ATTACHMENTS

Community and Corporate Services Committee

10 April 2018

6.00pm

City of Albany Council Chambers

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City of Albany

MONTHLY FINANCIAL REPORT

For the Period Ended 28th February 2018

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LOCAL GOVERNMENT ACT 1995
LOCAL GOVERNMENT (FINANCIAL MANAGEMENT) REGULATIONS 1996

City of Albany
Compilation Report
For the Period Ended 28th February 2018

Report Purpose
This report is prepared to meet the requirements of Local Government (Financial Management) Regulations 1996, Regulation 34 .

Overview
No matters of significance are noted.

Statement of Financial Activity by reporting nature or type
Is presented on page 3 and shows a surplus For the Period Ended 28th February 2018 of $20,297,260.

Note: The Statements and accompanying notes are prepared based on all transactions recorded at the time of preparation and may vary.

Preparation
Prepared by: D Olde
Reviewed by: D Olde
Date prepared: 27/03/2018

City of Albany
STATEMENT OF FINANCIAL ACTIVITY
(Nature or Type)
For the Period Ended 28th February 2018

	Note	Original Annual Budget	Revised Annual Budget	YTD Budget (a)	YTD Actual (b)	Var. $ (b)-(a)	Var. % (b)-(a)/(b)	
Operating Revenues			$	$	$	$	%	
Rate Revenue		35,461,300	35,476,311	35,154,405	35,099,895	(54,510)	(0.2%)	
Grants & Subsidies		3,184,285	3,556,290	2,457,610	2,391,788	(65,822)	(2.8%)	
Contributions, Donations & Reimbursements		648,959	773,959	534,296	566,269	31,973	5.6%	
Profit on Asset Disposal		15,872	15,872	10,576	56,389	45,813	81.2%	
Fees and Charges		17,105,686	17,263,686	13,661,206	13,983,866	322,660	2.3%	▲
Interest Earnings		1,134,492	1,134,492	849,832	919,397	69,565	7.6%	
Other Revenue		364,522	364,522	225,267	170,426	(54,841)	(32.2%)	
Total		**57,915,116**	**58,585,132**	**52,893,192**	**53,188,031**	**294,839**		
Operating Expense								
Employee Costs		(26,369,593)	(26,454,104)	(16,714,889)	(16,130,710)	584,179	3.6%	▼
Materials and Contracts		(17,285,414)	(18,168,193)	(10,886,250)	(10,942,264)	(56,014)	(0.5%)	
Utilities Charges		(1,850,099)	(2,000,099)	(1,313,278)	(1,149,088)	164,190	14.3%	▼
Depreciation (Non-Current Assets)		(16,910,453)	(17,455,431)	(11,636,968)	(11,886,976)	(250,008)	(2.1%)	▲
Interest Expenses		(871,085)	(871,085)	(463,300)	(423,324)	39,976	9.4%	
Insurance Expenses		(708,302)	(708,302)	(662,740)	(664,888)	(2,148)	(0.3%)	
Loss on Asset Disposal		(608,999)	(1,689,448)	(1,486,281)	(1,587,895)	(101,614)	(6.4%)	▲
Other Expenditure		(2,911,281)	(3,013,825)	(2,173,929)	(2,066,418)	107,510	5.2%	▼
Less Allocated to Infrastructure		858,143	858,143	571,672	739,028	167,356	22.6%	▲
Total		**(66,657,083)**	**(69,502,344)**	**(44,765,963)**	**(44,112,536)**	**653,427**		
Contributions for the Development of Assets								
Grants & Subsidies		8,164,879	11,120,582	4,932,864	**4,962,025**	29,161	0.6%	
Contributions, Donations & Reimbursements		550,000	656,545	66,545	**405,250**	338,705	83.6%	▲
Net Operating Result		**(27,088)**	**859,915**	**13,126,638**	**14,442,770**	**1,316,131**		
Funding Balance Adjustment								
Add Back Depreciation		16,910,453	17,455,431	11,636,968	11,886,976	250,008	2.1%	▲
Adjust (Profit)/Loss on Asset Disposal		593,127	1,673,576	1,475,705	1,531,506	55,801	3.6%	
Add back Carrying Value of Investment Land		0	82,000	82,000	82,000	0		
Funds Demanded From Operations		**17,476,492**	**20,070,922**	**26,321,311**	**27,943,251**	**1,254,074**		
Capital Revenues								
Proceeds from Disposal of Assets		694,888	783,224	630,532	**577,577**	(52,955)	(9.2%)	
Total		**694,888**	**783,224**	**630,532**	**577,577**	**(52,955)**		
Acquisition of Fixed Assets								
Land and Buildings	5	(7,969,596)	(9,590,697)	(3,382,780)	(3,385,415)	(2,635)	(0.1%)	
Plant and Equipment	5	(3,468,782)	(3,486,582)	(1,749,808)	(1,337,480)	412,328	30.8%	▼
Furniture and Equipment	5	(636,900)	(711,900)	(487,962)	(405,924)	82,038	20.2%	
Infrastructure Assets - Roads	5	(5,676,799)	(5,993,349)	(1,315,949)	(1,027,073)	288,876	28.1%	▼
Infrastructure Assets - Other	5	(7,139,149)	(11,046,698)	(3,706,405)	(3,621,254)	85,151	2.4%	
Total		**(24,891,226)**	**(30,829,226)**	**(10,642,904)**	**(9,777,145)**	865,759		
Financing/Borrowing								
Debt Redemption		(2,216,361)	(2,136,616)	(1,143,232)	(1,129,026)	14,206	1.3%	
Loan Drawn Down		2,120,000	2,120,000	0	0	0		
Self-Supporting Loan Principal		12,120	12,120	8,080	2,198	(5,882)	(267.6%)	
Total		**(84,241)**	**(4,496)**	**(1,135,152)**	**(1,126,828)**	**8,324**		
Demand for Resources		**(6,804,087)**	**(9,979,576)**	**15,173,787**	**17,616,855**	**2,075,202**		
Restricted Funding Movements								
Opening Funding Surplus(Deficit)		2,230,734	2,668,285	2,668,285	**2,680,404**	12,119	0.5%	
Restricted Cash Utilised - Loan		547,125	841,758	0	**0**			
Transfer to Reserves		(11,901,803)	(12,036,684)	0	**0**	0		
Transfer from Reserves		15,928,031	18,506,217	0	**0**	0		
Closing Funding Surplus(Deficit)	2	**0**	**0**	**17,842,072**	**20,297,260**	**2,087,321**		

City of Albany
NOTES TO THE STATEMENT OF FINANCIAL ACTIVITY
For the Period Ended 28th February 2018

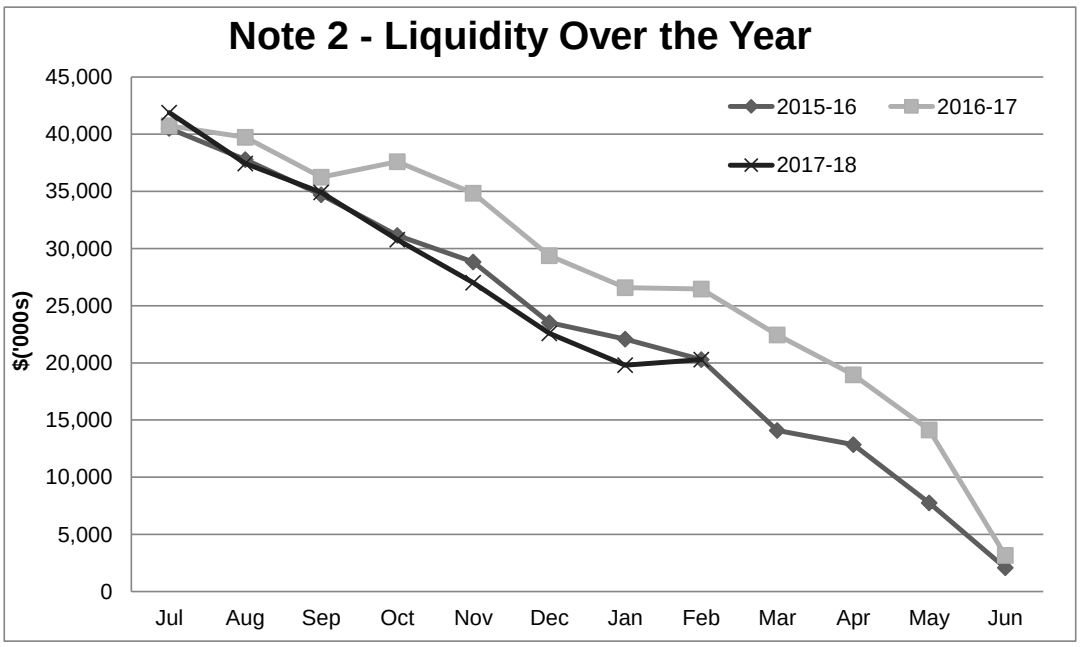
Note 1: EXPLANATION OF MATERIAL VARIANCES IN EXCESS OF $100,000

	Var.	Var.	Timing/ Permanent	Explanation of Variance
	$			
1.1 Operating Revenues				
Rate Revenue	(54,510)			No material variance.
Grants & Subsidies	(65,822)			No material variance.
Contributions, Donations & Reimbursements	31,973			No material variance.
Profit on Asset Disposal	45,813			No material variance.
Fees and Charges	322,660	▲	Timing	A number of areas tracking well. Charter flight fees and parking fees - airport - above budget YTD $125 000 & $16 000 respectively, refuse/waste fees /scrap metal - approx. $100,000 above budget. Balance is a number of small variations across many areas.
Interest Earnings	69,565			No material variance.
Other Revenue	(54,841)			No material variance.
1.2 Operating Expense				
Employee Costs	584,179	▼	Timing	A number of these vacancies have been backfilled short term via labour hire appointments, and also the seasonal increase with some Infrastructure and Environment teams. Labour hire is captured in materials and contracts. If labour hire costs are added to other employee costs, variance is minimal and expected to be to budget.
Materials and Contracts	(56,014)			No material variance. Note: includes labour hire costs.
Utilities Charges	164,190	▼	Timing	Primarily timing of invoice for street lighting ($76 000), balance is small amounts across many areas. Expect to be to budget over the whole year.
Depreciation (Non-Current Assets)	(250,008)	▲	Permanent	Revised valuations for land and buildings. Actual depreciation exceeding budget.
Interest Expenses	39,976			No material variance.
Insurance Expenses	(2,148)			No material variance.
Loss on Asset Disposal	(101,614)	▲	Permanent	Book loss on disposal of stolen fire truck/ute ($102k). Insurance recovery not yet received.
Other Expenditure	107,510	▼	Timing	No single significant variance. Numerous small balances under $10 000. Includes subscriptions, sponsorship, disbursement of grants.
Less Allocated to Infrastructure	167,356	▲	Permanent	Internal resources utilised for the end of Stage 1 CPSP, and the commencement of Stage 2.
1.3 Contributions for the Development of Assets				
Grants & Subsidies	29,161			No material variance.
Contributions, Donations & Reimbursements	338,705	▲	Permanent	Un-budgeted capital contributions received for future works programs ($125 000). Some different allocation of grants received compared to budgeted account.
1.4 Funding Balance Adjustment				
Add Back Depreciation	250,008	▲	Permanent	Revised valuations for land and buildings. Actual depreciation exceeding budget.
Adjust (Profit)/Loss on Asset Disposal	55,801			No material variance.
1.5 Capital Revenues				
Proceeds from Disposal of Assets	(52,955)			No material variance.
1.6 Acquisition of Fixed Assets				
Land and Buildings	(2,635)			No material variance.
Plant and Equipment	412,328	▼	Timing	Expect to be to budget. A number of purchase orders issued for new plant, waiting for delivery. Purchase orders issued is approximately to the value of the variance.
Furniture and Equipment	82,038			No material variance.
Infrastructure Assets - Roads	288,876	▼	Timing	Timing of invoice for Alfred Rd received March - $124 k. Balance numerous smaller jobs, individual variances under $30 000.
Infrastructure Assets - Other	85,151			No material variance.
1.7 Financing/Borrowing				
Debt Redemption	14,206			No material variance.
Loan Drawn Down	0			No material variance.
1.8 Restricted Funding Movements				
Opening Funding Surplus(Deficit)	12,119			No material variance.
Transfer to Reserves	0			No material variance.
Transfer from Reserves	0			No material variance.

