioning)	Staff time	Develop a Marketing Strategy to promote the various types of low

Priority	Action	Timescale	Responsibility	Resources	Success measures and outcomes
	cost home ownership products and support Government initiatives such as New Buy				cost home ownership products and support Government initiatives such as New Buy
To target housing support to those who need it most	Reconfigure existing provision of housing for single homeless people	2013/14	Divisional Manager (Commissioning)	Staff time	Improve the quality and fitness for purpose of temporary accommodation for single, homeless people.
	Review existing provision of supported accommodation for households fleeing domestic violence	2013/14	Operational Director (Prevention and Assessment)	Staff time Possible capital and/or revenue funding	Dependent on outcome of review
	Introduce Housing Gateway Support system and undertake effective monitoring of the new system	2013/14	Divisional Manager (Commissioning)	Staff time Staff costs Annual IT costs	Supported housing services are provided to those in greatest need

Objective 3: To improve housing conditions and make the best use of the housing stock

Priority	Action	Timescale	Responsibility	Resources	Success measures and outcomes
To complete the regeneration of the Castlefields estate	Implement 10 year action plan	Throughout period of Strategy	HBC Major Projects	Staff time	Delivery of at least 350 new (predominantly private) homes by 2023 Provision of a further 150 new affordable homes by 2015/16 Physical enhancement and energy efficiency improvements to 500 retained two storey system built homes by 2016
	Neighbourhood extension of Lakeside and Canalside	2015/16	HBC Major Projects	Staff time Other (?)	
	Continue to take strategic leadership role within the Castlefields Regeneration Partnership	Ongoing	HBC Major Projects	Staff time	
To explore the implications of private rented sector growth	Implement Private Rented Sector project plan	2013/14	HBC Environmental Protection	Staff time Promotional budget (£5k from Homelessness Prevention fund)	Increase in the number of accredited landlords from 39 to 50 by end of Strategy period Increase the number of accredited properties from 141 to 200 by end of Strategy period Policy position on use of PRS to discharge statutory homelessness duty agreed
	Consider implementing new flexibilities to discharge statutory homelessness duty through private rented sector	2013	Divisional Manager (Commissioning)	Staff time	
To improve the energy efficiency of housing and tackle fuel poverty	Continued development of Halton Healthy Homes Network	Ongoing	HBC Environmental Protection	Staff time	Improved SAP ratings in private sector stock from 56 to 60 by time of next Private Sector Stock Condition survey
	Develop new Affordable Warmth Strategy	Ongoing	HBC Environmental Protection	Staff time	
	Promote Green Deal and Energy Company Obligation	October 2013 – ongoing thereafter	HBC Environmental Protection	Staff time	
	Develop and implement HECA further report and progress	March 2013 – progress reports every two years	HBC Environmental Protection	Staff time	

Priority	Action	Timescale	Responsibility	Resources	Success measures and outcomes
	reports	thereafter			
To make the best possible use of the existing housing stock	Support Registered Providers in their implementation of the National Homeswap schemes through promotion on HBC website and CBL systems	2012/13 and ongoing	Divisional Manager (Commissioning)	Staff time	Maximise opportunities for underoccupying social tenants to find accommodation more suited to their needs
	Review the Halton Tenancy Strategy	September 2013	Divisional Manager (Commissioning)	Staff time	
	Work with RPs to identify empty properties suitable for lease/acquisition using HCA empty homes funding	2012/13/14	HBC Environmental Protection	Staff time	Bring 25 long term empty properties back into use through direct intervention over the Strategy period
	Undertake survey of empty homes to establish what support can be provided by the Council	2013/14	HBC Environmental Protection	Staff time Postage costs (contribution from Homelessness Prevention Fund)	
	Develop a more pro-active approach to bringing empty homes back into use	2013/14	HBC Environmental Protection	Staff time Budget to carry out works in default (?)	

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Glossary

Affordable Housing	Housing at a price below private market prices, which includes social rented, affordable rented and intermediate housing.
Affordable Rented	Housing let by Registered Providers of social housing at a rent of no more than 80% of the local market rent.
Assured Tenancy	Introduced by the Housing Act 1988, assured tenancies are a form of residential tenancy that give a degree of security so that the tenant cannot be evicted without a reason. At the time of writing, they are the main form of tenancy used by Registered Providers of social housing.
Assured Shorthold Tenancy	Assured Shorthold Tenancies are the most common form of tenancy offered by private landlords. The tenancy is granted for a fixed period of time (usually 6 months) following which the tenancy usually converts to a Periodic tenancy which is automatically renewed every 2 months. The landlord can terminate the tenancy at any point by issuing a section 21 notice, which effectively gives the tenant two months notice to leave, however a court will not enforce the notice unless at least six months have elapsed from when the initial tenancy was granted.
The Bedroom Standard	The Bedroom Standard is the most commonly used measure of overcrowding and underoccupation. A standard number of bedrooms is allocated to each household in accordance with its age/sex/marital status composition and the relationship of the members to one another. A separate bedroom is allocated to each married or cohabiting couple, any other person aged 21 or over, each pair of adolescents aged 10 - 20 of the same sex, and each pair of children under 10. Any unpaired person aged 10 - 20 is paired, if possible with a child under 10 of the same sex, or, if that is not possible, he or she is given a separate bedroom, as is any unpaired child under 10.
Choice Based Lettings	Choice Based Lettings is a method of allocating social housing which involves available properties being advertised locally and interested applicants expressing an interest or "bidding" on advertised properties. The property is then offered to the bidder with the highest level of assessed need.
CORE	The Continuous Recording of Lettings and Sales in Social Housing in England (known as CORE) is a national data collection system which records a wide range of information on social housing lettings and sales and the households they are let or sold to. The system provides valuable information for the development of national and local housing policies.
Concealed household	The Halton Strategic Housing Market Assessment defines concealed households as those that need or are likely to form within the next two years. Typically they are currently housed with family or friends and are an important element in considering future need for affordable housing.
Decent Homes Standard	The previous Government set a target that all social housing must meet the Decent Homes Standard by 2010. To meet the standard homes must meet the statutory minimum standard for housing (i.e. free from category 1 hazards under the HHSRS – see below), must be warm and weatherproof and have reasonable modern facilities.
Extra care housing	Extra care housing is a form of specialised housing scheme, usually for older people, which provides a range of care and support services on site. It differs from sheltered housing in that it provides a higher level of on site support and includes care services.
Homebuy	Homebuy is the term used by the Government to describe the various different types of shared ownership and shared equity products available to help people buy their own home.
Homes and Communities Agency (HCA)	The Homes and Communities Agency (HCA) is the national housing and regeneration agency for England. It provides investment for new and improved affordable homes and regeneration projects. It is also the main regulatory body for Registered Providers of social housing.
Household reference person	The Strategic Housing Market Assessment uses the term Household Reference Person to describe the person completing the SHMA survey form on behalf of the household.
Housing, Health and Safety Rating System (HHSRS)	The Housing, Health and Safety Rating System replaced the fitness standard as the Principal means of assessing housing conditions in 2004. It uses a risk based scoring approach to assess hazards within the home. The presence of "category 1" hazards indicates that the home is below the statutory minimum standard.
Housing Market Area	A geographical area which is relatively self contained in terms of reflecting peoples choice of location for a new home.
Indices of Multiple	The English Indices of Deprivation measures relative levels of deprivation in small areas of

Deprivation	England called Lower Layer Super Output Areas. It combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England. This allows each area to be ranked relative to one another according to their level of deprivation. The data is produced at Lower Super Output Area level, of which there are 32,482 in the country.
Intermediate housing	Intermediate housing is housing provided at prices and rents above those of social rent but below market rents and prices. Examples include shared ownership, affordable rents and shared equity products.
Landlord Accreditation	Landlord Accreditation schemes are voluntary schemes, often run by local authorities, which encourage good standards in the private rented sector by allowing owners to apply for accredited status to demonstrate that they are a responsible landlord.
Local Development Framework (LDF)	The Local Development Framework (LDF) is the collective name for the local authority's Core Strategy and related planning policies. The National Planning Policy Framework published in 2012 replaces Local Development Frameworks with local plans.
Local Housing Allowance (LHA)	The Local Housing Allowance (LHA) arrangements are a way of working out Housing Benefit for people who rent from a private landlord. LHA rates are based on the size of household and the area in which a person lives to work out the amount of rent which can be met with HB. HB paid under the LHA arrangements is normally paid to the tenant, who will then pay the landlord.
Local Strategic Partnership (LSP)	A Partnership that brings together representatives from local statutory, voluntary, community and private sectors to address local problems, allocate funding and discuss local strategies and initiatives. In Halton the LSP is often referred to as the Halton Strategic Partnership.
New Town Estates	Runcorn's New Town estates sprang up in the late 1960s following the designation of Runcorn as a New Town area in 1964. They were developed as overspill estates to tackle a housing shortage in Liverpool. Initially managed by the Runcorn Development Corporation, the housing was transferred to a variety of housing associations in 1974 , following the disbanding of the Corporation.
Older People	In general for the purposes of this document the term "older people" refers to any person aged 65 or over unless otherwise stated. However some housing schemes for older people will accept people over the age of 55.
Private Sector Stock Condition Survey	Local authorities have a statutory duty to keep housing conditions in the area under review. Stock Condition Surveys are the principle means of assessing those conditions. They provide vital evidence to support the development of housing strategies and housing assistance policies. Government guidance recommends that local authorities undertake stock condition surveys every 3 to 5 years.
Regional Spatial Strategy	Regional Spatial Strategies were introduced by the Planning and Compulsory Purchase Act 2004 as a means of providing a spatial vision and strategy specific to each region in the country. They set housebuilding targets for each local authority area which were expected to be reflected in local planning policies. Regional Spatial Strategies were abolished by the Coalition Government in July 2010 so that top down targets for house building no longer exist.
Registered Provider	Registered Provider is the new term for providers of social or affordable housing who are registered with the Homes and Communities Agency. They were previously referred to as Registered Social Landlords. They are almost always non profit making Housing Associations or Trusts, although in recent years some private developers have started to build and manage affordable housing and so have also registered with the HCA.
Shared Ownership	Shared Ownership schemes are used to help people to get a foot on the housing ladder by allowing them to buy a proportion of a home with a mortgage while the other proportion is rented, usually from a Registered Provider.
Sheltered housing	Sheltered housing refers to specialist housing schemes, usually for older people, that either have a warden living on site or have access to 24 hour emergency assistance through an alarm system.
Strategic Housing Land Availability Assessment (SHLAA)	Strategic Housing Land Availability Assessments (SHLAA) are a key component of the evidence base to support the delivery of sufficient land for housing to meet the community's need for more homes. The aim of a SHLAA is to identify enough developable land in the area on which to deliver new housing for at least the next five years.
Strategic Housing Market Assessments (SHMA)	Strategic Housing Market Assessments (SHMA) is a study of the operation of a Housing Market Area (HMA) and of housing need within the area. Since HMAs cover more than one local authority area SHMAs are usually carried out in conjunction with other local authority areas. Government recommends that all local authorities undertake SHMAs on a periodic

	basis to inform development of their planning and housing policies and has produced guidance for their use.
Supported accommodation/housing	Supported accommodation is a catch all phrase that refers to any type of accommodation that offers on site support to enable occupants to live independently. Examples include young persons hostels, extra care housing and sheltered housing.
Sustainable Community Strategy (SCS)	The Sustainable Community Strategy (SCS) is prepared by local strategic partnerships (LSPs) as a set of goals and actions which they, in representing the residential, business, statutory and voluntary interests of an area, wish to promote. The SCS should inform the Local Development Framework (LDF) and act as an umbrella for all other strategies devised for the area.
Vulnerable people	There is no one definition of vulnerable people which covers all contexts. For safeguarding purposes a vulnerable adult is described as a person: " Who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation." However a broader definition is sometimes used by Government for the purposes of allocating resources which can include anyone aged 65 or over, disabled people, claiming benefits and/or families with children under 5.

Foreword

This document sets out a comprehensive overview of housing in Halton in 2012/13. It is intended to provide the evidence base to Halton's Housing Strategy 2013 to 2018 which describes the Council's housing priorities for the coming five years. The findings from the evidence paper have been used as a basis on which to consult with stakeholders and the wider public with a view to developing these future priorities.

The evidence paper sets housing in its policy context and takes account of the wide range of housing reforms introduced by the Coalition Government since 2010 including the Government's Housing Strategy for England; the Localism Act 2011 and Welfare Reform Act 2012.

It uses a range of information sources to build a comprehensive picture of housing including Halton's Strategic Housing Market Assessment, Private Sector Stock Condition Survey and local statistical returns as well as national datasets such as the Indices of Multiple Deprivation and the Annual Survey of Hours and Earnings.

I have pleasure in commending the document to you.

Councillor Phil Harris
Executive Board Member for Housing Strategy

Further information on this paper and the separate Housing Strategy 2013-18 can be obtained by contacting Joanne Sutton, Halton Borough Council on 0151 511 8750 or emailing: joanne.sutton@halton.gov.uk. This evidence paper is available in different formats upon request.

Part One – Resources

Introduction

In common with many public service areas, Housing budgets have seen substantial reductions over the last 12 to 18 months as a result of the Government policy of deficit reduction. This will, inevitably, impact on our ability to deliver the same level of service that residents have come to expect. The current position with regard to financing the Housing service is set out in this part of the document.

Funding for Council Housing services

Regional Housing Pot

Until April 2011 the Regional Housing Pot was the main source of funding for the Housing Capital Programme, for the most part, funding assistance for housing renewal (grants and loans) and energy efficiency. The Regional Housing Pot funding stream came to an end in April 2011 along with the disestablishment of regional governing bodies. Consequently, the Council's ability to deliver ahousing capital programme which adequately meets the needs identified in this evidence paper has
been severely compromised. This will be reflected in the Council's Housing Strategy Delivery Plan which will set out our priorities and ambitions for housing in the context of a realistic level of future resources.

New Homes Bonus (NHB)

The New Homes Bonus replaced the Housing and Planning Delivery Grant in April 2011. The intention of NHB is to act as an incentive for local authorities to deliver housing growth by match funding six years worth of Council Tax for each new home built. An additional £350 is paid annually for each affordable home that is built and the grant applies to empty properties that have been brought back into use.

For 2012/13, the authority was awarded £856,871 in New Homes Bonus. While this funding is of course welcome, it is top sliced from the Local Authority Grant Settlement so in effect is not really new money. The funding is not ring fenced for housing use.

Supported housing funding

There have been changes to the way that supported housing is funded. In 2011 the ring fence was removed for Supporting People services nationally and the funding was subsumed into Council's Area Based Grant allocation. In Halton, this has resulted in a 7.6% decrease in the funding available for supported housing services on 2010/11 levels. The allocation for 2012/13 is shown in the figure 1.1 below.

Housing funding 2012/13

Delivery of the housing service in 2012/13 will be supported through a variety of different funding pots as illustrated in figure 1.1 below which shows monetary allocations for housing where these are known. The nature of the funding sources available illustrates an emphasis on services designed to support vulnerable people while there is little funding available for other elements of the strategic housing service e.g. improving housing conditions, bringing empty homes back into use and commissioning research for future strategic development.

Figure 1.1 – Funding sources for strategic housing delivery 2012/13

The table below shows the allocation of capital resources for housing related activity for 2012/13.

	2012/13 Capital Programme
Disabled Facilities Grants (incl. capitalised salaries)	735,000
Energy Promotion	6,000
Stair lifts	250,000
Registered Providers Adaptations (Joint Funding)	550,000
Choice Based Lettings	28,946
Extra Care Naughton Fields	463,186
Bungalows at Halton Lodge	464,000
Sensory Hub	15,000

TOTAL	**2,512,132**

The Council will also seek to maximise resources from ad hoc grant opportunities as and when they arise. For example, the Department of Health's Warm Homes, Healthy People funding stream provided funding for emergency heating and advice schemes to support vulnerable people to keep their homes warm during the winter months of 2012/13.

Other Housing funding

National Affordable Housing Programme

Registered Providers have agreed four year programmes with the Homes and Communities Agency (HCA) to deliver 320 affordable homes in Halton over the next four years. Unfortunately, the way the new funding model is structured means that it is not possible to provide a monetary value at local authority level.

Get Britain Building

The Get Britain Building scheme was announced in the Government's Housing Strategy as a £400 million investment fund designed to kickstart pipeline developments which have stalled but are otherwise ready to start or progress. The fund which provides commercial loans is mostly aimed at small and medium sized builders whose developments have come to a halt due to the uncertain market conditions. A prospectus providing further details was published in December 2011. Two schemes in Halton were originally shortlisted but now look unlikely to proceed.

Homelessness Grant

Halton provides support for homeless people through an annual grant from the Department for Communities and Local Government (DCLG), which for 2011/12 was £50,000. Specific funding of £65,000 has also been allocated in the form of a one off grant for the Mortgage Rescue Scheme to provide support for households in danger of losing their home due to mortgage arrears. In addition, the Cheshire wide Partnership Group has been successful in securing £30,000 from DCLG to assist with the development of prevention initiatives. Halton is also involved with the Merseyside sub regional group which was awarded £470,000 by CLG to develop prevention initiatives such as the No Second Night Out scheme.

Future resources

It is anticipated that future investment will be limited to funding Disabled Facilities Grants and support for other vulnerable groups and that the local authority role in housing may increasingly be more about facilitating and co-ordinating rather than direct investment of resources.

Part Two - Context

National Policy

Laying the Foundations: The Housing Strategy for England

The Housing Strategy for England was launched on 21st November 2011. It sets out, in one overarching document, the Government's plans to address problems in the country's housing market through increasing the supply of homes, reforming social housing, supporting growth in the private rented sector, encouraging local authorities to bring empty homes back into use and improving choice and housing support. Much of the Strategy restated policies that had already been announced, however, there were some new initiatives designed to breathe life into the country's stagnant housing market. Among the most significant announcements were:

- A new £400 million "Get Britain Building" fund for small and medium sized developers whose developments have come to a halt due to uncertain market conditions;
- Introduction of a mortgage indemnity scheme to provide 95% mortgages on new build homes for first time buyers struggling to secure mortgage finance through conventional means;
- A competitive bidding process to encourage large scale, locally planned and community driven development;
- Plans to release enough public sector land to build 100,000 new houses through a "buy now, pay later" deal with developers;
- Consultation on reducing the length of time that must elapse before developers can seek to renegotiate section 106 agreements with local planning authorities;
- £100 million match funding to help bring empty homes back into use, with a further £50 million for those areas worst affected by empty properties;
- Consultation on increasing Right to Buy discounts with plans for every home sold to be replaced by a new home;
- Proposals to reform stamp duty to support large scale investment in the buy to let market;
- An allocation of £400 million for homelessness prevention and the launch of a ministerial working group to address the causes of homelessness;
- A new deal for older peoples housing and encouraging local authorities to make provision for a wide range of housing types including specialised housing for older people.

Localism Act 2011

The Localism Act received Royal Assent on 16th November 2011. The Act sets out plans to give communities and local authorities greater powers and freedoms and introduces new Community Rights such as the Community Right to Challenge the delivery of local authority run services; the Community Right to Bid for assets of community value and the Community Right to Build small developments in their area without the need for planning permission. The Act also introduces a General Power of Competence for local authorities to do anything not specifically forbidden by law and paves the way for neighbourhood planning and directly elected mayors.

The Act also contains a number of Housing reforms which will impact directly on the Council's local authority strategic housing role, including:

- Giving local authorities greater freedom to decide who is eligible to apply for social housing. More recently, the Government has issued new guidance for allocation schemes which, amongst other provisions, gives greater priority for housing to ex servicemen and women. The Property Pool Plus allocations policy is in the process of being reviewed in light of the new guidance.
- Introduction of new fixed term tenancies for social housing tenants and requirement for the local authority to produce a Tenancy Strategy to guide Registered Providers in their use. This is considered in more detail later in this evidence paper.

- The power for local authorities to discharge their statutory homelessness duty through an offer of accommodation in the private rented sector without the applicant's consent.

The Act also changes the regulatory framework for Registered Providers by abolishing the Tenant Services Authority and placing greater emphasis on tenant involvement in regulation with remaining regulatory functions transferring to the Homes and Communities Agency.

Welfare Reform Act 2012

The Welfare Reform Act received Royal Assent on 8th March 2012. The Act has been described as the biggest shake up of the benefits system in 60 years. It aims to simplify the system and create the right incentives to get people into work by ensuring that no individual is better off by not working. Key features of the Act that will have the most significant impact on Halton's residents are:

- Introduction of Universal Credit. The level of Universal Credit is to be capped at £26,000. While it is estimated that only a small number of Halton residents will see their income reduce as a result of the cap, some will be very significantly affected (up to £500 per week). In addition, Housing Benefit is to be included in Universal Credit and will consequently be paid directly to tenants of social housing. There are fears that this will lead to an increase in rent arrears which, in turn, could lead to a rise in homelessness and could impact upon the ability of Registered Providers to secure private investment at competitive rates to maximise their capacity to deliver additional affordable housing.
- Replacement of Disability Living Allowance with a Personal Independent Payment (PIP) for those of working age. Halton, which has been selected as a pilot area for the scheme, has a disproportionate amount of disabled residents and the change to PIP will involve a reduction in the numbers of those receiving financial assistance.
- Changes to Housing Benefit including the introduction of an under occupancy penalty for households whose homes are deemed to be too large for their needs. Described as the "Bedroom Tax", this change will have a very significant impact in Halton, where it is estimated that as many as 3,000 social housing tenants could lose benefits. The situation is compounded by a shortage of smaller properties in the Borough to facilitate downsizing. Changes to Local Housing Allowance (LHA), most significantly the extension of the age threshold for the shared accommodation rate from 25 to 35. This will affect around 234 claimants in Halton, whose benefit entitlement will reduce from £91.15 to £53.54 per week. Private tenants will also be affected by plans to uprate LHA by the Consumer Price Index rather than the Retail Price Index currently used.

It is too early to assess the impact of other reforms such as the ongoing reassessment of Incapacity Benefit claimants against the stricter criteria of the Employment Support Allowance, changes to Community Care Grants and Crisis Loans and forthcoming reforms to Council Tax benefit which will include a 10% cut in scheme funding and "localised" benefit schemes.

National Planning Policy Framework

The new National Planning Policy Framework (NPPF) was published on 27th March 2012. It sets out, in a more condensed version of previous guidance, the Government's planning policies and how it expects these to be applied and aims to simplify the country's planning system to achieve sustainable development.

The NPPF replaces the need for Local Development Frameworks with Local Plans which local authorities must develop to meet objectively assessed needs and which must have sufficient flexibility to adapt to rapid change. For housing development, it reaffirms the requirement to assess need through a Strategic Housing Market Assessment (preferably developed in conjunction with other authorities in the Housing Market Area) and to identify opportunities to meet that need through the development of a Strategic Housing Land Availability Assessment.

The framework has a clear emphasis on growth and on accelerating the planning process. A key challenge for the development and delivery of Local Plans will be how to balance the need for rapid housing and economic growth with the need to protect Green Belt and to promote the highest possible standards of sustainable development.

Affordable Rents

Affordable rent is the new rent model which the Homes and Communities Agency (HCA) expect that Registered Providers will adopt for new build housing and for an agreed proportion of existing stock as it becomes vacant. Affordable rents are set at up to 80% of market rents in the area. The additional income raised through affordable rents is to be invested in new housing development and it is anticipated will help fund the shortfall as a result of significant cuts to the HCA National Affordable Housing Programme. While this could lead to an increase in rent levels for some tenants and could result in a two tier system whereby tenants in similar properties are paying different rents, it is likely that the impact in Halton will not be as great as in higher value areas due to relatively low private rents in the Borough.

Sub Regional context

Liverpool City Region Housing and Spatial Planning Forum

Halton Borough Council is represented on the Liverpool City Region Housing and Spatial Planning Forum, which acts as an advisory group to the Liverpool City Region Cabinet on housing and planning issues. The Forum provides the mechanism for the co-ordination of activity between the participating local authority areas and is a key delivery agent in developing and implementing the priorities contained within the Local Investment Plan described below.

Examples of sub regional projects overseen by the Forum include:

- Development and implementation of the sub regional Choice Based Letting Scheme Property Pool Plus (described in more detail later in this evidence paper);
- A co-ordinated approach to delivery of the successful bids to HCA to bring empty homes back into use, including development of a standardised lease agreement and inspection report;
- Co-ordination of affordable housing delivery and stalled/pipeline sites with a view to maximising funding opportunities to kickstart development.

The Group provides an opportunity to pool knowledge, experience, skills and resources from participating local authority areas with a view to maximising housing investment, choice and provision for the city region area and support the economic potential of the sub region.

Liverpool City Region Local Investment Plan 2

The Liverpool City Region Local Investment Plan (LIP) 2011-15 builds on the success of the interim plan for 2010/11 which has helped to secure over £80m of housing and regeneration investment in the City Region. The LIP has three primary roles:

- As a prospectus for housing and regeneration investment in the Liverpool City Region;
- To clarify the City Region's priorities to support economic growth whilst maintaining the momentum of regeneration;
- Inform HCA's business plan by setting clear priorities for future investment in the City Region.

The Plan identifies the challenges facing the City Region and the priorities for action, including:

- Raising the quality of and diversification of the housing offer as a means to harness economic potential;
- Bringing long term empty properties back into use as a means of increasing the supply of affordable housing;
- Addressing housing market failure in the core conurbations of Liverpool, Wirral and Sefton and also prioritise investment in the areas with greatest economic potential and market strength;
- Working with Registered Providers to ensure an appropriate mix of development based on evidence from Strategic Housing Market Assessments;
- Making best use of the existing stock, including developing measures to address under occupation;
- Developing opportunities for institutional investment in the private rented sector;
- Meeting the needs of an ageing population and supporting vulnerable people;

- Maximising the development opportunities presented by public landholdings in the City Region.

Local Context

Halton's Sustainable Community Strategy 2011-2026

Halton's Sustainable Community Strategy sets out the vision for the Halton that the Council and its partners, under the umbrella of the Halton Strategic Partnership, would like to see emerge by 2026. The Strategy's five priority themes are:

- A Healthy Halton
- Employment, Learning and Skills in Halton
- A Safer Halton
- Halton's Children and Young People
- Halton's Environment and Regeneration

Housing has a significant contribution to make to each of the five priority themes as illustrated in figure 2.1

Figure 2.1 – Housing's contribution to Halton's priorities

Corporate Plan

The Corporate Plan presents the Council's response to how it will help implement the Community Strategy. This is achieved through a framework consisting of a hierarchy of Directorate, Divisional and Team Service Plans known as "the Golden Thread" that are directly aligned to ensure that the strategic priorities are cascaded down through the organisation through outcome focused targets.

The five strategic priorities are also mirrored in the make up of the Council's Policy and Performance Boards which, together with the Executive Board, provide political leadership of the Council.

Progress in achieving the objectives contained in the Service Plans is reviewed regularly as part of the Council's performance management culture, and further scrutiny is exercised by Members through the Policy and Performance Boards.

Halton's Core Strategy

Halton's Core Strategy was adopted in November 2012 having been through Examination in Public and having been subject to examination by the Planning Inspectorate. The Strategy sets a minimum housing requirement of 9,930 net additional homes between 2010 and 2028, equating to 552 dwellings per annum. It is anticipated that almost 60% of the dwellings over the Strategy period are to be built in Runcorn. An average of at least 40% of new residential development should be developed on previously developed (brownfield) land over the period.

New homes will be delivered from a variety of sources including from sites currently available for housing development where work is either underway, planning permission has been granted or the site has been allocated for residential development and from sites which have the potential to contribute to housing land supply e.g. identified housing opportunities within Key Areas of Change (i.e. 3MG site at Ditton, South Widnes, East Runcorn and West Runcorn), new housing or mixed use allocations in subsequent Development Plans and appropriate windfall development. In accordance with Government guidance the Council will seek to maintain a 5 year supply of deliverable housing land.

The Strategy identifies opportunities to develop 1,400 homes in Daresbury and 1,400 homes in Sandymoor in Runcorn East and 1,500 homes in Runcorn West, mainly on the Runcorn Waterfront site.

The Core Strategy contains an affordable housing requirement of 25% of the total residential units proposed on schemes comprising 10 or more dwellings (net gain) or 0.33 hectares or greater for residential purposes. The Council will seek to secure an equal split between social/affordable rent tenures and intermediate housing tenures across the Borough. Provision of affordable housing must meet the identified housing needs as set out in the most up to date Strategic Housing Market Assessment and is to be provided in perpetuity. The affordable housing contribution may only be reduced where robust and credible evidence is provided to demonstrate that the affordable housing target would make the scheme unviable.

An Affordable Housing Supplementary Planning Document has been adopted to support the policy which provides additional guidance for all parties involved in the delivery of affordable housing through the planning system.

Tenancy Strategy

In accordance with the Localism Act 2011, Halton has developed a Tenancy Strategy which sets out what types of tenancies the Council recommends that Registered Providers should offer locally, the length of those tenancies and the circumstances in which they should be offered and renewed. The Strategy, which was formally adopted by the Council in September 2012, recommends that Providers continue to offer Lifetime tenancies but recognises that Providers may wish to make use of the new fixed term tenancies introduced by the Localism Act to make the best use of their housing stock. Where this is the case, the Strategy advises that fixed term tenancies should be for a minimum of five years and are not suitable for:

- Existing social housing tenants who became assured tenants prior to 1st April 2012 and who are transferring to another property;
- Where the property is part of a supported housing development that provides specialist accommodation for particular client groups, including sheltered housing.
- Where the tenant is someone over the prevailing state retirement age.
- Where the property is located in an area of very low demand and/or high multiple deprivation where the local authority has serious concerns about the long term sustainability of the area. In these circumstances, the local authority will initiate discussions with the relevant Provider(s) to request that they temporarily suspend the use of fixed term tenancies in that area.
- Where a tenant with a secure or assured tenancy is required by a Provider to move due to redevelopment e.g. they are being required to move, not seeking to do so.

The Strategy also recommends that in most cases fixed term tenancies are renewed upon review, particularly where the household contains children or has been offered in response to particular set of vulnerabilities and the household is still assessed as being vulnerable or the property has been adapted to meet the needs of a disabled person and that person still resides in the property and needs the adaptations. The circumstances in which it is recognised that Providers may not wish to renew the tenancy are where:

- There has been a substantial improvement in the household's financial circumstances to the extent that continued occupation of the property by the household would present a conflict with the charitable objectives or primary purpose of Providers to provide housing for those in necessitous circumstances.
- There has been a change in the composition of the household which has resulted in the household under occupying the accommodation.
- An adapted property is no longer suitable for the tenant's needs e.g. where adaptations have been provided for a disabled person who is no longer resident in the property, the adaptations are no longer required, and there are other families needing this type of adapted accommodation.

In the latter two circumstances the Strategy advises that Providers should seek to offer suitable alternative accommodation in their own or another Provider's stock. The Council does not expect fixed term tenancies to be used as a means of enforcing tenancy conditions but recognises that there may be cases where enforcement action is so far advanced that it may not be appropriate to renew the tenancy.

Part Three – Halton's Housing

Overview

Tenure

Halton's housing stock can be characterised by a relatively high proportion of social rented properties (around 25%), resulting from the development and subsequent transfer of housing in Runcorn's New Town estates, and a private sector skewed towards lower value, semi detached and terraced homes. Figure 3.1 illustrates the growth in the private sector (20% in the 12 years from 1999 to 2011) and the steady decline in the total social housing stock of around 15%. As illustrated in the chart, the Council transferred its housing stock to a newly created Housing Association, Halton Housing Trust, in December 2005.

Figure 3.1 – Halton's housing stock from 1999 (from HSSA returns)

More recently the Borough has witnessed a dramatic growth in the private rented sector, from only 4% of the total housing stock at the time of the 2001 Census to 10%. It is thought that this is due to limited mortgage availability and long waiting lists for social housing fuelling demand for the sector, and the availability of Buy to Let mortgages and concept of housing as a long term investment fuelling supply. This growth has included the Council examining its approach to the sector as part of a Member led scrutiny review, which is described later in this document.

Census data from 2011 allows us to compare Halton's stock profile with that of national and regional housing profiles and with neighbouring local authorities as shown in figure 3.2 below. As illustrated, Halton has a larger than average social rented sector and a relatively small private rented sector.

Figure 3.2 - Sub regional tenure comparison (Census 2011)

Property values

The stock profile in Halton is skewed towards lower value properties, with 68% of dwellings in Council Tax Bands A or B, as illustrated in figure 3.3 below.

Figure 3.3 – Breakdown of Council Tax Bands in Halton

Analysis of Council Tax Band by ward, as illustrated below, reveals that the lowest value stock is concentrated unsurprisingly in the wards containing the highest proportions of social housing. Higher value properties are concentrated in Birchfield, Daresbury and Hale wards.

Figure 3.4 – Council Tax bands by wards

Empty Homes

The proportion of long term empty private homes in Halton at around 1.5% to 2.2% is consistent with Regional figures and those of neighbouring local authorities. Figure 3.5 below shows the number of vacancies over 6 months in both the private and social rented sectors.