City of Albany
NOTES TO THE STATEMENT OF FINANCIAL ACTIVITY
For the Period Ended 28th February 2018

Note 2: NET CURRENT FUNDING POSITION

		Positive=Surplus (Negative=Deficit)		
		2017-18		
	Note	This Period	Last Period	Same Period Last Year
		$	$	$
Current Assets				
Cash Unrestricted		**17,209,077**	18,526,116	21,418,254
Cash Restricted		**26,264,479**	26,261,170	18,852,153
Receivable - Rates and Rubbish	4	**5,487,137**	6,554,247	4,666,727
Receivables - Other		**4,891,271**	1,262,694	5,141,285
Investments - LG Unit Trust Shares		**205,605**	205,605	205,605
Accrued Income		**331,758**	315,358	369,057
Prepaid Expenses		**23,004**	23,004	75,525
Investment Land		**158,000**	158,000	229,609
Investment Loan		**12,120**	12,120	0
Stock on Hand		**770,738**	814,561	842,266
		55,353,188	54,132,875	51,800,481
Less: Current Liabilities				
Payables		**(4,296,780)**	(3,651,278)	(3,516,564)
Accrued Expenses		**(4,275)**	(8,452)	0
Income in advance		**(6,328)**	(10,323)	(14,669)
Provisions		**(4,514,577)**	(4,362,590)	(3,967,831)
Retentions		**(43,584)**	(112,643)	(208,157)
		(8,865,544)	(8,145,287)	(7,707,221)
Add Back: Loans		**1,007,590**	1,007,590	1,014,621
Less: Cash Restricted		**(25,992,610)**	(25,992,610)	(18,213,089)
Unutilised - Loan		**(841,758)**	(841,758)	0
Investment land		**(158,000)**	(158,000)	(229,609)
Investments - LG Unit Trust Shares		**(205,605)**	(205,605)	(205,605)
Net Current Funding Position		**20,297,260**	**19,797,205**	**26,459,578**



Comments - Net Current Funding Position

City of Albany
NOTES TO THE STATEMENT OF FINANCIAL ACTIVITY
For the Period Ended 28th February 2018

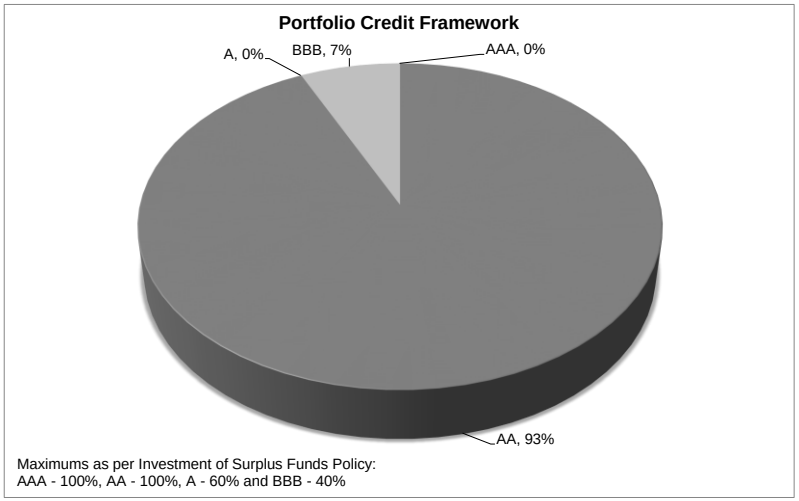
Note 3: CASH INVESTMENTS

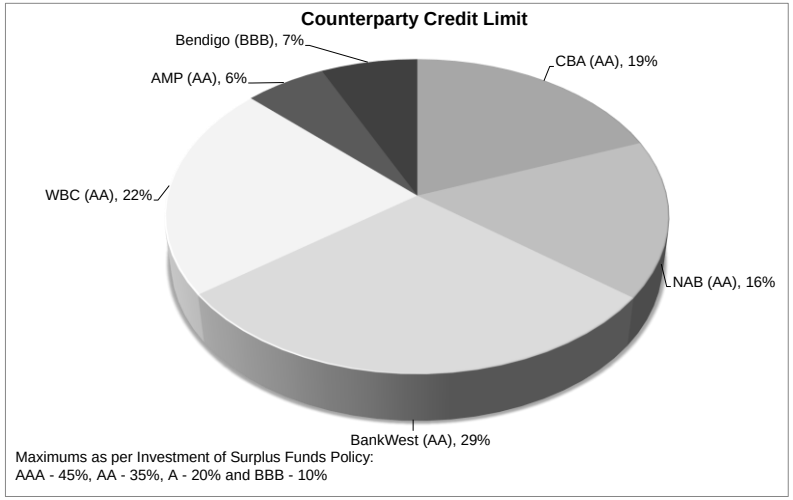
Deposit Ref	Institution	Rating	Deposit Date	Term (Days)	Invested Interest rates	Amount Invested	Expected Interest	Amount Invested (Days) 0 - 3 Months	3 - 6 Months	6 - 12 Months	Comparative rate Prior Month Interest Rate	Interest Rate at time of Report	Budget v Actual Year to Date Budget	Year to Date Actual	Var.$
General Municipal															
4663831	Bankwest	AA	13/12/2017	90	2.45%	3,000,000	18,123	3,000,000			2.40%	2.45%			
33822504	CBA	AA	12/01/2018	90	2.28%	1,500,000	8,433	1,500,000			2.36%	2.28%			
29924418	Westpac	AA	19/01/2018	90	2.46%	1,500,000	9,099	1,500,000				2.46%			
4676524	Bankwest	AA	22/01/2018	90	2.50%	2,000,000	12,329	2,000,000			2.48%	2.50%			
10508717	NAB	AA	13/02/2018	90	2.44%	2,500,000	15,041	2,500,000			2.47%	2.44%			
					Subtotal	**10,500,000**	**63,025**	**10,500,000**	**0**	**0**			303,451	256,979	- 46,471.90
Restricted															
4652013	Bankwest	AA	9/11/2017	120	2.45%	3,000,000	24,164		3,000,000			2.45%			
4669737	Bankwest	AA	2/01/2018	91	2.50%	2,000,000	12,466	2,000,000			2.50%	2.50%			
2247478	Bendigo	BBB	20/10/2017	182	2.45%	2,500,000	30,541		2,500,000		2.45%	2.45%			
29924418	Westpac	AA	16/10/2017	212	2.59%	3,000,000	45,130			3,000,000		2.59%			
415677	Westpac	AA	9/11/2017	181	2.60%	3,000,000	38,679		3,000,000			2.60%			
10486976	NAB	AA	15/11/2017	120	2.45%	3,000,000	24,164		3,000,000		2.42%	2.45%			
33822504	CBA	AA	8/01/2018	78	2.26%	3,000,000	14,489	3,000,000				2.26%			
030399	AMP	AA	24/01/2018	273	2.65%	2,000,000	39,641			2,000,000	2.53%	2.65%			
33822504	CBA	AA	28/02/2018	120	2.41%	2,000,000	15,847		2,000,000		2.31%	2.41%			
					Subtotal	**23,500,000**	**245,121**	**5,000,000**	**13,500,000**	**5,000,000**			259,911	349,541	89,629.82
					Total Funds Invested	**34,000,000**	**308,146**	**15,500,000**	**13,500,000**	**5,000,000**			**563,362**	**606,520**	**43,157.92**

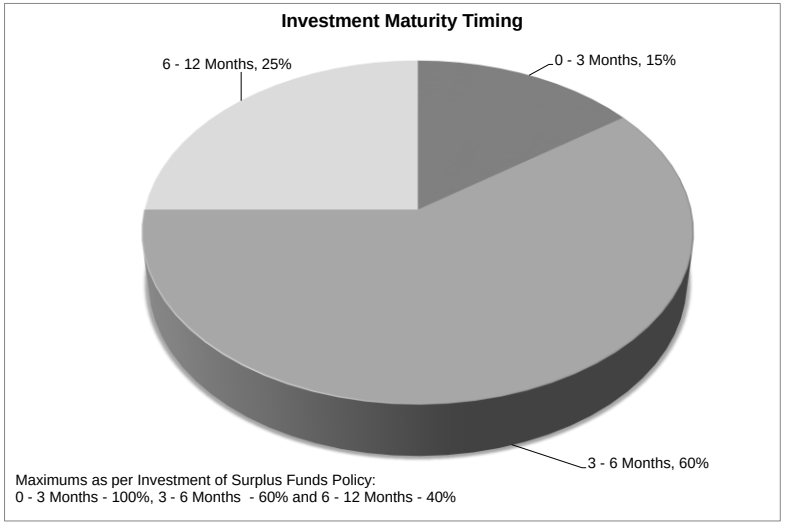
Comments/Notes - Cash Investments

City of Albany
Monthly Investment Report
For the Period Ended 28th February 2018

Note 3A: GRAPHICAL REPRESENTATION - CASH INVESTMENTS







City of Albany
NOTES TO THE STATEMENT OF FINANCIAL ACTIVITY
For the Period Ended 28th February 2018

Note 4: RECEIVABLES

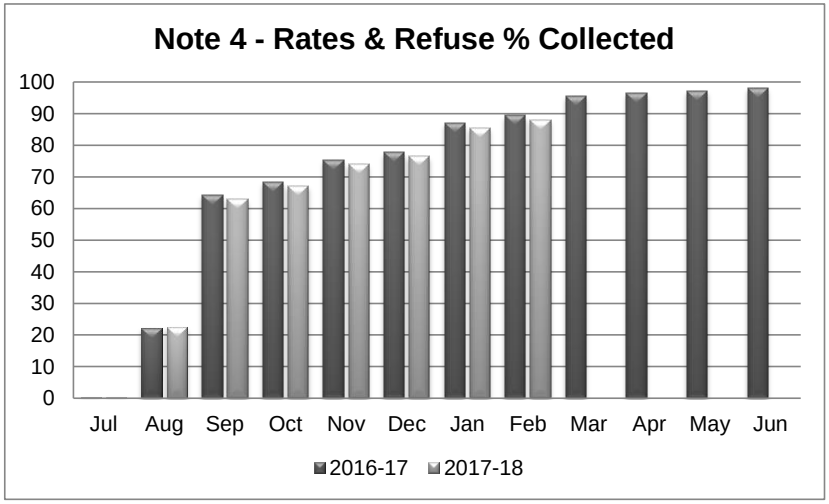
Receivables - Rates and Refuse

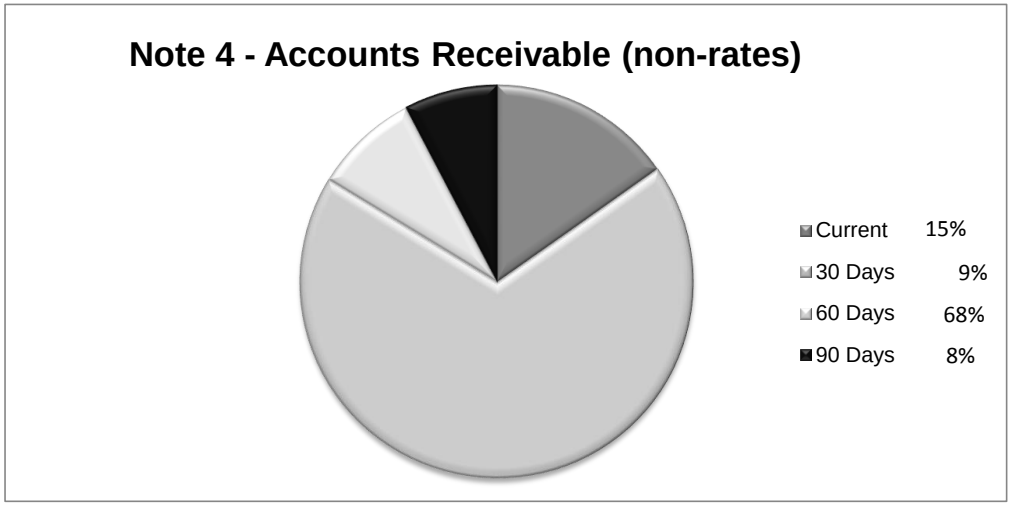
	Current 2017-18	Previous 2016-17	Total
	$	$	$
Opening Arrears Previous Years		809,310	809,310
Rates Levied this year	35,099,895		35,099,895
Refuse Levied	6,037,040		6,037,040
ESL Levied	3,069,978		3,069,978
Other Charges Levied	416,450		416,450
Less Collections to date	(39,515,384)	(430,153)	(39,945,536)
Equals Current Outstanding	**5,107,979**	**379,157**	**5,487,137**
Total Rates & Charges Collectable			**5,487,137**
% Collected			87.92%

Receivables - General

Current	30 Days	60 Days	90 Days
$	$	$	$
199,758	897,231	112,658	100,311
Total Outstanding			**1,309,957**

Amounts shown above include GST (where applicable)





Comments/Notes - Receivables Rates and Refuse

Comments/Notes - Receivables General

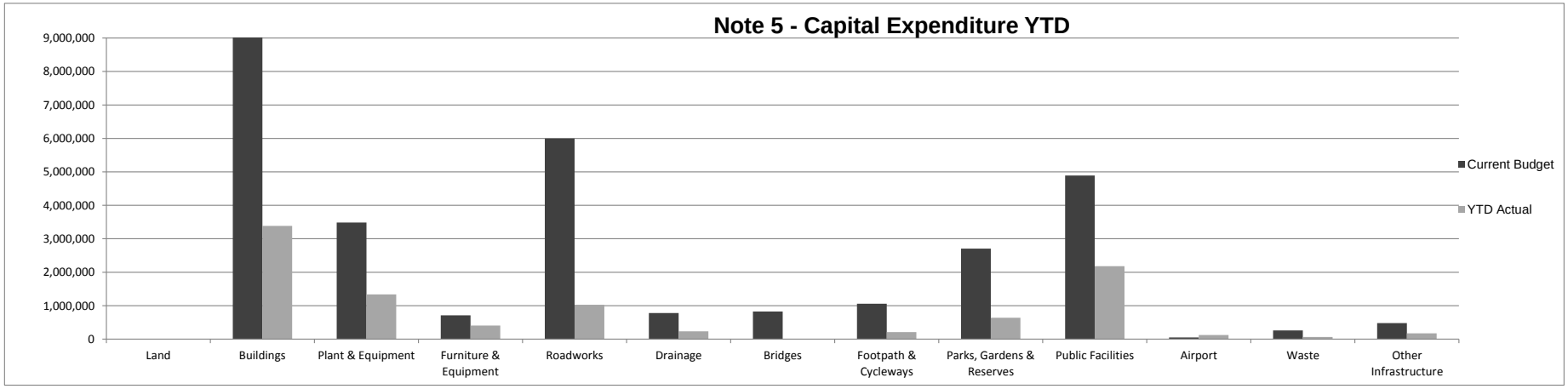
Invoices to the value of $498 750 issued to Department of Infrastructure, Transport, Regional Development and Local Government for 90% completion of Albany Visitor Centre Construction.

City of Albany
NOTES TO THE STATEMENT OF FINANCIAL ACTIVITY
For the Period Ended 28th February 2018

Note 5: CAPITAL ACQUISITIONS

Contributions Information					Summary Acquisitions						
Grants	Reserves	Borrowing	Restricted	Total		Original Budget	Current Budget	YTD Budget	Actual	Variance	
$	$	$		$		$			$	$	
					Property, Plant & Equipment						
0	0	0	0	0	Land	0	0	0	0	0	
1,327,500	770,000	1,000,000	0	3,097,500	Buildings	7,969,596	9,590,697	3,382,780	3,385,415	2,635	▲
50,000	0	0	0	50,000	Plant & Equipment	3,468,782	3,486,582	1,749,808	1,337,480	(412,328)	▼
0	0	0	0	0	Furniture & Equipment	636,900	711,900	487,962	405,924	(82,038)	▼
					Infrastructure						
1,500,000	200,000	0	0	1,700,000	Roadworks	5,676,799	5,993,349	1,315,949	1,027,073	(288,876)	▼
0	0	0	0	0	Drainage	781,000	781,000	241,757	231,799	(9,958)	▼
825,000	0	0	0	825,000	Bridges	824,734	824,734	0	0	0	
20,000	0	0	0	20,000	Footpath & Cycleways	1,065,482	1,058,482	287,466	211,160	(76,306)	▼
605,700	483,300	0	0	1,089,000	Parks, Gardens & Reserves	2,414,314	2,705,131	763,915	639,789	(124,126)	▼
13,035,092	467,820	500,000	0	14,002,912	Public Facilities	1,362,092	4,889,843	2,046,133	2,181,944	135,811	▲
0	0	0	0	0	Airport	50,000	50,000	50,000	121,909	71,909	▲
0	273,286	0	0	273,286	Waste	273,286	257,877	87,498	63,581	(23,917)	▼
0	0	0	0	0	Other Infrastructure	368,241	479,631	229,636	171,072	(58,564)	▼
17,363,292	**2,194,406**	**1,500,000**	**0**	**21,057,698**	**Totals**	**24,891,226**	**30,829,226**	**10,642,904**	**9,777,145**	**(865,759)**	

Comments - Capital Acquisitions



TRUST CHEQUES AND ELECTRONICS FUNDS TRANSFER PAYMENTS

AGENDA ITEM CCS042 REFERS TO

TRUST PAYMENTS

Date	Description	Amount
	Total	**$ -**

MASTERCARD TRANSACTIONS - FEBRUARY 2018

Date	Payee	Description	Amount
26/01/2018	Four Points Sheraton Perth	Accommodation - R Flick ARCGIS Course	$ 340.20
26/01/2018	Swiftype.com	Monthly Website Fee - Albany Visitors Centre	$ 311.40
27/01/2018	Ace Motor Inn	Accommodation - Australia Day Ambassador	$ 333.50
29/01/2018	Regional Express	Flights - HR Manager Recruitment	$ 447.44
29/01/2018	Bibbulmum Track Foundation	Affiliated Membership - Albany Visitor's Centre	$ 350.00
29/01/2018	Regional Express	Flights - Workplace Investigator	$ 526.12
2/02/2018	Regional Express	Flights - Various Perth Meetings	$ 379.98
5/02/2018	FPA Australia	Bushfire Attack Course Fee - Reserves Officer	$ 3,000.00
6/02/2018	Appleyards	Material Supply - Civic Kitchen Upgrades	$ 1,202.90
7/02/2018	FPA Australia	Bushfire Attack Course Fee - Emergency Services	$ 3,110.00
7/02/2018	Regional Express	Flights - A Cousins	$ 514.88
7/02/2018	House, Albany	Material Supply - Civic Kitchen Upgrades	$ 2,205.52
8/02/2018	Host Direct	Material Supply - Civic Kitchen Upgrades	$ 2,230.24
12/02/2018	Regional Express	Flights - Meeting With Port Hedland Councillors - D Wellington	$ 604.82
15/02/2018	Regional Express	Flights - PIA Conference - A Bott And T Gunn	$ 789.18
19/02/2018	Planning Institute Australia	PIA Conference - T Gunn	$ 2,180.00
19/02/2018	Planning Institute Australia	PIA Conference - A Bott	$ 2,180.00
19/02/2018	Regional Express	Flights - A Cousins	$ 202.36
20/02/2018	Regional Express	Flights - Meeting With Local Government Housing Trust - D Wellington	$ 537.36
20/02/2018	Hootsuite	Social Media Page Manager	$ 1,016.01
20/02/2018	Planning Institute Australia	PIA Conference - J Mescht	$ 2,180.00
21/02/2018	FPA Australia	Bushfire Attack Course Fee - Reserves Officer	$ 3,000.00
21/02/2018	VendHQ	Advanced Software Purchase - Albany Visitors Centre	$ 2,316.00
21/02/2018	VendHQ	Onboarding Package Software Purchase - Albany Visitors Centre	$ 269.00
21/02/2018	FastSpring	Façade Signage Software Purchase - Albany Visitors Centre	$ 1,643.06
21/02/2018	Kioware	Kiosk Software Purchase - Albany Visitors Centre	$ 1,041.39
21/02/2018	House, Albany	Material Supply - Civic Kitchen Upgrades	$ 724.09
22/02/2018	Mantra on Murray	Accommodation - A Sharpe	$ 302.79
22/02/2018	Oculus	Software Purchase - Albany Visitors Centre	$ 1,720.08
22/02/2018	Regional Express	A Cousins - Software Purchase - Albany Visitors Centre - H Fell	$ 526.12
22/02/2018	Licensys WA	Flights - S Grimmer - PWC Meeting	$ 213.10
23/02/2018	St Catherines	City of Albany Plate Artwork Replacement	$ 829.26
29/01/2018	Lombard	Accommodation - T Dickson	$ 1,519.12
6/02/2018	Regional Express	Material Supply - Hand Wavers For Queen's Baton Relay	$ 447.44
6/02/2018	Regional Express	Flights - Albany Art Prize Judge	$ 357.50
6/02/2018	Virgin Australia	Flights - Albany Art Prize Judge	$ 680.01
6/02/2018	Matevents	Flights - Albany Art Prize Judge	$ 500.00
8/02/2018	Regional Express	Merchandise Orders - Queen's Baton Relay	$ 528.58
14/02/2018	Regional Express	Flights - PLA Conference - J Pouewelsen And C Beck	$ 447.44
		SUNDRY < $ 200.00	$ 1,830.00
		Total	**$ 43,536.89**

PAYROLL 16/02/2018 - 15/03/2018

Date	Description	Amount
01/03/2018	COA Salaries	$ 628,504.67
15/03/2018	COA Salaries	$ 644,714.72
	Total	**$ 1,273,219.39**

AGENDA ITEM CCS042 REFERS TO

Chq	Date	Name	Description		Amount
31932	22/02/2018	DEPARTMENT OF TRANSPORT	Vehicle Registration	$	368.10
31933	22/02/2018	TELSTRA CORPORATION LIMITED	Telephone Charges	$	14,435.51
31934	22/02/2018	WATER CORPORATION	Water Charges	$	1,377.14
31935	28/02/2018	PETTY CASH	Umpire Payments	$	2,280.00
31936	01/03/2018	ALBANY LITTLE ATHLETICS	Refund	$	244.80
31937	01/03/2018	R ASTURIAS & MA SEBARILLO	Refund	$	107.69
31938	01/03/2018	B & A WHITING	Refund	$	167.38
31939	01/03/2018	WATER CORPORATION	Water Charges	$	4,337.29
31940	01/03/2018	THE WEST AUSTRALIAN	Newspaper Subscriptions	$	371.91
31941	08/03/2018	R WOODS	Refund	$	182.11
31942	08/03/2018	S & M POLLARD	Refund	$	167.38
31943	08/03/2018	M AVANO	Refund	$	33.00
31944	08/03/2018	TG DYMOCK	Refund	$	250.00
31945	08/03/2018	DEPARTMENT OF TRANSPORT	Vehicle Registration	$	762.80
31946	08/03/2018	GIRL GUIDES WESTERN AUSTRALIA	Refund	$	150.00
31947	08/03/2018	PIVOTEL SATELLITE PTY LIMITED	Satellite Phone Charges	$	248.00
31948	08/03/2018	WAKES MUSIC CENTRE	Material Supply - Exhibition Speakers	$	1,500.00
31949	08/03/2018	WATER CORPORATION	Water Charges	$	7,729.04
31950	08/03/2018	TELSTRA CORPORATION LIMITED	Telephone Charges	$	4,169.98
31951	15/03/2018	M ROBINSON	Refund	$	117.24
31952	15/03/2018	R TULLOCH & M EATTS	Refund	$	120.27
31953	15/03/2018	DEPARTMENT OF TRANSPORT	Vehicle Registration - Trailer	$	25.10
31954	15/03/2018	PIVOTEL SATELLITE PTY LIMITED	Satellite Phone Charges	$	250.00
31955	15/03/2018	WATER CORPORATION	Water Charges	$	26,005.89
			Total	**$**	**65,400.63**