Figure 3.5 – Vacancies over 6 months

Analysis of the geographical spread of all empty homes reveals no neighbourhood or street level "hotspots", however, the three wards with the highest proportions: Mersey (6.61%), Riverside (5.63%) and Appleton (4.49%) are those containing more properties in Council Tax Bands A and Band private rented properties suggesting a connection between these factors. The Council takes

action to remedy empty homes where a complaint is received and is supportive of initiatives to reduce the number of empty homes as and when funding is available. For example the Council has recently worked with Halton Housing Trust to secure HCA funding to bring 8 empty homes back into use through acquisition. Additional resources would be needed to take a more pro active approach.
A survey of owners of long term empty private sector homes undertaken in 2009 revealed that around 41% required investment to bring them back into use, although in the majority of cases improvement or modernisation work was already underway. The majority of respondents indicated that they anticipated that the property would be occupied within a 12 month period, only 10% thought it would still be empty due to either the level of work required or current market conditions.
The number of long term vacant properties in the social housing stock varies greatly from year to year as illustrated above. However, the numbers are heavily influenced by the current state of play with regard to regeneration programmes. For example, the increase in 2011 is due largely to the number of properties awaiting demolition in Castlefields as part of the ten year Masterplan. Consequently, the number of social housing properties empty for more than 6 months, which under normal circumstances represents less than 1% of the total social housing stock, is not a cause for concern.

New housing

Figure 3.6 illustrates the number of newly built properties in the Borough as reported in Housing Flows Reconciliation returns. The chart demonstrates the impact of the recent economic downturn on new build completions, which have fallen by over 500% on peak levels in 2005/06 and fall way below the former target of 500 per annum set out in the now defunct North West Regional Spatial Strategy.

Figure 3.6 – New build completions 2000 onwards

Source: DCLG Housing Flows Reconciliation returns

The chart also demonstrates growth in social housing developments over recent years, part funded by the Homes and Communities Agency's (HCA) National Affordable Development Programme. Registered Providers in Halton have agreed their development programmes with the HCA for the four year period 2011 to 2015, resulting in the following planned new developments.

	1 Bed Flat	2 Bed Flat	2 Bed Bungalow	2 Bed House	3 Bed House	Total
Runcorn	0	38	7	26	48	119
Widnes	39	116	5	11	30	201
Total	**39**	**154**	**12**	**37**	**78**	**320**

In addition to the above, a new 47 unit extra care scheme at Naughton Fields, Liverpool Road, Widnes funded from 2008/11 National Affordable Housing Programme has recently been developed.
Halton's Strategic Housing Land Availability Assessment allows us to forecast the number of total expected completions for Runcorn and Widnes for the four years to 2016/17. Note that at this stage tenure is unknown so these figures include both market and affordable anticipated housing development.

	Approx Completed Units 2013/14	Approx Completed Units 2014/15	Approx Completed Units 2015/16	Approx Completed Units 2016/17
Runcorn	232	502	688	560
Widnes	338	328	441	165

The Council is keen to fulfil its role in facilitating new housing development through the Local Development Framework and has prepared a comprehensive list of potential housing development sites that are likely to come forward over the next 15 years. These are contained in a document called the Strategic Housing Land Availability Assessment, which is updated annually. This can be viewed at http://www3.halton.gov.uk/environmentandplanning/planning/294413/.

The Housing Market

House prices

Average house prices in Halton are lower than regional averages and significantly lower than national averages as illustrated in figure 3.7. Based on provisional estimates at quarter 3 2012 the average house price in Halton was £133,550 which was £23,693 lower than the North West average.

Figure 3.7 – Average house prices

Source: Land Registry

Historically house prices in Halton along with those in Knowsley have tended to be the lowest in the Liverpool City Region. However latest figures (quarter 3 2012) suggest that local average house prices have overtaken Knowsley and St Helens and are more on a par with Liverpool as shown in Figure 3.8.

Figure 3.8 – Sub regional comparison of average house prices (Quarter 3 2012)

In common with the regional and national position, the economic downturn and consequential housing market conditions has led to a dramatic decrease in the number of sales as demonstrated by figure 3.9, declining by almost 60% between the peak at quarter 3 2007 and the corresponding quarter in 2011.

Figure 3.9 – Average sales

Source: Land Registry

Analysis at ward level at figure 3.10 reveals the disparity in house prices across the Borough. Average house prices in Daresbury and Birchfield which have a high proportion of new build, executive style homes are almost four times as much as those in the area with the lowest average house price in quarter 3 2011 (Halton Lea). Average house prices in wards containing New Town estates and those with a high proportion of smaller terraces and private rented stock (e.g. Appleton and Mersey) are unsurprisingly lower.

Figure 3.10 – Average House Prices Quarter 3 2011

Source: Land Registry

Rent levels

The Halton Strategic Housing Market Assessment (SHMA) used CORE data on new social lettings and Valuation Office Data to compare the relative rent levels in the social and private rented stock. Figure 3.11 illustrates this differential.

Figure 3.11 – Average monthly private and social rent levels 2009/10

As shown, social rents were found to equate to around 58% of prevailing market rents, indicating the potential impact of the new affordable rent regime which, if rents are raised to the full 80% threshold, would see the average monthly rent for a 3 bedroom social rented property rise to around £460 per month. The SHMA also found that rent levels in the social housing sector were increasing at a much faster rate (up by around 27% on 2004/05 levels) than private rents, which had remained relatively static over the same period.

Affordability

The Halton Strategic Housing Market Assessment 2011 collected a range of information regarding household financial circumstances relevant to their ability to afford market housing in order to assess the level of annual affordable housing need. In summary, the findings were that:

- Average gross household income was £25,662 with a much lower median income level of £18,954.
- Average household savings were £3,756 (taking into account non mortgage debts) but again the median was much lower at £290.
- Around a third of households were in debt and a further quarter had no savings.
- Average equity was £95,138 and 1,588 households were in negative equity.
- An estimated 4,307 new households were likely to form in the next two years.
- Around 40% of these had an income of less than £10,000 and 81% less than £20,000.

Using the affordability criteria below, the survey found that around 32% of households were unable to afford home ownership. When taking into account the need for a 20% deposit requirement this figure increased to 46.5%.

"Assessing whether a household can afford home ownership - A household is considered able to afford to buy a home if the residual cost is no more than 3.5 times the gross household income. The residual cost is calculated by deducting any capital that is available for use towards home ownership (e.g. savings or equity) from the overall cost of the home."

Using the Government recommended model which takes into account backlog and newly arising need and likely future supply, the survey assessed a need for 891 affordable homes per annum for the next five years, 65% for social/affordable rent and the remaining 35% split between intermediate rent, shared ownership and low cost home ownership. This figure represents a significant increase on the 2006 Housing Needs Survey which estimated a need at that time for 176 affordable homes per annum, clearly demonstrating the impact that the economic downturn has had on the housing market. However, given an overall average target of 552 new homes within Halton's Core Strategy delivery of 891 affordable homes per annum appears unrealistic.

Analysis of median house prices compared to average incomes reveals that Halton has an affordability ratio of 4.8, lower than the regional ratio of 5.2 and significantly lower than the national affordability ratio of 7.0. Figure 3.12 below illustrates how the affordability ratio has increased since the house price boom at the turn of the century.

Figure 3.12 – House price to income affordability ratio

The SHMA also estimated the income levels required to access two bedroomed accommodation in the owner occupied, private rented and social rented sectors without subsidy in Runcorn and Widnes, with the results shown in figure 3.13.

Figure 3.13 – Indicative income required to purchase/rent without subsidy

Supply and Demand for housing

Information on the supply and demand for social housing can be obtained from the annual English Local Authority Statistics on Housing (formerly Housing Strategy Statistical Appendix) which collects data on the number of people on the Council's waiting list and the number of homes available for letting during the year. Figure 3.14 below illustrates the widening gap between the number of people registered for social housing and the total available lettings during the year, indicating the impact of recent housing market conditions on mobility within the sector.

Figure 3.14 – Supply and demand for social housing

Further analysis of the waiting list reveals the need for smaller one and two bedroom accommodation, as illustrated in figure 3.15 below. This is reflective of smaller household sizes and the number of single and couple households on the waiting list. The drop in the number of applications in 2012 as shown in the graph below reflects the fact that at the time the data was collected Halton Housing Trust was midway through a re-registration exercise in preparation for the move to Choice Based Lettings.

Figure 3.15 – Housing waiting list – number of bedrooms required **Source: ELASH/HSSA returns - NB Prior to 2005 data for 1 and 2 beds was combined.**

The Strategic Housing Market Assessment collected information on tenure aspirations and expectations of existing and concealed households who indicated that they needed or were likely to move within the next two years.

Figure 3.16 – Aspirations and expectations of households looking to move

The results, illustrated in figure 3.16, reveal the strength of demand for home ownership but the much lower expectation that this would be attained, particularly from concealed households. Social housing was also in demand but households felt that this was more attainable. There was relatively low demand for private rented housing although the responses to the question of expectation reveal the extent to which the private rented sector is seen as attainable and is to some extent "plugging the gap" in meeting housing need. The survey revealed little demand for shared ownership, however, the relative scarcity of intermediate housing in Halton could have had a bearing on this.

Perhaps unsurprisingly there was a high level of demand for three or four bedroomed detached or semi detached housing amongst existing households. Three quarters of existing households expected to move within Halton with the Birchfield/Farnworth/Halton View area reported as the most popular location.

Only 55% of concealed households expected to move within Halton and while demand was also high for a detached or semi detached house, 56% expected that they would move to a flat or maisonette with similar proportions willing to accept one bedroom accommodation.

Housing Conditions

Decent Homes

The Decent Homes Standard uses four broad criteria to assess housing conditions, that is that housing should:

A -be above the legal minimum standard for housing (measured by the presence of category 1 hazards under the Housing, Health and Safety Rating System), and
B - be in a reasonable state of repair, and
C - have reasonably modern facilities (such as kitchens and bathrooms) and services, and
D - provide a reasonable degree of thermal comfort (effective insulation and efficient heating).

Just over a quarter (26.2%) of private sector dwellings in Halton failed the Decency Standard at the time of the latest Private Sector Stock Condition Survey, equating to 10,500 dwellings. This was significantly lower than the national rate of 36.3% (English House Condition Survey 2006) and the North West rate of 37% ("Establishing a Decency Baseline for the Private Sector in the North West"). The most common reason for failing the Standard was due to a poor degree of thermal comfort affecting over half of non decent properties followed by the need for repair and the presence of a Category 1 hazard. Only 300 properties failed due to a lack of modern facilities. This is illustrated in figure 3.17 which gives a comparison of the proportions failing the standard for each reason in the owner occupied and private rented stock and with national figures from the English House Condition Survey 2006.

Figure 3.17 – Proportion of homes failing the decent homes standard by reason for failure

The total cost to remedy each criteria is as follows:
Category 1 hazards - £21 million
In need of repair - £18 million
Lacking modern facilities - £3 million
Thermal comfort - £9 million

Higher rates of non decency are found in Runcorn than Widnes (27.8% compared to 24.5%) with pre 1919 terraced stock more likely to be affected.
Around 29% of vulnerable households living in the private rented sector were found to live in non decent homes, equating to 4,420 households, with vulnerable households living in Runcorn more likely to be living in non decent homes than those in Widnes. Other households that were more likely to live in non decent homes include households with an income of under £10,000 (35%) and those where the head of household is under 25 (41%).
Halton Borough Council collects annual data from Registered Providers related to the condition of their stock. Data for 2011 reveals that all social housing stock in Halton met the Decent Homes Standard and none contained category 1 hazards under the Housing, Health and Safety Rating System. It can, therefore, be concluded that the social housing stock in Halton is in good condition.

Category 1 hazards

The Housing, Health and Safety Rating System replaced the Fitness Standard in 2004, as the principal method of assessing housing standards for local authorities. It adopts a risk based scoring approach which measures the likelihood and severity of certain hazards occurring within the home, with those properties scoring above a certain threshold deemed to contain Category 1 hazards.
The Halton Stock Condition Survey found that 4,400 dwellings contained Category 1 hazards with 3,900 being houses and an estimated 500 flats. This represents 11% of the private sector stock which is significantly lower than the national and regional figure (23.5% and 44% respectively).
Almost two thirds of all category 1 hazards identified by the survey were attributable to excess cold with falls on the level and falls on stairs being the second and third most common hazard. Figure 3.18 shows the results of the survey in relation to all Category 1 hazards.

Figure 3.18 – Reason for category 1 hazards in private properties

The survey found that Category 1 hazards are more prevalent in terraced houses (47% of terraced stock) and flats (32% of flats) and that the proportion of properties containing Category 1 hazards increases according to the age band of the dwelling, with 26% of pre 1919 dwellings containing Category 1 hazards compared to 3% of dwellings built post 1990.
A higher rate of Category 1 hazards was found in Runcorn than Widnes (12% compared to 10%). Higher rates were also found in dwellings occupied by households with an income under £10,000 (15%), on benefit (14%), where the head of household is under 25 (23.5%) or over 65 (12%) and for households containing someone with a disability (13%).
Figure 3.19 illustrates the cost of remedying Category 1 hazards, ranging from a total cost of £20 million, averaging £4,800 per dwelling, just to remedy the hazards to £80 million for comprehensive repair to all dwellings containing Category 1 hazards, at an average of £17,900 per dwelling. Although total costs to remedy hazards in the private rented sector are lower, the average cost per dwelling just to remedy category 1 hazards at £6,200 is higher than for owner occupied properties at £4,400 per dwelling.

Figure 3.19 – Cost to remedy category 1 hazards

Energy efficiency

The Standard Assessment Procedure (SAP) uses a scale of 1 to 100 to assess the relative energy efficiency of dwellings with higher ratings indicating higher levels of energy efficiency. The Private Sector Stock Condition Survey undertaken in 2009 found that on average energy efficiency levels in the private stock (owner occupied and rented) were higher than the national and regional averages (Average SAP rating of 56 in Halton compared to 49 and 51 respectively). It found that there had been a significant improvement on the average SAP rating of 48 recorded by the previous Stock Condition Survey undertaken in 2003, indicating substantial improvements in the energy efficiency of the stock in the intervening period.
Figure 3.20 shows the distribution of SAP ratings for each tenure and compares these with the national distribution using data from the English House Condition Survey 2009.

Figure 3.20 – Distribution of SAP ratings in the private sector

The least energy efficient dwellings are, unsurprisingly, pre 1919 terraces and the most energy efficient dwellings are post 1990 purpose built flats. There was no difference between SAP ratings for Runcorn than those for Widnes.
National Indicator 187 measured the proportion of households on an income related benefit living in dwellings with SAP ratings below 35 and 65 and above. The last survey completed found that 6.8% of households in receipt of an income related benefit live in a dwelling with a SAP rating below 35 and that 24.2% live in a dwelling with a SAP rating of 65 and over.
Figure 3.21 illustrates the improvements that would be necessary to bring all private sector homes up to standard. As shown, virtually all 40,100 properties in the sector would benefit from some type of improvement with loft insulation (whether full or top up) required to around 97% of dwellings to bring up to current recommended levels of 270mm. Obviously, not all of these dwellings would need or qualify for financial support to carry out these improvements but, as an indication, the total cost of installing all these measures is £54.3 million, equating to an average of £1,350 per dwelling.

Figure 3.21 – Energy efficiency measures needed (owner occupiers and private rented)

Castlefields Regeneration

The Castlefields Regeneration Partnership was established in 2002 to tackle serious decline and deprivation on the Castlefields New Town estate in Runcorn. Founding partners include local residents, Halton Borough Council, the Homes and Communities Agency (HCA), Liverpool Housing Trust (LHT) and Plus Dane Group. As it has embraced new opportunities the partnership has grown to include NHS Halton & St Helens, partner contractors Cruden Construction and Seddon, John McCall architects, Sutcliffe engineers, Bradley Demolition, developer Keepmoat, local artists and the business community.

Over its ten year lifespan, 1,203 deck access units have been demolished, with a further 80 units programmed for demolition in 2012. These have been replaced by 747 new build homes, with 80 new homes currently under construction and a further 400 homes planned over coming years. In December 2011 the 1st phase of the Village Square opened with completion of new shops and flats, this was followed in March 2012 with the opening of a new Community Centre and extensive public realm. A new health centre was opened in May 2012, with a formal grand opening in the summer 2012. Other environmental improvements continue to be delivered within the neighbourhood. A first phase of intervention covering a proportion of the 500 two-storey system built houses was announced in March 2012, this will include external wall and roof cladding to improve the energy efficiency of the properties and the visual amenity of the neighbourhood.

This year, residents will determine priorities for the next ten years and create a continuing action plan. The partnership is committed to the long-term future of Castlefields and in 2012 will deliver a significant public art commission, develop the first private housing for outright sale and introduce innovative energy efficiency technologies to existing homes.

The Partnership is naturally proud of its achievements in transforming the once low demand area of Castlefields to an area of choice for homeseekers and its efforts have been rewarded with a Housing Excellence Award for Best Partnership of 2012. In addition, Castlefields was shortlisted for the Royal Insititute of Chartered Surveyors North West Award for the Village Square development and the UK Housing Award for Partnership of the Year.

The Private Rented Sector

As mentioned earlier in this document, the private rented sector is the fastest growing housing sector in Halton and in the current economic climate is to an extent filling the gap in meeting housing needs as a result of limited mortgage availability and reduced mobility in the social housing sector. This is borne out by the Strategic Housing Market Assessment, which found that a much higher proportion of households expected that their next move would be to privately rented accommodation than expressed the sector as their tenure of choice.

Despite this growth it must be remembered that private rented housing still forms only a small proportion of the housing stock when compared to other areas as demonstrated in figure 3.2 earlier in this document with an estimated 5,000 properties in Halton owned by private landlords.

The vast majority of landlords are responsible and the Council will continue to develop pro active working relationships with those landlords who wish to improve the standard of their properties and management approaches through voluntary accreditation (described below).

However, other than for certain categories of Houses in Multiple Occupation (of which there are very few in Halton) the sector is largely unregulated. Evidence from the Private Sector Stock Condition Survey reveals that private tenants are more likely to live in a property containing a Category 1 hazard than owner occupiers (17% of private rented compared to 10% of owner occupied housing) and that a third of private tenants live in homes which do not meet the Decency Standard compared to a quarter of owner occupiers.

Levels of energy efficiency are also lower in the sector with average SAP ratings of 53 compared to 57 for owner occupied housing. The Energy Act 2011 states that by April 2016 private landlords cannot unreasonably refuse requests from their tenants for consent to have energy efficiency improvements carried out where financial support is available for example through the Green Deal or

Energy Company Obligation. The Act further requires that by April 2018 all privately rented properties should be brought up to minimum standards of energy efficiency (likely to be set at Energy Performance Certificate rating E).

In addition, the termination of an Assured Shorthold Tenancy was the second highest reason for homelessness in the Borough in 2011/12, the numbers having trebled on the previous year, which is in part likely to be as a result of changes to the Local Housing Allowance introduced as part of the current agenda of welfare reform.

The Localism Act 2011 gave local authorities the power to discharge their statutory homelessness duty through an offer of private rented accommodation. At the time of writing the Council has yet to consider its position on this, however, if this policy is adopted locally the accommodation offered will, in accordance with Government Guidance, at least meet suitability standards.

In common with many other local authorities, the Council takes a dual approach to the private rented sector with, on the one hand, the accreditation scheme rewarding "responsible" landlords while on the other the Council uses its enforcement powers to take action against less scrupulous landlords whose properties do not meet a satisfactory standard. These two approaches are described in more detail below.

Landlord Accreditation Scheme

Halton's Landlord Accreditation Scheme has been running for approximately seven years. It is a free and voluntary scheme which offers a range of benefits to qualifying landlords including fast tracking of benefit applications, insurance discounts, seminar invitations and general guidance and support. Landlords must meet required minimum standards to be eligible for accreditation covering the condition of their properties and management standards.

56 landlords have applied for accreditation covering 308 properties out of a total of around 5,000 in the sector. Out of these 34 landlords have reached the required standards to be accredited. A database of known private landlords with properties in Halton has been compiled and these are written to periodically to encourage them to seek accreditation. The scheme is also publicised in newsletters and the Council's website.

All known landlords are invited to a quarterly Landlords' Forum which provides opportunity for formal discussion on a wide range of relevant issues and for landlords to network and informally discuss issues of common interest. Forum meetings are generally well attended and provoke lively discussion and interesting debate.

Enforcement

Local authorities have a range of powers at their disposal to deal with poor conditions and nuisance in the private rented sector. Halton's Environmental Services team deal with a wide range of enforcement issues, not just housing, including noise nuisance and air and environmental quality. On receiving a complaint from a private tenant, the team will carry out an inspection of the property and if it is found to be below the minimum standard will contact the landlord to request that the remedial works are carried out. In most cases this informal approach works as the landlord quickly responds to the request. However, in some isolated cases, enforcement action, usually involving issuing statutory compliance notices under the Environmental Protection Act 1990, is necessary.

Scrutiny Review into the Private Rented Sector

In 2011 elected members from the Safer Halton Policy and Performance Board undertook a scrutiny review into the Private Rented Sector. The review was prompted by a number of complaints of anti social behaviour from private sector tenants and what was felt to be an inadequate response from absentee private landlords.

Members made a number of recommendations including piloting a more pro active approach to the sector, promoting Council services to tenants and landlords in those areas, encouraging landlords to register contact details and apply to join the accreditation scheme and tenants to report any issues with their property to the Council so that they can be taken up with the landlord and, where necessary, enforcement action taken.

An officer working group has been set up to take forward the recommendations.

Part Four – Halton's People

Overview

Population

The latest ONS mid year population estimates (2010) indicate that there are 119,300 people resident in the Borough. Halton has experienced population growth since 2006 as a result of a combination of higher levels of natural change (more births than deaths) which have outweighed lower (albeit sustained) levels of net out migration. Another factor in this may have been the delivery of larger, more aspirational housing at Upton Rocks in Widnes and Sandymoor in Runcorn which has helped to enhance the housing offer at the upper end of the scale and attracted new residents who may not otherwise have moved to the area.

The overall population is projected to grow to 121,400 by 2018 and 122,900 by 2023 (4% on the latest estimates from 2008) although this growth is lower than the regional and national growth projections of 5% and 11% respectively.

Age

Comparison of the age profile of Halton residents with regional and national figures shows a population skewed towards younger people as illustrated in figure 4.1. For example, an estimated 19% of Halton's residents are under the age of 15 compared to 17.5% regionally and nationally and there are lower proportions of people aged 75 and over. This relatively young population structure is partly as a consequence of the movement of young families to the Runcorn New Town estates. However, these first generation New Town residents are getting older and are expected to reach retirement age in the period to 2026.

Figure 4.1 – Age profile of the population

Data from the Office of National Statistics shows the projected change in the population by age band to 2023, as below:

- Younger people (0 - 14 year olds) - population projected to grow by 7% (2008 - 2023)
- Working age (16 - 64 year olds) - population projected to decline by 6% (2008 - 2023)
- Older people (65+) - population projected to grow by 43% from 16,900 in 2008 to 24,200 in 2023

Of particular significance to housing provision is the projected growth in the older population. The housing needs of older people will be explored in more detail later in this evidence paper.

Ethnicity

The 2010 Strategic Housing Market Assessment confirmed that Halton has a very small black and minority ethnic (BME) population with 97.6% of households describing themselves as White British. Although the number of respondents was too small to produce wholly reliable results the survey does suggest a small growth in the White Other population, which might be expected as a result of the accession of new member states into the European Union over recent years and also of Mixed Race populations. The survey also found that as a whole BME households are:

- typically larger than households headed by a White British/Irish person (an average of 2.74 people compared to 2.37 within the White population);
- less likely to rent accommodation (both social and private) and are far more likely than average to be owner occupiers with a mortgage (59% compared to 39% for White households);
- notably less likely than White households to contain a household member with a support need;

- record an average household income of £33,480 which is higher than the comparative figure for White households of £25,512. However, it should be noted that there are a greater proportion of working age BME households in Halton than there are White working age households.

It is important to note that the response to the survey from BME households was small (46 responses) and so the above findings should be treated with a degree of caution, however, the last Housing Needs Survey in 2006 also recorded similar findings.

Households

At 2011 there were 53,300 households living in Halton, representing a 11% increase since the 2001 Census and an 16% increase since the 1991 Census. Figure 4.2 below illustrates the dramatic increase. While recent population growth will be a factor in this increase, the main reason is a fall in household size.

Figure 4.2 – Number of households in Halton

The SHMA found that the overall average household size in the Borough was 2.4 persons but that there were differences according to tenure as illustrated in figure 4.3 below.

Figure 4.3 – Average number of people in household by tenure

Analysis of household composition as illustrated in figure 4.4 emphasises the differences between each tenure. Of particular interest is the fact that 45% of households living in social housing are non pensioner single or couple households who, if living in accommodation with two or more bedrooms and claiming Housing Benefit, are likely to be affected by the underoccupation penalty as part of the forthcoming welfare reforms. It is also interesting to note the disproportionate amount of families with children, particularly lone parent households, living in the private rented sector where, as we have already seen, housing conditions tend to be the poorest.

Figure 4.4 – Household composition by tenure

Economic analysis

Deprivation

Halton is ranked 27th most deprived area out of 326 local authority areas according to the 2010 Indices of Multiple Deprivation. This has worsened slightly from a rank of 29th from the IMD 2007 although there has been little change in the deprivation score.

The most deprived ward in Halton is Windmill Hill, while the least deprived ward in Halton is Birchfield. 26% of Halton's population live in areas that fall in the top 10% most deprived nationally, this is more than the national figure (10%) but lower than the Liverpool City Region figure (31%).

The ward with the most improved average IMD score between 2007 and 2010 in Halton (therefore the largest decrease in deprivation) is Halton Lea. Halton Castle, Windmill Hill and Halton Lea have seen the largest improvements in the Barriers to Housing and Income domain. The wards with the highest ranking for Barriers to Housing domain are Beechwood, Daresbury and Heath which is presumably indicative of a lack of affordable housing, particularly in the first two areas.

Unemployment

Halton continues to have high levels of unemployment compared to regional and national rates. Latest figures show that 18.7% of the resident working age population claim out of work benefits, compared to 15% for the North West and 11.9% nationally (Feb 2012). Employment Support Allowance and Incapacity Benefit make up the largest proportion of these (10.3% of the working age population) followed by Job Seekers Allowance (5.8%).

12.2% of 18-24 year olds claim Job Seekers Allowance, a third of whom have been claiming for over 6 months.
Figure 4.5 below uses data from the SHMA to illustrate the economic status of the household reference person living within each tenure. As might be expected, the majority of housing owned without a mortgage is occupied by retired people and a third of social housing tenants are retired. The chart also shows the high proportions of unemployed people living in rented accommodation.

Figure 4.5 – Economic status of household reference person by tenure

Income

The SHMA used data from the Annual Survey of Hours and Earnings for 2004 and 2009 to assess the median income of residents in full time employment. The results, illustrated in figure 4.6 below, show the gap between annual earnings of Halton residents and those living in the North West and Great Britain.

Figure 4.6 – Annual gross income of full time employed residents 2004 and 2009 – median income (SHMA)

More recent data from the Office for National Statistics allows us to compare the median weekly gross pay for full time workers in 2012 with neighbouring local authorities. The results, illustrated in figure 4.7 reveals the extent to which the Borough lags behind surrounding areas.

Figure 4.7 – Median weekly gross income 2012 (full time workers) (ONS)

Health and Housing

The links between health and housing are wide ranging and well documented. Improving housing conditions and the energy efficiency of housing can bring numerous health benefits as highlighted in the 2010 Marmot Review of Health Inequalities "Fair Society, Healthy Lives". This study found that countries with more energy efficient housing have fewer excess winter deaths and that there is a strong relationship between cold housing and cardio vascular and respiratory disease. For example, it found that children living in cold homes are more than twice as likely to suffer from a variety of respiratory problems than children living in warm homes and that cold housing negatively affects children's educational attainment, emotional well being and resilience to illnesses.
The relationship between health and housing is not just confined to the energy efficiency of housing. The removal of hazards in a property can help to reduce the number of accidents in the home, in turn removing the need for unnecessary hospital admissions and surgery and maintaining the independence of the occupier.
There are also links between housing and mental health. For example, fuel poverty, poor quality housing and overcrowding are associated with stress, anxiety, depression and poor mental health and studies have shown a relationship between insecurity of tenure and poor mental health.

Need for adaptations

The SHMA found that an estimated 15,104 households in Halton contained someone with a support need, representing 29% of all households in the Borough. People with a walking difficulty were the most predominant group, affecting 7,902 households (15% of all households) as shown in figure 4.8.

Figure 4.8 – Households containing someone with a support need

Respondents were asked to indicate whether there was a need for adaptations to their existing accommodation or a need for additional support services, with the results illustrated in figure 4.9 below. The results show requirements for a wide range of adaptations or support with help maintaining the home, provision of a level access shower and other bathroom/toilet alterations being

the most common. In the social rented sector the Council, working in partnership with Registered Providers, has been successful in clearing the backlog of requests for adaptations that had built up over a number of years. However there remains a level of need in the owner occupied and private rented stock although the figures shown in 4.8 below need to be treated with a degree of caution since they are a based on survey respondents' assessment of need rather than an assessment by a qualified Occupational Therapist.

Figure 4.9 – Adaptations/support services needed

Demand for supported housing

The SHMA collected information about the moving intentions of households and, in particular, asked respondents who were seeking a move whether they would be seeking supported housing. The vast majority (over 90%) indicated that they would not, however, those that did anticipate moving to supported housing expressed a preference for sheltered housing with a warden, as indicated in figure 4.10.

Figure 4.10 – Demand for supported housing

These figures must be viewed with some caution as whilst the postal survey did provide definitions of the different types of housing, the subtle differences may not have been fully understood. It is interesting to note, however, that demand for extra care accommodation evidenced through the SHMA, at 154, is significantly higher than that found by the last Housing Needs Survey undertaken in 2006, perhaps reflecting a growing awareness of this type of supported housing.is not dissimilar to the estimate produced in 2008 by Tribal Consulting which looked at the potential demand for extra care based on care homes admissions and those in receipt of significant community care packages.
The Tribal study estimated an immediate demand for 137 additional units of extra care, rising to 196 in 2017. The study was based on 2008 based population projections which have turned out to underestimate the numbers of older people in Halton compared to the 2011 based population forecasts.

Updating the population assumptions in the Tribal study produces a revised demand estimate of 199 units in 2011, rising to 272 in 2021, which reduce to 112 and 185 when existing extra care provision is netted off. Fuel Poverty

The current definition of fuel poverty deems that a household is in fuel poverty if it must spend more than 10% of its income on maintaining a satisfactory heating regime. Whether a household is in fuel poverty or not is determined by the interaction of a number of factors, notably:

- The energy efficiency of the property;
- The cost of energy;
- Household income;
- The size of the property relative to the number of adults in the household.

Latest figures from the Department of Energy and Climate Change (2010) suggest that approximately 18.1% of households in Halton are in fuel poverty, equating to 9,420 households. This proportion is lower than the regional figure but higher than national levels, as illustrated in figure 4.11, which also shows the steep rise in the proportions of households in fuel poverty from 2008 to 2009, equating to over 1,800 households. This is likely to be due to the impact of rising fuel costs at a time when income levels have remained static, or in some cases fallen. Current levels are likely to be higher still due to significant increases in fuel costs since 2009.

Figure 4.11 – Proportion of households in fuel poverty (DECC)

The geographical distribution of fuel poverty reveals that low value areas containing high proportions of private sector housing (e.g. Appleton, Ditton and parts of Heath, Kingsway and Mersey wards)

have higher levels of fuel poverty (between 25% and 35% of households). It is interesting to note that despite relatively lower income levels, levels of fuel poverty in the Runcorn New Town estates are not as high as might be expected. This is likely to be due to the relative age of the housing stock and the impact of improvement programmes to bring homes up to the Decent Homes Standard.

Space issues

Overcrowding

Findings from the Halton SHMA indicate that around 915 households (1.7% of all households) are classed as overcrowded using the bedroom standard (the most commonly accepted method of assessing overcrowding). Data from the Survey of English Housing (SEH) suggests that nationally levels of overcrowding stand at 3.0%.

There are a disproportionate number of households classed as overcrowded living in rented accommodation as shown in figure 4.12 below, where proportions exceed 3% of households in both social rented and private rented sectors compared to less than 1% of owner occupied accommodation.

Figure 4.12 – Number of households living in overcrowded accommodation

Underoccupation

Figure 4.13 illustrates the number of people underoccupying their accommodation by at least one bedroom (using the bedroom standard) by tenure and by type of household. Underoccupancy levels are around 54% for owner occupied and social rented stock but are higher (62%) for households living in the private rented sector.

Figure 4.13 – Underoccupancy levels (by 1 or more bedrooms)

As might be expected, single person and couple households are more likely to underoccupy their accommodation, however, it is interesting to note that 5,679 non pensioner households underoccupy social rented accommodation. It is likely that a sizeable proportion of these households claim Housing Benefit and will, therefore, lose some of this benefit as a result of the underoccpancy penalty to be introduced in April 2013 as part of the Welfare Reform Act.

Impact of welfare reform

Part two of this evidence paper described the changes to Housing Benefit and Local Housing Allowance as a result of the Welfare Reform Act. Using information from the Council's Housing Benefit department and the SHMA it is possible to estimate the number of households who will be affected by the changes, as follows:

Change	Estimated number of households affected	Extent of impact
Introduction of Universal Credit	104 cases identified by HB as to be potentially "capped"	Total payments capped at £26,000 – loss of income for some households very significant (as much as £500 per week) Housing Benefit is first to be capped Payments made direct to claimant – possible increase in rent arrears and homelessness. Monthly payments could cause budgeting issues for households
Replacement of Disability Living Allowance with Personal Independence Payment (PIP)	It is estimated that 10,600 Halton residents claim DLA	The change to PIP will involve a reduction in the numbers of those receiving financial assistance. Claimants could be put off by face to face interview. Those receiving low rate care element unlikely to qualify. Losing DLA will result in loss of disability premiums awarded as part of other benefits.