AGENDA ITEM CCS042 REFERS TO

EFT	Date	Name	Description	Amount
EFT123377	16/02/2018	LM BOUCHER	Refund	$ 60.00
EFT123378	22/02/2018	ABA SECURITY	Repairs And Maintenance - Alarm Systems	$ 112.26
EFT123379	22/02/2018	ABBOTTS LIQUID SALVAGE PTY LTD	Waste Services - Garrison's	$ 258.50
EFT123380	22/02/2018	AD CONTRACTORS PTY LTD	Construction Services - C16012	$ 33,026.18
EFT123381	22/02/2018	ADVERTISER PRINT	Printing Services - Infringement Notices	$ 496.00
EFT123382	22/02/2018	ALBANY TOYOTA	Vehicle Repairs And Maintenance - Side Steps	$ 643.46
EFT123383	22/02/2018	ALBANY INDUSTRIAL SERVICES PTY LTD	Construction Services - C16012	$ 19,572.30
EFT123384	22/02/2018	ALBANY CITY LAWNS	Lawn Mowing Services - Lancaster Park	$ 638.00
EFT123385	22/02/2018	ALBANY V-BELT AND RUBBER	Material Supply - Filters And Belts	$ 509.62
EFT123386	22/02/2018	ALBANY SWEEP CLEAN	Sweeping Services - C15014	$ 4,683.00
EFT123387	22/02/2018	ALBANY REFRIGERATION	Air-Conditioner Repairs And Maintenance - C15021	$ 823.48
EFT123388	22/02/2018	ALBANY RSL SUB BRANCH	Merchandise Order - Forts Store	$ 762.50
EFT123389	22/02/2018	ALBANY SKIPS AND WASTE SERVICES PTY LTD	Rubbish Removal - Skip Bin	$ 752.50
EFT123390	22/02/2018	ALBANY OFFICE PRODUCTS DEPOT	Stationery Supplies - Various	$ 1,180.60
EFT123391	22/02/2018	ALBANY BASKETBALL ASSOCIATION	Christmas Pageant Marshalls - 2017	$ 800.00
EFT123392	22/02/2018	ALBANY CENTRAL CABINETS PTY LTD	Civic Kitchen Upgrades - Kitchen Cabinetry	$ 8,130.10
EFT123393	22/02/2018	ALBANY QUALITY LAWNMOWING	Lawn Mowing Services - Lotteries House	$ 110.00
EFT123394	22/02/2018	ALBANY STAINLESS STEEL	Installation Of Hand Rail - Airport	$ 1,380.50
EFT123395	22/02/2018	ALBANY DOMESTIC SERVICES	Cleaning Services - Animal Waste	$ 350.00
EFT123396	22/02/2018	CICERO MANAGEMENT PTY LTD	Accommodation - S Majidi	$ 209.00
EFT123397	22/02/2018	ALL EVENTS HIRE AND PRODUCTION	Material Supply - Padlocks	$ 539.12
EFT123398	22/02/2018	APPRENTICE & TRAINEESHIP COMPANY	Casual Staff/Labour Hire	$ 1,112.65
EFT123399	22/02/2018	ARDESS NURSERY	Australia Day Civic Function - Supply Of Native Test Tubes	$ 175.00
EFT123400	22/02/2018	MURRAY CLIFFORD ARNOLD	Australia Day Historical Tours	$ 400.00
EFT123401	22/02/2018	ATC WORK SMART	Casual Staff/Labour Hire	$ 41,928.90
EFT123402	22/02/2018	BARKERS TRENCHING SERVICES	Professional Services - Median Trenching	$ 1,452.00
EFT123403	22/02/2018	BENNETTS BATTERIES	Material Supply - Batteries	$ 281.60
EFT123404	22/02/2018	ADVANCED TRAFFIC MANAGEMENT WA PTY LTD	Traffic Control Services - C17014	$ 10,329.57
EFT123405	22/02/2018	BERTOLA HIRE ALBANY PTY LTD	Equipment Hire - CPSP	$ 1,659.02
EFT123406	22/02/2018	BIG SKY PUBLISHING	Merchandise Order - Forts Store	$ 1,022.47
EFT123407	22/02/2018	J. BLACKWOOD & SON PTY LTD	Material Supply - Protective Equipment And Cement	$ 1,132.32
EFT123408	22/02/2018	SA E BLAKERS	Refund	$ 42.00
EFT123409	22/02/2018	LARRY BLIGHT	Monitoring Construction Of Albany Tourism and Information Hub	$ 735.02
EFT123410	22/02/2018	BLOOMIN FLOWERS SPENCER PARK	Floral Arrangement - Waste Employee	$ 50.00
EFT123411	22/02/2018	ALBANY BOBCAT SERVICES	Equipment Hire - C16012	$ 4,324.38
EFT123412	22/02/2018	BOOKEASY AUSTRALIA PTY LTD	Bookeasy Fees And Charges - January 2018	$ 3,409.57
EFT123413	22/02/2018	BORNHOLM VOLUNTEER BUSHFIRE BRIGADE	Refund	$ 231.00
EFT123414	22/02/2018	BP BIRD PLUMBING & GAS PTY LTD	Repairs And Maintenance - Oil Separator	$ 98.00
EFT123415	22/02/2018	BUNNINGS GROUP LIMITED	Material Supply - Taps	$ 285.51
EFT123416	22/02/2018	CALTEX AUSTRALIA PETROLEUM PTY LTD	Litres Diesel Fuel	$ 23,206.99
EFT123417	22/02/2018	CAMPBELL CONTRACTORS	Footpath Repairs And Maintenance - C16026	$ 16,473.50
EFT123418	22/02/2018	J & S CASTLEHOW ELECTRICAL SERVICES	Electrical Services - C15026	$ 2,574.02
EFT123419	22/02/2018	CENTIGRADE SERVICES PTY LTD	ALAC Maintenance Services - Q16009	$ 17,092.83
EFT123420	22/02/2018	CENTENNIAL STADIUM INC	Australia Day Reception 2018	$ 3,101.43
EFT123421	22/02/2018	CINESTAR PTY LTD	Merchandise Order - Visitors Centre	$ 80.00
EFT123422	22/02/2018	CLEANAWAY PTY LIMITED	Rubbish Removal P14021	$ 2,310.89
EFT123423	22/02/2018	COATES HIRE OPERATIONS PTY LIMITED	Equipment Hire - Australia Day 2018	$ 804.05
EFT123424	22/02/2018	COLES SUPERMARKETS AUSTRALIA PTY LTD	Gift Vouchers - Employee Service Recognition	$ 909.33
EFT123425	22/02/2018	SHERIDAN SUZANNE COLEMAN	Albany Art Prize Catalogue Essay	$ 800.00
EFT123426	22/02/2018	COURIER AUSTRALIA	Freight Charges	$ 464.57

EFT123427	22/02/2018	ALBANY SIGNS	Signage - Economic Development Projects	$ 6,512.00
EFT123428	22/02/2018	CREATIVE LANDSCAPES	Design And Installation Vancouver Park Playground	$ 17,765.20
EFT123429	22/02/2018	NATALIE MARIE CROSBY	Community Leadership Grant 2017/18	$ 500.00
EFT123430	22/02/2018	CSBP LTD	Professional Services - Soil Testing CPSP	$ 88.44
EFT123431	22/02/2018	DOWNER EDI WORKS PTY LTD	Material Supply - Hot-Mix	$ 1,730.94
EFT123432	22/02/2018	HOLCIM PTY LTD	Material Supply - Concrete	$ 2,183.50
EFT123433	22/02/2018	AL CURNOW HYDRAULICS	Material Supply - Hydraulic Hose	$ 106.73
EFT123434	22/02/2018	D & K ENGINEERING	Repairs And Maintenance - Hooklift Bin	$ 712.80
EFT123435	22/02/2018	CGS QUALITY CLEANING	Cleaning Services - C14036	$ 2,048.76
EFT123436	22/02/2018	DEPARTMENT OF TRANSPORT	Vehicle Search Fees	$ 224.45
EFT123437	22/02/2018	T DICKSON	Staff Reimbursement	$ 81.69
EFT123438	22/02/2018	DISCOVER ALBANY FOUNDATION LTD	Consultancy Fees - Regional Destination Marketing	$ 8,250.00
EFT123439	22/02/2018	DLVD	Catering - Green Team Guest Speaker	$ 425.00
EFT123440	22/02/2018	DOLPHIN LODGE	Accommodation - New Works In The House VAC	$ 775.00
EFT123441	22/02/2018	EMMA DOUGHTY	Councillor Allowances And Sitting Fee - February 2018	$ 2,909.47
EFT123442	22/02/2018	DYLANS ON THE TERRACE	Catering - DIS Committee Meeting And Healthy Albany Workshop	$ 834.90
EFT123443	22/02/2018	ELLEKER GENERAL STORE	Fuel Purchases - Bush Fire Brigade	$ 250.45
EFT123444	22/02/2018	EYERITE SIGNS	Signage - Queens Garden	$ 5,733.20
EFT123445	22/02/2018	THE FIXUPPERY	Window Cleaning Services - Q16023	$ 170.02
EFT123446	22/02/2018	FOOD FOR THOUGHT CAFE & CATERING	Catering - Special Council Meeting	$ 850.00
EFT123447	22/02/2018	J FRANTOM	Staff Reimbursement	$ 154.60
EFT123448	22/02/2018	FRIENDS OF THE WESTERN GROUND PARROT INC	Material Supply - Historical DVD's For Library	$ 125.00
EFT123449	22/02/2018	GALLERY 500	Art Supplies - VAC	$ 37.50
EFT123450	22/02/2018	TARRYN GILL	Artist Fees - VAC Exhibition	$ 1,000.00
EFT123451	22/02/2018	GLOBAL SPILL CONTROL PTY LTD	Material Supply - Oil And Fuel Absorber	$ 328.90
EFT123452	22/02/2018	ALISON GOODE	Councillor Allowances And Sitting Fee - February 2018	$ 2,909.47
EFT123453	22/02/2018	GREEN SKILLS INCORPORATED	Maintenance Support - C16009	$ 1,701.70
EFT123454	22/02/2018	SOUTHERN SHARPENING SERVICES	Fire Equipment Maintenance - C14030	$ 360.00
EFT123455	22/02/2018	GREAT SOUTHERN PERSONNEL INC	Casual Staff/Labour Hire	$ 204.00
EFT123456	22/02/2018	GREAT SOUTHERN SAND AND LANDSCAPING SUPPLIES	Equipment Hire - C16012	$ 2,178.00
EFT123457	22/02/2018	SMITH CONSTRUCTIONS WA	Construction Services - C17023	$ 9,633.02
EFT123458	22/02/2018	RAY HAMMOND	Councillor Allowances And Sitting Fee - February 2018	$ 2,909.47
EFT123459	22/02/2018	HART SPORT	Merchandise Order - ALAC	$ 270.90
EFT123460	22/02/2018	HARPER ENTERTAINMENT DISTRIBUTION SERVICE	Merchandise Order - Forts Store	$ 568.78
EFT123461	22/02/2018	HAVOC BUILDERS PTY LTD	Building Services - C17028	$ 3,072.50
EFT123462	22/02/2018	YOGASUN STUDIO	Art Classes - VAC	$ 270.00
EFT123463	22/02/2018	BILL HOLLINGWORTH	Councillor Allowances And Sitting Fee - February 2018	$ 2,909.47
EFT123464	22/02/2018	AFGRI EQUIPMENT AUSTRALIA PTY LTD	Material Supply - Arm	$ 150.02
EFT123465	22/02/2018	H AND H ARCHITECTS	Albany Tourism And Information Hub - Design Services C16007	$ 264.00
EFT123466	22/02/2018	HHG LEGAL GROUP	Legal Services - C16011	$ 7,860.60
EFT123467	22/02/2018	INSIDE OUT THEATRE CONSULTANCY & TUITION	Professional Services - Health And Wellbeing Workshop	$ 200.00
EFT123468	22/02/2018	ISENTIA PTY LTD	Media Subscriptions	$ 1,955.25
EFT123469	22/02/2018	JACK THE CHIPPER	Mulching Services - C17022	$ 1,670.63
EFT123470	22/02/2018	JAMES WALMSLEY DESIGN	Design Services - VAC Guide Booklet	$ 490.00
EFT123471	22/02/2018	DARREN JOHN JERRARD	Community Leadership Grant 2017/18	$ 500.00
EFT123472	22/02/2018	KLB SYSTEMS	IT Equipment - Printer And Label Printer	$ 1,672.00
EFT123473	22/02/2018	KMART ALBANY	Material Supply - Civic Kitchen Upgrades	$ 208.50
EFT123474	22/02/2018	KOFFEE BOOST	Refreshments - Aboriginal Corp Noongar Engagement	$ 105.50
EFT123475	22/02/2018	LATRO LAWYERS	Legal Services - C16011	$ 1,520.13
EFT123476	22/02/2018	DAVID LEECH	Merchandise Order - Forts Store	$ 210.00
EFT123477	22/02/2018	LITTLE BIRDS PRESERVES	Catering - Green Fair On The Square	$ 35.00
EFT123478	22/02/2018	LOCHNESS LANDSCAPE SERVICES	Mowing Services - C16008	$ 8,900.80

EFT123479	22/02/2018	M & A STEEL FABRICATION	Fabrication And Supply - Bolts	$ 1,419.00
EFT123480	22/02/2018	MCB CONSTRUCTION PTY LTD	Relocate Sea Containers - Town Square	$ 440.00
EFT123481	22/02/2018	MCKENO BLOCKS AND PAVERS	Material Supply - Geolink Blocks	$ 2,640.00
EFT123482	22/02/2018	MCLEODS	Legal Services - SAT Review	$ 10,530.52
EFT123483	22/02/2018	METROOF ALBANY	Material Supply - Downpipe	$ 111.65
EFT123484	22/02/2018	METROCOUNT PTY LTD	Bicycle Counters January 2018 - final payment	$ 198.00
EFT123485	22/02/2018	MJB INDUSTRIES PTY LTD	Concrete Products - C15009	$ 10,774.83
EFT123486	22/02/2018	ANTHONY MOIR	Councillor Allowances And Sitting Fee - February 2018	$ 2,909.47
EFT123487	22/02/2018	PAUL MONCRIEFF	Professional Services - Artist In Residence	$ 200.00
EFT123488	22/02/2018	N & S ELECTRONICS	Material Supply - Battery	$ 150.00
EFT123489	22/02/2018	NLC PTY LTD	Novated Lease And Associated Costs	$ 1,351.30
EFT123490	22/02/2018	OCS SERVICES PTY LTD	Cleaning Services - C15015	$ 424.14
EFT123491	22/02/2018	OFFICEWORKS SUPERSTORES PTY LTD	Material Supply - Laptop Bag	$ 23.54
EFT123492	22/02/2018	OKEEFE'S PAINTS	Material Supply - Tip And Seal	$ 1,354.64
EFT123493	22/02/2018	OPTIMUM MEDIA DECISIONS WA	Digital Advertising - Amazing South Coast	$ 88,376.85
EFT123494	22/02/2018	IXOM	Material Supply - Chlorine	$ 354.12
EFT123495	22/02/2018	PFD FOOD SERVICES PTY LTD	Milk Supplies	$ 29.65
EFT123496	22/02/2018	PLASTICS PLUS	Material Supply - Storage Box	$ 61.16
EFT123497	22/02/2018	P PYKE	Refund	$ 42.00
EFT123498	22/02/2018	RAECO INTERNATIONAL PTY LTD	Library Fitout - Shelving And Accessories	$ 104,351.49
EFT123499	22/02/2018	RAINBOW COAST NEIGHBOURHOOD CENTRE	Composting Revolution Workshop	$ 440.00
EFT123500	22/02/2018	REECE PTY LTD	Material Supply - Fittings And filters	$ 910.27
EFT123501	22/02/2018	RICOH	Photocopier Charges - January 2018	$ 10,046.52
EFT123502	22/02/2018	M RICHARDSON	Staff Reimbursement	$ 250.50
EFT123503	22/02/2018	RMI ENGINEERING & PLASMA CUTTING	Material Supply - Stainless Steel Tabs	$ 462.00
EFT123504	22/02/2018	NATASHA ELLEN ROLFE	Honorarium Payment for Artist in Residence consultation	$ 200.00
EFT123505	22/02/2018	THE ROYAL LIFE SAVING SOCIETY WA INC	Call Centre Charges - January 2018	$ 286.66
EFT123506	22/02/2018	ML RUDINGER	Refund	$ 683.31
EFT123507	22/02/2018	SJ SCOTT	Refund	$ 127.50
EFT123508	22/02/2018	JOHN SHANHUN	Councillor Allowances And Sitting Fee - February 2018	$ 2,909.47
EFT123509	22/02/2018	G & L SHEETMETAL	Material Supply - Sheet Metal	$ 447.70
EFT123510	22/02/2018	SKILL HIRE WA PTY LTD	Casual Staff/Labour Hire	$ 4,996.38
EFT123511	22/02/2018	SKIPPER TRANSPORT PARTS	Material Supply - Handles	$ 53.26
EFT123512	22/02/2018	TRACY SLEEMAN	Councillor Allowances And Sitting Fee - February 2018	$ 2,909.47
EFT123513	22/02/2018	SANDIE SMITH	Councillor Allowances And Sitting Fee - February 2018	$ 2,909.47
EFT123514	22/02/2018	SOIL SOLUTIONS PTY LTD	Bulk Green Waste Passes	$ 44,202.04
EFT123515	22/02/2018	SOUTHERN TOOL AND FASTENER CO	Protective Equipment - Clothing	$ 983.12
EFT123516	22/02/2018	SOUTHCOAST SECURITY SERVICE	Security Services - C15016	$ 18,837.87
EFT123517	22/02/2018	SOUTH COAST ENVIRONMENTAL	Advanced Tree Watering - Q17012	$ 6,600.00
EFT123518	22/02/2018	SOUTHERN CROSS AUSTEREO PTY LTD	Radio Advertising - February 2018	$ 1,606.00
EFT123519	22/02/2018	SOUTHERN ECOLOGY	Tree Condition Report - Q17033	$ 9,218.00
EFT123520	22/02/2018	STAR SALES AND SERVICE	Material Supply - Cord	$ 394.40
EFT123521	22/02/2018	DEPARTMENT OF THE PREMIER & CABINET	State Law Publisher	$ 73.25
EFT123522	22/02/2018	STEWART AND HEATON CLOTHING PTY LTD	Staff Uniforms - EMC	$ 576.38
EFT123523	22/02/2018	REBECCA STEPHENS	Councillor Allowances And Sitting Fee - February 2018	$ 2,909.47
EFT123524	22/02/2018	STIRLING PRINT	Printing Services - Job/Time Sheets	$ 2,800.00
EFT123525	22/02/2018	ST JOHN AMBULANCE WESTERN AUSTRALIA LTD	First Aid Kit Replenishment - ALAC	$ 2,584.24
EFT123526	22/02/2018	GREGORY BRIAN STOCKS	Deputy Mayoral Allowances And Sitting Fee - February 2018	$ 4,760.83
EFT123527	22/02/2018	ALBANY LOCK SERVICE	Key Upgrade - C14003	$ 83.30
EFT123528	22/02/2018	ALBANY IGA	Groceries	$ 47.21
EFT123529	22/02/2018	ROBERT SUTTON	Councillor Allowances And Sitting Fee - February 2018	$ 2,909.47
EFT123530	22/02/2018	SUTTON'S CARPET CLEANING	Cleaning Services - Day Care	$ 148.50