Replacement of Incapacity Benefit with Employment Support Allowance	Exact numbers are unknown but Halton has a disproportionate amount of people claiming Incapacity Benefit	ESA is designed to reduce the number of people who are classified as unable to work. A large proportion of appeals to date have been successful, however, there is a very long wait for appeals (up to 12 months
Extension of the Single Room Rent Allowance to 35	234	£37.61 reduction in weekly LHA entitlement
Underoccupancy penalty	SHMA suggests this may affect: 2,311 under occupying by one bedroom, 725 under occupying by 2 bedrooms 92 under occupying by 3 bedrooms	Those under-occupying their social housing property by one-bedroom to lose 14% of their HB and those under-occupying by two or more bedrooms to lose 25%.

The figures above show the extent to which Halton's households are likely to be impacted by welfare reforms. The implications of these changes for some of Halton's households and for the organisations who support them are likely to be significant. The expected impacts include an increase in rent arrears as households struggle to balance household budgets which could, in turn, put pressure on landlords to take action in order to minimise a build up of arrears. Registered Providers in Halton have been pro active in engaging with tenants who are likely to be affected and in many cases have expanded their in house financial support services available to ensure that their tenants are fully prepared for the changes.

There are also potential impacts for Council services resulting from a potential increase in homelessness applications and need for temporary accommodation including Bed and Breakfast (the costs of which are considered on the next page) and in demand for welfare benefits advice.

The impacts are likely to be further compounded by the localisation of Council Tax from April 2013 which will require some households who previously received 100% Council Tax benefit to make a contribution to accommodate a 10% reduction in Government funding and the transfer of the Social Fund from Department for Work and Pensions to local Councils which will also reduce the amount of funding available for Crisis Loans and Community Care Grants. The scheme will also replace cash payments to claimants with alternative forms of payment e.g. vouchers.

Homelessness

Levels of homelessness

In common with other local authority areas, homelessness in Halton is on the increase. In 2011/12, 154 households applied to the authority as homeless compared to 78 for the whole of 2010/11. Of these 154 households, 64 were found to be unintentionally homeless and in priority need compared to 37 in 2010/11. Almost half of those accepted as statutorily homeless in 2011/12 were single women with at least one child and 35% in this period were between the ages of 16 and 24. Generally only a small number of ethnic minority households apply as homeless (4 in 2011/12), however, this is in keeping with the low proportions of ethnic minorities living in Halton.

Trends

Figure 4.14 illustrates changes in levels of homelessness over the last 5 years. It shows how homelessness has increased in 2011/12 compared with the previous year but also how 2010/11 had seen a very significant decrease on the three years before that. Total applications in 2007/08 were over three times as high as the number of applications in 2010/11. This is almost entirely due to the success of the authority's preventative approach to homelessness which is described in more detail below.

Figure 4.14 – Homelessness trends

Reasons

Figure 4.15 below illustrates the reasons behind homelessness and how these have changed over time, largely as a result of the preventative work referred to above. In particular, the number of households made homeless as a result of parents or others no longer willing or able to accommodate has reduced by 87%. While there have also been decreases in homelessness for other reasons, it is worrying to note that the main reason for statutory homelessness is domestic violence affecting 15 households so far in 2011/12, however this could reflect the increased need for crisis intervention and less opportunity for preventative work.

The termination of assured shorthold tenancies is the second biggest reason for homelessness in 2011/12, the numbers having trebled on the previous year. These trends are perhaps indicative of the current economic climate and, possibly, the impact of impending welfare reform which could encourage private landlords to evict tenants who are claiming Housing Benefit in favour of those who are working.

Figure 4.15 – Reasons for homelessness

Repossessions

Much work has been done over recent years to stem the rise in repossessions and the number of orders granted has decreased by 55% from a peak in 2008, as illustrated by figure 4.16. The number of repossession claims and orders in 2011 was lower than they were in the years leading up to economic downturn.

Figure 4.16 – Annual mortgage possession claims and orders made

The number of landlord possessions has also been in decline, as illustrated in figure 4.17 below. However, figures for 2011, reveal that the number of claims submitted and orders made has started to creep back up, which is consistent with the increase in homelessness caused by termination of Assured Shorthold Tenancies for the same period.

Figure 4.17 – Annual landlord possession claims and orders made

Costs of homelessness

According to figures released by the Department for Communities and Local Government the average cost to the local authority of statutory homelessness is £5,500 per household. This compares to an estimated cost of preventing homelessness of £500 per household as illustrated in the table below.

	What's involved	Approximate costs
Statutory homelessness	Single person presenting as homeless on the day would warrant a full homeless assessment consisting of; Housing Solutions Adviser time Temporary Accommodation Provision Homeless investigation – contacting relevant agencies etc. to clarify information submitted Homeless Decision If accepted, securing suitable accommodation to discharge homeless duty	£5,500
Prevention	Single person threatened with homelessness (ordered to leave within period of time)	£500

	Prevention assessment Prevention options offered to client – BGS, Prevention fund, Negotiation with parents / landlord to sustain tenancy.	

The Council started to develop its preventative approach (examined in more detail below) in 2007/8. At that time the Council regularly temporarily placed homeless households in bed and breakfast accommodation to fulfil its interim duty to accommodate households while investigations were taking place. This practice has virtually ceased due to the wide range of prevention measures the authority now uses. As an example in April 2008 to August 2008 bed and breakfast costs to the authority were £133,252. Costs for the same period in 2012 were nil.

The costs associated with the various prevention options available are as follows:

Prevention option	**Average cost**
Bond Guarantee Fund	£500
Prevention fund (assists with deposits, minor repairs,rent arrears etc	Up to £500
G.I.F.T (Furniture incetive scheme for 18-25 year olds	£100
Discretionary Housing Benefit – HB payment to assist clients experiencing financial difficulties etc.	£10 to £25 per week for an agreed period of time
Mortgage Rescue Scheme – Assist tenants and homeowners to remain within their homes	Up to £3,000
No second night Out – Halton is one of the six sub regional authorities to sign up to the service to tackle rough sleeping.	Externally funded

Prevention

Figure 4.18 illustrates the authority's success at preventing homelessness and enabling potentially homeless people to remain in their current home as reported to the CLG as part of the local authority's P1E return. As shown the main measure used is crisis intervention in the form of emergency support which over the last three years has helped prevent homelessness for over 600 families.

Figure 4.18 - Homelessness prevention measures – household able to remain in current home

Figure 4.19 below details the prevention measures that have necessitated a move to alternative accommodation. It illustrates the success of the Bond Guarantee Scheme and the relationship the authority has developed with accredited private landlords in providing alternative accommodation for potentially homeless people. It also demonstrates the role that providers of supported housing schemes play in alleviating homelessness.

Figure 4.19 – Homelessness prevention measures – household assisted to obtain alternative accommodation

Rough sleeping

Halton participates in the annual Cheshire rough sleepers count. Despite rigorous searches of likely sleeping places, to date, no actual rough sleepers have been encountered on the night of the counts. This is not to say that rough sleeping does not occur in the Borough, merely that the annual snapshot has not uncovered a problem to date.

The Housing Needs of specific groups

Introduction

A model to assess the housing needs of specific client groups was developed by the nowdisestablished regional assembly (known latterly as 4NW). The specific accommodation based needsfor each client group are illustrated in figure 4.20 below. The model points clearly to a substantialneed for specialist accommodation for older people, particularly the frail elderly. However, the modelshould be treated as indicative only and not as a definitive statement of need. For example the Council's Accessible Homes Register provides detailed information on the number of disabledawaiting suitably adapted housing and the type of housing they need. This is shown at figure 4.21below. The Council has responded to this identified need and at the time of writing plans to developa 100 units of extra care housing in Halton are well advanced.

Other vulnerable groups identified as having unmet accommodation needs are single homeless people, people with mental health issues and those with drug and alcohol problems. There is also a need to review accommodation provision for adults with learning disabilities in terms of the suitability and accessibility of current provision and a need to develop a planned approach to moving to independent, supported accommodation for those living with ageing parents or in unsuitable housing.

Figure 4.20 – Accommodation based support needs

Figure 4.21 – Halton BC Accessible Homes Register (number of clients awaiting suitably adapted housing)

Gypsies and Travellers

Halton has two Council owned Gypsy and Traveller sites. The well-established Riverview site at Widnes has 23 permanent pitches, including a pitch for the resident warden. The site underwent substantial refurbishment in 2008. In 2009, the authority's first transit site was opened in Runcorn offering 14 pitches. There are also two authorised privately run sites, and a third site operating under a temporary planning permission. This gives a current total of approximately 56 pitches in Halton.

Under the Housing Act 2004 all Councils have a statutory duty to undertake periodic assessments of the accommodation needs of Gypsies and Travellers and Travelling Show People in their area. The last assessment, which was undertaken by University of Salford's Housing and Urban Studies Unit (SHUSU) in 2007, was a sub regional assessment involving all Cheshire authorities and St Helens. It found a need for between 28 and 32 additional pitches in Halton, which equates to a third of the total need identified for the Cheshire Partnership area. The authority has gone some way to meet this need through the subsequent development of a transit site.

As well as the statutory duty to undertake periodic needs assessments, new Government Guidance in "Planning Policy for Traveller Sites" (DCLG: March 2012) requires local authorities to maintain a five year deliverable supply of residential pitches for Gypsies and Travellers sufficient to meet the identified need within their development plan documents. In preparation for this, the Cheshire Partnership plans to update its need assessment in 2013. The assessment will include travelling showperson sites.

The Homes and Communities Agency had recently awarded £850k to the Council to develop a further 12 pitch site which will make a significant contribution to meeting existing identified needs.

Older People

The SHMA provides further details on people over the state retirement age prevailing at the time the survey was completed. In particular, the study used demographic modelling to predict changes in the population of older people. It estimated an increase of 6,000 households made up solely of people of pensionable age between 2010 and 2026, increasing the proportion of older person households from 23% to 30% as illustrated in figure 4.22.

Figure 4.22 – Growth in older person households 2010 - 2026

Clearly, this increase will have significant implications for housing provision and related care and support services. The SHMA recommends that the local authority ensure that housing strategies and policies meet the needs of older people by:

- Ensuring that an appropriate percentage of new housing supply will meet the needs of older people and their carers in terms of size, location and design;
- Improving the condition of existing properties so that older people have homes which are warm and secure;
- Working with others to ensure flexible and tailored support for those who need it.

These issues will be addressed through the development of an Older Persons Commissioning Strategy planned for 2013. Tis will include services to older persons in Halton – including an older persons housing strategy.

Part Four – Halton's Services

Homelessness Services

Homelessness Prevention

The Council's Housing Solutions Team deals with cases of statutory homelessness but the focus of its work is on preventing homelessness from occurring. A wide range of preventative services are offered, including:

Mediation

As already described family breakdown is a primary cause of homelessness, often arising from problems between parents and adult children. Therefore, Housing Solutions work closely with families to re-establish relationships and enable the young person to continue living in the family home where this is appropriate. In April 2011, Housing Solutions received Government funding to recruit a dedicated Young Persons Officer to deal specifically with 16 and 17 year olds and enable a more focussed effort on this kind of work. In 2010/11 the Officer dealt with 97 advice cases, preventing homelessness in 58 cases and in 2011/12 the Officer prevented 55 young people from becoming homelessness from a total caseload of 75.

Supported Lodgings (Nightstop)

The Nightstop service has developed a supported lodgings scheme providing very short-term accommodation for young people together with a mediation service which aims to resolve issues which have led to the breakdown in family relationships. The accommodation is provided by a volunteer host family – a network of volunteer hosts have been recruited to ensure appropriate placements are available for young people, whilst more suitable short-term housing is found or until mediation leads to the young person returning to the family home.

Domestic Abuse Sanctuary Scheme

This scheme enables victims of domestic abuse to remain in their home by fitting enhanced security measures where it is safe to do so, is the victim's choice and the perpetrator does not live in the accommodation. The sanctuary measures required are based on individual needs and include repaired, reinforced or replacement doors, hinges and windows, door and window lock and alarms and security lighting. The Council is currently working with partner agencies to develop a Halton Sanctuary Scheme with Registered Providers taking responsibility for the installation of sanctuary measures within their properties and the Council funding sanctuary measures within private sector properties. Halton also has a refuge for women fleeing domestic violence managed by Women's Aid.

Bond Guarantee Scheme

In an effort to increase prevention of homelessness, a Rent Deposit Scheme was launched in 2007. The scheme was developed to assist homeless individuals and families to access private rented sector (PRS) accommodation by providing the deposit required by landlords. The scheme was very successful but costly so was changed in 2009 to become a Bond Guarantee Scheme (BGS). The scheme now provides the written promise of the deposit amount should it be required at the end of the tenancy. BGS allows the Council to assist more households into the PRS as no funds are released unless the landlord has reason to claim on the bond for rent arrears or property damage.

For each bond that is provided, there is a written agreement in place, which the tenant, landlord and Council all sign up to. It sets out what the bond can/cannot be used for and makes clients aware that they are responsible for the bond and will be invoiced for any reasonable claim, which ensures they are accountable for their own conduct during the tenancy. The agreement also details the importance of the client saving for their own deposit to eventually replace the need for the bond guarantee.

Of the 328 tenancies created since the introduction of the BGS in 2009, 67% are ongoing, 15% ended without a claim and 18% ended with the bond being claimed (either in part or in full). In the early days of the BGS the criteria was very loosely applied and nearly 100% of those who applied for a bond were granted one. Since this time the criteria has been tightened and therefore, the number of bonds granted has decreased. The decrease in Local Housing Allowance (LHA) rates has also affected the scheme as it is now more difficult for households to find affordable accommodation in the private rented sector.

In 2010/11, 75% of claims on bonds were either partly or wholly due to rent arrears. In an effort to reduce this, changes to the scheme's processes were made. Applications for direct payment of housing benefit to the landlord were increased (since April 2011 72% of all BGS tenancies had direct payments secured) and greater restrictions were placed on the amount of shortfall clients were permitted.

Mortgage support

The current economic climate has led to an increased number of people finding themselves in mortgage difficulty. In response to this, Halton established a Repossessions Action Plan and Working Group to bring together the work of various agencies in the borough in preventing repossessions. Housing Solutions also has a dedicated Mortgage Rescue Adviser who since January 2010, has provided tailored advice to 187 households and as a result 94 cases were prevented from repossession.

Home Essentials Fund

The lack of furniture and essential equipment can make people reluctant to move from temporary accommodation and can contribute to abandonment of new tenancies. In Halton, this is particularly the case for younger people. In an effort to help towards the cost of setting up a new home, the Council has established a Home Essentials Fund, which those aged 16-25 can access if they have become unintentionally homeless and have been provided temporary accommodation in one of the borough's hostels. The Council will purchase items (up to a total value of £300) from a set list on behalf of the customer to help towards the costs of fully furnishing their new home when they move on.

Since June 2011, 10 young people moving on from hostel accommodation have been provided with essential home items, including microwaves, toasters, bedding and cookery items up to a total value of £300.**Tenancy sustainment**

Housing Solutions advise or refer customers to other organisations for advice on a range of tenancy sustainment issues to ensure early intervention in the homelessness risk process. In the midst of the current economic climate, one of the key services is that of advice and assistance on debt, welfare rights and money management issues (which are provided in the most part by the Council's own Welfare Rights Service and the Citizens' Advice Bureau. In addition, individual Housing Associations offer services to their own tenants).

The Council's Welfare Rights Service acts as a buffer to homelessness presentations by providing both a preventive and reactive service. The team provides both welfare benefits and debt advice to a specialist level. In terms of debt provision, advice is given from basic debt negotiation through to attending court possession hearings. With regard to income maximisation, the team will carry out simple benefit checks, some form completion and, if people are wrongly refused benefits, assistance with reconsiderations and appeals is offered. Particularly with regard to disability benefits, benefit decisions are often incorrect and in the last financial year, 187 appeals were attended with an 84% success rate. The team also provides a specialist service, funded through MacMillan Cancer Support, to people suffering from Cancers and their immediate families and carers.

Service developments

Following an internal review of the Housing Solutions service undertaken late in 2011, the authority is currently changing the way it delivers homelessness services so that customers can now receive appropriate advice and assistance at the point of initial contact rather than having to wait for an appointment with a Housing Solutions Advisor.

No Second Night Out
Halton is participating in the Liverpool City Region No Second Night Out project. Utilising funding from the Department for Communities and Local Government, the project aims to ensure that by the end of 2012 no one will live on the streets of Liverpool City Region and no individual arriving on the streets for the first time will sleep out for more than one night. It plans to do this by providing a single contact point for reporting rough sleepers and developing a comprehensive menu of services for each local authority area so that tailored support can be offered to rough sleepers to assist them to come indoors. The service works directly with the Housing Solutions Service and external agencies to tackle and address rough sleeping.

Scrutiny review
Elected Members undertook a scrutiny review of Homelessness services in early 2012. The purpose of the review was to examine the provision of temporary accommodation in the Borough and review the extent to which it met housing need and provided value for money. There were a number of conclusions and recommendations arising from the review, the most significant of which was the need to rebalance provision of temporary accommodation for young, single homeless people across both sides of the Borough. This has resulted in the closure of the Runcorn based scheme Halton Goals. Plans to develop a 37 bedroom hostel on the Widnes side of the Borough by 2014 are underway.

Allocations

Choice Based Lettings (CBL)
Choice Based Lettings is a relatively new approach to allocating property, which gives homeseekers greater control over the property they are offered as it requires them to express an interest in homes which are advertised locally.
Halton is a partner in Liverpool City Region's sub regional Choice Based Lettings Scheme, Property Pool Plus. The scheme, which went live in Summer 2012, includes five local authority areas and 22 Registered Providers across the City Region. A common allocations policy has been agreed which uses a banding system to prioritise applications for rehousing. Each local authority partner has selected a delivery agent who will manage allocations and maintain the CBL waiting list on their behalf. Halton Housing Trust has been selected as the delivery agent locally and transitional arrangements to move applicants for rehousing from the waiting lists of local Providers to the new IT system are well underway.
It is hoped that Choice Based Lettings will offer a more transparent and streamlined service to households seeking social housing. Support arrangements are in place for households who may experience difficulty in adapting to the new system and "bids" and allocations will be closely monitored to ensure that no one group of people is unfairly disadvantaged.

Private Sector Housing

Housing Renewal
Historically the Council has allocated significant resources to housing renewal in the form of grants and loans for vulnerable homeowners. Since the last Strategy was published in 2008 784 households have received financial assistance from the Council to help improve their homes at a total investment of £2.441 million. However in the current financial climate regrettably there are no longer funds available to finance this work although funding for Disabled Facilities Grants continues to be available.

Energy Efficiency

Introduction

For a number of years the Council has worked in partnership with Energy Projects Plus, a local environmental charity, to deliver energy advice and assistance to Halton residents. Until recently, this has included the management of two locally developed initiatives: the Energy Zone scheme, which provided discounts for insulation works and HEARTH, which provided emergency heating for people with heart and respiratory conditions and which complemented the Health through Warmth Scheme described below. Unfortunately, due to the loss of the Regional Housing Pot which funded these schemes, they were discontinued in April 2011. However, the authority continues to work with Energy Projects Plus to maximise the benefits of national and regional schemes for Halton residents and to capitalize on funding opportunities, as described below.

Warm Front

The Government's Warm Front scheme provides heating and insulation measures for vulnerable households living in energy inefficient dwellings. The scheme comes to an end later this year and will be replaced with the Green Deal described below. Through the Halton Healthy Homes Network, the Council is promoting the scheme to residents to ensure that those who are eligible benefit from the scheme before it comes to an end.

Green Deal

The Green Deal is essentially a framework which allows private companies to offer households energy efficiency improvements with no upfront costs, with the cost of the work recouped through savings in energy bills. The scheme, which is expected to be introduced in October 2012, could see firms such as B and Q or Marks and Spencer becoming Green Deal providers. Their role would be to offer a finance plan to the householder to pay the initial costs of the work which would be recommended by an accredited adviser and carried out by an accredited installer. The householder's contractual relationship, however, would be with the Green Deal Provider.

An essential element to Green Deal is that the expected financial savings are equal to or greater than the cost of the plan (this is known as The Golden Thread). It is, therefore, not suitable for all types of work or properties and, since, the plan is interest bearing, it may not be suitable for those on very low incomes.

However, the Council recognises the potential benefits of Green Deal for households who may not have qualified for means tested assistance and will work with Green Deal Providers and other organisations involved to promote the scheme. As an example, Halton has recently been awarded funding through the Government's City Deal programme to undertake energy efficiency improvements to two properties to act as Green Deal demonstrator projects through regular monitoring of energy savings resulting from the work.

Energy Company Obligation

The Energy Company Obligation (ECO) will replace the existing Community Energy Savings Programme (CESP) and Carbon Emission Reduction Target (CERT) managed by energy companies in 2013.

Unlike the Green Deal, which requires households to pay for the measures over time, ECO places an obligation on gas and electricity suppliers to achieve energy savings through a smaller range of measures and expects them to subsidise or fully meet the cost of these measures. There are three elements to ECO which have different eligibility criteria as outlined below.

ECO Carbon Saving

This element of ECO is a grant available to any household requiring solid wall insulation or cavity wall insulation that requires additional work to allow the insulation to be installed ("hard to treat cavity wall insulation"). The grant amount will vary across different suppliers but is expected to be mixed together with Green Deal finance to meet the total cost of the work. Other measures such as glazing, draughtproofing or replacement external doors can be added to the improvement package and may attract additional grant from the supplier.

ECO Affordable Warmth

This element of ECO is a grant available to private sector households in receipt of qualifying benefits. Measures eligible for the grant include loft and cavity wall insulation, insulation for solid walls and rooms in the roof, replacement glazing, new and replacement heating systems and renewable energy heating measures. The government plans to extend the current data sharing agreement between benefits agencies and utilities to enable eligible households to be targeted directly to encourage take up.

ECO Carbon Saving Communities (CSCO)

This element of ECO is a grant, aimed at reducing fuel poverty, that is available to any household within designated low income areas (those lower layer super output areas, LSOAs, identified as the lowest ranked 15% within the Indices of Multiple Deprivation). Halton has 33 such areas within its boundaries. To tackle rural fuel poverty CSCO can also be offered to households in receipt of qualifying benefits who live in rural communities with fewer than 10,000 inhabitants. Measures included in CSCO include loft and cavity wall insulation, insulation for solid walls and rooms in the roof, replacement glazing, new and replacement heating systems and draughtproofing.

Health through Warmth

The Health Through Warmth (HTW) scheme was set up by npower in 2000 in partnership with the NHS and National Energy Action (NEA). HTW operates through a locally based referral partnership which seeks to help vulnerable people whose health is adversely affected by cold, damp living conditions. This is achieved by facilitating the installation of appropriate energy efficiency and heating measures, along with the provision of related advice and information.

Clients are referred by health and other key community workers who have attended locally based awareness sessions offered by HTW. HTW Merseyside (including Halton), delivered by Energy Projects Plus, commenced in late 2003 and to date has received over 4,800 referrals and secured over £4m in third party funding in addition to over £0.5m from npower's crisis fund. Key partners are the health sector, local authorities, and community support frontline staff who attend an awareness session and refer into the HTW scheme. Over 1,000 frontline staff have attended awareness sessions, though not all have made referrals into the referral system.

Warm Homes, Healthy People

Halton Borough Council was awarded funding under the Department of Health's Warmer Homes, Healthy People programme to support vulnerable residents through the winter of 2011/12. The funding enabled two energy efficiency programmes to be offered to residents. The Emergency Heat Scheme provided emergency heating systems and repairs for residents and the Heat Aware scheme enabled tailored advice on reading meters and understanding heating controls and energy bills to be delivered within resident's homes. The funding was also used to establish and launch the Halton Healthy Homes Network described below.

Halton Healthy Homes Network

The Halton Healthy Homes Network was officially launched at an event held on Wednesday 22nd February 2012 at Stobart Stadium, Widnes. The event was a great success and the Network now boasts 80 members from a number of different organisations including the council and many of its partners in the statutory and voluntary sectors and community groups. The aim of the Network is to increase awareness of the health implications of poor housing and fuel poverty so that front line staff from the council and partner organisations and community advocates are able to identify those at risk and signpost them to organisations who can offer appropriate assistance.

Membership is open to anyone with an interest in tackling poor housing conditions and reducing levels of fuel poverty in Halton – frontline staff, managers, elected members and community

representatives are all encouraged to join. The network is virtual and communication is mostly sustained via email. It is intended that the Network will continue to develop and in time become the main communication source and delivery vehicle for partnership working relating to housing conditions and fuel poverty. Initially it will have a key role to play in ensuring that relevant front line staff and community advocates are fully aware of the Green Deal and Energy Company Obligation.

Affordable Warmth Strategy

Halton's Affordable Warmth Strategy was developed in 2010 with the assistance of National Energy Action and Energy Projects Plus. A wide range of statutory and voluntary organisations were also involved in the development of the Strategy. The Strategy has five main aims:

- To raise awareness and understanding of fuel poverty;
- Establish effective referral systems amongst agencies in Halton;
- Improve the housing stock so that it is affordably warm;
- Maximise incomes and improve access to affordable fuel;
- Ensure co-ordination and monitoring of the Strategy.

Steady progress has been made in implementing the Strategy's Action Plan including providing fuel poverty training to front line staff, developing an e-learning training programme and introduction of web based information for householders. The development of the Halton Healthy Homes Network will, it is hoped, enable further progress to be made, particularly in relation to establishing referral systems, however, other aims e.g. improving the housing stock remain more of a challenge due to funding constraints.

Merseyside REECH scheme

Halton has been allocated European Regional Development Funding as part of the Merseyside REECH (Renewables and Energy Efficiency in Community Housing). This will enable external insulation/cladding to be installed at over 60 socially rented properties on the Castlefields estate in Runcorn. A key focus of the scheme is to develop the skills of local people to undertake such retrofit work.

In addition to the REECH scheme Registered Providers have accessed funding under the Community Energy Savings Project to deliver energy efficiency improvements to housing stock in Halton Brook, Grangeway and Ditton and Halton Housing Trust has developed renewable heating schemes in some of their properties in Runcorn. The Council is working with Providers to explore and maximise opportunities presented by the Green Deal and Energy Company Obligation.

Adaptations

Home Improvement Agency

The Halton Home Improvement Agency assists households whose homes are being adapted with the help of a Disabled Facilities Grant with a wide range of services, including:

- Providing a list of reputable local builders;
- Giving advice about housing options and conditions;
- Drawing up plans for the adaptation work;
- Liaising with contractors and others involved in carrying out and inspecting the work;
- Help to obtain other support services.

Registered Provider protocol

Historically tenants of social housing have had to wait longer for major housing adaptations from their landlord due to funding constraints. Recognising this inequality, the Council and Registered Providers reached an agreement in 2008 whereby the Council would provide additional financial help Providers to increase the number of tenants benefitting, and to reduce waiting times. A match funding approach was agreed with the Council paying 50% of the cost of the eligible adaptation work.

To encourage ease of participation by Providers the scheme has some flexibility and in particular the agreement offers two routes of organising and delivering the adaptations, either through the Provider or through the Council's Home Improvement Service. In the first two years the scheme has been

running, over 200 properties have been adapted, and the Council plans to maintain this progress for the foreseeable future, albeit with reduced funding levels. In 2011/12, the fourth year of operation, twelve Providers had signed up to the joint funding agreement and those that have declined to date hold very little housing stock within the Borough meaning that the majority of social housing tenants in Halton requiring major adaptations should benefit from this funding. The agreements with Providers are due for renewal in April 2012 and it is the intention of the Council to renew these agreements, subject to the availability of resources.

Accessible Housing Service

The Accessible Housing Service aims to provide a link between the Council's Home Improvement & Independent Living Services and housing providers. It works in partnership with all Providers with stock in Halton to enable a better match for disabled applicants to accessible and adapted homes when they become available in the borough. This means that individuals do not have the disruption of adaptations being completed and at a time of increasing financial pressures nationally it is a better use of Council and Registered Provider resources. Disabled applicants of any age from all property tenures are assessed when they have applied for housing to any of the providers, and available void adapted properties are also assessed to try and match applicants to the accommodation best suited to their needs. It is intended that the service will eventually be integrated with the IT system for the sub regional Choice Based Lettings scheme.

Anti Social Behaviour

Halton's Community Safety Team responds to complaints of anti social behaviour and takes action against perpetrators where appropriate. They also work closely with Registered Providers of social housing to take an estate based approach to the issue. This approach as well as the introduction of a number of support services for young people has led to significant reductions in the number of incidents in recent years, particularly those perpetrated by young people. For example, in 2011/12 the total number of incidents fell by 12.43% on the previous year's figure while youth anti social behaviour fell by 19.6% in the same period. There has been a corresponding reduction in residents' perceptions that anti social behaviour is a problem as evidenced by a residents survey undertaken in October 2011. Whilst partnership working with Registered Providers and agencies like the Police have reduced anti social behaviour, the Council is not complacent and continues to work to reduce anti social behaviour across Halton.

Supported Housing

In recent years the Council has undergone a process of rationalising services to create efficiencies. This has involved ongoing reviews of service provision in line with the available budget to ensure that resources are focused on those most in need. Current priorities within Halton are the provision of appropriate supported housing for older people, people with physical disabilities and learning difficulties.

Partnership working

The Council has a strong track record of partnership working, both at a multi disciplinary level (through the Halton Strategic Partnership Board) and at a single issue, multi agency level. Examples of successful partnership working on housing issues include the following.

Halton Housing Partnership

Halton's Housing Partnership meets on a bi monthly basis and discusses a wide range of housing and related issues. The meetings are regularly attended by representatives of Providers with the largeststockholdings in Halton as well as a range of Council Officers with an interest in housing and the relevant Executive Board Members. The group is represented on the Halton Strategic PartnershipBoard to ensure a two way flow of information between the two groups. Recent and current issues
being taken forward by the group include financial inclusion, the impact of welfare reform,particularly as a result of the underoccupation penalty and development of the Tenancy Strategy.

Strategic Housing Visioning Group

A review of the Halton Housing Partnership in Summer 2012 resulted in the formation of a new partnership between Halton Borough Council and Registered Providers to focus on high level, strategic issues, known as the Strategic Housing Visioning Group. The group has initially adopted three key themes to focus on:

- Housing and Economic Development
- Welfare Reform and Employment
- Health and Well Being

It is intended that the group will have a long term focus on contemporary and forthcoming developments affecting housing and will oversee the work of the more operationally focused Halton Housing Partnership.

Liverpool City Region (LCR) Housing and Spatial Planning Forum

As previously mentioned the LCR Housing and Spatial Planning Forum is a sub group of the Liverpool City Region Cabinet and advises the Cabinet on housing and spatial planning issues. The Forum, which is attended by the Portfolio Holder for Housing Strategy, meets on a bi monthly basis and was instrumental in the development of the Local Implementation Plan which will guide housing investment in the sub region and has also successfully delivered on joint projects related to empty homes, kickstarting stalled housing developments, energy efficiency for hard to treat properties and Choice Based Lettings.

Appendix One – related documents

Document	Contact
Affordable Housing SPD	Alasdair Cross alasdair.cross@halton.gov.uk 0151 511 7657
Affordable Warmth Strategy 2011-2015	Joanne Sutton joanne.sutton@halton.gov.uk 0151 511 8750
Choice Based Lettings (Property Pool Plus) Allocation Policy	Steve Williams steve.williams@halton.gov.uk 0151 511 8859
Core Strategy	Alasdair Cross alasdair.cross@halton.gov.uk 0151 511 7657
Corporate Plan 2011-2016	Lisa Driscoll Lisa.driscoll@halton.gov.uk 0151 511 8012
Design of Residential Development SPD	Alasdair Cross alasdair.cross@halton.gov.uk 0151 511 7657
Housing and Support Strategy for Adults with Learning Difficulties	Liz Gladwyn liz.gladwyn@halton.gov.uk 0151 511 8120
Homelessness Strategy 2009-2013 and Strategic Review of Homelessness in Halton 2008	Patricia Preston patricia.preston@halton.gov.uk 0151 511 8581

Laying the Foundations: A Housing Strategy for England 2011	Available from www.gov.uk
Mid-Mersey Strategic Housing Market Assessment 2011 Local Authority Report for Halton Borough Council	Joanne Sutton joanne.sutton@halton.gov.uk 0151 511 8750
Private Sector House Condition Survey 2009 Report	Joanne Sutton joanne.sutton@halton.gov.uk 0151 511 8750
Scrutiny Review of Homelessness Services 2011/12 Report	Patricia Preston patricia.preston@halton.gov.uk 0151 511 8581
Scrutiny Review of the Private Rented Sector 2012	Joanne Sutton joanne.sutton@halton.gov.uk 0151 511 8750
Strategic Housing Land Availability Assessment	Alasdair Cross alasdair.cross@halton.gov.uk 0151 511 7657
Sustainable Community Strategy 2011-2026	Lisa Driscoll Lisa.driscoll@halton.gov.uk 0151 511 8012
Tenancy Strategy	Joanne Sutton joanne.sutton@halton.gov.uk 0151 511 8750

REPORT TO: Health Policy & Performance Board

DATE: 5 March 2013

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Health & Adults

SUBJECT: Blue Badge Policy - Review

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To present the Board with the revised Blue Badge Scheme Policy, Procedure and Practice document in line with the changes set out in the National Reform Strategy from the Department for Transport (DfT).

2.0 **RECOMMENDATION: That the Board:**

i) Note the contents of the report and associated Blue Badge Policy (Appendix 1)

3.0 **SUPPORTING INFORMATION**

3.1 The Blue Badge Scheme provides a National Arrangement of parking concessions for some people with disabilities who travel either as drivers or passengers. Department for Transport (DfT) Regulations govern the Scheme.

3.2 The Scheme allows badge holders to park close to their destination without charge or time limit in the on street parking environment, and for up to three hours on yellow lines, unless a loading ban is in place.