EFT123531	22/02/2018	T & C SUPPLIES	Tools/Hardware Supplies - Various	$ 516.96
EFT123532	22/02/2018	ALINA TANG	Professional Services - Artist Fee	$ 1,000.00
EFT123533	22/02/2018	M TAYLOR	Staff Reimbursement	$ 148.15
EFT123534	22/02/2018	TECTONICS CONSTRUCTION GROUP PTY LTD	Albany Tourism And Information Hub - Construction Services C17001	$ 279,749.59
EFT123535	22/02/2018	PAUL TERRY	Councillor Allowances And Sitting Fee - February 2018	$ 2,909.47
EFT123536	22/02/2018	THINKWATER ALBANY	Repairs And Maintenance - CPSP And Hanrahan	$ 26,856.35
EFT123537	22/02/2018	TOMO'S EARTHMOVING CONTRACTORS	Airport Hangar - Removal Of Concrete	$ 2,450.00
EFT123538	22/02/2018	TONE LIST	Professional Services - VAC Event	$ 400.00
EFT123539	22/02/2018	TOUCHSCREEN SOLUTIONS PTY LTD	Interactive Diamond Kiosks - Tourism And Information Hub	$ 11,890.52
EFT123540	22/02/2018	TRUCKLINE	Material Supply - Rags	$ 104.02
EFT123541	22/02/2018	ALBANY TYREPOWER	Vehicle Repairs And Maintenance - Truck Tyres	$ 3,139.40
EFT123542	22/02/2018	MOORE STEPHENS PTY LTD	Auditing Services - P16012	$ 1,925.00
EFT123543	22/02/2018	UNITED BOOK DISTRIBUTORS	Merchandise Order - Forts Store	$ 116.96
EFT123544	22/02/2018	UNIFORM FASHIONS	Staff Uniforms	$ 84.20
EFT123545	22/02/2018	VICTOR WEBB	Equipment Hire - Australia Day 2018	$ 990.00
EFT123546	22/02/2018	ALBANY & GREAT SOUTHERN WEEKENDER	Advertising - Procurement	$ 114.07
EFT123547	22/02/2018	DENNIS WELLINGTON	Mayoral Allowances And Sitting Fee - February 2018	$ 11,621.69
EFT123548	22/02/2018	ARH PTY LTD	Material Supply - Gas Bottles	$ 85.39
EFT123549	22/02/2018	WESTRAC EQUIPMENT PTY LTD	Material Supply - Pump, Seals, Washers And Inserts	$ 1,229.32
EFT123550	22/02/2018	HOLIDAY GUIDE PTY LTD	Marketing Fees And Charges - January 2018	$ 2,119.45
EFT123551	22/02/2018	ML WICKS	Refund	$ 44.00
EFT123552	22/02/2018	DARRYL WILLIAMS	Monitoring Construction Of Albany Tourism and Information Hub	$ 233.35
EFT123553	22/02/2018	YOUNGS SIDING GENERAL STORE	Fuel Supplies - Fire Brigade	$ 749.09
EFT123554	22/02/2018	ZENITH LAUNDRY	Laundry Services/Hire	$ 224.27
EFT123555	01/03/2018	ABBOTTS LIQUID SALVAGE PTY LTD	Waste Services - East Bank Road	$ 2,154.00
EFT123556	01/03/2018	AD CONTRACTORS PTY LTD	Construction Services - C16012	$ 20,290.75
EFT123557	01/03/2018	AIRPORT LIGHTING SPECIALISTS PTY LTD	Professional Services - LED Lighting	$ 4,378.00
EFT123558	01/03/2018	ALBANY CITY LAWNS	Lawn Mowing Services - Lancaster Park	$ 638.00
EFT123559	01/03/2018	ALBANY SWEEP CLEAN	Sweeping Services - C15014	$ 1,631.00
EFT123560	01/03/2018	ALBANY INDOOR PLANT HIRE	Indoor Plant Hire - February 2018	$ 1,411.52
EFT123561	01/03/2018	ALBANY LANDSCAPE SUPPLIES	Material Supply - Quartz	$ 322.00
EFT123562	01/03/2018	ALBANY OFFICE PRODUCTS DEPOT	Stationery Supplies - Various	$ 398.70
EFT123563	01/03/2018	ALBANY BASKETBALL ASSOCIATION	Kid Sport Vouchers	$ 630.00
EFT123564	01/03/2018	ALBANY PLASTERBOARD COMPANY	Professional Services - Unload Pipes	$ 330.00
EFT123565	01/03/2018	ALBANY DOMESTIC SERVICES	Cleaning Services - Animal Waste	$ 175.00
EFT123566	01/03/2018	ALBANY AERIAL IMAGING	Video Services - Queens Baton Relay	$ 880.00
EFT123567	01/03/2018	ALBANY LAWN GAMES HIRE	Equipment Hire - Lawn Bowles	$ 24.00
EFT123568	01/03/2018	ALINTA	Gas Charges	$ 43.60
EFT123569	01/03/2018	ALL EVENTS HIRE AND PRODUCTION	Queen's Baton Relay	$ 2,410.50
EFT123570	01/03/2018	PAPERBARK MERCHANTS	Cards for Staff	$ 140.95
EFT123571	01/03/2018	ANNETTE CARMICHAEL	Professional Services - FAR Festival	$ 324.83
EFT123572	01/03/2018	ATC WORK SMART	Casual Staff/Labour Hire	$ 3,395.69
EFT123573	01/03/2018	AUDIOCOM ALBANY	Material Supply - Lifeproof Case	$ 200.00
EFT123574	01/03/2018	AUSCOINSWEST	Material Supply - Collector's Albums	$ 616.00
EFT123575	01/03/2018	AUSTRALIA'S SOUTH WEST INCORPORATED	Professional Services - Brochure Presentation	$ 320.00
EFT123576	01/03/2018	BT EQUIPMENT PTY LTD	Material Supply - Filters	$ 25.08
EFT123577	01/03/2018	BENNETTS BATTERIES	Material Supply - Engine Oil	$ 1,122.00
EFT123578	01/03/2018	ADVANCED TRAFFIC MANAGEMENT WA PTY LTD	Traffic Control Services - C17014	$ 24,103.23
EFT123579	01/03/2018	ALBANY BITUMEN SPRAYING	Road Repairs - Middleton Road	$ 12,267.75
EFT123580	01/03/2018	J. BLACKWOOD & SON PTY LTD	Protective Equipment - Gloves	$ 33.17
EFT123581	01/03/2018	BLOOMIN FLOWERS SPENCER PARK	Floral Arrangement - ALAC Member	$ 60.00
EFT123582	01/03/2018	ALBANY BOBCAT SERVICES	Equipment Hire - C16012	$ 607.75

EFT123583	01/03/2018	AIR BP	AV Gas Purchases	$ 593.54
EFT123584	01/03/2018	BRANDCONNECT	Material Supply - Sunglasses	$ 1,597.75
EFT123585	01/03/2018	BUNNINGS GROUP LIMITED	Tools/Hardware Supplies - Various	$ 529.00
EFT123586	01/03/2018	CALTEX AUSTRALIA PETROLEUM PTY LTD	Litres Diesel Fuel	$ 30,268.53
EFT123587	01/03/2018	CAMLYN SPRINGS	Water Container Refills	$ 2,020.00
EFT123588	01/03/2018	J & S CASTLEHOW ELECTRICAL SERVICES	Electrical Services - C15026	$ 2,290.52
EFT123589	01/03/2018	THE CENTRE OF SUSTAINABLE TOURISM	Professional Services - VAC	$ 590.60
EFT123590	01/03/2018	CLANCY'S DRAINAGE EXCAVATIONS	Construction Services - Parkerbrook Bank Stabilisation	$ 5,489.00
EFT123591	01/03/2018	COLES SUPERMARKETS AUSTRALIA PTY LTD	Groceries	$ 343.04
EFT123592	01/03/2018	ALBANY SIGNS	Signage - Events	$ 594.00
EFT123593	01/03/2018	HOLCIM PTY LTD	Material Supply - Aggregate	$ 558.02
EFT123594	01/03/2018	AL CURNOW HYDRAULICS	Material Supply - Greasline	$ 109.12
EFT123595	01/03/2018	CGS QUALITY CLEANING	Cleaning Services - C14036	$ 43,188.04
EFT123596	01/03/2018	DE LAGE LANDEN PTY LIMITED	Monthly Rental - IT	$ 6,319.50
EFT123597	01/03/2018	LANDGATE	Title Searches	$ 671.70
EFT123598	01/03/2018	DEPARTMENT OF BIODIVERSITY CONSERVATION AND ATTRACTIONS	Advertising Campaign - Rock Fishing Awareness Campaign	$ 660.00
EFT123599	01/03/2018	DEPARTMENT OF TRANSPORT	Grant Recoup - RADS	$ 46,201.30
EFT123600	01/03/2018	G & M DETERGENTS & HYGIENE SERVICES ALBANY	Cleaning Products - Q16024	$ 198.75
EFT123601	01/03/2018	SET APART DJ SERVICES	MC Services - Queen's Baton Relay	$ 300.00
EFT123602	01/03/2018	TIMOTHY CHARLES DUNN	Professional Services - FASR Festival	$ 1,800.00
EFT123603	01/03/2018	DYLANS ON THE TERRACE	Catering - Health Week	$ 453.50
EFT123604	01/03/2018	ALBANY ENGINEERING COMPANY	Repairs And Maintenance - Mower Deck	$ 414.44
EFT123605	01/03/2018	E-STRALIAN PTY LTD	Weekly E-Bike Lease	$ 182.18
EFT123606	01/03/2018	EYERITE SIGNS	Signage - Ellen Cove Jetty	$ 1,415.70
EFT123607	01/03/2018	DEPARTMENT OF FIRE AND EMERGENCY SERVICES	Emergency Services Levy - Quarter 3 2017/18	$ 917,361.05
EFT123608	01/03/2018	THE FIXUPPERY	Window Cleaning Services - Q16023	$ 1,068.00
EFT123609	01/03/2018	ALL TRUCK REPAIRS	Vehicle Repairs And Maintenance - Fire Trucks	$ 170.50
EFT123610	01/03/2018	FRANGIPANI FLORAL STUDIO	Floral Arrangement - William Finlay Memorial	$ 100.00
EFT123611	01/03/2018	FRANKS LOADER SERVICES	Equipment Hire - Wignall's Fire	$ 481.25
EFT123612	01/03/2018	FRONTLINE FIRE & RESCUE EQUIPMENT	Protective Equipment - Helmets	$ 1,094.39
EFT123613	01/03/2018	GARRISONS	Catering - Queens Baton Relay	$ 750.00
EFT123614	01/03/2018	GLASS SUPPLIERS	Material Supply - Flyscreen	$ 91.85
EFT123615	01/03/2018	LUSH GARDEN GALLERY	Nursery Supplies	$ 13.50
EFT123616	01/03/2018	GLOBAL INTEGRATED SOLUTIONS LIMITED	Ezicom Fees - Airport	$ 198.00
EFT123617	01/03/2018	GOAD RESOURCES PTY LTD	Transportation Services - CPSP	$ 660.00
EFT123618	01/03/2018	GORDON WALMSLEY PTY LTD	Asphalt Services - C15007	$ 14,766.00
EFT123619	01/03/2018	FIONA JANE GOULDTHORP	Community Leadership Grant 2017/18	$ 500.00
EFT123620	01/03/2018	GREAT SOUTHERN PERSONNEL INC	Casual Staff/Labour Hire	$ 80.00
EFT123621	01/03/2018	GREAT SOUTHERN SUPPLIES	Material Supplies - Q17028	$ 2,439.26
EFT123622	01/03/2018	LEE GRIFFITH	Photography - Queen's Baton Relay	$ 900.00
EFT123623	01/03/2018	YOGASUN STUDIO	Art Classes - VAC	$ 240.00
EFT123624	01/03/2018	HIGHWAY WRECKERS	Abandoned Vehicle Removal	$ 110.00
EFT123625	01/03/2018	B HOLLINGWORTH	Councillor Reimbursement	$ 946.07
EFT123626	01/03/2018	AFGRI EQUIPMENT AUSTRALIA PTY LTD	Material Supply - Arm	$ 247.37
EFT123627	01/03/2018	H AND H ARCHITECTS	Albany Tourism And Information Hub - Design Services C16007	$ 2,530.00
EFT123628	01/03/2018	HUDSON SEWAGE SERVICES	Waste Services - Airport	$ 362.00
EFT123629	01/03/2018	INSTANT WEIGHING	Repairs And Maintenance - Airport Scales	$ 1,892.00
EFT123630	01/03/2018	ISUBSCRIBE	Magazine Subscription - Library	$ 2,839.91
EFT123631	01/03/2018	JACK THE CHIPPER	Mulching Services - C17022	$ 1,404.65
EFT123632	01/03/2018	THE JAFFA ROOM	Screening Licence - Seniors Week	$ 264.00
EFT123633	01/03/2018	JJ'S HIAB SERVICES & JJ'S GREAT SOUTHERN	Transportation Services - Airport	$ 132.00
EFT123634	01/03/2018	JOHN KINNEAR AND ASSOCIATES	Survey Services - C16016	$ 4,575.71