3.3 A national review of the Scheme in 2007 highlighted several areas where improvements needed to take place to the administration of the Scheme, to the eligibility criteria and to prevent abuse.

3.4 After further consultation, a five year Reform Strategy for the Blue Badge Scheme was published in October 2008. Planned changes to the Scheme include extending Blue Badges to people with mobility disabilities and introducing independent medical assessments to improve fairness and consistency and introducing data sharing systems to reduce fraud and abuse.

3.5 As a result of the National Strategy the local Blue Badge Policy has been reviewed and updated. The main changes are outlined below:-

- **Process**

Although Halton Direct Links are responsible for administering the Blue Badge Scheme on behalf of the Council, the Initial Assessment Team are the point of contact for any application needing medical assessments and will provide professional advice and support where required, particularly in relation to more complex cases.

The Adult Complex Care teams will provide Independent Mobility Assessments where needed.

- **Increase in charges**

Halton Borough Council now levies a charge of £10 per badge application. This increase was approved at Executive Board Sub Committee in December 2011. This covers the cost of the badge (£4.60 + VAT = £5.52) plus other admin costs incurred by the local authority. Fast Tracked applications for individuals with a terminal condition currently cost the Council a further £2.45. This additional cost must be taken from the £10 charge and not passed onto the applicant.

- **Assessment for Eligibility**

The funding provided for applicants who may be eligible for a badge subject to a medical assessment, previously undertaken by GP's, has been transferred from Halton & St Helens Primary Care Trust to Halton Borough Council, as of April 2011. Consequently Halton Borough Council is now responsible for paying for assessments, including those carried out by GP's.

As of 1 April 2012 eligibility under the 'permanent and substantial disability' walking criterion has to be confirmed by an independent mobility assessor, unless eligibility is self-evident. Changes to the medical assessment have now been fully implemented, as outlined below.

- **New Process for Medical Assessments**

For applications requiring further assessments Halton Direct Link Staff will check for correct completion, then forward through to the Initial Assessment Team for a Desk Based Assessment. If an Independent Mobility Assessment is required the application will be forwarded to the Occupational Therapists in the relevant Complex Care Teams.

- **Pre-assessment application**

Whilst undertaking an assessment in an individual's home the Occupational Therapist or Community Care Worker may feel that the individual would meet the criteria for a Blue Badge without further assessment. In these cases they can fill out the pre-assessment form.

- **Welfare Reform**

In January 2013 the Department of Transport and Blue Badge Improvement Service published guidance regarding reforms to the welfare system.
Personal Independence Payments (PIP) will begin to be introduced for people who are aged 16 to 64 from 8 April 2013. From October 2013 onwards PIP will begin to replace Disability Living Allowance (DLA) from existing DLA recipients aged between 16 and 64.

This will affect those people who are applying for a Blue Badge without further assessment as those individuals who are currently in receipt of DLA Higher Mobility Component have been automatically eligible for a Blue Badge.
It has been decided that when DLA is replaced by PIP there should still be a legislative link.
This means that future eligibility for a Blue Badge will be as similar to the current eligibility criteria for the scheme as possible.

3.6 Renewal Letter

It is proposed that we cease to send out reminder letters to renew Blue Badges as it will free up staff time and reduce postage costs, currently we send out 200 renewals per month.
We have contacted Liverpool, Cheshire East, Cheshire West, Knowsley and Warrington who have not sent out reminders for several years.

4.0 POLICY IMPLICATIONS

4.1 The revised Policy, Procedure and Practice, including the associated changes highlighted in this report will ensure that Halton Borough Council's Blue Badge Scheme complies with current DfT Regulations and good practice. However it is recognised that further work is needed to effectively tackle fraud and abuse and to improve data collection. It is anticipated that future legislation and guidance arising from the implementation of the Blue Badge Reform Strategy will assist in taking forward these objectives, in addition to the other proposed changes to improve the Blue Badge Scheme nationally.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 Badge Charges
The charge of £10 for a Blue Badge issued for a three year period still represents good value for money as badge holders are exempt from parking charges in many areas, plus they can qualify for other benefits such as support with travel costs.

5.2 Independent Assessment
Funding to support the transfer of responsibility came to the Council as part of the Learning Disabilities and Health Reform Grant. It was not ring-fenced but is estimated at £14k for 2011/12.
From April 2011 to March 2012 it is estimated that the cost to HBC

has been £40.3k to pay GP's for medical assessments. (1439 assessments @ £28).
The Council will continue to subsidise the scheme with the provision of administration and Occupational Therapy support despite the increase in charges.

Renewal Letters
We currently post 200 renewal reminder letters per month, the estimated costs are:
Total (excluding print costs) = £284.80 per month

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

6.1 **Children & Young People in Halton**
The policy makes provision that Children under three may be eligible for a Blue Badge if they fall within either of the following descriptions: A child who has a condition that requires that they must always:-

- Be accompanied by bulky medical equipment which cannot be carried without great difficulty; and
- Be kept near a motor vehicle so they can be treated in that vehicle if necessary or taken quickly away to a place they can be treated.

6.2 **Employment, Learning & Skills in Halton**
The Blue Badge allows people with a disability / mobility problem to have better access to employment and learning opportunities

6.3 **A Healthy Halton**
The Blue Badge allows people with a disability / mobility problem have better access to local facilities and play a full and active role in their communities.

6.4 **A Safer Halton**
A robust approach to medical assessments will ensure that those individuals who are eligible are able to receive a Blue Badge.

6.5 **Halton's Urban Renewal**
No direct implication other than improve access to buildings.

7.0 **RISK ANALYSIS**

7.1 The revised Policy, Procedure and Practice document presents an opportunity to significantly improve the administration of the Blue Badge Scheme in Halton by bringing it in line with current legislation and guidance outlined in the Blue Badge Reform Strategy.

7.2 The main risk of not implementing the revised Policy, Procedure and Practice is that Halton will fail to comply with DfT regulations and good practice guidance. This may lead to inconsistent assessments with Blue Badges being issued unlawfully and will contribute to the

wider problem of lack of fairness and consistency across authorities in the administration of the Scheme.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 A key objective of the Policy, Procedure and Practice is to ensure that the Blue Badge Scheme promotes equal opportunities by enabling disabled people to enjoy maximum mobility, access local facilities and play a full and active role in their communities.

The measures outlined in this report to improve the consistency of assessments for Blue Badges should also promote fairness and equal opportunities.

An Equality Impact Assessment has previously been completed on the revised Policy, Procedure and Practice document in 2010 and updated as needed for this review.

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

Document	Place of Inspection	Contact Officer
The Blue Badge Scheme Local Authority Guidance (England)	People & Communities Team Policy & Resources Runcorn Town Hall	Lynda Holland
Personal Independence Payments and the Blue Badge Scheme	People & Communities Team Policy & Resources Runcorn Town Hall	Lynda Holland

Communities Directorate

HALTON BOROUGH COUNCIL

Blue Badge Scheme

(Disabled Persons' Parking Badge Scheme)

Policy, Procedure and Practice

POLICY:

PROCEDURE:

APPENDICES

APPENDIX G – STANDARD FORMS AND LETTERS

INFORMATION SHEET

Service area	Communities Directorate
Date effective from	April 2012
Responsible officer(s)	Divisional Manager for Independent Living
Date of review(s)	April 2013
Status:	Mandatory
Target audience	Halton Direct Link and Contact Centre staff, Initial Assessment Team and Complex Care Team.
Date of committee/SMT decision	8/8/2012
Related document(s)	None
Superseded document(s)	Blue Badge Policy, Procedure and Practice, March 2011
Equality Impact Assessment completed	EIA completed
Adult Safeguarding Audit Tool completed	Yes
File reference	

1.	POLICY	*Practice*
1.1	**INTRODUCTION** The Blue Badge Scheme (BBS) provides a national arrangement of parking concessions for some people with disabilities who travel either as drivers or passengers. The scheme allows badge holders to park close to their destination. In April 2000, the BBS replaced the Orange Badge Scheme to allow badge holders to use badges within the European Union. Social Services administer the scheme on behalf of the Department for Transport (DfT), following the Regulations set out by the Government. The service is provided by Halton Direct Link (HDL) and the Contact Centre (CC) with support from the Independent Living Team (ILT) and Complex Care Team (CCT). **Additional resources and sources of information** The DfT website provides a wide range of information about Blue Badges, including a list of publications and resources, to assist local authorities to administer the scheme. The Blue Badge Network provides a website offering useful advice, information and support to disabled people and their families.	*https://www.gov.uk/government/publications/the-blue-badge-scheme-local-authority-guidance-england* *http://www.direct.gov.uk/en/DisabledPeople/MotoringAndTransport/Bluebadgescheme/index.htm*
1.2	**POLICY AIMS** The aims of the policy are to:- • ensure that the BBS is administered consistently and fairly, in accordance with the DfT regulations and guidance; • actively promote and raise awareness of the BBS in order to encourage disabled people to apply for and benefit from the Scheme; • ensure that the BBS promotes equal opportunities by enabling disabled people to enjoy maximum mobility, access local facilities and play a full and active role in their communities; and • work in partnership with the Police and other local authorities to enforce the Scheme and prevent fraud and abuse.	
1.3	**LEGISLATION** The main Regulations governing the scheme are:- • **The Disabled Persons (Badges for Motor Vehicles) (England) Regulations 2000; and** • **The Disabled Persons (Badges for Motor Vehicles) (England) (Amendments) Regulations 2007.** • **The Disabled Persons (Badges for Motor Vehicles) (England) (Amendments) (No.2) Regulations 2011.** A full list of the legislation relating to the BBS can be found at **Appendix A**. In January 2008, following consultation on the scheme in 2007, the DfT published the current Guidance for local authorities on the BBS. This Guidance intended to promote improved assessment and enforcement of the BBS in order to promote consistency and prevent fraud/abuse.	

1.	POLICY	Practice

The Blue Badge Scheme Local Authority Reform Strategy Guidance (England) June 2011

Following a five year reform strategy for the BBS (published in October 2008) the guidance for the Reform Strategy was published in June 2011.

Changes made since last policy review:-

Reform Measure	Earliest Delivery
Transfer control of current NHS spend on badge eligibility assessment to local authorities	01/04/11
Legislation requires that eligibility under the 'permanent and substantial disability' walking criterion is confirmed by an independent mobility assessor, unless eligibility is self-evident.	04/04/12
Introduction of a new badge design that is harder to copy, forge and alter. Implemented via the new common service improvement project (BBIS)	01/01/12
Definition of the grounds by which a local authority may refuse to issue, or withdraw, a badge	01/12/11
Change legislation which raises the maximum fee that local authorities can charge from £2 to £10	01/01/12
Reforms to welfare system. Personal Independence Payment (PIP) will begin to be introduced for people who are aged 16 to 64	8/04/13
PIP will begin to replace Disability Living Allowance (DLA) for existing DLA recipients aged between 16 and 64	Oct 1013

A summary showing all the proposed reforms is included at **Appendix B**.

This Policy, Procedure and Practice has been revised to incorporate the relevant measures from the June 2011 Guidance and the Amendments outlined in a Circular from DfT in November 2011.
Changes relating to welfare reform are detailed in DfT circular January 2013

Further changes to this Policy Procedure and Practice document will be required to take account of these changes as they are implemented.

Personal Independence Payme

1.4 ELIGIBILITY FOR A BADGE

There are two types of eligibility:-

- **Type 1: Eligible without further assessment; and**
- **Type 2: Eligible subject to further assessment**

Type 1: Eligible without further assessment
People who may be issued with a badge without further assessment are those who are more than three years old and meet one or more of the following criteria. They:-

- receive Higher Rate Mobility Component of Disability Living Allowance (HRMCDLA) or the new Personal Independence Payment 'Moving Around' Mobility component (PIPMA); see **Appendix B** for timeline of transferring from DLA to PIP.
  NOTE - PIP is not being extended to existing DLA claimants below the age of 16 and those aged 65 or over on 8 April 2013. However, anyone assessed as being entitled to PIP may continue to receive the benefit after the age of 65 if they continue to fulfil the entitlement conditions, including those for the mobility component.
  NOTE - From October 2013, DWP will begin reassessing existing DLA claimants to establish if they are eligible for PIP. Ministers have decided

Reg 4(2)(f) of the Principal Regs says: 'Permanent and substantial disability that causes inability to walk or very considerable difficulty in walking be confirmed by an independent mobility assessor.'

1.	POLICY	Practice
	that if an existing recipient of the Higher Rate Mobility Component of DLA fails to score 8 points or more under the 'Moving Around' mobility component of PIP, they should be allowed to retain their current Blue Badge until it expires. If at that point the individual does not automatically qualify for a badge by virtue of a PIP award, they will be able to apply directly to their local authority to see whether they qualify under any of the other criteria. • receive War Pensioners Mobility Supplement (WPMS) or Armed Forces Compensation Scheme (AFCS); and awarded a lump sum at Armed forces compensations Scheme (AFCS) tariffs 1-8; and assessed by the Service Personnel and Veterans Agency (SPVA) as having a permanent and substantial disability that causes inability to walk or very considerable difficulty in walking; • are registered blind (severely sight impaired). Applicants are required to provide evidence that they qualify for a badge under the eligible without further assessment criteria. A list of the documentation which can be used to confirm eligibility without further assessment is at **Appendix C.** **Type 2: Eligible subject to further assessment** People who may be eligible for a badge subject to further assessment are those who are <u>more than three years old</u> and fall within one or more of the following descriptions:- • drive a vehicle regularly, have a severe disability in both arms and are unable to operate or have considerable difficulty in operating a parking meter; and • is unable to walk/has considerable difficulty in walking because of a permanent and substantial disability. For detailed guidance see **Appendix D** Previously the Council medical assessments were undertaken by local General Practitioners. However changes in legislation from the DfT cite:- *'…that, in order for badge eligibility decisions to be fairer and more objective, assessments should by undertaken by assessors who are specifically trained in mobility, who hold appropriate professional qualification and who not open to bias because of a personal or commercial connection to the applicant.'* However, the above condition does not apply when a local authority determines that from the information that they have about the applicant, it is self-evident (for example by undertaking a desk top assessment exercise) that the applicant meets the eligibility criterion i.e. that the applicant is clearly eligible or ineligible and a mobility assessment would not assist the local authority in determining eligibility. **Children under the age of three** Children under three may be eligible for a badge if they fall within <u>either or both</u> of the following descriptions. A child who has a condition that requires that they must always:- • be accompanied by bulky medical equipment which cannot be carried without great difficulty; and • be kept near a motor vehicle so they can be treated in that vehicle if necessary or taken quickly to a place where they can be treated. Examples of types of medical equipment and unstable medical conditions	*Reg 4(2)(f) of the Principal Regs says: 'Permanent and substantial disability that causes inability to walk or very considerable difficulty in walking be confirmed by an independent mobility assessor.'*

1.	POLICY	Practice
	which may mean that children under three are eligible for a Blue Badge are provided in **Appendix E.** Each application will be treated as a special case. A medical assessment should not be necessary if the child's paediatrician writes a letter outlining the child's medical condition and any special equipment needed. Children and Eligibility for HRMCDLA Children can be issued with a badge for three years anytime up to their third birthday. Children can qualify for higher rate mobility component of DLA (HRMCDLA) from their third birthday (they may apply from the age of two years nine months) or from birth if terminally ill. This means that they qualify for a blue badge without the need for further assessment. Families should be advised of this and offered a referral to the Welfare Rights Service. **Applicants with a terminal illness** Terminally ill applicants will qualify for a badge where they have a terminal illness that seriously limits their mobility. It is recognised that time is of the essence when dealing with these applications and therefore a fast track procedure may be implemented (Procedure section 2.4). **Organisational Badges** An organisational badge(s) may be issued to an organisation for a motor vehicle(s) used to carry disabled people as specified in the Regulations including mini-buses, specially adapted vehicles and tail-lift vehicles. Proof of eligibility from organisations Applications for badges from organisations will be examined to ensure they are genuine and necessary. A list of the documentation required is provided in **Appendix F.** Eligible organisations may be social services departments or private or voluntary organisations which transport groups of disabled people who would meet the eligibility criteria for a badge. Badges will only be issued to the organisation or department and not to individual employees. Organisations applying for a badge must cater for a minimum of three people with the required degree of disability. **Where relatively few people meet the eligibility criteria for a badge in the organisation, it would be preferable for the disabled people themselves to apply for badges, rather than have one issued to an organisation.** Eligible organisations will receive one badge for each specialist vehicle registered to their service. There is no overall limit on the number of badges that can be issued to any one organisation provided that they can supply the necessary documentation. Organisations are encouraged only to use organisational badges on specialist vehicles e.g. those with tail lifts for wheelchairs. If employees use their own cars to transport service users, they are advised to help service users to apply for an individual badge.	

1.	POLICY	*Practice*
1.5	**PERIOD OF ISSUE** Most blue badges, including organisational badges are issued for a period of three years, with some exceptions:- • where entitlement to a badge is linked to receipt of benefits and allowances (ie HRMCDLA/PIPMA/WPMS/AFCS), the period of issue is linked to the period of receipt of that allowance, where that period is less than three years; • where HRMCDLA/PIPMA/WPMS/AFCS is granted for three years or more, the badge will still be issued for three years; • badges are issued as a replacement for one that has been lost or stolen. **Under no circumstances will a badge be issued for more than three years**.	
1.6	**RENEWALS** In accordance with the Regulations, all badge holders will be given the opportunity to renew their badge every three years or when their old badge expires (if issued for less than three years). This is to ensure that badge holders continue to meet the eligibility criteria and that personal details remain up to date.	
1.7	**FEES** The fee for individual and organisational badges is £10. For many years the fee for Blue Badge was £2. However, as part of the review process it was decided that Local Authorities could charge up to £10 for the new badge to cover the costs of the increased costs of the new style Blue Badge Design. <u>Replacement badges</u> In all circumstances a £10 fee will be changed, if a badge is stolen a crime or incident reference number is required to apply for a replacement badge.	*Increase approved by the Executive Committee on 01/12/11 in accordance with Reg 6 which raises the maximum fee Local Authorities can charge with effect from 01/01/2012*
1.8	**GROUNDS FOR REFUSING TO ISSUE A BADGE** The grounds for refusing to issue a badge are set out in the Regulations and are that:- • the applicant holds or has held a badge and misuse has led to one successful prosecution see 1.10; • the applicant (individual or organisation) fails to provide the local authority with adequate evidence of their eligibility; • the applicant has failed to pay the fee for a badge; • the applicant already holds a valid badge issued by another issuing authority; • the applicant has failed to provide adequate evidence of residency; • a report from an independent mobility assessor confirming an applicant's eligibility has not been made available to the Local Authority if a form that is satisfactory to them; • there are grounds to believe that the applicant is not who they claim to be or that they would permit another person to use the badge. This decision will only be taken by the Operational Director (OD) after careful consideration of the facts.	Reg8(2)(b)(i) Reg8(2)(e)

1.	POLICY	*Practice*
	Appeals Procedure The applicant must be notified in writing as to the reasons why their application has been refused and informed about the **appeals procedure** (see Procedure section 2.12).	
1.9	**REPLACEMENT BADGES** When a badge is lost, stolen, destroyed, or has become so damaged or faded that it is no longer legible when displayed, a replacement badge will be issued. The £10 charge will be levied in all these circumstances, a crime reference number should be provided in relation to a lost or stolen badge. There is a facility for members of the public to be able to report lost and stolen badges and any change of circumstances via the Directgov website, which went live in April 2012.	www.Direct.Gov.uk
1.10	**RETURN OF BADGES** Under Section 9(1) of the Disabled Persons (Badges for Motor Vehicles) (England) Regulations 2000, badge holders have a duty to return the badge immediately on the occurrence of any of the following circumstances:- • the expiry of the period for which the badge was issued; • the death of the holder or, in the case of an institutional badge, the institution ceasing to exist; • the badge holder ceases to be a disabled person or (in the case of an institutional badge) the institution ceases to be eligible under regulation 5; • a replacement badge has been issued under regulation 7 to replace a lost or stolen badge and that badge is subsequently found or recovered; • the badge has become so mutilated or faded as no longer to be clearly legible when displayed on a vehicle; • the badge ceases to be required by the holder. In accordance with the regulations, badge holders may be required to return their badge for **one** successful prosecution of a badge holder/third party, of: • An offence under Section 21(4B) of the Chronically Sick and Disabled Person Act 1970 (*this covers misuse of a real badge or use of a fake/altered badge while the vehicle is being driven*); • An offence under sections 115 or 117 of the Road Traffic Regulations Act 1984 (*this covers misuse of a real badge or use of a fake/altered badge whilst the vehicle is parked*); • Dishonesty or deception committed under any other UK legislation in relation to the badge (*which takes into account the Fraud Act 2006, Theft Act 1968, Forgery & Counterfeiting Act 1981* etc.) However, a Penalty Charge Notice (PCN) in not regarded as a prosecution under these regulations. Where the offence was committed by a third party using the holder's badge, the authority needs to demonstrate that the holder knew the third party was using the badge, before it can be withdrawn.	Regulation 9(1)(a) Regulation 9(1)(b) Regulation 9(1)(c) Regulation 9(1)(d) Regulation 9(1)(e) Regulation 9(1)(f)
1.11	**MISUSE AND ENFORCEMENT** All badge holders are made aware of their responsibilities and of the consequences of misusing their badge when it is issued in order to help prevent instances of accidental misuse.	

1.	POLICY	*Practice*
	There are several ways that badges can be misused including:- • use of a badge that is no longer valid; • misuse of a badge by a friend or relative with or without the badge holder's knowledge or permission; • use of a badge that has been reported as lost or stolen. A reported loss of a badge can be a deliberate deception by the badge holder to supply another badge to a friend or family member; • use of a stolen or copied badge; and • where a badge holder might attempt to sell (or gift) their badge, where the holder has purported to transfer the badge to another person. A robust approach will be adopted to tackle systematic abuse of the Scheme through effective information sharing and active inspection and surveillance, in partnership with parking enforcement teams, Cheshire Police and other local authorities. Data sharing systems will be used when made available via the Blue Badge Reform Strategy.	

2	PROCEDURE	*Practice*
2.1	**INTRODUCTION** **HDL Offices and the CC** are responsible for administering the BBS. Their responsibilities include:- • dealing with initial enquiries and issuing application packs; • processing new/renewal applications from individuals and organisations; • checking that any medical information forms are fully completed before forwarding to the Initial Assessment Team (IAT); • ordering badges and collecting fees; • sending/receiving correspondence and dealing with queries about the BBS; and • record keeping. **IAT** provides:- • Desk Based Assessments (DBA) where needed. • any application relating to a child under three years; and • new applications from organisations not previously issued with a badge. **CCT** provides:- • DBAs, where needed • Independent Mobility Assessments (IMA's) where necessary; • professional advice and support where required, particularly in relation to more complex applications. Where, following a DBA and an IMA, the applicant appeals the decision not to issue them with a Blue Badge the application will be referred, via email, to the Divisional Manager (DM) for Independent Living who will email HDL with the decision of the review of the application.	***ANITE*** *On receipt of an application HDL will initiate an ANITE case* ***For children under three*** *Divisional IAT to email HDL which criteria applies i.e. Do they need bulky equipment? HDL will enter criteria into GP info box on Care First & CSDCSD.*
2.2	**INITIAL APPLICATION PROCEDURE** Applicants for a Blue Badge are invited to register as disabled with the Social Services Department in accordance with Section 29 of The National Assistance Act 1948. Applicants must provide proof of their residence, which will be checked (for individual applicants via Council Tax registration details and/or the Electoral Register) before an application pack is issued. If the applicant is not resident in Halton, they must be referred to the relevant local authority. The DfT leaflet "Can I get a Blue Badge?" should be sent to anyone making an enquiry about the BBS. Applications can be made in person at HDL offices [Appendix G19] or by telephone **0151 907 8309**. HDL and CC staff will undertake a brief assessment to ensure that the correct application pack is completed at HDL or emailed/handed/posted to the applicant or their representative, along with the appropriate covering letter. (Appendices G1 & 2). Members of the public can go online at Directgov to check eligibility and apply online for a Blue Badge, the application will then be sent to the Local Authority for processing. There are five different types of application packs containing different	

	application forms and information letters. • Individual (Over three years old) without further assessment; • Individual (Over three years of age) with further assessment; • Individual (Child under three years); • Fast track applications; and/or • Organisation. For individual applicants, HDL and CC staff also assess whether the applicant meets the *eligible without further assessment* criteria or whether medical information will be required to determine eligibility. Where applicants apply under the "subject to further assessment criteria", they should also be offered a referral to the Welfare Rights Service (**0151 471 7448**) to check their eligibility for qualifying benefits. **Recording applications** Applications (complete or not) are recorded on Care First & Customer Service Delivery (CSD), together with notes of any contact with the applicant. Contacts include any telephone calls and correspondence, including standard letter. HDL will also start an ANITE document tracking process for each application.	*Appendix G1(a)* *Appendix G1(b)* *Appendix G1(c)* *Appendix G1(e)* *Appendix G3(a&b)*
2.3	**RENEWAL APPLICATIONS** Applicants will be allowed to renew their blue badge within 6 weeks of the expiry date on their existing badge. Renewal badges will not be issued more than seven days prior to the date of expiry on the old badge. Completion of a new application form is required in all cases.	
2.4	**FAST TRACK PROCEDURES** An application may be fast tracked where an applicant has a terminal illness that seriously affects their mobility. A 'Fast Track' application form (Appendix G1e) should be completed in the normal way and sent to HDL along with the necessary supporting documentation. The applicant's GP or the Palliative Care Team can send a fax or email to HDL Blue Badge administration providing details of the applicant's medical condition in order to fast track an application.	
2.5	**PRE-ASSESSMENT APPLICATION** Whilst undertaking an assessment in an individual's home the Occupational Therapist (OT) or Community Care Worker (CCW) may feel that the individual would meet the criteria for a Blue Badge without further assessment. In these cases they can fill out the pre-assessment form (Appendix G1d) and leave a letter with the applicant which explains that they will need to send in the payment and photographs. This will remove the need for a further medical assessment.	

2	PROCEDURE	*Practice*
2.6	**Proof of identification** In order to validate that the applicant is the person they claim to be and that they are resident in Halton, two forms of identification are required with all individual applications. This will not apply where the application is on behalf of a child under three, where a copy of their birth or adoption certificate should be supplied. If possible at least one form of identification should be photographic identification, for example a bus pass, passport or new style driving licence, and at least one form of identification should show the applicant's current address. Where the applicant is an organisation, photographic identification is not required. However, the organisation's logo must be supplied with the application. <u>Proof of eligibility</u> Appendix C provides details of the documentation required to support applications from individuals who are eligible without further assessment. Applicants applying under the "severe disability in both arms" criteria who drive an adapted vehicle must provide insurance documents to prove this. Appendix F provides details of the documentation required to assess and process applications from organisations. <u>Desk Based Medical information form</u> This must be completed by the staff from the IAT for applications requiring further assessment to determine eligibility. <u>Signature of applicant</u> (or guardian/appointee) is required for all individual applications received by post. The manager must sign organisational badge application forms. Online applications will not contain a signature.	.
2.7	**FURTHERING INCOMPLETE APPLICATIONS** The applicant should be telephoned to request any items that are missing from their application. If this is not possible, the relevant standard letter (Appendices G8(a), 8(b) or 8(c)) will be sent. Applicants whose application indicates that they receive HRMCDLA/PIPMA or WPMS/AFCS but who have not provided the necessary evidence, will be sent the standard letter to remind them that they must do so [Appendix G8a]. Before terminating an incomplete application, CareFirst & CSD should be checked in case the applicant is deceased. The car badge screen will be updated as 'badge discontinued'' and the reason stated in the notes field.	

2	PROCEDURE	*Practice*
2.8	**PROCESSING APPLICATIONS** **Eligible without further assessment** Where applicants meet the 'eligible without further assessment' criteria, the application is complete once photographs, proof of identification and other relevant evidence to support the application has been provided. The badge can then be ordered, subject to the payment of £10, see 2.11. **Eligible subject to further assessment** **STAGE 1: Desk Based Assessments (DBA)** For applications requiring further assessments HDL staff will check returned medical details form to ensure that all relevant sections have been completed before forwarding to the IAT for a DBA. If the form is incomplete, HDL will return the medical application form to the applicant together with a covering letter (Appendix G8d). If the DBA assessor needs to clarify any issue they can check Care First or contact the applicant directly. If the applicant has checked the permissions boxes in Part 4, the assessor can contact the GP or another accredited health professional indicated on the form. Outcomes: Following a Desk Based Assessment a score will be calculated • Approval score: Blue Badge awarded - IAT will send a pro forma (Appendix G10) via email to notify HDL to arrange the supply of a Blue Badge. • Rejection score : IAT notify HDL to send refusal letter with details of appeal, which could result in an IMA. If an appeal letter is received, the service user's application form and appeal letter should be sent by email with covering pro forma (Appendix F11) to the OT's for an IMA. **STAGE 2: Appeal received** - **Independent Mobility Assessment (IMA)** On receipt of the applicant's information the OT's will review the Desk Based Assessment and the appeal letter. If as a result of the review, they feel that the applicant should be awarded a Blue Badge they will send a recommendation to notify HDL on a pro forma (Appendix G10) to arrange supply of a Blue Badge. If the OT cannot approve a badge through a review of the DBA and appeal letter, then they should arrange an IMA. **IMA required:** OT's arrange visit/clinic appointment using a letter which states 'following consideration of your information, an Independent Mobility Assessment is required to consider if you are eligible for a Blue Badge'. (Appendix G13) Outcomes: • Yes: Blue Badge awarded – OT emails HDL Admin on the pro forma with details of the decision and HDL send the relevant letter (Appendix G14a) to the service user to arrange for the supply of a Blue Badge.	***See Appendix H for flow chart of process*** ***Referrals to IAT - email the application form and completed DBA to IAT@halton.gov.uk*** ***If badge issue is approved by the OT following an IMA then HDL should be notified by email – HDL will arrange for badge issue*** ***bluebadges@halton.gov.uk***

	• No: OT emails the decision to HDL Admin on the pro forma. The OT should provide specific reasons why the service user is not eligible for a badge, as this will need to be included in the letter (Appendix G14b) which HDL will send to the service user together with details of the appeal or complaint. Following an IMA, any appeal received will be for the application (and any DBA or IMA) to be reviewed by the DM to ensure all processes have been followed correctly. If the DM feels the process has not been applied correctly and approves a Blue Badge, an email should be sent to HDL for issue. If the application is declined, a letter will be sent to the applicant by the DM with an explanation as to why they are not eligible for a Blue Badge. If the process has not followed correctly the DM should raise the issues with the staff team concerned to ensure further problems to not occur. Corporate Complaints may be made concerning the behaviour/attitude of staff, or the process not having been correctly followed, but **not** against the decision.	***NOTE*** ***Refusal letter should be specific on the reasons why the application has been unsuccessful.*** ***Appeals procedure*** ***see 2.12 for the process.*** ***An approval at the DM stage should only be considering if the process has been followed correctly.***
2.9	**FORM OF BADGE** Badges contain a gender specific serial number for parking enforcement purposes, which must be correctly assigned to the applicant. The old style badges were easy to copy and forge, and details such as the expiry date could be altered. The new design, which has been implemented for both individual and organisational badges, uses sophisticated secure print technologies to ensure badges cannot be copied or forged, and details cannot be altered. The new badge design also included raised text features, a hologram and has been tested to withstand up to 120 degrees centigrade. An up to date photograph must be submitted and digitally scanned onto the back of an individual badge (unless the LA) is satisfied that the holder is not expected to live beyond six months from the date of issue). A Parking Disc (time clock) is designed to be displayed with the Blue Badge when parking on yellow lines or in parking bays which are time limited and set to show the time of arrival by badge holders. A parking disc should be issued to new badge holders at the same time as their blue badge.	***Transsexual/transgender applicants*** *should be regarded in the gender with which they identify.*
2.10	**ISSUING BADGES** Blue Badges for successful applicants who meet the necessary criteria are ordered via the BBIS system by HDL staff. The badges are delivered to the HDL office as requested by the applicant. Applicants are telephoned to advise that the badge has been delivered and is available for collection. Badges may only be collected within 7 days of any current badge's expiry date. Applicants who cannot be reached via telephone are sent a letter (Appendices G15a, b, c ,or d) asking them/their representative) to collect the Blue Badge in person from the relevant HDL office. Only exceptionally, at the specific request of the applicant or their representative, may the badge be posted out by the Blue Badge Administration Team.	***Care First & CSD recording*** *Once applications have been processed, the outcome is recorded (service completed) and the case closed.*

	To help prevent fraud, HDL staff must check that the person collecting the badge is the applicant by checking the badge photographs. Representatives collecting badges on behalf of applicants will be asked to provide the notification letter and a form of photo identification from the applicant as authorisation. An information letter (Appendix G16) and the DfT leaflet "The Blue Badge Scheme: rights and responsibilities" are provided to all successful applicants and organisations with the badge. Parents/Guardians of children under three are also issued with additional information on the qualifying criteria (Appendix G17). Most badges are issued for three years, although there are exceptions as explained in the Policy section (1.5).	
2.11	**COLLECTION OF FEES** A £10 fee will be charged when an application is accepted to be processed, as a receipt number is requested by the badge ordering system. In cases where a further medical assessment is needed to establish eligibility, and an application is subsequently refused, a full refund will be made. In the case of postal applications, the applicant/organisation will be written to when the badge is approved. Payment of the £10 fee is requested at that point. No badge will be issued without payment of the fee.	
2.12	**UNSUCCESSFUL APPLICATIONS** The grounds for refusing to issue a badge are set out in the Regulations and explained in the Policy section at 1.8. The most common reason for unsuccessful application is the applicant failing to provide adequate evidence of eligibility. In all cases where application is unsuccessful, a letter giving reasons for refusal of the badge (Appendices G11(a), (b), (c) or (d)) must be sent to the applicant. Before the decision letter is issued, the history of applications will be checked. If there is a lack of consistency, the application must be referred, **by email**, to the Manager of the Initial Assessment Team for further advice. Any photographs which were provided must also be returned. The decision letter provides information on the Appeals Procedure (see 2.12). A period of 6 months must elapse before an unsuccessful applicant may reapply, unless the applicant becomes eligible under one of the automatic criteria or there is a substantial change in their medical condition.	
2.13	**APPEALS PROCEDURE** Applicants have the right to request a review of the decision not to issue them with a badge within 28 days of the date of the decision letter. They must contact HDL or the CC, to request an appeal. Appeals will be logged in the notes field of the Car Badge Application details (date sent/initials of the member of staff forwarding the appeal. Notification of the appeal and its outcome should be noted on CareFirst & CSD System. There are two instances in which an applicant may request an appeal during the assessment stages. These are:- 1. If an IAT DBA results in a refusal letter, the applicant can be invited for an IMA.	

	2. If an IMA is carried out by the OT and results in a refusal letter - The staff at HDL/CC will scan and **email** all relevant documents i.e. Application form, any desk based assessments and any other supporting document to the Divisional Manager , who will review all the information and inform the applicant of their decision. Appeals will be dealt with within 28 days of receipt. Applicants are also advised that, if they consider there have been any procedural irregularities in dealing with their application, they should report these to the Local Government Ombudsman. Appeals must be forwarded to the DM by the Blue Badge Administration Team on the same day they are received. After reviewing evidence gathered during the investigation, the DM will re-determine eligibility and confirm/revise the original decision and send a pro forma by email to HDL/CC, for recording on Care First & CSD. If the decision is revised in the applicant's favour, the DM notifies the applicant by letter (Appendix G14(a)). Subsequently, the Blue Badge Admin Team will write to the applicant (Appendices G15(a), (b),(c) or (d)) advising them when/where they can collect the badge. If the decision is to confirm the original decision of not issuing a badge then the DM will send a letter to the applicant detailing the decision. The completed pro forma should be returned to HDL together with notification of the outcome of the appeal. When the relevant notifications are sent to the applicant, they should be advised that if they are unhappy about the attitude/behaviour of the assessor they can lodge a complaint, which will trigger the social care complaints process. If a social care complaint is received, HDL should be notified by email to make the appropriate note on the service user's notes. **Misuse of badge** In cases where:- • an application is refused because an applicant has previously misused a badge leading to one relevant prosecution (see 1.10); or • a badge holder has been required to return a badge on account of its misuse; or • it is believed that the badge has been obtained by false representation; the case will be reviewed by the OD, Prevention and Assessment who will make the final decision as to whether to refuse or withdraw the badge. The Applicant may appeal against the decision to the Secretary of State for transport within 28 days from the date of the decision letter (notice of determination). **These are the only circumstances in which appeals may be made to the Secretary of State.** Where an appeal to the Secretary of State is unsuccessful, further appeal will be via the magistrate's court, whose decision is final.	
2.14	**REPLACEMENT BADGES** Badge holders must complete the application form for a duplicate badge (Appendix G4). If the badge has been lost or stolen, the applicant should be advised to	***Fees*** *A £10 fee is charged for all replacement badges, whether damaged, lost or*

	report the loss or theft to the Police and obtain a crime/lost property number. The applicant is advised to return the original badge, if it is later recovered so that it can be destroyed. Damaged badges must be returned to HDL at the same time the replacement badge is issued. There is a facility for members of the public to be able to report lost and stolen badges and any change of circumstances via Directgov, which went live April 2012 Replacement badges will have an issue number on the front of the card next to the badge reference number. The expiry date shown on the replacement badge should be the same as the date that appeared on the original badge. The record of the original badge should be updated to show it is no longer valid.	*stolen.* ***Record keeping*** *Each time a replacement badge is issued, the date of reissue and reason should be recorded so that cases can be monitored and action taken if abuse is suspected.*
2.15	**MISUSE OF BADGES** All reports of incidents of misuse of badges reported to Social Services must be recorded on CareFirst & CSD. Following a reported incident of misuse, the badge holder will be sent a letter (Appendix G18(a)) asking them to present their badge for inspection to a Team Leader at one of the HDLs. This provides an opportunity to check whether the badge has been tampered with and to advise the badge holder of their responsibilities and encourage them to comply with them in the future. If more than one incident relating to an individual is recorded, a warning notice will be issued to the badge holder. (Appendix G18(b)) Three relevant convictions for misuse of a blue badge may lead to the badge holder being asked to return their badge and /or refusal to re-issue/renew their badge (Appendix G18(c)). The applicant has the right to appeal against this decision to the Secretary of State for Transport (see 2.12 - Appeals Procedure).	***Recording Misuse*** *Reports of misuse (including letters received from any transport enforcement officer e.g. PCOS, Police etc) of a badge where the badge holder is identified, are recorded under 'misuse'.*

The disabled persons' parking badge scheme came into operation on 1 December 1971 by means of Regulations made under Section 21 of the Chronically Sick and Disabled Persons Act 1970 (Badges for display on motor vehicles used by disabled persons).

The scheme as it currently stands is governed by the following Regulations:

- the Disabled Persons (Badges for Motor Vehicles) (England) Regulations 2000 (SI 2000/682);
- the Disabled Persons (Badges for Motor Vehicles) (England) (Amendment) Regulations 2000 (SI 2000/1507);
- the Local Authorities' Traffic Orders (Exemptions for Disabled Persons) (England) Regulations 2000 (SI 2000/693);
- the Disabled Persons (Badges for Motor Vehicles) (England) (Amendment) Regulations 2007 (SI 2007/2531);
- the Disabled Persons (Badges for Motor Vehicles) (England) (Amendment No. 2) Regulations 2007 (SI 2007/2600);
- the Disabled Persons (Badges for Motor Vehicles) (England) (Amendment No. 3) Regulations 2011 (SI 2011/1307).

Other relevant legislation:

- Section 21A (Recognition of badges issued outside Great Britain) of the Chronically Sick and Disabled Persons Act 1970;
- Section 117 (Wrongful use of disabled person's badge) and 142(1)(General interpretation of Act) of the Road Traffic Regulation Act 1984 (provides powers to tackle parking related abuse of the scheme).

All of the above Statutory Instruments (and the Acts) can also be viewed on the website of the Office of Public Sector Information at www.opsi.gov.uk.

The Department for Transport has produced the following leaflets about the Blue Badge Scheme:

- Can I Get a Blue Badge?
- The Blue Badge Scheme: rights and responsibilities

The Blue Badge Scheme: rights and responsibilities leaflet should be issued to the badge holder, along with the badge.

The DfT is unable to provide hard copies of these leaflets but they can be downloaded from the DfT website.

Blue Badges, laminate sleeves and parking discs are available from The Stationery Office ('TSO') at:

- TSO Orders PO Box 29 Norwich NR3 1GN
- Tel: 0870 600 5522 Fax: 0870 600 5533 Web-site: www.tsoshop.co.uk

Other publications which may be of interest are:

- Inclusive Mobility

The Directgov Website also provides useful information on the following aspects of the scheme:

- Use of the Blue Badge in London
- The Congestion Charge Scheme for Blue Badge holders
- Toll Concessions for Disabled People
- Using a Blue Badge in other EU countries

(Re-produced from DfT - The Blue Badge Scheme Local Authority Guidance (England) June 2011)

Ensuring fair allocation of badges

The following measures will be implemented to help ensure that badges are issued fairly, against a background of rising demand, and that the scheme remains sustainable in the long term for those disabled people who rely on it in the most:-

Reform measure	Earliest delivery[1]
Transfer control of current NHS spend on badge eligibility assessments to local authorities	April 2011
Publication of non statutory guidance on scheme administration and enforcement	May/June 2011
Amend legislation to require wider use of independent mobility assessments to determine eligibility, including where previously that assessment was carried out by a GP	2012
Extend eligibility to more disabled children under 3 with specific medical conditions	May 2011
Provide continuous automatic entitlement to severely disabled service personnel and veterans with specific tariffs of award under the Armed Forces Compensation scheme	May 2011
Amend residency requirements for disabled Armed Forces personnel and their families posted overseas on UK bases, so that they can apply for a badge	2013/14
Further research to inform a decision on whether or not to extend eligibility to people with a severe temporary disability (lasting at least one year)	Decision late 2011

[1] Delivery of many of the measures are subject to primary or secondary legislation and may change as a result of factors such as the availability of Parliamentary time

Delivering efficiency savings and improving customer services

The following measures will be implemented to help local authorities improve service delivery and achieve efficiency savings, and to improve customer services for badge holders:

Reform measure	Earliest delivery
Establish with local authorities a common service improvement project (BBIS) that will deliver operational efficiency savings. This project will be self-funding and should deliver efficiency savings of between £6.5 and £20 million per year. This project will improve customer services and establish an on-line application facility. It should result in faster, more automatic renewals for people whose circumstances do not change between renewal periods	System go live end 2011/ early 2012

Improved and effective prevention of abuse and enforcement

The following measures will be implemented to help prevent abuse from happening in the first place and to deal with rising levels of fraud and abuse:

Reform measure	Earliest delivery
Introduce a new badge design that is harder to copy, forge and alter. Implement (via the common service improvement project) new arrangements for printing and distribution to prevent fraud and effectively monitor cancelled, lost and stolen badges	End 2011
The common service improvement project (BBIS) will enable local authorities to detect abuse more effectively. Officers will be able to check details of new badges issued anywhere in England.	Early 2012
Introduce new or amended powers for local authorities to tackle abuse and fraud. In particular to: • extend the grounds available to local authorities to refuse to issue and to withdraw badges • provide local authorities with a power to cancel badges that have been lost, stolen, have expired, or have been withdrawn for mis-use • provide local authority authorised officers with a power to recover, on-the-spot, badges that have been cancelled or misused • amend existing legislation to clarify wrongful use of a badge and the powers to inspect badges	End 2011 2013/14 2012/14 2013/14

The Badge fee

The following measure will be implemented to enable local authorities to cover administrative costs more appropriately and to enable the delivery of the new badge design:

Reform measure	Earliest delivery
Change legislation to raise the maximum fee that local authorities can charge for a badge from £2 to £10. This will pay for the new badge design and it enable the common service improvement project (BBIS). Badge holders should, in return, benefit from improved accessibility as abuse is reduced.	End 2011

What we are not doing

The following measures will not be implemented:

Reform measure
Increasing or decreasing the length of time that badge holders can park on yellow lines (from the current 3 hours); or changing it so that badge holders, for example, could not park on double-yellow lines; or extending the scheme so that it includes off-street parking or includes the four local authorities covered by the 'London Concession'. No changes are being made to the concession itself.
Further extending eligibility, for example, to those with cognitive or behavioural impairments, those with colitis, Crohn's disease or similar conditions (or those with a temporary disability of less than one year).
Introducing a centrally administered scheme.
Raising the maximum fee to £20 (as is the case in Scotland) or removing the maximum that a local authority may charge. It was felt, based on consultation, that £10 would be the most appropriate fee. Amending primary legislation to make it mandatory for all local authorities to charge the same fee. This was rejected as it does not support the localism agenda. Charging the fee on application for rather than on issue of a badge, so that unsuccessful applicants would also have to pay the fee. This was rejected as it was felt to be unfair.
Other options in relation to new or amended enforcement powers that were not considered proportionate.

Welfare Reforms April 2013

The Department for Work & Pensions (DWP) is introducing a new social security benefit called Personal Independence Payment (PIP) which will replace Disability Living Allowance (DLA) for people aged 16-64 on or after 8 April 2013.

New claims to PIP

From April 2013, PIP will be introduced for new claimants (aged between 16-64 on or after 8 April 2013) living in the North West and part of the North East of England [see list of Blue Badge issuing local authorities affected from April at Annex A]. DLA will continue in other parts of the country during this controlled start period.

From June 2013, PIP will be introduced in the remaining parts of Great Britain for new claimants aged 16-64.

Existing DLA claimants

From October 2013 – the following DLA recipients will be invited by DWP to claim PIP: individuals who report a change that affects their DLA care or mobility needs; recipients of a fixed term DLA award whose award expires from the end of February 2014 onwards; young people turning age 16 (with the exception of those awarded DLA under the rules for people who are terminally ill);

From 2015 – DWP will start to contact everyone else aged 16-64 receiving DLA (through a random selection process). DWP will write to individuals in plenty of time and they do not need to contact DWP now.

PIP is not being extended to existing DLA claimants below the age of 16 and those aged 65 or over on 8 April 2013. However, anyone assessed as being entitled to PIP may continue to receive the benefit after the age of 65 if they continue to fulfil the entitlement conditions, including those for the mobility component.

Proof of being registered blind (severely sight impaired)

An applicant who is registered blind (severely sight impaired) may be registered with Social Services, although registration is voluntary. Therefore Care First & CSD can usually confirm eligibility unless an applicant registered in another local authority area in which case further proof will be needed.

The formal notification required to register as severely sight impaired is a Certificate of Vision Impairment (CVI) signed by a Consultant Ophthalmologist.
The applicant should have a copy of their CVI and be encouraged to register if they have not already done so as they may be entitled to other benefits as well.

Proof of receipt of the Higher Rate Mobility Component of Disability Living Allowance (HRMCDLA) & Personal Independence Payment (PIP)

An applicant receiving HRMCDLA will have a recent (dated within the last 12 months) award notice letter from the Disability and Carers Service (DCS) or an annual letter detailing the uprated allowance.

From 8 April
begin issuing badges, without further assessment, to people who receive 8 points or more under the 'Moving Around' mobility component of PIP because they cannot stand and walk (aided or unaided) more than 50.

These people should provide an original PIP award letter in support of their application which must include one of the descriptions C-F mentioned above in the 'Moving Around' box which features under the Mobility Component section of the letter. Scores will not be included in the letters until October 2013.

After October 2013
If someone aged 16-64 applies for a badge with a DLA letter, we would recommend you check with DWP that their award has not been stopped.

By 2018
People of 16-64 should not be attempting to claim a badge by virtue of DLA as entitlement will have stopped and any DLA award letter presented is likely to be out of date.

Proof of receipt of the War Pensioner's Mobility Supplement (WPMS)

An applicant receiving WPMS will have a recent (dated within the last 12 months) award letter from the Service Personnel and Veterans Agency or an annual letter detailing the uprated allowance.

Severe disability in both arms

This criterion was amended in October 2007 and it is now necessary to consider whether the applicant meets **all** of the following:

a) **regularly drives an adapted or non- adapted vehicle and**
b) **has a severe disability in both arms and**
c) **is unable to operate or has considerable difficulty operating all or some types of parking meter** (including a machine for issuing pay and display tickets as well as a parking meter)

Under no circumstances should anyone who does not satisfy all three of the above conditions receive a badge. In particular, a badge should not be issued to a person who travels solely as a passenger or a person who has difficulties carrying parcels, shopping or other heavy objects.

In most cases eligibility is likely to be linked to those applicants who drive an adapted vehicle. Such individuals should be able to provide insurance documents which will state this.

Where the applicant does not have an adapted vehicle, only drivers with the most severe disabilities in both their arms (who cannot operate a parking meter) should be considered eligible. This may cover disabled people with e.g. a limb reduction deficiency of both arms, bilateral upper limb amputation, muscular dystrophy, spinal cord injury, motor neurone disease or a comparable severe condition.

Walking Disability

An applicant would need to have a **permanent and substantial disability** (i.e. a condition that is likely to last at least three years) that means they cannot walk or which makes walking very difficult.

Badges should only generally be issued to people who are unable to walk or who are able to walk only with excessive labour at an extremely slow pace or with excessive pain. Applicants should generally be physically incapable of visiting shops, public buildings and other places unless allowed to park close to their destination. In all cases entitlement depends on the applicant's difficulty in walking - considerations such as difficulty carrying parcels should not be taken into account. The use of walking aids may be relevant to the decision but these alone should not determine whether or not a badge is issued.

The degree of impairment should be comparable to that required to claim PIPMA i.e.

Activity 12 – Moving around

This activity considers a claimant's physical ability to move around without severe discomfort such as breathlessness, pain or fatigue. This includes the ability to stand and then move up to 20 metres, up to 50 metres, up to 200 metres and over 200 metres.

Notes:

This activity should be judged in relation to a type of surface normally expected out of doors such as pavements on the flat and includes the consideration of kerbs.

20 metres is considered to be the distance that a claimant is required to be able to repeatedly walk in order to achieve a basic level of independence in the home.

50 metres is considered to be the distance that a claimant is required to be able to repeatedly walk in order to achieve a basic level of independence outdoors.

50 to 200 metres is considered to be the distance that a claimant is required to be able to repeatedly walk in order to achieve a higher level of independence outdoors.

Standing means to stand upright with at least one biological foot on the ground with or without suitable aids and appliances (note – a prosthesis is considered an appliance so a claimant with a unilateral prosthetic leg may be able to stand whereas a bilateral lower limb amputee would be unable to stand under this definition).

"Stand and then move" requires an individual to stand and then move independently while remaining standing. It does not include a claimant who stands and then transfers into a wheelchair or similar device. Individuals who require a wheelchair or similar device to move a distance should not be considered able to stand and move that distance.

Aids or appliances that a person uses to support their physical mobility may include walking sticks, crutches and prostheses.

When assessing whether the activity can be carried out reliably, consideration should be given to the manner in which they do so. This includes but is not limited to, their gait, their speed, the risk of falls and symptoms or side effects that could affect their ability to complete the activity, such as pain, breathlessness and fatigue. However, for this activity this only refers to the physical act of moving. For example, danger awareness is considered as part of activity 11.

A	Can stand and then move more than 200 metres, either aided or unaided	0
B	Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided.	4
C	Can stand and them move unaided more than 20 metres but no more than 50 metres	8
D	Can stand and them move using an aid or appliance more than 20 metres but no more than 50 metres (*For example this would include people who can stand and move more than 20 metres but no further than 50 metres, but need to use an aid or appliance such as a stick or crutch to do so.)*	10
E	Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided.	12
F	Cannot, either aided or unaided: (i) Stand; or (ii) Move more than 1 metre	12

Note – This section is taken from the PIP guidance 23 January 2013 which says the document will continue to be refined in the run – up to the implementation of PIP in April 2013

Bulky Medical Equipment

Children likely to fall into this criterion may be those who need to be accompanied by any of the following types of equipment:

- Ventilators;
- Suction machines;
- Feed pumps;
- Parenteral equipment;
- Syringe drivers;
- Oxygen administration equipment;
- Continuous oxygen saturation monitoring equipment;
- Casts and associated medical equipment for the correction of hip dysplasia.

Highly Unstable Medical Conditions

Examples of children with highly unstable medical conditions who need quick access to transport to hospital or home:

- Children with tracheostomies;
- Children with severe epilepsy/fitting;
- Children with highly unstable diabetes;
- Terminally ill children who can only access brief moments of outside life and need a quick route home.

- A covering letter on the organisation's headed notepaper, together with a copy of the organisation's CQC registration. Voluntary organisations are required to provide a copy of their constitution or statement of purpose.

- Photocopy of tax disc(s) as proof that the organisation has vehicles licensed under Disabled Passenger Vehicle (DPV) class (for exemption from Vehicle Excise Duty). Alternatively an organisation may make a declaration on the organisation's headed paper to confirm that they are an organisation concerned with the care of disabled people and that they will be using the vehicle solely for the purpose of transporting those people.

- A copy of the organisation's logo is required to issue the badge(s).

STANDARD FORMS AND LETTERS

The Blue Badge Scheme of Parking Concessions for Disabled / Blind People

Application Form (Over 3 years of age)
Eligible without further assessment

***Please ✓ as appropriate**

Part A: Personal Details

Title:	First Names:
Surname:	
Surname at birth (if different):	
Town of birth:	Country of birth:
Current address:	
Town:	Postcode:
Gender: Male/Female **(Please delete)**	Date of birth:
	National Insurance No:
Email:	Tel:

Previous address if different in the last 3 years:

	Postcode:

Do you currently hold a Blue Badge, or have you held a Blue Badge before?

Yes ☐ No ☐

If Yes, please confirm the following:

Badge Serial Number:	Expiry date:
Which local authority issued the badge?	

Part B: Eligible without further assessment

B1. Are you registered as severely sight impaired (blind) under the National Assistance Act 1948? **Yes** ☐ **No** ☐

If **Yes**, please give the name of the local authority you are registered with

If **Yes**, do you give permission for us to check the local authorities register of blind people to see whether your disability is already known.

Yes ☐ **No** ☐

If **No,** please supply a copy of your Certificate of Vision Impairment (CVI), or BD8 form, signed by a Consultant Ophthalmologist and indicate that you wish to be registered as blind.

B2. Do you receive the higher rate of the mobility component of Disability Living Allowance?

Yes ☐ **No** ☐

If **Yes**, please supply an original letter of entitlement dated within the last 12 months or an original copy of your current annual uprating letter.

B3.

If you meet a 'Moving Around' descriptor for the Mobility Component of Personal Independence Payment (PIP), does your statement match one of the following:

☐ You can stand and then move unaided more than 20 metres but no more than 50 metres

☐ You can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres

☐ You can stand and then move more than 1 metre but no more than 20 metres

☐ You cannot stand or move more than 1 metre

☐ No, none of the above (go to B4).

If your statement **did** match one of the statements above, have you been awarded this benefit for an ongoing period?

☐ Yes

☐ No, it is due to end on ☐☐ / ☐☐ / ☐☐☐☐ (DD/MM/YYYY)

You must enclose an original letter of entitlement to this benefit issued within the last 12 months.

B4. Do you receive War Pensioners' Mobility Supplement? **Yes** ☐ **No** ☐

If **Yes**, please supply your award letter from the Service Personnel and Veterans Agency.
If you have lost this letter, then the agency can be contacted via the free-phone enquiry number 0800 169 22 77

B5. Do you receive Armed Forces Compensation Scheme (AFCS) tariff 1-8; and have been assessed by the SPVA as having a permanent and substantial disability that causes inability to walk or considerable difficulty in walking?

Yes ☐ **No** ☐

If **Yes**, please supply your award letter from the Service Personnel and Veterans Agency.

If you have answered Yes to any of the questions in Part B, please go to Part C. If you have answered No to all the questions in Part B, you may qualify for a badge with further assessment. Please read the notes below.

Important Notes – Please read before completing Parts C or D

If you have answered **No** to all questions in Part B, you will only qualify for a badge if you fall into one of the following categories:

1. You are over 3 years of age, hold a valid driving licence, drive regularly and have a severe disability affecting both arms and cannot use or find it difficult to use parking meters.
2. You are over 3 years of age and cannot walk, or have severe difficulty with walking due to a permanent and substantial disability.

Please complete application form for applicants who require further assessment

3. The application is for a child under 3, who falls into one or both of the following categories:

- A medical condition that requires the person must always be near a vehicle for the purposes of speedy treatment. E.g. Children with: tracheostomies; severe epilepsy/fitting; highly unstable diabetes or terminally ill children who can only access brief moments of outside life and need a quick route home.
- Children who have a condition requiring the transportation of bulky medical equipment, which cannot be carried around with the child without great difficulty. Examples of equipment would include: Ventilators; suction machines; feed pumps; parenteral equipment; syringe drivers; oxygen equipment; continual oxygen saturation monitoring equipment and casts and associated medical equipment for correction of hip dysplasia.

Please complete child under 3 application form

- The intention of the Scheme is that only very severely disabled people will qualify under these conditions.
- Badges will only be issued to people who would otherwise find it impossible to visit shops, public buildings or other places; or to drivers who regularly drive an adapted or non adapted vehicle and have a severe disability in both arms and cannot use or find it difficult to use parking meters. People with temporary disabilities such as a broken leg will not qualify.

Part C **This part must be completed by all applicants**

C1. Will you be a driver or a passenger in a car when using a Blue Badge?
Driver ☐ Passenger ☐

C2. Please state the registration number of the vehicles you travel in most often
Note: Up to three registration numbers should be nominated but other vehicles may be used and the badge transferred when necessary.

C3. A passport quality photograph of the applicant is required for display on the badge. Please ensure that the applicants name is on the back of the photograph and that you complete the declaration in section D of this form to confirm that the photograph is a true likeness.

C4. We need to check that you are a resident in this local authority before we can process your application. Please attach a recent utility bill, Council Tax bill, tenancy agreement or bank statement.
Alternatively you may give permission for us to check your residency against the Council Tax database or electoral register (see declaration in part D)

C5. You must provide proof of identity by producing one of the following original documents:

☐ Birth certificate/adoption certificate ☐ Marriage/Divorce Certificate

☐ Civil partnership/dissolution certificate ☐ Valid driving licence

☐ Passport

Please note this list is not exhaustive, please contact us if you are unable to provide one of the documents listed.

C5. You will need to collect your badge once it has been issued. From which Direct Link would you like to collect it?

☐ Halton Lea, Runcorn ☐ 7 Brook Street, Widnes

☐ **Runcorn Library, Granville St, Runcorn** ☐ **Ditton Library, Queens Ave, Widnes**

Part D

Declaration (to be completed by all applicants)	
I declare that to the best of my knowledge, all the information I have provided is complete and accurate. I realise you may take action against me if I have provided false information in this application form.	☐
I understand that I must promptly inform Halton Borough Council of any changes that may affect my entitlement to a badge.	☐
I confirm that the photographs I have submitted with my application are a true likeness.	☐
I agree to Halton Borough Council contacting my GP or another accredited health professional, if necessary, for the purpose of obtaining information to support my application	☐
I agree to Halton Borough Council sharing the information in this form with other local authorities responsible for administering the Blue Badge Scheme, with parking enforcement agencies and with the Audit Commission for the purpose of preventing and detecting crime and fraud.	☐
I give permission to the local authority to check my personal details against the Council Tax database or electoral register so that I do not need to submit proof of my address.	☐
I understand that I must not hold more than one valid Blue Badge at any time.	☐
Data Protection Act 1998	
I understand that the information supplied by me on this form will be maintained by Halton Borough Council and will not be disclosed to any other party save those responsible for the prevention or detection of fraud ,the enforcement of parking restrictions or otherwise as the law allows	☐
I further understand that the medical information I have supplied to support this application is deemed to be sensitive personal data and I consent to its disclosure only to a third party who is responsible for the operation and administration of the Blue Badge Scheme and other Government Departments or agencies to validate proof of entitlement	☐

Print Full Name:	
Signed:	Date:

Please tick the appropriate box to indicate your ethnicity. All information will be treated in the strictest of confidence.

White

	British
	Irish
	Any other White background

Mixed

	White Black Caribbean
	White and Black African
	White and Asian
	Any other Mixed background

Asian or Asian British

	Indian
	Pakistani
	Bangladeshi
	Any other Asian background

Black or Black British

	Caribbean
	African
	Any other Black background

Other ethnic groups

	Chinese
	Polish
	Gypsy Traveller
	Any other ethnic group

Not stated

	Not stated – client does not know
	Not stated – not appropriate to ask
	Not stated – referrer does not know
	Not stated – refused to disclose

Appendix G1(b)
Individual Application Form over three with further assessment

The Blue Badge Scheme of Parking Concessions for Disabled / Blind People

Application Form (Over 3 years of age)
For those who require further assessment

***Please ✓ as appropriate**

Part 1: Personal Details

Title:	First Names:
Surname:	
Surname at birth (if different):	
Town of birth:	Country of birth:
Current address:	
Town:	Postcode:
Gender: Male/Female **(Please delete)**	Date of birth:
Carefirst ID:	National Insurance No:
Email:	Tel:

Previous address if different in the last 3 years:

	Postcode:

Do you currently hold a Blue Badge, or have you held a Blue Badge before?

Yes ☐ No ☐

If Yes, please confirm the following:

Badge Serial Number:	Expiry date:
Which local authority issued the badge?	

Applicants with walking difficulties who require further assessment – go to part 2.

Applicants with a disability in both arms who require further assessment – go to part 3.

Part 2

Questions for applicants with walking difficulties who require further assessment.

These questions are intended for people who do not meet the criteria for eligibility without further assessment**, see below**:

- Registered as severely sight impaired (blind) under the National Assistance Act 1948.
- In receipt of the higher rate of the mobility component of Disability Living Allowance.
- In receipt of War Pensioners Mobility Supplement.
- In receipt of Armed Forces Compensation Scheme (AFCS) tariff 1-8.

If you are unable to meet one of these criteria then you may be eligible with further assessment, however you will only qualify for a Blue Badge if you, or the person on whose behalf you are applying, are over three years of age and **have a permanent and substantial disability which means you are unable to walk or you have very considerable difficulty in walking.**

Please complete **all** questions – if a question does not apply to you please state 'not applicable', do not leave any question blank or your form may be returned to you.

2**(1) Please describe:**

- Any medical conditions/disabilities **which affects your mobility**.
- If you know them please state the medical terms for the condition you have been diagnosed with.

Office use only

2**(2) Please describe:**

- Any surgery or courses of treatment you have undergone or specialist clinics you have attended in relation to each medical condition / disability you have mentioned.
- Please state when you underwent any relevant surgery or treatment or attended specialist clinics.

Surgeries/courses of treatment/specialist clinics:	Dates you received treatment:
Office use only	

2 **(3) Are you currently...**

(Please answer "YES" or "NO" to the statements you and provide further details in the space below).

Yes	**No**	
☐	☐	A) Awaiting surgery in relation to the conditions / disabilities described above?
☐	☐	B) Recuperating from surgery in relation to the conditions / disabilities described above? If yes - Please state below if your condition has changed in any way since your surgery.
☐	☐	C) Awaiting treatment for any of the conditions / disabilities described above?
☐	☐	D) Managing your condition / disability since you have been advised it is not expected to improve any further?
☐	☐	E) Is your condition / disability likely to improve?
Office use only		

2**(4)What medication do you currently take in relation to the conditions / disabilities you described ?**

Medication	Dosage	Frequency
Office use only		

2**(5) Are you currently taking any pain relief <u>for your mobility</u> in relation to your medical conditions / disabilities?**

Yes ☐ **No** ☐

If yes, please explain what you are taking and how frequently you need it:

Office use only

2(6) Please give details of the healthcare professionals or specialists (including your GP) who have been treating you in relation to the conditions / disabilities described :

Name	Job title	Hospital/Health Centre	Telephone Number
Office use only			

2(7) Do you anticipate that your conditions / disabilities will improve in the next 3 years? (Tick as appropriate).

Yes ☐ **No** ☐

Office use only

2(8) If you ticked YES, please describe how much you expect your conditions / disabilities to improve.

Office use only

2(9) How do the conditions / disabilities you described above affect your ability to walk?

Office use only

2**(10) Please answer "YES" or "NO" to the following statements to describe your general walking ability:**

Yes	No	
☐	☐	A) I am able to walk well, including recreational walks.
☐	☐	B) I am able to walk around the supermarket to do my own shopping.
☐	☐	C) I am able to walk and can use public transport for some of my local trips.
☐	☐	D) I am able to walk, but struggle with longer distances or hills.
☐	☐	E) I am able to walk, but get breathless if I walk for more than a few minutes.
☐	☐	F) I am able to walk, but find it too painful to walk for more than a few minutes.
☐	☐	G) I am able to walk but use a wheelchair for longer trips outside the home.
☐	☐	H) I am able to walk around my home
☐	☐	I) I am unable to climb the stairs.
☐	☐	J) I am unable to walk at all.
Office use only		

2**(11)Are you able to walk outside without help?**

Yes ☐ **No** ☐

Office use only

2**(12) Where, in your local area, can you comfortably walk to from your home?**

(Please state a specific location or landmark which could be found on a map, e.g. a shop, street address or park).

Office use only

2**(13) Please answer "YES" or "NO" to the statements below that describe the way you walk:**

YES	**NO**	
☐	☐	A) No specific problems with walking.
☐	☐	B) You walk with a slight limp.
☐	☐	C) You walk with a heavy limp, a stiff leg or shuffle, or have problems with balance.
☐	☐	D) You drag your leg, stagger, swing through two crutches or need physical support.
Office use only		

2(14) Do you use any of the following walking aids?
(Please tick whichever options apply to you - you can tick more than one box).

☐	1 elbow crutch.	☐	2 elbow crutches.
☐	1 walking stick.	☐	2 walking sticks.
☐	Walking frame (Zimmer frame).	☐	Rollator.
☐	Wheelchair.	☐	Powered wheelchair.
☐	Other (please describe in the space below		
Office use only			

2**(15) Were your walking aids**...
(Please answer “YES” or “NO” to the following statements).

YES	NO	
☐	☐	A) Purchased privately by me.
☐	☐	B) Prescribed by a healthcare professional.
☐	☐	C) Provided by Social Services.
☐	☐	D) Other (please describe below).
Office use only		

2(16) How far would you estimate you are able to walk, using any walking aids, before you feel severe discomfort?
(Please state the distance in metres or yards using whichever measure is best for you).

	: metres		: yards

When answering this question please note that:

- The average adult step is just less than one metre, which is 1.1 yards or 3 feet and 4 inches.
- If you walk alongside someone and they take 100 steps you would have walked roughly 90 metres, or 100 yards.
- The average double-decker bus is about 11 metres, or 12 yards, long.
- A tennis court is about 24 metres, or 26 yards, long.
- A full size football pitch is about 100 metres, or 110 yards, long.

Office use only

2(17) Roughly how much time would you estimate it takes you to walk this distance?

	: minutes

Office use only

2**(18) Are you able to continue walking after a short rest?**

Yes ☐ **No** ☐

Office use only

2(19) If you can continue, roughly how long (in minutes) are you able to walk for in total?