EFT123635	01/03/2018	KBUILT CONSTRUCTION PTY LTD	Repairs And Maintenance - Sliding Door	$ 753.50
EFT123636	01/03/2018	MG KERR	Refund	$ 683.31
EFT123637	01/03/2018	KOORI KIDS PTY LIMITED	Contribution - NAIDOC Week School Initiatives	$ 450.00
EFT123638	01/03/2018	KOSTER'S OUTDOOR PTY LTD	Shed Installation - Junior Football Oval	$ 9,525.00
EFT123639	01/03/2018	CAMERON LANGRIDGE	Merchandise Order - Visitors Centre	$ 516.95
EFT123640	01/03/2018	LATRO LAWYERS	Legal Services - C16011	$ 1,186.20
EFT123641	01/03/2018	LEASEIT LIMITED	Equipment Hire - P17025	$ 1,094.50
EFT123642	01/03/2018	LG ASSIST AUSTRALIA	Advertising - Vacant Position	$ 302.50
EFT123643	01/03/2018	D LITTLE	Staff Reimbursement	$ 109.40
EFT123644	01/03/2018	LOCAL GOVERNMENT PROFESSIONALS AUSTRALIA WA	LG Professionals Finance Conference 2018	$ 750.00
EFT123645	01/03/2018	LOGIE LEGAL PTY LTD	Legal Services - Land Taking	$ 1,540.00
EFT123646	01/03/2018	M2 TECHNOLOGY PTY LTD	Messages On Hold	$ 402.60
EFT123647	01/03/2018	M AND B SALES PTY LTD	Material Supply - Timber	$ 346.22
EFT123648	01/03/2018	ALBANY EVENT HIRE	Equipment Hire - Queen's Baton Relay	$ 3,248.75
EFT123649	01/03/2018	ALBANY CITY MOTORS	Material Supply - Floor Mats And Mud Guards	$ 121.56
EFT123650	01/03/2018	MARSHALL BATTERIES ALBANY	Material Supply - Batteries	$ 860.00
EFT123651	01/03/2018	MCB CONSTRUCTION PTY LTD	Relocate Sea Container - Town Square	$ 440.00
EFT123652	01/03/2018	MCGUFFIE TILT TRAY HIRE	Relocation Services	$ 286.00
EFT123653	01/03/2018	MCINTOSH AND SON PERTH	Material Supply - Bearings	$ 354.57
EFT123654	01/03/2018	METROOF ALBANY	Material Supply - Clips	$ 111.65
EFT123655	01/03/2018	MULE CREATIVE	Design Services - Your Election Posters	$ 315.00
EFT123656	01/03/2018	PN & ER NEWMAN QUALITY CONCRETE PRODUCTS	Concrete Products - C15009	$ 12,631.85
EFT123657	01/03/2018	ALBANY NEWS DELIVERY	Newspaper Deliveries	$ 129.90
EFT123658	01/03/2018	KOMATSU AUSTRALIA PTY LTD	Major Plant Purchase - Komatsu Loader	$ 301,120.69
EFT123659	01/03/2018	MICHAEL JAMES O'DOHERTY	Professional Services - VAC Workshops	$ 1,150.00
EFT123660	01/03/2018	OFFICEWORKS SUPERSTORES PTY LTD	IT Equipment - Apple iPhone	$ 3,364.84
EFT123661	01/03/2018	A PAGE	Staff Reimbursement	$ 74.90
EFT123662	01/03/2018	PAINT INDUSTRIES PTY LTD	Material Supply - Paint	$ 2,830.47
EFT123663	01/03/2018	PALMER CIVIL CONSTRUCTION	Retention Monies - Mueller Street	$ 29,237.11
EFT123664	01/03/2018	SYMANTHA KATHRYN PARR	Professional Services - FAR Festival	$ 295.30
EFT123665	01/03/2018	BRAYDEN JOHN PARKER	Lawn Mowing Services - Day Care	$ 120.00
EFT123666	01/03/2018	PERTH SAFETY PRODUCTS PTY LTD	Signage - Various	$ 22,042.90
EFT123667	01/03/2018	PILATES AND YOGA STUDIO ALBANY	Professional Services - Health Week	$ 270.00
EFT123668	01/03/2018	PIXELCASE GROUP PTY LTD	Q17057 - Albany Tourism Information Hub Virtual Reality Film	$ 36,698.55
EFT123669	01/03/2018	PLASTICS PLUS	Material Supply - Mats	$ 335.48
EFT123670	01/03/2018	ALBANY PLUMBING AND GAS	Plumbing Services - C17020	$ 3,117.35
EFT123671	01/03/2018	PROJECT3 PTY LTD	Equipment Hire - Queen's Baton Relay	$ 506.42
EFT123672	01/03/2018	PUBLIC LIBRARIES AUSTRALIA LTD	PLA Econnect Subscription	$ 257.40
EFT123673	01/03/2018	AIRBLAST AUSTRALIA	Material Supply - Repair kit	$ 96.14
EFT123674	01/03/2018	DAVID RASTRICK	Music Services - Queen's Baton Relay	$ 1,000.00
EFT123675	01/03/2018	R-COM INTERNATIONAL PTY LTD	IT Services - SIP And Web App Service	$ 181.50
EFT123676	01/03/2018	BORSA PTY LTD	Insurance Excess Payment	$ 300.00
EFT123677	01/03/2018	EW SCHOFIELD	Refund	$ 697.26
EFT123678	01/03/2018	PAMELA SISTRUNK - WILD YARNS	Merchandise Order - Forts Store	$ 720.00
EFT123679	01/03/2018	SKILL HIRE WA PTY LTD	Casual Staff/Labour Hire	$ 264.26
EFT123680	01/03/2018	P SMITH	Refund	$ 608.13
EFT123681	01/03/2018	SOIL SOLUTIONS PTY LTD	Material Supply - Aggregate	$ 3,642.58
EFT123682	01/03/2018	SOUTHCOAST SECURITY SERVICE	Security Services - C15016	$ 568.26
EFT123683	01/03/2018	SOUTH COAST NATURAL RESOURCE MANAGEMENT INC	Professional Services - Impact Assessments	$ 2,882.00
EFT123684	01/03/2018	SPORTSWORLD OF WA	Merchandise Order - ALAC	$ 1,016.40
EFT123685	01/03/2018	STEWART AND HEATON CLOTHING PTY LTD	Protective Equipment - Bush Fire Brigade	$ 642.10
EFT123686	01/03/2018	STIRLING PRINT	Printing Services - Events Flyers	$ 170.00

EFT123687	01/03/2018	ST JOHN AMBULANCE WESTERN AUSTRALIA LTD	First Aid Supplies	$ 110.00
EFT123688	01/03/2018	SUBWAY	Catering - Elleker Fire	$ 326.80
EFT123689	01/03/2018	SUNNY INDUSTRIAL BRUSHWARE	Material Supply - Poly Broom	$ 748.00
EFT123690	01/03/2018	SYNERGY	Electricity Charges	$ 73,546.55
EFT123691	01/03/2018	T & C SUPPLIES	Material Supply - Timber Seal And Other	$ 1,547.09
EFT123692	01/03/2018	T & C SUPPLIES	Tools/Hardware Supplies - Various	$ 21.53
EFT123693	01/03/2018	TECTONICS CONSTRUCTION GROUP PTY LTD	Westrail Barracks Refurbishment - C14024	$ 17,262.42
EFT123694	01/03/2018	BARBARA JEAN TEMPERTON	Professional Services - Artist In Residence	$ 200.00
EFT123695	01/03/2018	THE 12 VOLT WORLD	Material Supply - Switch	$ 66.00
EFT123696	01/03/2018	RG THOMSON	Refund	$ 845.66
EFT123697	01/03/2018	THREE ANCHORS	Voucher - Australia Day Sand Sculpture Prize	$ 100.00
EFT123698	01/03/2018	TOTAL BLAST	Professional Services - Removal Of Portable Office	$ 1,430.00
EFT123699	01/03/2018	TOYOTA MATERIAL HANDLING AUSTRALIA PTY LTD	Material Supply - Filters	$ 272.33
EFT123700	01/03/2018	TRUCKLINE	Material Supply - Coolant	$ 121.00
EFT123701	01/03/2018	ANTHONY TURNER	Welcome To Country - Queen's baton Relay	$ 250.00
EFT123702	01/03/2018	UPRIGHT SCAFFOLDING SERVICE	Equipment Hire - Scaffolding	$ 1,489.65
EFT123703	01/03/2018	ALBANY & GREAT SOUTHERN WEEKENDER	Advertising - Vacant Position	$ 683.95
EFT123704	01/03/2018	D WELLINGTON	Councillor Reimbursement	$ 69.66
EFT123705	01/03/2018	WESTRAC EQUIPMENT PTY LTD	Material Supply - Filters	$ 164.27
EFT123706	01/03/2018	WILD EYED PRESS PTY LTD	Merchandise Order - Forts Store	$ 1,282.68
EFT123707	01/03/2018	WOMBAT STORAGE PTY LTD	Airport - Container With Lock Box	$ 8,948.50
EFT123708	01/03/2018	MW ORTLAND	Refund	$ 1,400.00
EFT123709	01/03/2018	YOUTH FOCUS	Professional Services - EAP	$ 330.00
EFT123710	01/03/2018	ZENITH LAUNDRY	Laundry Services/Hire	$ 32.43
EFT123711	01/03/2018	ZIPFORM	Printing Services - Instalment Notices	$ 6,766.97
EFT123712	08/03/2018	ABA SECURITY	Repairs And Maintenance - Alarm Systems	$ 757.39
EFT123713	08/03/2018	ABBOTTS LIQUID SALVAGE PTY LTD	Waste Services - Three Anchors And Ellen Cove	$ 692.10
EFT123714	08/03/2018	AD CONTRACTORS PTY LTD	Construction Services - C16012	$ 7,114.93
EFT123715	08/03/2018	ALBANY V-BELT AND RUBBER	Material Supply - Rubber Mat	$ 492.36
EFT123716	08/03/2018	ALBANY COMMUNITY HOSPICE	Payroll Deductions	$ 64.00
EFT123717	08/03/2018	ALBANY AUTO ONE	Material Supply - Snatch Strap	$ 225.00
EFT123718	08/03/2018	ALBANY OFFICE PRODUCTS DEPOT	Stationery Supplies - Various	$ 986.25
EFT123719	08/03/2018	ALBANY PLASTERBOARD COMPANY	Equipment Hire - Telehandler	$ 330.00
EFT123720	08/03/2018	ALBANY MILK DISTRIBUTORS	Milk Deliveries	$ 315.01
EFT123721	08/03/2018	ALBANY COMMUNITY FOUNDATION	Payroll Deductions	$ 10.00
EFT123722	08/03/2018	ALBANY DOMESTIC SERVICES	Cleaning Services - Animal Waste	$ 175.00
EFT123723	08/03/2018	ALL EVENTS HIRE AND PRODUCTION	Equipment Hire - Colour Dash 2018	$ 2,328.20
EFT123724	08/03/2018	CHRISTIE PARKSAFE	Repairs And Maintenance - Public BBQ's	$ 337.70
EFT123725	08/03/2018	AMITY SETTLEMENTS	Refund	$ 218.82
EFT123726	08/03/2018	ARCHIVAL SURVIVAL PTY LTD	Material Supply - Mylar Sleeves	$ 347.88
EFT123727	08/03/2018	ARDESS NURSERY	Plant Supplies - Various	$ 207.70
EFT123728	08/03/2018	ATC WORK SMART	Casual Staff/Labour Hire	$ 19,517.31
EFT123729	08/03/2018	AUSTRALIAN TAXATION OFFICE	Payroll Deductions	$ 379,203.14
EFT123730	08/03/2018	AUSTRALIAN SERVICES UNION WA BRANCH	Payroll Deductions	$ 3,518.70
EFT123731	08/03/2018	BADGEMATE	Uniforms Supplies - Badges	$ 28.38
EFT123732	08/03/2018	BAKERS FOOD & FUEL	Catering - Fire Brigades	$ 291.36
EFT123733	08/03/2018	BAREFOOT CLOTHING MANUFACTURERS	Staff Uniforms	$ 173.40
EFT123734	08/03/2018	BATTERY WORLD	Material Supply - Batteries	$ 97.50
EFT123735	08/03/2018	ADVANCED TRAFFIC MANAGEMENT WA PTY LTD	Traffic Control Services - C17014	$ 20,777.36
EFT123736	08/03/2018	BISSELTOE PRESS	Material Supply - Zoo Book	$ 34.65
EFT123737	08/03/2018	J. BLACKWOOD & SON PTY LTD	Material Supply - Rapid Set Concrete	$ 432.96
EFT123738	08/03/2018	CONSTRUCTION TRAINING FUND	CTF Levy - February 2018	$ 8,756.48