	: minutes

Office use only

2**(20) Please answer 'YES' or 'No' to each of the following questions by ticking the relevant box:**

YES	NO	
☐	☐	A) Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?
☐	☐	B) Do you get short of breath walking with other people of your own age on level ground?
☐	☐	C) Do you have to stop for breath when walking at your own pace on level ground?
☐	☐	D) Do you get too breathless to leave your home, or after dressing?

Office use only

2**(21) Is there anything else you would like to add that you think is relevant in support of your application for a Blue Badge?**

Office use only

Please go to part 4

Part 3

Questions for applicants with a disability in both arms who require further assessment.

These questions are intended for people who **drive a vehicle regularly, have a severe disability in both arms and are unable to operate, or have considerable difficulty in operating, parking meters.**

3(1) Do you drive regularly?

Yes ☐ **No** ☐

Office use only

3(2) Do you have a severe disability in both arms?

Yes ☐ **No** ☐

Office use only

3(3) Please describe your medical condition/disability:

Office use only

3(4) Are you unable to operate, or have considerable difficulty operating a parking meter or pay and display machine due to your upper limb disability?

Yes ☐ **No** ☐

Office use only

3(5) If yes please describe the difficulties you have with operating parking meters and pay and display machines:

Office use only

3(6) Do you drive a specially adapted vehicle?

Yes ☐ **No** ☐

Office use only

3(7) If yes, please describe how the vehicle has been adapted for you, and enclose a copy of your insurance details verifying this adaptation:

Office use only

Please go to part 4

Part 4 **This part must be completed <u>by all applicants</u>**

(4A) Will you be a driver or a passenger in a car when using a Blue Badge?
Driver ☐ Passenger ☐

(4B) Please state the registration number of the vehicles you travel in most often
Note: Up to three registration numbers should be nominated but other vehicles may be used and the badge transferred when necessary.

(4C) A passport quality photograph of the applicant is required for display on the badge. Please ensure that the applicants name is on the back of the photograph and that you complete the declaration in section D of this form to confirm that the photograph is a true likeness.

(4D) We need to check that you are a resident in this local authority before we can process your application. Please attach a recent utility bill, Council Tax bill, tenancy agreement or bank statement.
Alternatively you may give permission for us to check your residency against the Council Tax database or electoral register (see declaration in part 5)

(4E) You must provide proof of identity by producing one of the following original documents:

☐ Birth certificate/adoption certificate ☐ Marriage/Divorce Certificate

☐ Civil partnership/dissolution certificate ☐ Valid driving licence

☐ Passport

Please note this list is not exhaustive, please contact us if you are unable to provide one of the documents listed.

(4F) You will need to collect your badge once it has been issued. From which Direct Link would you like to collect it?

☐ Halton Lea, Runcorn ☐ 7 Brook Street, Widnes

☐ **Runcorn Library, Granville St, Runcorn** ☐ **Ditton Library, Queens Ave, Widnes**

Part 5

Declaration (to be completed by all applicants)	
I declare that to the best of my knowledge, all the information I have provided is complete and accurate. I realise you may take action against me if I have provided false information in this application form.	☐
I understand that I must promptly inform Halton Borough Council of any changes that may affect my entitlement to a badge.	☐
I confirm that the photographs I have submitted with my application are a true likeness.	☐
I agree to Halton Borough Council contacting my GP or another accredited health professional, if necessary, for the purpose of obtaining information to support my application	☐
I agree to Halton Borough Council sharing the information in this form with other local authorities responsible for administering the Blue Badge Scheme, with parking enforcement agencies and with the Audit Commission for the purpose of preventing and detecting crime and fraud.	☐
I give permission to the local authority to check my personal details against the Council Tax database or electoral register so that I do not need to submit proof of my address.	☐
I understand that I must not hold more than one valid Blue Badge at any time.	☐
Data Protection Act 1998	
I understand that the information supplied by me on this form will be maintained by Halton Borough Council and will not be disclosed to any other party save those responsible for the prevention or detection of fraud ,the enforcement of parking restrictions or otherwise as the law allows	☐
I further understand that the medical information I have supplied to support this application is deemed to be sensitive personal data and I consent to its disclosure only to a third party who is responsible for the operation and administration of the Blue Badge Scheme and other Government Departments or agencies to validate proof of entitlement	☐

Print Full Name:

Signed:	Date:

Additional Declaration for people signing this form for another person:

If you have signed this form for another adult, please give more details below:

Does the person named on this form know that you are signed this form for them? **YES** / **NO**

Your Name: _____

Your Relationship with the person who is applying for a Blue Badge: _____

Your Address:

Postcode:
Telephone Number:

Please tell us why you are signing this form for another adult. Tick all that apply.

They are too ill to sign ☐ I am a receiver for them under a Court Protection Order ☐

I have Power of Attorney for them ☐ They cannot manage their own affairs ☐

I receive money from the Benefits Agency for this person ☐

Physically unable to sign ☐

Other (please state): _____

Signed:	Date:

Office use only

Score:

Recommendation:

Please tick the appropriate box to indicate your ethnicity. All information will be treated in the strictest of confidence.

White

	British
	Irish
	Any other White background

Mixed

	White Black Caribbean
	White and Black African
	White and Asian
	Any other Mixed background

Asian or Asian British

	Indian
	Pakistani
	Bangladeshi
	Any other Asian background

Black or Black British

	Caribbean
	African
	Any other Black background

Other ethnic groups

	Chinese
	Polish
	Gypsy Traveller
	Any other ethnic group

Not stated

	Not stated – client does not know
	Not stated – not appropriate to ask
	Not stated – referrer does not know
	Not stated – refused to disclose

Appendix G1(c)
Individual Application Form child under three

The Blue Badge Scheme of Parking Concessions for Disabled/Blind People

Application Form (Under 3 years of age)

Part A: Personal Details

Full Name of Child:				
Surname at birth (if different):				
Town of birth:	Country of birth:			
Current address:				
Postcode:	Tel:			
Date of birth:	Male		Female	
Carefirst ID:				

Renewals only:

Badge Serial Number:	Expiry date:

Name of Person Applying on behalf of Child:	
Relationship to child:	
Contact tel no:	

Important Notes – Please read before completing application form

Complete this application form **only** if you are applying on behalf of a child aged **under 3 years** who either has a condition requiring transportation of bulky medical equipment at all times and/or has a condition that requires that they must be kept near to a motor vehicle at all times in order to be treated in the vehicle or allow the child to be taken immediately to a place where they can be treated.

Applicants aged 3 years or more should complete a different application form. This can be obtained by ringing: **0151 907 8309**

1. Please describe child's medical condition.

2. Does this condition require regular transportation of bulky medical equipment? **Yes** ☐ **No** ☐

3. If yes, please details of the type(s) of medical equipment?

4. Please provide a supporting letter from your child's paediatrician giving details of the child's medical condition or provide contract details below:

5. Please state the registration number of the vehicle the child travels in most often?

Note: One registration number should be nominated, however other vehicles may be used and the badge transferred when necessary.

6. A passport quality photograph of the child is required for display on the badge. Please ensure that the child's name is on the back of the photograph and that you complete the declaration in section D of this form to confirm that the photograph is a true likeness.

7. Please attach a copy of the child's birth or adoption certificate as proof of identification.

8. You will need to collect the badge once it has been issued. From which Direct Link would like to collect it?

☐ **Halton Lea, Runcorn**

☐ **7 Brook Street, Widnes**

☐ **Runcorn Library, Granville St, Runcorn**

☐ **Ditton Library,Queens Ave, Widnes**

Declaration (to be completed by all applicants)	
I declare that to the best of my knowledge, all the information I have provided is correct	☐
I understand that I must promptly inform Halton Borough Council of any changes that may affect my child's entitlement to a badge	☐
I confirm that the photographs I have submitted with this application are a true likeness of the child.	☐
I agree to Halton Borough Council contacting my GP or another accredited health professional if necessary for the purpose of obtaining information to support this application	☐
I agree to Halton Borough Council sharing the information in this form with other local authorities responsible for administering the Blue Badge Scheme, with parking enforcement agencies and with the Audit Commission for the purpose of preventing and detecting crime and fraud.	☐
I understand that the child must not hold more than one valid Blue Badge at any time.	☐
Data Protection Act 1998	
I understand that the information supplied by me on this form will be maintained by Halton Borough Council and will not be disclosed to any other party save those responsible for the prevention or detection of fraud ,the enforcement of parking restrictions or otherwise as the law allows	☐
I further understand that the medical information I have supplied to support this application is deemed to be sensitive personal data and I consent to its disclosure only to a third party who is responsible for the operation and administration of the Blue Badge Scheme and other Government Departments or agencies to validate proof of entitlement	☐

Print Full Name:	
Signed:	Date:

Please tick the appropriate box to indicate your ethnicity. All information will be treated in the strictest of confidence.

White

	British
	Irish
	Any other White background

Mixed

	White Black Caribbean
	White and Black African
	White and Asian
	Any other Mixed background

Asian or Asian British

	Indian
	Pakistani
	Bangladeshi
	Any other Asian background

Black or Black British

	Caribbean
	African
	Any other Black background

Other ethnic groups

	Chinese
	Polish
	Gypsy Traveller
	Any other ethnic group

Not stated

	Not stated – client does not know
	Not stated – not appropriate to ask
	Not stated – referrer does not know
	Not stated – refused to disclose

Appendix G1(d)
Pre-assessment application form

The Blue Badge Scheme of Parking Concessions for Disabled / Blind People

Pre-assessed Form (Over 3 years of age)

Part 1: Personal Details

Title:	First Names:
Surname:	
Surname at birth (if different):	
Town of birth:	Country of birth:
Current address:	
Town:	Postcode:
Gender: Male/Female **(Please delete)**	Date of birth:
Carefirst ID:	National Insurance No:
Email:	Tel:

Previous address if different in the last 3 years:

	Postcode:

Do you currently hold a Blue Badge, or have you held a Blue Badge before?

Yes ☐ No ☐

If yes, please confirm the following:

Badge Serial Number:	Expiry date:
Which local authority issued the badge?	

Part 2 – Assessed by Occupational Therapist/Medical Practitioner

I confirm that the applicant has a permanent disability or medical condition that affects walking ability, and I have assessed the applicant as being eligible for a Blue Disabled Car Badge. (Please provide details below)

I have assessed that the applicant **will not** require further assessment upon renewal of the Blue Disabled Car Badge.

Yes ☐ **No** ☐

Signed:	Team:	Date:
Name:		Ext no:

(3a) Please state the registration number of the vehicles you travel in most often
Note: Up to three registration numbers should be nominated but other vehicles may be used and the badge transferred when necessary.

(3b) A passport quality photograph of the applicant is required for display on the badge. Please ensure that the applicants name is on the back of the photograph and that you complete the declaration in section D of this form to confirm that the photograph is a true likeness.

(3c) We need to check that you are a resident in this local authority before we can process your application. Please attach a recent utility bill, Council Tax bill, tenancy agreement or bank statement.

Alternatively you may give permission for us to check your residency against the Council Tax database or electoral register (see declaration in part 5)

(3d) You must provide proof of identity by producing one of the following original documents:

☐ Birth certificate/adoption certificate ☐ Marriage/Divorce Certificate

☐ Civil partnership/dissolution certificate ☐ Valid driving licence

☐ Passport

Please note this list is not exhaustive, please contact us if you are unable to provide one of the documents listed.

(3e) You will need to collect your badge once it has been issued. From which Direct Link would you like to collect it?

☐ **Halton Lea, Runcorn** ☐ **7 Brook Street, Widnes**

☐ **Runcorn Library, Granville St, Runcorn** ☐ **Ditton Library, Queens Ave, Widnes**

Part 4

Declaration (to be completed by all applicants)	
I declare that to the best of my knowledge, all the information I have provided is complete and accurate. I realise you may take action against me if I have provided false information in this application form.	☐
I understand that I must promptly inform Halton Borough Council of any changes that may affect my entitlement to a badge.	☐
I confirm that the photographs I have submitted with my application are a true likeness.	☐
I agree to Halton Borough Council contacting my GP or another accredited health professional, if necessary, for the purpose of obtaining information to support my application	☐
I agree to Halton Borough Council sharing the information in this form with other local authorities responsible for administering the Blue Badge Scheme, with parking enforcement agencies and with the Audit Commission for the purpose of preventing and detecting crime and fraud.	☐
I give permission to the local authority to check my personal details against the Council Tax database or electoral register so that I do not need to submit proof of my address.	☐
I understand that I must not hold more than one valid Blue Badge at any time.	☐
Data Protection Act 1998	
I understand that the information supplied by me on this form will be maintained by Halton Borough Council and will not be disclosed to any other party save those responsible for the prevention or detection of fraud ,the enforcement of parking restrictions or otherwise as the law allows	☐
I further understand that the medical information I have supplied to support this application is deemed to be sensitive personal data and I consent to its disclosure only to a third party who is responsible for the operation and administration of the Blue Badge Scheme and other Government Departments or agencies to validate proof of entitlement	☐

Print Full Name:	
Signed:	Date:

Please tick the appropriate box to indicate your ethnicity. All information will be treated in the strictest of confidence.

White

	British
	Irish
	Any other White background

Mixed

	White Black Caribbean
	White and Black African
	White and Asian
	Any other Mixed background

Asian or Asian British

	Indian
	Pakistani
	Bangladeshi
	Any other Asian background

Black or Black British

	Caribbean
	African
	Any other Black background

Other ethnic groups

	Chinese
	Polish
	Gypsy Traveller
	Any other ethnic group

Not stated

	Not stated – client does not know
	Not stated – not appropriate to ask
	Not stated – referrer does not know
	Not stated – refused to disclose

Dear Applicant

To process your badge we will also need:

- A Passport sized photo which shows your face clearly and must be signed on the reverse (approximately 3.5cm x 4.5cm)
  Photographs will be added to the badge in digital format and returned to you.

- 2 forms of personal identification – one must be a photograph form of identification and one must show your address

- £10.00 fee

  You can return your application and proofs in person, or by post to one of the following Halton Direct Link offices:

Runcorn: Halton Direct Link Offices

Concourse Level Rutland House Halton Lea Shopping Centre Runcorn Cheshire WA7 2ES	Granville Street Runcorn WA7 1NE (inside library) **Closed Wednesday**

Widnes: Halton Direct Link Offices

7 Brook Street, Widnes, Cheshire WA8 6NB	Queens Avenue, Ditton, Widnes WA8 8HT **(within Ditton Library)**

For all Blue Badge Scheme enquiries call 0151 907 8309

The Blue Badge Scheme of Parking Concessions for Disabled/Blind People

Fast-track Application

Part 1: Personal Details

Title:	First Names:
Surname:	
Surname at birth (if different):	
Town of birth:	Country of birth:
Current address:	
Town:	Postcode:
Gender: Male/Female **(Please delete)**	Date of birth:
Carefirst ID:	National Insurance No:
Email:	Tel:

Previous address if different in the last 3 years:

	Postcode:

Do you currently hold a Blue Badge, or have you held a Blue Badge before?

Yes ☐ No ☐

If yes, please confirm the following:

Badge Serial Number:	Expiry date:
Which local authority issued the badge?	

Part 2 – Assessed by medical practitioner/palliative care team.

I confirm that the applicant has a terminal illness that seriously limits their walking ability, and I have assessed the applicant as being eligible for a Blue Disabled Car Badge. (Please provide details below)

Signed:	Team:	Date:
Name:		Ext no:

<u>Please note, no payment will be made by Halton Borough Council for the completion of this form.</u>

Part 3

Declaration (to be completed by all applicants)	
I declare that to the best of my knowledge, all the information I have provided is complete and accurate. I realise you may take action against me if I have provided false information in this application form.	☐
I understand that I must promptly inform Halton Borough Council of any changes that may affect my entitlement to a badge.	☐
I confirm that the photographs I have submitted with my application are a true likeness.	☐
I agree to Halton Borough Council contacting my GP or another accredited health professional, if necessary, for the purpose of obtaining information to support my application	☐
I agree to Halton Borough Council sharing the information in this form with other local authorities responsible for administering the Blue Badge Scheme, with parking enforcement agencies and with the Audit Commission for the purpose of preventing and detecting crime and fraud.	☐
I give permission to the local authority to check my personal details against the Council Tax database or electoral register so that I do not need to submit proof of my address.	☐
I understand that I must not hold more than one valid Blue Badge at any time.	☐
Data Protection Act 1998	
I understand that the information supplied by me on this form will be maintained by Halton Borough Council and will not be disclosed to any other party save those responsible for the prevention or detection of fraud ,the enforcement of parking restrictions or otherwise as the law allows	☐
I further understand that the medical information I have supplied to support this application is deemed to be sensitive personal data and I consent to its disclosure only to a third party who is responsible for the operation and administration of the Blue Badge Scheme and other Government Departments or agencies to validate proof of entitlement	☐

Print Full Name:	
Signed:	Date:

Please tick the appropriate box to indicate your ethnicity. All information will be treated in the strictest of confidence.

White

	British
	Irish
	Any other White background

Mixed

	White Black Caribbean
	White and Black African
	White and Asian
	Any other Mixed background

Asian or Asian British

	Indian
	Pakistani
	Bangladeshi
	Any other Asian background

Black or Black British

	Caribbean
	African
	Any other Black background

Other ethnic groups

	Chinese
	Polish
	Gypsy Traveller
	Any other ethnic group

Not stated

	Not stated – client does not know
	Not stated – not appropriate to ask
	Not stated – referrer does not know
	Not stated – refused to disclose

Blue Badge Checklist
For Palliative Care Team Use Only

Proof of address:	**Please circle: YES/NO**
Photo I.D.	**Please state type:**
Other I.D.	**Please state type:**
Higher rate DLA proof:	**Please circle: YES/NO (Proof to be enclosed)**
War pensioner proof	**Please circle: YES/NO (Proof to be enclosed)**
AFCS proof	**Please circle: YES/NO (Proof to be enclosed)**

Appendix G2
Cover letter

Blue Badge Scheme

Dear Customer

The Blue Badge Scheme is governed by the regulations set out by the Department for Transport.

Please find enclosed an application form. If you are applying for a replacement badge, which has expired or is due to expire, you must still complete the application form. Please fill in **all** the sections that apply to you.

To process your badge we will also need:

- A Passport sized photo which shows your face clearly and must be signed on the reverse (approximately 3.5cm x 4.5cm)
  Photographs will be added to the badge in digital format and returned to you.

- 2 forms of personal identification – one must be a photograph form of identification and one must show your address

- Proof of your eligibility, if you are applying without further assessment – acceptable forms of proof are listed on the application form

- £10.00 fee payable

You can return your application and proofs in person, or by post to one of the following Halton Direct Link offices:

Runcorn: Halton Direct Link

Concourse Level Rutland House Halton Lea Shopping Centre Runcorn Cheshire WA7 2ES	Granville Street Runcorn WA7 1NE (in side library) **Closed Wednesday**

Widnes: Halton Direct Link

7 Brook Street, Widnes, Cheshire WA8 6NB	Queens Avenue, Ditton, Widnes WA8 8HT **(within Ditton Library)**

For all Blue Badge Scheme enquiries call 0151 907 8309

Yours sincerely

Blue Badge Administration
Halton Direct Link

Appendix G3(a)
Cover letter For Organisational Badge

14 February 2013

Dear Sir/Madam

Blue Badge Scheme: Application for an Organisational Badge

Thank you for your enquiry about the Blue Badge Scheme. Please find enclosed an application form. A badge may be issued to an organisation for a vehicle used to carry disabled persons as specified in the Regulations, which are set out by the Department for Transport. The Organisational Badge is intended for use by organisations caring for service users who meet one or more of the eligibility criteria for a Blue Badge. Eligible service users are:

- People awarded the higher rate of the **mobility** component of Disability Living Allowance or score 8 points or more under the 'Moving Around' mobility component of Personal Independence Payment, War Pensioners Mobility Supplement or Armed Forces Compensation Scheme (AFCS) tariff 1-8.

- People who are registered severely sight impaired (blind).

- People with a severe disability in both upper limbs, who drive regularly and are unable to operate, or have considerable difficulty in operating all, or some types of parking meter.

- People with a permanent and substantial disability which means that they are unable to, or have considerable difficulty in walking.

- Children under 3, who fall into ***either or both*** of the following categories:

    - Who have a condition requiring the transportation of bulky medical equipment, which cannot be carried around with the child without great difficulty.
    - Who have a condition requiring that they must always be near a motor vehicle for the purposes of speedy treatment.

NB: Eligible service users may apply for an individual Blue Badge and are then able to travel in any vehicle under the Blue Badge scheme.

An organisation may apply for an Organisational Badge for motor vehicles, which include mini-buses, specially adapted vehicles and tail-lift vehicles. Each vehicle can have its own badge. Badges are issued for 3 years only, at which time a fresh application should be submitted for renewal (if applicable).

When submitting an application for an organisation badge, you will need to provide the following:

- A covering letter on your headed notepaper.
- A copy of your company stamp or logo (this should measure no more than (3.5cm x 4.5cm).
- A copy of the organisation's CQC registration or if a voluntary organisation, a copy of the organisation's constitution or statement of purpose.
- Photocopy of tax disc(s) as proof that the organisation has vehicles licensed under Disabled Passenger Vehicle (DPV) class or alternatively a declaration on the organisation's headed paper to confirm that the organisation is concerned with the care of disabled people and that they will be using the vehicle(s) solely for the purpose of transporting those people.
- £10.00 fee payable

All applications can be returned in person or by post to:

Runcorn: Halton Direct Link

Concourse Level Rutland House Halton Lea Shopping Centre Runcorn WA7 2ES	Granville Street Runcorn **WA7 1LX** **(Within Runcorn Library)** **Closed Wednesday**

Widnes: Halton Direct Link

7 Brook Street, Widnes, WA8 6NB	Queens Avenue, Ditton, Widnes, WA8 8HT **(within Ditton Library)**

If you have any queries relating to the Blue Badge application process please contact us on 0151 907 8309.

Yours faithfully

Blue Badge Administration
Halton Direct Link

Appendix G3(b)
Application Form for Organisational Badge

The Blue Badge Scheme

Application for an Organisational Badge

Name of Organisation	
Address	
Postcode	
Telephone No.	
Contact Person	
Contact Details (if different from above)	
Email address	

Renewals Only

Badge No (s)	Expiry Date

Please describe your organisation and the nature of the disabilities of the people you provide care for

Charity Number (if applicable)	
Number of service users cared for by the organisation	
Number of qualifying service users (i.e. meeting eligibility criteria for a blue badge)	

Describe why you are applying for a badge(s) including how often it will be used and why

Please provide details of the types of vehicles used by your organisation and how often they are used to transport disabled people

Registration No	Type of vehicle	Registered under DPV* class Yes/No	Frequency of use

*** Disabled Passenger Vehicle Class - please continue on separate sheet if necessary**

This form must be signed by the Manager

Signed	
Date	
Designation	

Declaration (to be completed by all applicants)	
I declare that to the best of my knowledge, all the information I have provided is complete and accurate. I realise you may take action against me if I have provided false information in this application form.	☐
I understand that I must promptly inform Halton Borough Council of any changes that may affect the entitlement to a badge.	☐
I agree to Halton Borough Council sharing the information in this form with other local authorities responsible for administering the Blue Badge Scheme, with parking enforcement agencies and with the Audit Commission for the purpose of preventing and detecting crime and fraud.	☐
Data Protection Act 1998	
I understand that the information supplied by me on this form will be maintained by Halton Borough Council and will not be disclosed to any other party save those responsible for the prevention or detection of fraud ,the enforcement of parking restrictions or otherwise as the law allows	☐

With the completed form, you must provide:

- A covering letter on headed notepaper
- A copy of your CCQ registration. If a voluntary organisation please provide copy of constitution or statement of purpose
- A copy of your company stamp or logo (this should measure no more than (3.5cm x 4.5cm)
- Photocopy of tax disc(s) as proof that the organisation has vehicles licensed under Disabled Passenger Vehicle (DPV) class or alternatively a declaration on the organisation's headed paper to confirm that they are an organisation concerned with the care of disabled people and that they will be using the vehicle(s) solely for the purpose of transporting those people.

- £10.00 fee payable

- You will need to collect your badge(s) once issued. From which Direct Link would you like to collect?

☐ **Halton Lea, Runcorn**

☐ **7 Brook Street, Widnes**

☐ **Runcorn Library, Granville St, Runcorn**

☐ **Ditton Library, Queens Ave, Widnes**

Appendix G4
Duplicate Badge application

The Blue Badge Scheme of Parking Concessions for Disabled/Blind People

Request for a Duplicate Badge

Part A: Personal Details	
Title:	Surname:
Forenames:	
Surname at birth (if different):	
Town of birth:	Country of birth:
Current address:	
Town:	Postcode:
Gender: Male/Female **(Please delete)**	Tel:
Date of birth:	National Insurance No:
Carefirst ID:	

Part B: Reason for Request

Please tick box: **Stolen** ☐ **Lost** ☐ **Destroyed/other** ☐

Please give details:

If badge lost or stolen – which police station was it reported to?

What is the Police Officer's name/number?

Police Crime/Incident No.

Part C

A photograph is required for inclusion on the replacement badge.
If not already on file, you will need to provide a passport quality photograph, signed by the badge holder on the reverse.

Signed

Date

Please note a charge of £10.00 will be made for this service. Your duplicate badge will have the same expiry date as the original. We will notify you when your badge is ready for collection.

Office Use Only:

Cancelled badge number:	
New badge number:	
Receipt number:	
Expiry date:	
Photograph required:	Yes/No
Photograph supplied/taken:	Yes/No
Date badge ordered:	
Date badge collected:	

REGISTRATION WITH SOCIAL SERVICES DEPARTMENT AS PHYSICALLY DISABLED UNDER SECTION 29 OF THE NATIONAL ASSISTANCE ACT OF 1948

You can register as physically disabled with Social Services under Section 29 of the National Assistance Act 1948.

This Register enables us to identify the total number of people registered as physically disabled and helps us to plan services for people with a disability on a national and local basis. The Data Protection Act safeguards registration, so your details will not be passed on to anyone else. If you would like to be registered, please complete the following form and return it to Halton Direct Link at the address below.

Surname:	**First names:**
Address (incl. postcode):	
Date of birth:	**Telephone No:**
Nature of disability:	

Doctor's name and address:

It would also be helpful if you could supply the following additional information:-

Do you live alone? **Yes/No**

Do you live in? **house/bungalow/flat**

Are you? **owner-occupier/tenant (please circle private or housing assoc)**

Are you? **cohabiting/divorced/single/married/widowed/separated**

Signed ……Date ……..

Please return this form to:-

Halton Direct Link
7 Brook Street
Widnes
Cheshire
WA8 6NB

Walking Disability

An applicant would need to have a **permanent and substantial disability** (i.e. a condition that is likely to last at least three years) that means they cannot walk or which makes walking very difficult.

Badges should only generally be issued to people who are unable to walk or who are able to walk only with excessive labour and at an extremely slow pace or with excessive pain. Applicants should generally be physically incapable of visiting shops, public buildings and other places unless allowed to park close to their destination. Their degree of impairment should be comparable to that required to claim /PIPMA i.e.

Activity 12 – Moving around

This activity considers a claimant's physical ability to move around without severe discomfort such as breathlessness, pain or fatigue. This includes the ability to stand and then move up to 20 metres, up to 50 metres, up to 200 metres and over 200 metres.

Notes:

This activity should be judged in relation to a type of surface normally expected out of doors such as pavements on the flat and includes the consideration of kerbs.

20 metres is considered to be the distance that a claimant is required to be able to repeatedly walk in order to achieve a basic level of independence in the home.

50 metres is considered to be the distance that a claimant is required to be able to repeatedly walk in order to achieve a basic level of independence outdoors.

50 to 200 metres is considered to be the distance that a claimant is required to be able to repeatedly walk in order to achieve a higher level of independence outdoors.

Standing means to stand upright with at least one biological foot on the ground with or without suitable aids and appliances (note – a prosthesis is considered an appliance so a claimant with a unilateral prosthetic leg may be able to stand whereas a bilateral lower limb amputee would be unable to stand under this definition).

"Stand and then move" requires an individual to stand and then move independently while remaining standing. It does not include a claimant who stands and then transfers into a wheelchair or similar device. Individuals who require a wheelchair or similar device to move a distance should not be considered able to stand and move that distance.

Aids or appliances that a person uses to support their physical mobility may include walking sticks, crutches and prostheses.

When assessing whether the activity can be carried out reliably, consideration should be given to the manner in which they do so. This includes but is not limited to, their gait, their speed, the risk of falls and symptoms or side effects that could affect their ability to complete the activity, such as pain, breathlessness and fatigue. However, for this activity this only refers to the physical act of moving. For example, danger awareness is considered as part of activity 11.

A	Can stand and then move more than 200 metres, either aided or unaided	0
B	Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided.	4
C	Can stand and them move unaided more than 20 metres but no more than 50 metres	8
D	Can stand and them move using an aid or appliance more than 20 metres but no more than 50 metres (*For example this would include people who can stand and move more than 20 metres but no further than 50 metres, but need to use an aid or appliance such as a stick or crutch to do so.)*	10
E	Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided.	12
F	Cannot, either aided or unaided: (i) Stand; or (ii) Move more than 1 metre	12

Note – This section is taken from the PIP guidance 23 January 2013 which says the document will continue to be refined in the run – up to the implementation of PIP in April 2013

In all cases entitlement depends on the applicant's difficulty in walking and considerations such as difficulty carrying parcels should not be taken into account.

The use of walking aids may be relevant to the decision but these alone should not determine whether or not a badge is issued.

Severe disability in both arms

Where the applicant does not drive an adapted vehicle, only drivers with the most severe disabilities in both their arms (who cannot operate a parking meter) should be considered eligible. This may cover disabled people with e.g. a limb reduction deficiency of both arms, bilateral upper limb amputation, muscular dystrophy, spinal cord injury, motor neurone disease or a comparable severe condition.

Appendix G7

Armed Forces Compensation Scheme
Norcross, Thornton-Cleveleys
Lancashire, England, FY5 3WP
Freephone: 0800 169 22 77
Overseas: + 44 1253 866 043
Textphone: 0800 169 34 58

Surname _____

Other names _____

Member number _____

You have received a lump sum benefit under the Armed forces and Reserve Forces (Compensation) Scheme within tariff levels 1 – 8 (inclusive) and the Secretary of State certifies that you have:-

- a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking

You may be entitled to a blue badge and/or concessionary travel.

Further information on blue badges and concessionary travel can be found at .

You can also contact your local authority for information.

Helpline Hours: Monday – Thursday:8.15am – 5.15pm, Friday: 8.15am – 4.30pm
Telephone: 0800 169 22 77
e-mail: veterans.help@spva.gsi.gov.uk
Internet:www.veterans-uk.info

Appendix G8(a)
Proof of Eligibility Request

Dear

Blue Badge Scheme

Thank you for your application for a Blue Badge.

You have ticked the box to say that you are entitled to the Higher Rate of the Mobility Component of Disability Living Allowance.

In order that we may continue to process your application, please forward an official letter from the DWP, dated within the last 12 months, confirming the period of the award or your current Vehicle Excise Duty Exemption Certificate.

You can return your proof in person, or by post to one of the following Halton Direct Link offices:

Runcorn: Halton Direct Link

Concourse Level Rutland House Halton Lea Shopping Centre Runcorn Cheshire WA7 2ES	Granville Street Runcorn WA7 1NE (inside library) **Closed Wednesday**

Widnes: Halton Direct Link

7 Brook Street, Widnes, Cheshire WA8 6NB	Queens Avenue, Ditton, Widnes WA8 8HT **(within Ditton Library)**

If you do not have the original award letter please call the DWP Disability and Carers Service on **08457 123456** to request a copy. We cannot issue your Blue Badge until we have this information. If you would like to discuss this further or if you have any questions about the Blue Badge Scheme, please contact **0151 907 8309**.

Yours sincerely

Blue Badge Administration
Halton Direct Link Team

Appendix G8(b)
Proof of PIP/MA

Date

Dear

Thank you for your application for a Blue Badge.

You have ticked the box to say that you are entitled to Personal Independence Payment (PIP). In order that we may continue to process your application, please forward an official letter from the DWP dated within the last 12 months confirming the period of your award.

Please note, we also await proof of your identification, as well as the £10 fee applicable for blue badge applications.

You can return your application and proofs in person or by post to one of the following Halton Direct Link offices:

Runcorn: Halton Direct Link

Concourse Level Rutland House Halton Lea Shopping Centre Runcorn Cheshire WA7 2ES	Granville Street Runcorn WA7 1NE (inside library) **Closed Wednesday**

Widnes: Halton Direct Link

7 Brook Street, Widnes Cheshire WA8 6NB,	Queens Avenue, Ditton, Widnes WA8 8HT **(within Ditton Library)**

We cannot issue your Blue Badge until we have this information. If you would like to discuss this further or if you have any questions about the blue badge scheme please contact us on 0151 907 8309.

Yours sincerely

Halton Direct Link
Blue Badge Administration

Appendix G8(c)
Photographs Request

Dear

BLUE BADGE SCHEME

Thank you for your application for a Blue Badge.

Before we can issue your badge, we need two passport-sized photographs of you. You can get these from photo booths, a local photographer or by cutting two **recent** photographs of yourself down to size 3.5cm x 4.5cm. The photographs must show your face clearly. Please also remember to sign the photographs on the back before you send them.

Please use the envelope and tear-off slip provided at the bottom of this letter.

Only in exceptional circumstances can the photograph be left off the badge. If you need to discuss this further or if you have any questions about the Blue Badge Scheme, please contact **0151 907 8309**.

Yours sincerely

Blue Badge Administration
Halton Direct Link Team

……...

Name: _____

Address: _____

_____

Please find enclosed two photographs for my Blue Badge application.

Signed:……..

Appendix G8(d)
ID Request

Dear

BLUE BADGE SCHEME

Thank you for your application for a Blue Badge.

Before we can issue your badge, we need to see two forms of personal identification. If possible at least one of these forms of identification should be a photograph form of identification, for example a passport, bus pass or new style driving licence and one should show your current address. Children under three should provide a copy of their birth or adoption certificate only as proof of identification.

You can return your proofs in person, or by post to one of the following Halton Direct Link offices:

Runcorn: Halton Direct Link

Concourse Level Rutland House Halton Lea Shopping Centre Runcorn Cheshire WA7 2ES	Granville Street Runcorn **WA7 1NE (inside library)** **Closed Wednesday**

Widnes: Halton Direct Link

7 Brook Street, Widnes, **Cheshire** **WA8 6NB**	Queens Avenue, Ditton, Widnes **WA8 8HT** **(within Ditton Library)**

If you would like to discuss this further or if you have any questions about the Blue Badge Scheme, please contact **0151 907 8309**.

Yours sincerely

Blue Badge Administration
Halton Direct Link Team

Appendix G8(e)
Incomplete application

14 February 2013

Dear

Thank you for your application for a disabled Blue Badge.

Unfortunately your application form is incomplete – see highlighted section(s).

I would ask that you complete and return the form in order that we may process your application.

You can return your application in person, or by post to one of the following Halton Direct Link offices:

Runcorn: Halton Direct Link

Concourse Level Rutland House Halton Lea Shopping Centre Runcorn Cheshire WA7 2ES	Granville Street Runcorn WA7 1NE **Closed Wednesday**

Widnes: Halton Direct Link

7 Brook Street, Widnes, Cheshire WA8 6NB	Queens Avenue, Ditton, Widnes WA8 8HT **(within Ditton Library)**

If you would like to discuss this further, or if you have any questions about the Blue Badge Scheme please contact us on 0151 907 8309.

Yours sincerely

Halton Direct Link
Blue Badge Administration

Appendix G9
Terminate Application

Dear

Blue Badge Scheme

We note from our records that it has been a while since we last had any contact with you about your application for a Blue Badge.

We assume that this is because you no longer wish to pursue your application. Please find enclosed the application form and photographs you sent to us. If you would like to apply again in future you will need to fill in a new form.

If you would like to discuss this further or if you have any questions about the Blue Badge Scheme, please contact **0151 907 8309**.

Yours sincerely

Blue Badge Administration
Halton Direct Link

Blue Badge Pro-forma

Application details

Name:	
Address:	
Date of birth:	
Care-first ID:	
Application type: **(please select)**	**Child under 3** **Over 3 requiring further assessment** **Organisation**
Date received:	
Badge approved :	**Yes/No**
To be renewed without further assessment?	**Yes/No**
If no, reason for refusal:	**Insert details below:**

Blue Badge Pro-forma

1st Stage appeal

Date received:	
IMA required:	**Yes/No**
Outcome – badge approved:	**Yes/No**
If no, reason for refusal:	

2nd Stage Appeal

Date received:	
Badge approved:	**Yes/No**
Date decision letter sent (please attach copy)	

Appendix G11(a)
Ineligible Letter- Individual

Dear

Blue Badge Application

I am sorry to inform you that following your recent application, we are currently unable to issue you with a Blue Badge.

The reason(s) for this decision are given below:

You have not provided the evidence required to prove that you are in receipt of the Higher Rate of the Mobility Component of Disability Living Allowance / Personal Independence Payment, 8 points or more under moving around mobility component	☐
You have not provided the evidence required to prove that you are in receipt of War Pensioners' Mobility Supplement.	☐
It has not been possible to confirm you are registered as severely sight impaired (blind).	☐
The medical information provided by you has been assessed and does not indicate that you have a permanent and substantial disability which causes inability to walk or considerable difficulty in walking.	☐
The medical information you provided has been assessed and does not indicate you have a severe disability in both arms and are unable to operate all or some types of parking meter.	☐

You have applied on behalf of a child aged under three years of age and it has not been possible to confirm that the child has a medical condition that requires that they always be accompanied by bulky medical equipment and/or a condition that requires that they must always be kept near a motor vehicle so they can be treated in that vehicle if necessary or taken quickly to a place where they can be treated because:-	☐

Additional Information relevant to the decision not to issue you with a Blue Badge:

Appeals Procedure

You have the right to appeal against this decision. If you disagree with this decision, please write to any Halton Direct Link within 28 days of receiving this letter, telling us why you think the decision is wrong.

Runcorn: Halton Direct Link

Concourse Level Rutland House Halton Lea Shopping Centre Runcorn Cheshire WA7 2ES	Granville Street Runcorn WA7 1NE (inside library)

Widnes: Halton Direct Link

7 Brook Street, Widnes, Cheshire WA8 6NB	Queens Avenue, Ditton, Widnes WA8 8HT (within Ditton Library)

Your application will be reviewed against the eligibility criteria for the Blue Badge Scheme. To assist in making a decision about your application you may be offered an Independent Medical Assessment (IMA) by an Occupational Therapist.

The IMA will take place at the Independent Living Centre on Collier Street in Runcorn. It will last up to 45 minutes and will include observation of your mobility and range of functional movement, and questions regarding your disability. The IMA is carried out so that the Occupational Therapist can decide if you meet the national eligibility criteria as set by the Department for Transport. You will not receive a decision on the day, but will be notified in writing.

We will write to you within 28 days, to let you know what the new decision is.

Please note, a period of 6 months must elapse before an unsuccessful applicant may reapply, unless the applicant becomes eligible under one of the automatic criteria or there is a substantial change in their medical condition.

Local Government Ombudsman

If you feel that the council has not applied its policy in a correct manner you may bring the matter to the attention of the Local Government Ombudsman.

If you would like to discuss this further or if you have any questions about the Blue Badge Scheme, please contact **0151 907 8309.**

Yours sincerely

Blue Badge Administration
Halton Direct Link Team

Appendix G11(b)
Ineligible Letter-Organisation

Dear

Blue Badge Application

I am sorry to inform you that your recent application for an organisational badge has been unsuccessful.

The reason(s) for this decision are given below:

The organisation is not eligible for a blue badge. An eligible organisation is an organisation concerned with the care of disabled persons. This must be evidenced through registration with the Commission for Social Care Inspection or for voluntary organisations through their constitution or statement of purpose.	☐
You have not provided the evidence required to prove that the organisation cares for disabled people that meet the eligibility criteria for a blue badge as set out in the Department for Transport's Regulations for the Scheme.	☐
The organisation does not cater for an adequate number of people with the required degree of disability (the minimum number is three). However eligible service users may apply for their own individual blue badge.	☐
You have not provided the evidence required to prove that the organisation has vehicles registered under the DPV taxation class which are used to transport eligible service users.	☐

If the organisation's circumstances change in the future or if you have additional relevant information to support the application, we will be pleased to consider your request again.

Appeals Procedure

You have the right to appeal against this decision. If you disagree with this decision, please write to Halton Direct Link within 28 days of receiving this letter, telling us why you think the decision is wrong.

Runcorn: Halton Direct Link

Concourse Level Rutland House Halton Lea Shopping Centre Runcorn WA7 2ES	Granville Street Runcorn WA7 1NE (inside library) Closed Wednesday

Widnes: Halton Direct Link

7 Brook Street, Widnes, WA8 6NB	Queens Avenue, Ditton, Widnes **WA8 8HT** (within Ditton Library)

Your application will be reviewed against the eligibility criteria for the Blue Badge Scheme.
We will write to you within 28 days, to let you know what the new decision is.

Local Government Ombudsman

If you feel that the council has not applied its policy in a correct manner you may bring the matter to the attention of the Local Government Ombudsman.

If you would like to discuss this further or if you have any questions about the Blue Badge Scheme, please contact **0151 907 8309.**

Yours sincerely

Blue Badge Administration
Halton Direct Link Team

Appendix G11(c)
Ineligible letter – misuse (Notice of Determination)

Dear

Blue Badge Application

You have recently applied for a blue badge. However I am sorry to inform you that after reviewing your application, I have decided not to issue you with a badge.

The reason for my decision is that according to our records and information received from the Police, **you have had at least three relevant convictions for previously misusing a blue badge.** This, in accordance with Regulation 8 of The Disabled Persons (Badges for Motor Vehicles) (England) Regulations 2000, provides grounds for a local authority to refuse to issue a badge. Relevant convictions are convictions for contravening or failing to comply with road traffic regulation orders and wrongful use of a disabled person's badge. Details of these convictions and the reasons for refusing to issue you with a badge are provided below:

Appeals Procedure

You have the right to appeal against this decision to the Secretary of State for Transport. Your appeal must be made in writing to the address below within 28 days of the date of this letter.

Department for Transport
Great Minster House
76 Marsham Street
London
SW1P 4DR

Following an appeal to the Secretary of State, further appeal would be via the magistrate's court, the outcome of which is final.

Local Government Ombudsman

If you feel that the Council has not applied its policy in a correct manner you may bring the matter to the attention of the Local Government Ombudsman.

Yours sincerely

Operational Director
Prevention and assessment

Appendix G11(d)
Ineligible letter – fraud

Dear

Blue Badge Application

You have recently applied for a blue badge. However I am sorry to inform you that after reviewing your application, I have decided not to issue you with a badge.

The reason for my decision is that the authority has **reason to believe you are not the person you claim to be OR you would permit another person to use the badge**

Further details of the reasons for refusing to issue you with a badge are provided below:

Appeals Procedure

You have the right to appeal against this decision. If you disagree with this decision, please write to this address within 28 days of receiving this letter, telling us why you think the decision is wrong.

Runcorn: Halton Direct Link

Concourse Level Rutland House Halton Lea Shopping Centre Runcorn Cheshire WA7 2ES	Granville Street Runcorn WA7 1NE **WA7 1NE (inside library)**

Widnes: Halton Direct Link

7 Brook Street, Widnes, Cheshire WA8 6NB	Queens Avenue, Ditton, Widnes WA8 8HT **(within Ditton Library)**

I will review my decision and write to you within 28 days, to let you know what the new decision is.

Local Government Ombudsman

If you feel that the council has not applied its policy in a correct manner you may bring the matter to the attention of the Local Government Ombudsman.

If you would like to discuss this further or if you have any questions about the Blue Badge Scheme, please contact **0151 907 8309.**

Yours sincerely

Operational Director
Prevention and Assessment

Appendix G12
Appeal acknowledgement

Dear

BLUE BADGE SCHEME - APPEAL PROCESS

Thank you for your letter asking us to look again at your application for a Blue Badge.

We will check again to see if we have all the information we need before making a new decision. If we need anything else, we will write to let you know.

You should receive an answer from us within 28 days of receipt of this letter.

Yours sincerely

Blue Badge Administration
Halton Direct Link

Appendix G13
OT visit - Appeal

Dear

BLUE BADGE SCHEME - APPEAL PROCESS

We are looking again at your application for a Blue Badge.

To assist us in making a decision, we need you to be assessed by our Occupational Therapist. You will be contacted again shortly to arrange a suitably convenient appointment.

Yours sincerely

Principal Manager
Initial Assessment Team

Appendix G14(a)
Eligible on appeal

Dear

BLUE BADGE SCHEME - APPEAL PROCESS

We have looked again at your application for a Blue Badge.

I am pleased to tell you that we have changed the decision and I am writing to confirm that you meet the eligibility criteria for a Blue Badge.

Halton Direct Link will write to you shortly to let you know when the badge will be ready for collection.

Yours sincerely

Principal Manager
Initial Assessment Team

Appendix G14(b)
Decision upheld

Dear

BLUE BADGE SCHEME - APPEAL PROCESS

We have looked again at your application for a Blue Badge.

I am sorry to tell you that we have not changed the original decision not to issue you with a blue badge. Our investigation shows that you do not meet the criteria for a Blue Badge for the following reasons:

To qualify, you must fall into one of the following categories:

- People awarded the higher rate of the MOBILITY component of Disability Living Allowance ***OR*** War Pensioners Mobility Supplement
- People awarded the Personal Independence Payment who score 8 points or more under the moving around mobility component.
- People who are registered severely sight impaired (blind)
- People with a severe disability in both upper limbs, who drive regularly and are unable to operate, or have considerable difficulty in operating all, or some types of parking meter
- People with a permanent and substantial disability which means that they are unable to, or have considerable difficulty in walking
- Children under three, who fall into ***either or both*** of the following categories:
  - Who have a condition requiring the transportation of bulky medical equipment, which cannot be carried around with the child without great difficulty
  - Who have a condition requiring that they must always be near a motor vehicle for the purposes of speedy treatment

If you feel that you satisfy any of the above conditions at any time in the future, please contact us again to make a new application.

Yours sincerely

Blue Badge Administration
Halton Direct Link

Appendix G15(a)
Collection Letter Halton Lea

Dear Badge Holder

Blue Badge Application

I am pleased to tell you that your Blue Badge is ready and available for collection from the Halton Lea Direct Link One Stop Shop, Concourse Level, Rutland House, Halton Lea, Runcorn, WA7 2ES.

You can collect your badge between 9.00am – 5.30pm from Monday to Friday or 9.00am – 1.00pm Saturday. You will be asked to pay a fee of £10.00 before the badge is issued to you. Cheques need to be payable to Halton Borough Council.

Please bring this letter and the fee with you when you come to collect your badge. If someone else is collecting the badge for you, they must produce this letter and a photograph form of proof of your identity e.g. your passport, bus pass or new style driving licence.

If this is a replacement badge for one that has expired or is about to expire, please bring your old badge to exchange for your new one.

In order to prevent fraud, badges must normally be collected and will only be posted in exceptional circumstances. If you would like to discuss this further please contact us on 0151 907 8309.

Yours sincerely

Blue Badge Administration
Halton Direct Link

Appendix G15(b)
Collection Letter, Granville St

Dear Badge Holder

Blue Badge Application

I am pleased to tell you that your Blue Badge is ready and available for collection from the Runcorn Library, Granville Street, Runcorn, WA7 1NE.

You can collect your badge between 9.30-4.45 Monday, Tuesday, Thursday and Friday. You will be asked to pay a fee of £10.00 before the badge is issued to you. Cheques need to be payable to Halton Borough Council.

Please bring this letter and the fee with you when you come to collect your badge. If someone else is collecting the badge for you, they must produce this letter and a photograph form of proof of your identity e.g. your passport, bus pass or new style driving licence.

If this is a replacement badge for one that has expired or is about to expire, please bring your old badge to exchange for your new one.

In order to prevent fraud, badges must normally be collected and will only be posted in exceptional circumstances. If you would like to discuss this further please contact us on 0151 907 8309.

Yours sincerely

Blue Badge Administration
Halton Direct Link

Appendix G15(c)
Collection Letter, Brook St

Dear

Blue Badge Application

I am pleased to tell you that your Blue Badge is ready and available for collection from the Widnes Direct Link One Stop Shop, 7 Brook Street, Widnes, Cheshire, WA8 6NB.

You can collect your badge between 9.00am–5.30pm from Monday to Friday or 9.00am–1.00pm Saturday. You will be asked to pay a fee of £10.00 before the badge is issued to you. Cheques need to be payable to Halton Borough Council.

Please bring this letter and the fee with you when you come to collect your badge. If someone else is collecting the badge for you, they must produce this letter and a photograph form of proof of your identity e.g. your passport, bus pass or new style driving licence.

If this is a replacement badge for one that has expired or is about to expire, please bring your old badge to exchange for your new one.

In order to prevent fraud, badges must normally be collected and will only be posted in exceptional circumstances. If you would like to discuss this further please contact us on 0151 907 8309.

Yours sincerely

Blue Badge Administration
Halton Direct Link

Dear Badge Holder

Blue Badge Application

I am pleased to tell you that your Blue Badge is ready and available for collection from the Ditton Library, Queens Avenue, Ditton, Widnes, Cheshire, WA8 8HR.

You can collect your badge between 9.30am – 4.45pm from Monday to Friday. You will be asked to pay a fee of £10.00 before the badge is issued to you. Cheques need to be payable to Halton Borough Council.

Please bring this letter and the fee with you when you come to collect your badge. If someone else is collecting the badge for you, they must produce this letter and a photograph form of proof of your identity e.g. your passport, bus pass or new style driving licence.

If this is a replacement badge for one that has expired or is about to expire, please bring your old badge to exchange for your new one.

In order to prevent fraud, badges must normally be collected and will only be posted in exceptional circumstances. If you would like to discuss this further please contact us on 0151 907 8309.

Yours sincerely

Blue Badge Administration
Halton Direct Link

Appendix G16
Information Letter

FURTHER INFORMATION ABOUT THE USE OF YOUR BLUE BADGE

Dear Badge Holder

Before you use your Blue Badge you should carefully read the leaflet that you received with your badge.

Please note that it is your responsibility to use your badge properly. Misusing your badge or allowing others to misuse your badge is a criminal offence and could result in you being fined and/or the withdrawal of your badge.

Please remember, you must inform the DVLA in Swansea if your disability or condition affects your ability to drive safely.

HOW TO USE YOUR BLUE BADGE
When you have parked your car you should loosely place the Blue Badge on the dashboard or fascia panel of the vehicle, where it can be seen. **Do not stick to the windscreen or leave on display when not in use.** The Parking Disc (Time clock) is designed to be displayed with the Blue Badge when parking on yellow lines or in bays which are time limited and set to show the time of arrival.

WHAT TO DO IF YOUR BADGE IS LOST OR STOLEN
If this happens, please contact us. We will send you an application form for a duplicate badge. You should complete and return it to us with one passport-sized photograph. The loss or theft **must** be reported to the Police and a crime number/lost property number obtained. If a crime reference number is not obtained a charge of £10.00 will apply and this must be included with your application. Please make cheques payable to Halton Borough Council.

WHAT TO DO IF YOUR BADGE IS DAMAGED
If your badge has become mutilated, faded or illegible, please return it to us immediately. You will need to supply us with another passport-sized photograph. A charge of £10.00 will apply and this must be included with your application. Please make cheques payable to Halton Borough Council.

RETURNING THE BADGE

You have a duty under the Regulations to return the badge if:

- the badge expires;
- the badge holder or organisation is no longer eligible for a badge;
- the badge is a replacement for one that is lost or stolen and the original badge is found. In these circumstances the original badge should be returned to Direct Link;
- the badge is damaged and faded to such an extent that it is not possible to read the details of the badge;
- the badge is no longer needed by the holder e.g. they become confined to the house; or
- the badge holder dies

If you want any more information about the Blue Badge scheme please contact us on **0151 907 8309**.

Yours faithfully

Blue Badge Administration
Halton Direct Link Team

Appendix G17
Badge info for children under three

IMPORTANT INFORMATION ABOUT THE BLUE BADGE FOR CHILDREN AGED UNDER THREE YEARS
Please read carefully

A child aged under three years old may qualify for a Blue Badge if they fall into **either of both** of the following categories:

- They have a condition requiring the transportation of bulky medical equipment, which cannot be carried around with the child without great difficulty.
- They have a condition requiring that they must always be near a motor vehicle for the purposes of speedy treatment

The regulations for issuing Blue Badges, which are decided by the Department for Transport, state that badges issued to children under three must expire when the child reaches their second birthday. You will therefore need to return the existing badge to Direct Link and re-apply for a Blue Badge under the eligible subject to further assessment criteria at this time. In order to qualify under these criteria the child must have a permanent and substantial disability which means they unable to or have considerable difficulty in walking.

We expect that most children under three years of age who qualify for a blue badge will satisfy the qualifying conditions for the higher rate of the mobility component of Disability Living Allowance (HRMCDLA). You are therefore advised to apply for the higher rate of the mobility component of Disability Living Allowance (HRMCDLA) once the child reaches the age of two years and nine months, although HRMCDLA cannot be paid until the child's third birthday. If the child qualifies for HRMCDLA they will be eligible for a blue badge without further assessment.

If you have any queries about the child's entitlement to Disability Living Allowance, we recommend that you seek independent advice from the Welfare Rights Service on 0151 471 7448, or your local Citizen's Advice Bureau.

If you have any queries about this information sheet or the child's entitlement to a Blue Badge please telephone **0151 907 8309** for further advice.

Appendix G18(a)
Misuse warning letter 1

Dear

MISUSE OF THE BLUE BADGE

It has been brought to my attention that you have misused your Blue Badge. This is a criminal offence and a serious breach of the rules of the scheme.

You are required to present your badge for inspection by a Team Leader at one of the Direct Link Offices at your earliest convenience.

Runcorn: Halton Direct Link

Concourse Level Rutland House Halton Lea Shopping Centre Runcorn WA7 2ES	Granville Street Runcorn WA7 1NE (inside library) Closed Wednesday

Widnes: Halton Direct Link

7 Brook Street, Widnes, Cheshire WA8 6NB	Queens Avenue, (inside library) Ditton, Widnes WA8 8HT

Yours sincerely

Blue Badge Administration
Halton Direct Link Team

Appendix G18(b)
Misuse warning letter 2

Dear

MISUSE OF THE BLUE BADGE

It has been brought to our attention that you have misused your Blue Badge on more than one occasion. This is a criminal offence and a serious breach of the rules of the scheme.

I must inform you of the penalties you could incur if you continue to misuse the badge in this way. If you are convicted of misusing your badge on more than three occasions, I may be compelled to ask you to return the badge and/or your badge may not be renewed when it expires.

Either penalty is likely to result in considerable personal inconvenience to you. I would therefore strongly urge that you use the badge according to the terms and conditions under which it was issued to you.

If you would like information about the terms and conditions of the Blue Badge Scheme, please contact us on **0151 907 8309**.

Yours sincerely

Blue Badge Administration
Halton Direct Link Team

Appendix G18(c)
Return request (misuse): Notice of Determination

Dear

MISUSE OF THE BLUE BADGE – REQUEST TO RETURN YOUR BADGE
(Notice of Determination)

According to our records and information received from the Police, you have been convicted of misusing your Blue Badge on at least three occasions.

Although I have written to you on (**dates**) advising you of the possible penalties for misuse, you have ignored these warnings. I must now request that you return the badge immediately in the enclosed prepaid envelope. I must warn you that continued use of the badge may result in prosecution.

Details of the convictions and the reasons for withdrawing your badge are as follows:

Appeals to the Secretary of State

You have the right to appeal against this decision to the Secretary of State for Transport. Your appeal must be made in writing to the address below within 28 days of the date of this letter

Department for Transport
Great Minster House
76 Marsham Street
London
SW1P 4DR

Following an appeal to the Secretary of State, further appeal would be via the magistrate's court, the outcome of which is final.

Yours sincerely

Operational Director
Prevention and Asssessment

Appendix G18(d)
Return request (false representation): Notice of Determination

Dear

BLUE BADGE FRAUD – REQUEST TO RETURN YOUR BADGE
(Notice of Determination)

I am writing to inform you that we believe that you have provided false information in relation to your application for a Blue Badge and therefore you are not eligible to hold a Badge.

I must now request that you return the badge immediately in the enclosed prepaid envelope. I must warn you that continued use of the badge may result in prosecution.

Details of the reasons for withdrawing your badge are as follows:

Appeals to the Secretary of State

You have the right to appeal against this decision to the Secretary of State for Transport. Your appeal must be made in writing to the address below within 28 days of the date of this letter

Department for Transport
Great Minster House
76 Marsham Street
London SW1P 4DR

Following an appeal to the Secretary of State, further appeal would be via the magistrate's court, the outcome of which is final.

Yours sincerely

Operational Director
Prevention and Assessment

Appendix G19
Useful contact details

Halton Direct Link

Face-to-face enquiries about Blue Badges are dealt with at Halton Direct Link's one-stop shops. There are currently four of these: two each in Runcorn and Widnes. The contact centre is accessible 8.00am until 6.00pm Monday - Friday on **0151 907 8309.**

Runcorn: Halton Direct Link

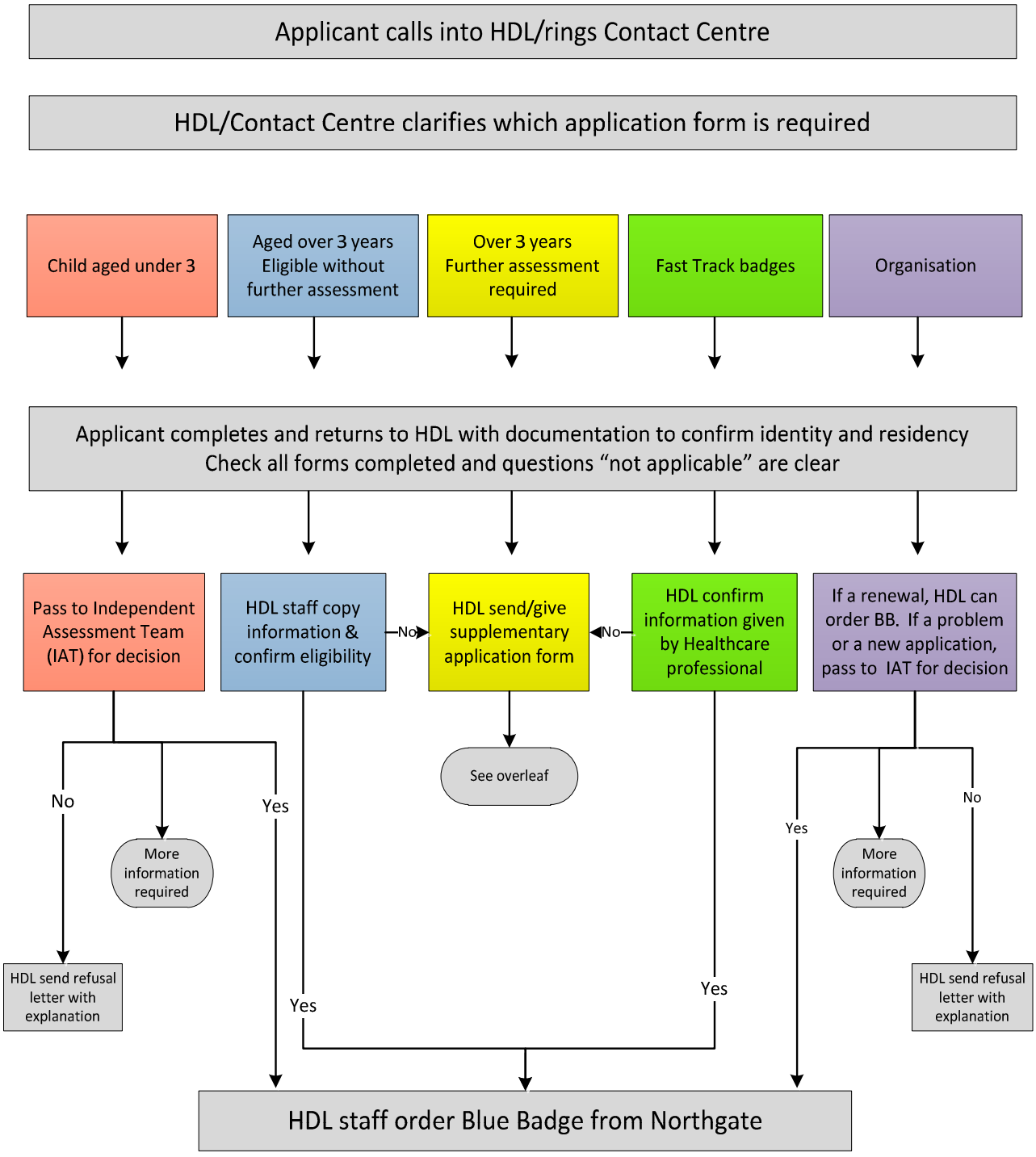
Concourse Level Rutland House Halton Lea Shopping Centre Runcorn Cheshire WA7 2ES	Granville Street Runcorn **WA7 1NE (inside library)** **Closed Wednesday**

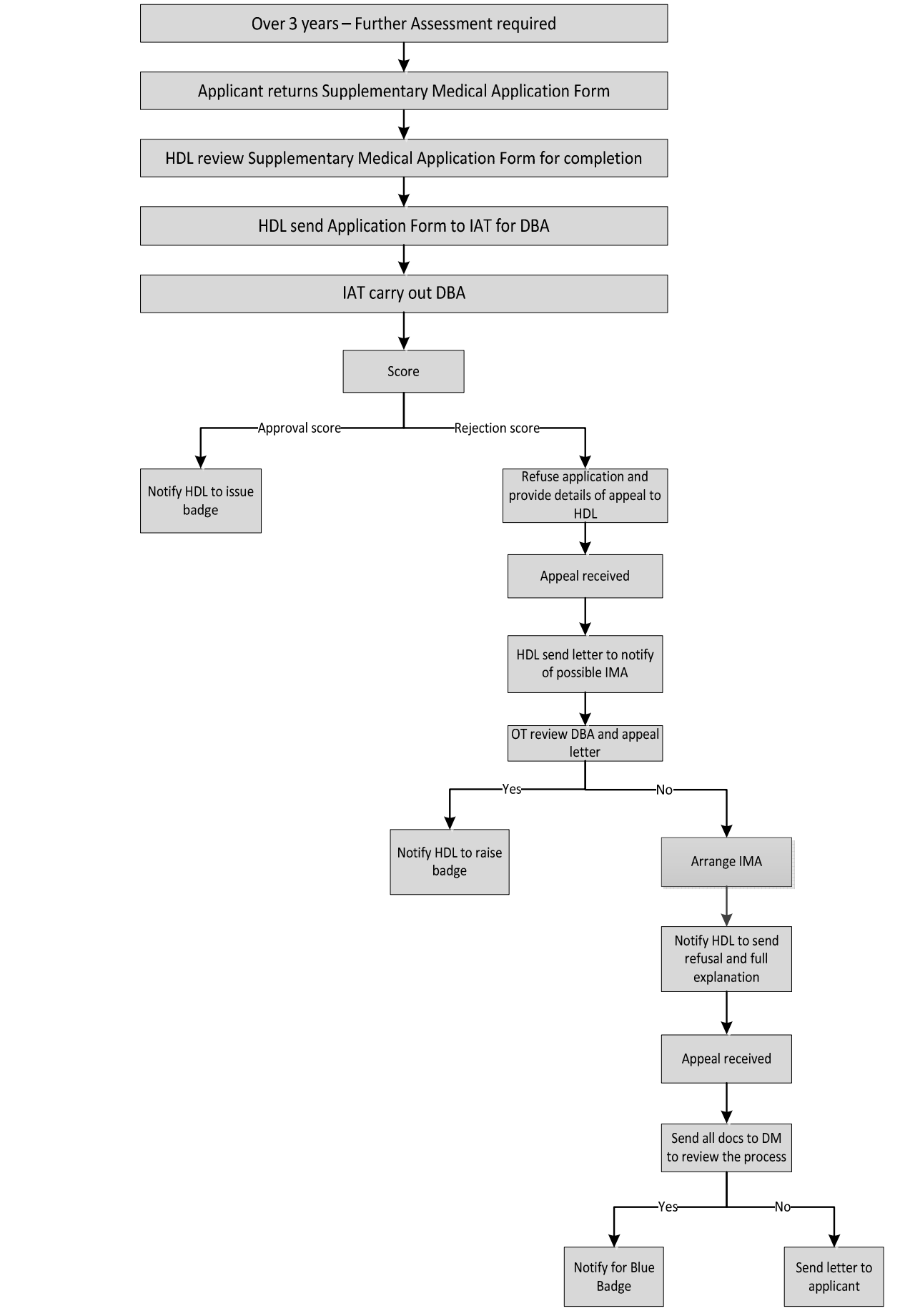
Widnes: Halton Direct Link

7 Brook Street, Widnes, Cheshire WA8 6NB	Queens Avenue, (within Library) Ditton, Widnes WA8 8HT

Appendix H
Application Process Flowchart

BLUE BADGE APPLICATION PROCESS





Any complaint/appeal received after this process has been completed should be a Social Care complaint

REPORT TO: Health Policy & Performance Board

DATE: 5 March 2013

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Leader

SUBJECT: Armed Forces Community Covenant

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

To inform the Policy and Performance Board of the Armed Forces Community Covenant (appendix one).

2.0 **RECOMMENDATION: That the Board note the report.**

3.0 **SUPPORTING INFORMATION**

3.1 In referring to Armed Forces this encompasses the Army, Royal Navy & Air Force.

Halton is part of a pan Cheshire Covenant covering the Local Authorities of Cheshire East, Cheshire West & Cheshire, Warrington and Halton. In addition to local authorities, health, probation and job centre plus are involved in supporting the covenant.

The Armed Forces Community Covenant was signed by dignatories representing each of the authorities on the 30th June 2012, Armed Forces Day.

Each Local Authority is required to have a nominated Armed Forces Champion, the Community Development Manager has been designated this role in Halton. The Armed Forces Champion provides representation on a Community Covenant working group that covers the Cheshire area and provides a point of liaison for the forces.

4.0 **ARMED FORCES COMMUNITY COVENANT**

4.1 The Armed Forces Community Covenant is a voluntary statement of mutual support between the civilian community and its local armed forces community. It aims to provide awareness of the role of the armed forces, the sacrifices that in service and ex service personnel and their families make, encourage activities that integrate armed forces and local communities together and continue to foster civic

pride in our armed forces.

4.2 The Armed Forces Community Covenant sets out pledges, twenty in total around five key themes:-

- Housing
- Employment & Benefit
- Education
- Health
- Wellbeing

4.2.1 **Housing**

There is evidence that securing accommodation can be difficult, in particular for those leaving the forces. The pledges request priority is given to armed forces personnel with high priority for veterans injured or disabled or their spouse and dependants for widow (ers). Halton's policy supports this approach, this has been tested through support given to an army widow earlier this year and is cited as an example of good practice by the Armed Forces.

4.2.2 **Employment & Benefits**

These pledges identify it can be difficult for service leavers to secure employment and for those with spouses in service, it can be difficult to seek employment as they often have sole responsibility for childcare. Organisations and services that provide employment and benefit support need to identify service leavers and veterans and ensure additional support is offered.

4.2.3 **Education**

Accessing education provision for service families can be outside of routine school admission timetables, sometimes this is linked to whole regiments moving about or could be individual families. Policies should ensure service families are not disadvantaged in accessing schools of their choice by being resident elsewhere. Schools need to also be vigilant in ensuring support for forces children in integrating to a new environment. Where a child has additional needs appropriate support should also be put in place by the relevant council departments in a reasonable timescale.

4.2.4 **Health**

Access and engaging in health support services for veterans is a priority. There are five pledges which set out (regardless of changes in structures for health provision) access to services will be made easier for armed forces and their families to support good physical health, positive mental health and wellbeing. Health records should indicate if a patient is a current or former service member, places on waiting lists for clinical procedures should be maintained where relocation occurs and the provision of prosthetic limbs will match the standard provided by the Defence Medical Services. Access to mental health services is a key issue and since the Community

Covenant was adopted “Live At Ease” has been launched. This is an initiative commissioned by health aimed at veterans and provides wrap around support to issues which are impacting on the mental health and wellbeing of the veteran i.e debt advice, addiction support, counselling, etc. It aims to be a one stop to provide the required support however complex.

4.2.5 **Wellbeing**

Wellbeing cuts across the other four themes however the pledges here are about supporting access to services in communities and support for those who become involved in the criminal justice system. Areas are urged to consider discounts to leisure facilities and other services if possible for the armed forces community. These pledges reinforce the need for partners to work together to ensure signposting and referrals arrangements with appropriate priorities are in place.

4.2.6 **Community Covenant Working Group**

The working group consists of the Armed Forces Champions from the four authorities, the Lieutenant Colonel of 75 Engineer Regiment, a representative from Wirral NHS (currently has strategic lead responsibility for Health Provision for Military Veterans, transferring to York & Humber shortly), Cheshire Probation Service and input from Job Centre Plus. The group is required to undertake annual reviews of the covenant.

There is a national pot of money to support initiatives endorsed through the Community Covenant Working Groups, there is £30 million unallocated at this stage. Any proposals have to be endorsed from the local covenant working group and from there are submitted to the Ministry of Defence. Projects that have been successful vary from small scale community based projects to replacing a scout hut with a community building, the underpinning theme is integration between the forces and civilian communities. £3.7 million has been allocated so far, 200 applications have been submitted with 86 being successful. The deadline for the next round of proposals is 12th November 2012.

5.0 WIDER CONTEXT OF ARMED FORCES FOR HALTON

5.1 It is difficult to know exactly how many in service personnel are from Halton and exactly how many veterans reside here, some work is progressing to provide more accurate figures. Support organisations for veterans have indicative figures from their membership however, one factor for Halton is there is no garrison located here, hence forces members and their families are intrinsic in our regular communities and not always easy to identify. It is a balance not to contradict the concept of integration for forces members and their families in civilian communities whilst ensuring appropriate support and priority is given.

5.2 The armed forces are reducing their personnel, 10,532 will be leaving the forces between September 2012 to June 2013, 63% of these have sought service leaver advice and 237 are from the north west and 520 have stated they wish to resettle in the north west, a total of 820. It is anticipated a further breakdown by local authority areas will be available shortly and will be shared with Chief Executives.

5.3 It is anticipated from January 2013 there will be a further 6000 service leavers. As one in five in the forces originate from the north west it is reasonable to estimate 1200 returning to the region.

5.4 A service leaver event is being held in Liverpool in November 2012, it is an information event for service leavers wishing to return to the area, the Community Covenant Working Group will be represented there including Halton.

5.5 There are a number of support organisations that exist to support veterans, some have a presence established in Halton and others deliver services in the area. A web based directory is due to be launched by December 2012 to provide a comprehensive list of organisations and what support they can offer.

5.6 The Council will work with partners to assist and support our armed forces and their families in line with the pledges set out in the covenant.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Ensuring the school admissions process allocates the appropriate priority for serving families and additional support for special needs children in armed forces families is provided in a reasonable timescale.

6.2 Employment, Learning & Skills in Halton

Approximately 5000 early service leavers depart the forces each year with 61% being employed at six months following discharge. Over a third of service leavers are unemployed and require additional support when entering the job market.

6.3 A Healthy Halton

Priority for the health & wellbeing of armed forces and veterans is present in health services in Halton. Traditionally, access to mental health support has been low across the forces however a bespoke service "Live At Ease" has been commissioned to provide additional services to clients and is available to Halton residents.

6.4 A Safer Halton

Some service leavers and veterans find it difficult to adjust to civilian life and become involved in the criminal justice system. Additional

support from custody staff and the probation service are pledges identified in the Community Covenant.

6.5 **Halton's Urban Renewal**
None to report at this stage.

7.0 RISK ANALYSIS

7.1 The covenant is a voluntary statement of pledges to support armed forces personnel, veterans & their families at this stage however, there are indications this will become a statutory requirement in the near future. As the makeup of the armed forces changes from heavy reliance on full-time serving officers to reservists there will be greater impact on regular communities and proactively considering their needs and priorities will enable us to plan effectively.

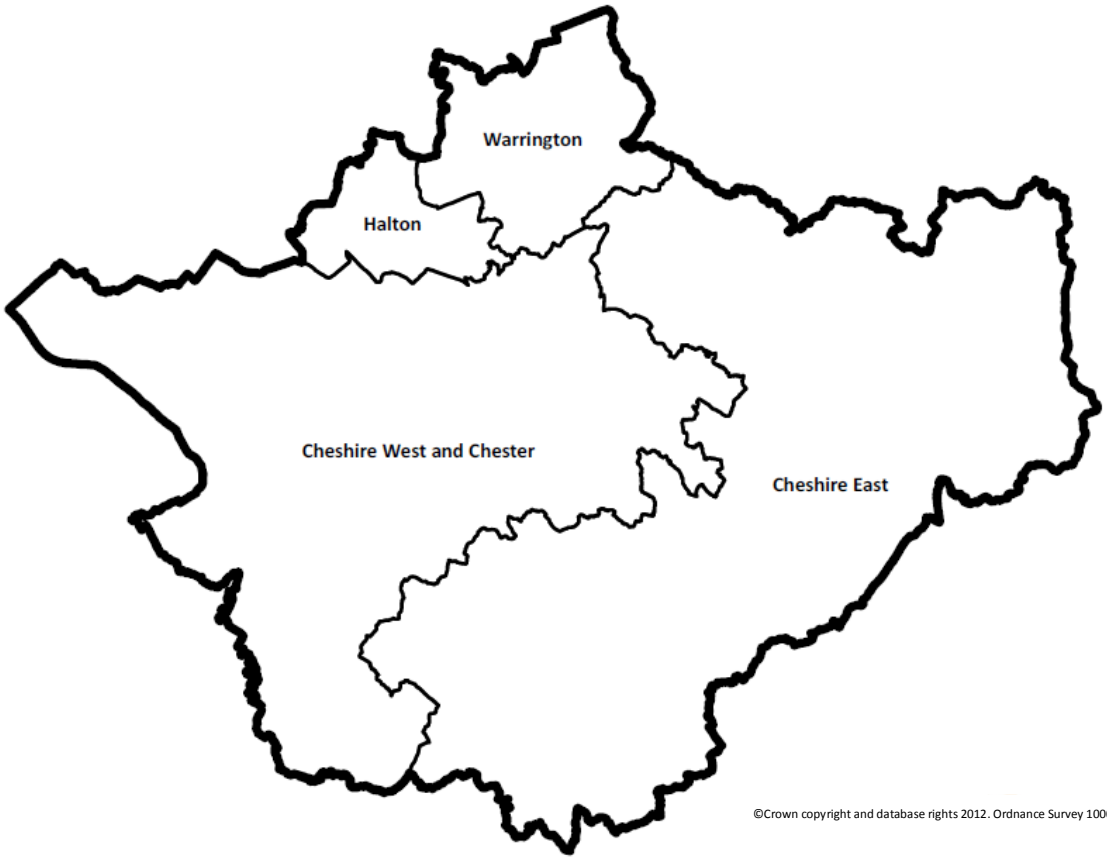
8.0 EQUALITY AND DIVERSITY ISSUES

8.1 It is incumbent on the authority to ensure Armed Forces Families and Veterans are not disadvantaged and appropriate priorities are awarded in accessing services.

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

9.1 None under the meaning of the Act.

Community Covenant



Cheshire, Halton and Warrington

Community Covenant General Principles

The Armed Forces Community Covenant is a voluntary statement of mutual support between a civilian community and its local Armed Forces Community. It is intended to complement the Armed Forces Covenant, which outlines the moral obligation between the Nation, the Government and the Armed Forces, at a local level.

The purpose of this Community Covenant is to encourage support for the Armed Forces Community working and residing in Cheshire, Halton and Warrington and to recognise and remember the sacrifices made by members of this Armed Forces Community, particularly those who have given the most. This includes in-Service and ex-Service personnel and their families and widow(er)s in Cheshire, Halton and Warrington.

This publication explains how we will deliver the Armed Forces Community Covenant. It details our intentions, pledges and the approach that we are taking in order to ensure that the Covenant is a success for the Armed Forces, the Public, Private and Third Sectors as well as the wider community. As such, this covenant supersedes all and any previous versions held by individual signatory Local Authorities

The Armed Forces have a long history in Cheshire, Halton and Warrington:

- The Royal Navy assault ship HMS Albion is affiliated to the city of Chester.
- 75 Engineer Regiment has its Regimental Headquarters in Warrington.
- The 1st Battalion, The Mercian Regiment (Cheshire) recruits its soldiers from within the traditional Cheshire boundaries; the regiment has its area HQ at The Castle in Chester. The battalion is the successor to the 22nd (Cheshire) Regiment.
- The 1st Battalion, The Mercian Regiment has been granted freedom of the Borough of Cheshire East
- B (Cheshire) Company, 4 MERCIAN are located in Widnes.
- D (Cheshire) Company, 4 MERCIAN are located in Crewe.
- C (Cheshire Yeomanry) Squadron are located in Chester.
- The Royal Welsh (The Royal Welch Fusiliers) are located in Dale Barracks, Chester.
- The region's bomb disposal squad is Chester Troop from 521 Squadron, Dale Barracks, Chester. Part of the Royal Logistic Corps, the squadron deals with about 100 call-outs to unexploded ordnance across the region every year.
- B Squadron, 208 Field Hospital are located in Ellesmere Port.

We are immensely proud of our Armed Forces, particularly those from, stationed or returning to Cheshire, Halton and Warrington. We hope that this Covenant will demonstrate our commitment to all of our Armed Service Personnel, Veterans and their Families.

Participants

The following organisations have come together to form a Community Covenant Working Group while additional organisation have come forward to provide advice and support. They have shown their commitment to our Armed Forces Community by signing this Community Covenant:

Community Covenant Working Group

- The Armed Forces
- NHS Western Cheshire
- NHS Cheshire, Warrington and Wirral
- Cheshire Probation Services
- Cheshire West and Chester Council
- Warrington Borough Council
- Cheshire East Borough Council
- Halton Borough Council
- Jobcentre Plus

Supporting organisations

- Halton Chamber of Commerce and Enterprise
- Cheshire Army Benevolent Fund
- Combat Stress
- SSAFA
- The Royal British Legion
- Cheshire Constabulary
- SaBRE - Cheshire

Issues affecting the relationship between the Armed Forces community and the civilian community cannot be solved by one organisation alone, nor does it stop at Local Authority boundaries. The potential barriers faced by a member of the Armed Forces community may also be influenced by, or subject to, the systems created by any or all of these organisations. This is why the organisations listed above have made a commitment to work together to ensure that members of the Armed Forces community are not subject to disadvantage when residing or returning to our communities, accessing services or seeking support throughout Cheshire, Halton and Warrington.

Each member of this Armed Forces Community Covenant has a specialist area of knowledge and expertise. By working together we can be greater than the sum of our parts, working holistically to create the best outcomes for all.

Aims and Objectives

The key values identified at a national level through the government's Covenant guidelines have formed the basis of our Community Covenant:

1. Encourage local communities to support the Armed Forces communities in their areas through the development of local actions.
2. Nurture understanding and awareness amongst the public of issues affecting the Armed Forces Community.
3. Recognise and remember the sacrifices faced by the Armed Forces Community.
4. Encourage activities which help to integrate the Armed Forces Community into local life.
5. Encourage the Armed Forces Community to help and support the wider community.

Furthermore we have identified five recurring themes that we feel we can significantly and positively contribute to. These are not a limit to what we will do but provide some focus to our actions.

- Housing
- Employment and Benefits
- Education
- Health
- Wellbeing

How we work

The Community Covenant Working Group is set up as a network where ideas, issues and best practice can be shared between organisations. Armed Forces Champions from each organisation will act as the first point of contact between organisations to allow the sharing of information and joined up working. Champions have responsibility for facilitating the implementation of the covenant principles and pledges within their organisations. They are also a central point to receive and distribute information within their organisation and externally with partners.

The Community Covenant Working Group will link in to the 42 (NW) Brigade Transition Delivery Working Group which covers Cheshire, Cumbria, Greater Manchester, Lancashire and Merseyside. The Community Covenant Working Group will provide local support, taking into consideration the themes, direction and intelligence provided at this highly strategic level.

The Community Covenant Working Group will also seek to engage with relevant organisations from the private, public and charity sectors. Active engagement with these groups will allow expert advice to be sought, working relationships to be built and further progress to be made.

Themes and Pledges

Housing

Both research and anecdotal evidence has shown that access to housing can be a problem, particularly for those leaving service or for the families of those currently serving or recently widowed. Traditionally, Local Authority Housing Policy has placed housing applicants into priority 'bands' to reflect need, with current residency status forming part of the assessment in accordance with the Common Housing Allocations Policy. Those discharged from service, with no medical needs, are therefore placed in a low band.

Those injured during service may also require additional support to adapt housing to help retain independence and remain in their own home, while homelessness is also recognised as an issue that may be faced by those discharged from the Armed Forces.

> Pledge: All Local Authorities agree to place members of the Armed Forces in housing need into priority band B (or equivalent) and will not apply residency criteria to armed forces personnel. Those in housing need who have a serious injury, medical condition or disability that has been sustained as a result of their service in the Armed Forces will be placed in Band A (top priority). This commitment will extend to the dependents and widow(er)s of those serving in the Armed Forces.
>
> Pledge: All Local Authorities agree to acknowledge that Service people occupying Service Family accommodation and who have been issued with a Certificate of Cessation demonstrates impending homelessness. In such cases, a possession order is not required before provision of housing assistance.
>
> Pledge: Those in receipt of a War Pension will have part of this income disregarded in the means test when accessing funding from the Disabled Facilities Grant.
>
> Pledge: Some instances of homelessness can be linked to mental health issues. The NHS is committed to ensuring improvement in mental health services for veterans at a regional level. All organisations will follow their lead and work together to support this aim.

Employment & Benefits

The health and wellbeing of people of working age is critical for supporting the local and national economy and positively contributing to society. It's recognised that being in work is generally good for health and wellbeing, while being out of work can lead to poorer physical and mental health.

Accessing employment opportunities and benefits can be challenging for those leaving service or the partners of those in service. There are approximately 5,000 Early Service Leavers leaving the Armed Forces per year with only 61% of these Early Service Leavers being employed at six month following discharge. Those leaving service may have spent the majority of their career with the Armed Forces and may therefore require additional support when entering the job market. Entrepreneurial individuals may also benefit from business advice and support for accessing investment.

Families of those in the Armed Forces may also be required to move frequently. This can make finding employment difficult. Having sole responsibility for child care whist their partners are serving can also significantly reduce the ability to keep regular employment.

> Pledge: Work together to share and distribute information about existing services allowing access to job opportunities, business advice and benefits.
>
> Pledge: Work with Jobcentre Plus Armed Forces Champions along with Third Sector Organisations to signpost extra support to those discharged from the Armed Forces.

Pledge: Cheshire Probation will continue to provide additional support to veteran offenders, including mentoring.

Education

Frequent moves can cause practical issues when enrolling children into school, particularly outside of the school term. These families generally receive good support when a whole regiment moves but it can be more difficult when individual families move.

Children may also require additional support to ease integration into a new school or area and may face additional challenges when a parent is in service.

Pledge: Where possible, ensure that school admissions and local members of the Armed Forces work together before a move takes place.

Pledge: Work with schools and local groups to develop understanding and support for children of those in service. This includes the timely provision of appropriate support for Service Children with Special Educational Needs.

Health

The public health agenda recognises the Armed Forces community as an important demographic to address in terms of health inequalities and specific health behaviours and needs that are related to Service. Health refers to both clinical and non-clinical elements.

Pledge: We will ensure that all parts of the NHS community will offer support to the local Armed Forces community and make it easier for Service personnel, ex-service personnel, families and veterans to access the services, help and support which will be available in a timely and appropriate manner in order to maximise their potential to achieve good physical health and positive mental health and wellbeing. Accordingly, service members and their families required to move or relocate will maintain their position within a hospital waiting list and in accordance with clinical priorities.

Pledge: Regardless of changes to NHS structures and delivery we will aim to ensure that there is a commitment to service user led design in order that the health care needs of veterans are recognised and met.

Pledge: We pledge to raise the awareness among healthcare professionals about the needs of veterans so that these needs are met. To this end Hospital and GP records will indicate that a patient is a current/former service member. The identification of an individual as a former service member may help identify vulnerable individuals who can then be brought to the attention of supporting agencies.

Pledge: In line with the establishment of pilot schemes by Central Government we pledge to improve veterans' access to Mental Health Services

Pledge: The NHS/Primary Care Trust (PCT) pledges that in the provision of prosthetic limbs the NHS/PCT will as a minimum match the standard provided by Defence Medical Services.

Wellbeing

Wellbeing is intrinsically linked in to all of the themes already described, both as a contributor to and an indicator of the state of individuals and our communities. However, each organisation can further support wellbeing in our communities.

Furthermore, we recognise the Armed Forces community as a distinct group that may experience common issues and needs. We aim to fully integrate involvement and consideration of this community, as we do with all stakeholders, as part of our core business, not as an add-on or afterthought.

Pledge: Cheshire Probation will continue to provide additional support to veterans using Veteran Support Officers with specialist awareness training and will continue to work with Veterans in Custody Support Officers from Merseyside and Great Manchester to ensure best practice

Pledge: Partners will work together to promote existing opportunities including Healthy Living Centres, access to mentoring services, and other services available to members of the Armed Forces community.

Pledge: Where possible, partners will work to provide discounts to leisure facilities and promote relevant discount schemes to the Armed Forces community.

Pledge: Armed Forces Champions will work to promote the needs of the Armed Forces community as part of existing services.

Pledges: All organisations aim to encourage a positive and strengthened relationship between the Armed Forces community and the wider community.

Pledge: All organisations will work together in a mutually beneficial way, acting in accordance with the key values of this Community Covenant.

Monitoring and Development

As our communities develop so too will the role of the Community Covenant. It is therefore important to revise this agreement when necessary. Organisations may also create action plans that will be developed and implemented locally to further support the aims and pledges outlined. The core Community Covenant Working Group will formally meet no less than every six months for the first two years to discuss existing pledges, achievements and issues as well as opportunities for development. Until a suitable non-military lead can be identified, this will be led by the Armed Forces Commanding Officer who holds a responsibility for Cheshire. Annual reviews will provide opportunity for additional organisations to officially sign the covenant.

REPORT TO:	Health Policy and Performance Board
DATE:	5 March 2013
REPORTING OFFICER:	Strategic Director, Communities
PORTFOLIO:	Health and Adults; Children, Young People and Families
SUBJECT:	The Mandate and Everyone Counts: Planning for Patients 2013/14
WARD(S):	Borough-wide

1.0 PURPOSE OF REPORT

1.1 To inform the Health Policy and Performance Board of the publication of *The Mandate* and *Everyone Counts: Planning for Patients 2013/14* and the response to this by Halton Clinical Commissioning Group (CCG).

2.0 RECOMMENDATION

It is recommended that the Board:

1. **Notes the publication of the *Mandate* and *Everyone Counts: Planning for Patients 2013/14* and the concomitant requirements for the CCG, particularly in regard to the production of clear and credible commissioning plans; and**

2. **Notes that a copy of the CCG's Integrated Commissioning Strategy 2013-15 and an Integrated Delivery Plan for 2013/14 will be presented for discussion at the next Health Policy and Performance Board in May.**

3.0 SUPPORTING INFORMATION

3.1 The first *Mandate* between the Government and the NHS Commissioning Board, setting out the ambitions for the health service for the next two years, was published on 13th November 2012. The Mandate reaffirms the Government's commitment to an NHS that remains comprehensive and universal – available to all, based on clinical need and not ability to pay – and that is able to meet patients' needs and expectations now and in the future.

3.2 The NHS *Mandate* is structured around five key areas where the Government expects the NHS Commissioning Board (NHS CB) to

make improvements:

- preventing people from dying prematurely
- enhancing quality of life for people with long-term conditions
- helping people to recover from episodes of ill health or following injury
- ensuring that people have a positive experience of care
- treating and caring for people in a safe environment and protecting them from avoidable harm.

Through the *Mandate*, the NHS will be measured, for the first time, by how well it achieves the things that really matter to people.

3.3 The key objectives contained within the *Mandate* include:

- improving standards of care and not just treatment, especially for the elderly
- better diagnosis, treatment and care for people with dementia
- better care for women during pregnancy, including a named midwife responsible for ensuring personalised, one-to-one care throughout pregnancy, childbirth and the postnatal period
- every patient will be able to give feedback on the quality of their care through the Friends and Family Test starting from next April – so patients will be able to tell which wards, A&E departments, maternity units and hospitals are providing the best care
- by 2015 everyone will be able to book their GP appointments online, order a repeat prescription online and talk to their GP online
- putting mental health on an equal footing with physical health – this means everyone who needs mental health services having timely access to the best available treatment
- preventing premature deaths from the biggest killers
- by 2015, everyone should be able to find out how well their local NHS is providing the care they need, with the publication of the results it achieves for all major services.

3.4 *Everyone Counts: Planning for Patients 2013/14* sets out how the NHS Commissioning Board intends to ensure that it, and Clinical Commissioning Groups (CCGs), deliver the requirements of the Mandate and the NHS Constitution. *Everyone Counts: Planning for Patients 2013/14* was published on 17th December 2012, with further guidance following on 21st December 2012.

3.5 *Everyone Counts: Planning for Patients 2013/14* and the supplementary guidance are very detailed. The headline measures in the documents are:

Listening to patients:

- The rights of patients set out in the NHS Constitution are vital. They must be delivered.
- Customer convenience - the NHS will move to providing seven days a week access to routine healthcare services.
- Real-time experience feedback from patients and carers by 2015.
- A Friends and Family Test to identify whether patients would recommend their hospital to those with whom they are closest.

Focusing on outcomes:

- Publication of consultant-level outcome data covering mortality and quality for ten surgical and medical specialties.
- NHS Outcomes Framework will now inform NHS planning. Commissioners will be expected to prioritise and make improvements against all indicators.

Rewarding excellence:

- Continued financial and related levers and enablers for clinical commissioning groups to use when commissioning for better patient outcomes.
- A Quality Premium for clinical commissioning groups who secure quality improvement against certain measures from the *NHS Outcomes Framework*
- Support for clinical commissioning groups to define their local QIPP challenge and set milestones.
- CQUIN payments only available to providers who meet the minimum requirements concerning the high-impact innovations, as set out in *Innovation, Health and Wealth*.
- During 2013/14, a fundamental review of the incentives, rewards and sanctions available to commissioners to drive improvements in care quality.

Improving knowledge and data:

- NHS Standard Contract to require all NHS providers to submit data sets that comply with published information standards.
- *Care.data* - a modern knowledge service for the NHS will provide commissioners with timely and accurate data.

3.6 *Everyone Counts: Planning for Patients 2013/14* and associated guidance set out the measures, the *NHS Outcomes Framework*, which the CCGs will use to track progress in improving healthcare for their population. These are set out in Appendix 1 of this paper. All CCGs will be measured in four key outcome areas:

- Potential years of life lost (PYLL) from causes considered amenable to healthcare.
- Emergency admissions for acute conditions that should not usually require hospital admission.
- Friends and family test.
- Incidence of healthcare associated infection (HCAI)

3.7 Halton CCG will also have to identify an additional three local priorities from those set out in Appendix 1 against which it will make progress during the year. These priorities will be taken into account when determining if the CCG should be rewarded through the Quality Premium.

3.8 Halton CCG will be expected to deliver and uphold the rights and pledges from the NHS Constitution and the thresholds set by the NHS CB, these are set out in Appendix 2. The CCG will be required to produce a plan to demonstrate delivery in these areas. Plans should be built on the assumption that no indicator contained within the national *NHS Outcomes Framework* or the *CCG Outcome Indicator Set* deteriorates.

3.9 The NHS CB has set out a planning timetable for CCGs that requires the following:

- By 25th January 2013 CCGs to share first draft of plans with Area Team Director. This has been achieved.
- By 8th February 2013 Area Team Director to provide feedback to CCGs. This work has been completed.
- By 31st March 2013 all contracts signed off.
- By 5th April 2013 final CCG plans shared with Area Team Director.
- By 31st May 2013 final CCG plans published as prospectus for local population.

3.10 The Policy and Performance Board will be aware that the CCG has engaged with local people and member practices in order to formulate an Integrated Commissioning Strategy 2013-15 and an Integrated Delivery Plan for 2013/14. Throughout this process of engagement the CCG has been clear that the Strategy and associated Delivery Plan will need to take account of national drivers, such as the Mandate and *Everyone Counts*, as well as local requirements.

3.11 To maintain the engagement of local people in the development of the Integrated Commissioning Strategy 2013-15 and Integrated Delivery Plan 2013-14 the CCG has held three more engagement events:

- 8th February 2013, CCG Members' Forum
- 12th February 2013, Halton People's Health Forum (day event)
- 13th February 2013, Halton People's Health Forum (evening event)

The Strategy and Delivery Plan will be presented to the Health Policy and Performance Board in May for discussion.

4.0 POLICY IMPLICATIONS

4.1 The NHS Commissioning Board will require the CCG to ensure that all aspects of the Mandate and *Everyone Counts: Planning for Patients 2013/14* are addressed in our Integrated Commissioning Strategy 2013-15 and Integrated Delivery Plan for 2013/14. In particular the CCG will need to ensure that these plans are structured around the five key areas where the Government expects improvements to be made. The CCG will also need to measure progress in each of these areas using the NHS Outcomes Framework.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 The financial settlement 2013/14 for the NHS was published at the same time as *Everyone Counts: Planning for Patients 2013/14*. The baseline allocation for Halton CCG excluding running costs before uplift is £172,686. After a 2.3% uplift this is £176,657. The CCG will be required to make plans for a cumulative surplus of 1% of revenue for 2013/14 and 2014/15. CCGs are also required to plan for a 2% recurrent surplus by the end of 2013/14 and hold a contingency of at least 0.5% of revenue to mitigate risks within the local health economy.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

NHS Halton CCG will work closely with the Children's Trust to commission services for children and young people and to meet statutory responsibilities in regard to safeguarding.

6.2 Employment, Learning & Skills in Halton

None as a result of this report.

6.3 A Healthy Halton

Halton CCG is a key partner in this agenda.

6.4 A Safer Halton

None as a result of this report.

6.5 **Halton's Urban Renewal**

None as a result of this report.

7.0 RISK ANALYSIS

7.1 The CCG has strong governance arrangements in place that will enable the risks associated with the delivery of the *Mandate* and *Everyone Counts* to be transparently managed and mitigated.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 There are no equality and diversity issues as a result of this report. Halton CCG, as a statutory organisation, will comply with the requirements of the Equality Act 2010.

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

Department of Health, *The Mandate: A mandate from the Government to the NHS Commissioning Board: April 2013 to March 2015*, Department of Health, 13th November 2012, http://mandate.dh.gov.uk/

NHS Commissioning Board, *Everyone Counts: Planning for Patients 2013/14*, NHS Commissioning Board, 17th December 2012, http://www.commissioningboard.nhs.uk/everyonecounts/

Appendix 1 NHS Outcomes Framework

The NHS Outcomes Framework measures which the NHS Commissioning Board and Clinical Commissioning Groups will use to track progress (i.e. data can be generated at Clinical Commissioning Group level and a baseline can be determined against which progress can be considered).

1. Preventing people from dying prematurely

Potential years of life lost (PYLL) from causes considered amendable to healthcare

Under 75 mortality rate from cardiovascular disease

Under 75 mortality rate from respiratory disease

Under 75 mortality rate from liver disease

Under 75 mortality rate from cancer

2. Enhancing quality of life for people with long term conditions

Health-related quality of life for people with long-term conditions

Proportion of people feeling supported to manage their condition

Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)

Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

Estimated diagnosis rate for people with dementia

3. Helping people to recover from episodes of ill health or following injury

Emergency admissions for acute conditions that should not usually require hospital admission

Emergency readmissions within 30 days of discharge from hospital

Total health gain assessed by patients i) Hip replacement ii) Knee replacement iii) Groin hernia iv) Varicose veins

Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)

4. Ensuring that people have a positive experience of care

Patient experience of primary care i) GP Services ii) GP Out of Hours services

Patient experience of hospital care

Friends and family test

5. Treating and caring for people in a safe environment and protecting them from avoidable harm

Incidence of healthcare associated infection (HCAI)

i) MRSA ii) C. difficile

Appendix 2 **NHS Constitution Rights and Pledges and NHS CB Thresholds**

Referral To Treatment waiting times for non-urgent consultant-led treatment

Admitted patients to start treatment within a maximum of 18 weeks from referral – 90%

Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95%

Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92%

Diagnostic test waiting times

Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral – 99%

A&E waits

Patients should be admitted, transferred or discharged within 4hours of their arrival at an A&E department – 95%

Cancer waits – 2 week wait

Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93%

Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93%

Cancer waits – 31 days

Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96%

Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94%

Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98%

Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94%

Cancer waits – 62 days

Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85%

Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90%

Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set

Category A ambulance calls

Category A calls resulting in an emergency response arriving within 8minutes – 75% (standard to be met for both Red 1and Red 2calls separately)

Category A calls resulting in an ambulance arriving at the scene within 19 minutes – 95%

Mixed Sex Accommodation Breaches

Minimise breaches

Cancelled Operations

All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice.

Mental health

Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period – 95%.

REPORT TO: Health Policy & Performance Board

DATE: 5 March 2013

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Health and Adults

SUBJECT: Homecare in the Borough

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To update the Board on the current home care provision Borough wide.

2.0 **RECOMMENDATION: That the Board note the contents of the report.**

3.0 **SUPPORTING INFORMATION**

3.1 There are different options of purchasing domiciliary care in Halton. People can buy care through a direct payment or a commissioned care route. When people opt for the commissioned route, they can be reassured that all the care providers are monitored by the Quality Assurance Team (QAT) and are registered by Care Quality Commission (CQC).

3.2 There are currently eleven domiciliary care providers who have contracts in Halton. The QAT monitors the quality by assessing a number of areas including consultation feedback, safer recruitment, medication records, training, and recording etc.

3.3 To deliver commissioned domiciliary care in Halton, the providers must be registered with the care regulators CQC who are responsible for monitoring and ensuring the minimum care standards are met.

3.4 The annual consultation carried out by the QAT & Research & Intelligence Unit in October/November 2012 concluded the following:

- 232 respondents sent back their forms in November.
- 99% of the respondents felt safe and secure with their care worker
- 96% of the respondents felt their care worker does things in a way which they want things to be done.
- Almost every respondent felt their care worker is polite and

respectful with them.
- 9 out of 10 respondents felt comfortable to raise a concern or complaint about the service they receive.

3.5 Of the services monitored, two are rated as adequate (amber) and the remaining is green (good).

Adequate rated services will receive additional monitoring and spot checks to improve standards. None of our existing services are rated as red (poor).

3.6 There were 3 safeguarding referrals received across domiciliary care services between April – December 2012. Only one of these referrals was substantiated as a safeguarding matter.

3.7 Feedback forms are sent to the QAT by stakeholders including social work teams, family members etc. These are low level issues and are not complaints. Very often these are resolved quickly to prevent further escalation into complaints and safeguarding referrals.

The number of feedback forms received during April – December were:

- Carewatch – 3
- Caring Hands – 15
- Castlerock – 15
- Homecare Support – 45
- I Care – 11
- Just Care – 16
- Local Solutions – 27
- M-Power – 1
- Premier Care – 9
- Victoria Community Care – 1

Total – 143

The feedback forms are evaluated weekly and action is taken with providers where necessary.

The providers with the highest number of care hours are Homecare Support and Local Solutions; this is reflective in the number of feedback issues we receive.

4.0 POLICY IMPLICATIONS

4.1 None identified.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 None identified.

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

6.1 **Children & Young People in Halton**

None identified.

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

None identified.

6.3 **A Healthy Halton**

The providers are working on a pilot in nutrition and hydration which will promote the health and wellbeing of vulnerable adults in their own home. In addition the care calls help to reduce social isolation for vulnerable older people.

6.4 **A Safer Halton**

The domiciliary care packages enable people to live in their communities for longer. Following the recent consultation, 99% of the respondents felt safer having care in their own homes.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 The monitoring of domiciliary care reduces risks to the Council when purchasing statutory care on behalf of vulnerable adults.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 All contracted providers are required to comply with the Equality Act 2010 as stated in the Domiciliary Care contracts 2009-13.

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

None under the meaning of the Act.