EFT123739	08/03/2018	BUILDERS REGISTRATION BOARD	BSL Levy - February 2018	$ 13,157.57
EFT123740	08/03/2018	BUNNINGS GROUP LIMITED	Material Supply - Bench Top	$ 362.03
EFT123741	08/03/2018	BUDGET RENT A CAR	Vehicle Rental	$ 49.72
EFT123742	08/03/2018	CAMTRANS ALBANY PTY LTD	Material Supply - Limestone Blocks	$ 528.00
EFT123743	08/03/2018	CARAVAN INDUSTRY ASSOCIATION WESTERN AUSTRALIA	Material Supply - Show Passes	$ 80.00
EFT123744	08/03/2018	JOHN CARBERRY	FAR Festival Documentation Video	$ 1,590.00
EFT123745	08/03/2018	J & S CASTLEHOW ELECTRICAL SERVICES	Electrical Services - C15026	$ 3,355.63
EFT123746	08/03/2018	THE CHAMBER OF ARTS AND CULTURE WA INCORPORATED	Associate Membership - VAC	$ 385.00
EFT123747	08/03/2018	CHILD SUPPORT AGENCY	Payroll Deductions	$ 1,258.36
EFT123748	08/03/2018	COATES HIRE OPERATIONS PTY LIMITED	Equipment Hire - Forts	$ 1,096.69
EFT123749	08/03/2018	COOLE INVESTMENTS PTY LTD	Refund	$ 4,217.71
EFT123750	08/03/2018	COURIER AUSTRALIA	Freight Charges	$ 86.85
EFT123751	08/03/2018	DOWNER EDI WORKS PTY LTD	Material Supply - Cold Mix	$ 678.70
EFT123752	08/03/2018	HOLCIM (AUSTRALIA) PTY LTD	Material Supply - Concrete Mix	$ 412.50
EFT123753	08/03/2018	AL CURNOW HYDRAULICS	Major Plant Repairs And Maintenance - Hydraulic Lifters	$ 2,847.71
EFT123754	08/03/2018	DE JONGE MECHANICAL PTY LTD	Vehicle Repairs And Maintenance - Log Book Service	$ 783.00
EFT123755	08/03/2018	DOG ROCK MOTEL	Accommodation - Workplace Investigator	$ 275.40
EFT123756	08/03/2018	DYLANS ON THE TERRACE	Catering - Council Meetings	$ 1,288.00
EFT123757	08/03/2018	EARLYBIRD LANDSCAPING	Supply And Installation - Mueller Street Turf	$ 9,625.00
EFT123758	08/03/2018	EASIFLEET MANAGEMENT	Payroll Deductions	$ 15,355.51
EFT123759	08/03/2018	EEO SPECIALISTS PTY LTD	Staff Training - Equal Opportunity	$ 20,240.00
EFT123760	08/03/2018	ALBANY ENGINEERING COMPANY	Material Supply - Grader Blades	$ 3,463.89
EFT123761	08/03/2018	EVERTRANS	Material Supply - LED Light	$ 154.00
EFT123762	08/03/2018	LAYTON TECHNOLOGY PTY LTD	Subscriptions - ServiceDesk and AuditWizard	$ 1,639.00
EFT123763	08/03/2018	THE FIXUPPERY	Window Cleaning Services - Q16023	$ 368.02
EFT123764	08/03/2018	FORTUS GROUP	Material Supply - Deck And Track	$ 1,936.00
EFT123765	08/03/2018	FRANKS LOADER SERVICES	Equipment Hire - Wignall's Fire	$ 3,600.04
EFT123766	08/03/2018	FRONTLINE FIRE & RESCUE EQUIPMENT	Material Supply - Firebreak Foam	$ 3,740.00
EFT123767	08/03/2018	ALBANY FURNITURE WORLD	Material Supply - Dining Suite	$ 349.00
EFT123768	08/03/2018	JAMES GENTLE	Professional Services - VAC Event	$ 1,051.55
EFT123769	08/03/2018	SOUTH REGIONAL TAFE	Staff Training - Traffic Management	$ 484.85
EFT123770	08/03/2018	GREAT SOUTHERN PEST & WEED CONTROL	Pest Services -Q17027	$ 345.00
EFT123771	08/03/2018	SOUTHERN SHARPENING SERVICES	Merchandise Order - Forts Store	$ 684.00
EFT123772	08/03/2018	GREAT SOUTHERN SAND AND LANDSCAPING SUPPLIES	Equipment Hire - C16012	$ 220.00
EFT123773	08/03/2018	GREAT SOUTHERN SUPPLIES	Material Supplies - Q17028	$ 632.69
EFT123774	08/03/2018	APPLIED INDUSTRIAL TECHNOLOGIES	Material Supply - Drive Train And Master Link	$ 619.19
EFT123775	08/03/2018	HACER PTY LTD	Construction Services - C17023	$ 7,877.33
EFT123776	08/03/2018	HARVEY JONES	Professional Services VAC Events	$ 300.00
EFT123777	08/03/2018	YOGASUN STUDIO	Art Classes - VAC	$ 240.00
EFT123778	08/03/2018	HELEN MUNT	Professional Services - Heritage Advisor	$ 3,054.20
EFT123779	08/03/2018	JEREMY DAVID HICKS	Professional Services - VAC Performance	$ 300.00
EFT123780	08/03/2018	HIGHWAY WRECKERS	Abandoned Vehicle Removal	$ 506.00
EFT123781	08/03/2018	HIMAC ATTACHMENTS	Tools/Hardware Supplies - Various	$ 393.04
EFT123782	08/03/2018	HOBBS PAINTING AND DECORATING	Painting Services - Q17037	$ 2,419.00
EFT123783	08/03/2018	AFGRI EQUIPMENT AUSTRALIA PTY LTD	Material Supply - Window And Seal	$ 1,182.52
EFT123784	08/03/2018	H AND H ARCHITECTS	Design Services - C16007	$ 2,970.00
EFT123785	08/03/2018	INSTITUTE OF PUBLIC WORKS ENGINEERING AUSTRALASIA	Conference Registrations	$ 1,850.00
EFT123786	08/03/2018	INTERLOC LOCKERS PTY LTD	Material Supply - Strike Plate	$ 165.00
EFT123787	08/03/2018	IPAR REHABILITATION PTY LTD	Professional Services - EAP	$ 523.66
EFT123788	08/03/2018	JJ'S HIAB SERVICES & JJ'S GREAT SOUTHERN	Material Supply - Concrete Pipes	$ 484.00
EFT123789	08/03/2018	JUST A CALL DELIVERIES	Internal Mail Deliveries - February 2018	$ 1,476.38
EFT123790	08/03/2018	KANDOO WINDSCREENS	Windscreen Repairs And Maintenance	$ 605.00

EFT123791	08/03/2018	KANGAS NETBALL CLUB	Kid Sport Vouchers	$ 4,050.00
EFT123792	08/03/2018	ALBANY WORLD OF CARS	Vehicle Repairs And Maintenance - Hard Top Cover	$ 2,395.00
EFT123793	08/03/2018	LATRO LAWYERS	Legal Services - C16011	$ 2,659.25
EFT123794	08/03/2018	H LONCAR	Staff Reimbursement	$ 46.00
EFT123795	08/03/2018	LORLAINE DISTRIBUTORS PTY LTD	Cleaning Supplies - Depot	$ 26.50
EFT123796	08/03/2018	M AND B SALES PTY LTD	Material Supply - Sleepers	$ 138.56
EFT123797	08/03/2018	ALBANY CITY MOTORS	Major Plant Repairs And Maintenance - Diff Lock	$ 3,120.96
EFT123798	08/03/2018	MARKETFORCE LIMITED	Advertising - Vacant Position	$ 1,568.95
EFT123799	08/03/2018	MCKAILS GENERAL STORE	Refreshments - Depot	$ 162.97
EFT123800	08/03/2018	JAMES MCLEAN	DJ Services - Queen's Baton Relay	$ 231.00
EFT123801	08/03/2018	METROOF ALBANY	Material Supply - Downpipe	$ 101.38
EFT123802	08/03/2018	MYLES MITCHELL	Professional Services - Lake Mullucullop	$ 5,346.00
EFT123803	08/03/2018	MOUNT ROMANCE AUSTRALIA PTY LTD	Merchandise Order - Forts Store	$ 1,795.20
EFT123804	08/03/2018	MULE CREATIVE	Marketing Services - Season Banners	$ 3,222.00
EFT123805	08/03/2018	ALBANY NEWS DELIVERY	Newspaper Deliveries	$ 129.90
EFT123806	08/03/2018	NLC PTY LTD	Novated Lease And Associated Costs	$ 1,351.30
EFT123807	08/03/2018	OCS SERVICES PTY LTD	Cleaning Services - C15015	$ 17,619.84
EFT123808	08/03/2018	OFFICEWORKS SUPERSTORES PTY LTD	Stationery Supplies - Various	$ 382.40
EFT123809	08/03/2018	PALMER CIVIL CONSTRUCTION	Equipment Hire - C16012	$ 880.00
EFT123810	08/03/2018	LUTZ PETER PAMBERGER	Professional Services - Incident Debrief	$ 398.00
EFT123811	08/03/2018	PENNANT HOUSE	Material Supply - Flags	$ 733.70
EFT123812	08/03/2018	PENROSE PROFESSIONAL LAWNCARE	Lawn Mowing Services - VAC	$ 264.00
EFT123813	08/03/2018	PERTH AMBASSADOR HOTEL	Accommodation - M Taylor	$ 1,125.00
EFT123814	08/03/2018	PERTH THEATRE TRUST	Albany Arts Festival	$ 16,500.00
EFT123815	08/03/2018	PERTH SAFETY PRODUCTS PTY LTD	Traffic Signage - Various	$ 4,158.00
EFT123816	08/03/2018	PFD FOOD SERVICES PTY LTD	Catering - Council Chambers	$ 197.70
EFT123817	08/03/2018	ALBANY PLUMBING AND GAS	Plumbing Services - C17020	$ 18,251.04
EFT123818	08/03/2018	ALBANY POLICE AND CITIZENS YOUTH CLUB	Electricity Charges - Skate Park	$ 2,513.06
EFT123819	08/03/2018	PRE-EMPTIVE STRIKE PTY LTD	Design Services - ALAC And Reserves	$ 2,621.30
EFT123820	08/03/2018	RED MOLLY MOVIES	Australia Day 2018 - Movie And Screening Rights	$ 2,605.00
EFT123821	08/03/2018	REECE PTY LTD	Material Supply - PVC Pipe	$ 166.31
EFT123822	08/03/2018	RENOUF FITNESS EQUIPMENT	Gym Equipment - ALAC	$ 1,250.00
EFT123823	08/03/2018	ALBANY ALUMINIUM FABRICATION	Material Supply - Scrapers	$ 250.00
EFT123824	08/03/2018	SECUREPAY PTY LTD	Web Payments Security - Transaction Fee	$ 46.73
EFT123825	08/03/2018	SKILL HIRE WA PTY LTD	Casual Staff/Labour Hire	$ 2,452.61
EFT123826	08/03/2018	SOIL SOLUTIONS PTY LTD	Material Supply - Soil	$ 219.60
EFT123827	08/03/2018	ANNE SORENSON	Professional Services - Artist In Residence	$ 200.00
EFT123828	08/03/2018	SOUTHERN EDGE ARTS INC	Kid Sport Vouchers	$ 1,629.03
EFT123829	08/03/2018	STATEWIDE BEARINGS	Material Supply - Bearings	$ 15.40
EFT123830	08/03/2018	BLUESCOPE DISTRIBUTION PTY LTD	Material Supply - Galvanised Mesh	$ 1,033.34
EFT123831	08/03/2018	STEWART AND HEATON CLOTHING PTY LTD	Staff Uniforms - EMC	$ 341.28
EFT123832	08/03/2018	ST JOHN AMBULANCE WESTERN AUSTRALIA LTD	Country First Aid Kit Servicing	$ 5,253.69
EFT123833	08/03/2018	SUNNY INDUSTRIAL BRUSHWARE	Material Supply - Poly Broom	$ 748.00
EFT123834	08/03/2018	ALBANY LOCK SERVICE	Material Supply - Key Safe	$ 548.00
EFT123835	08/03/2018	T & C SUPPLIES	Tools/Hardware Supplies - Various	$ 600.41
EFT123836	08/03/2018	TECTONICS CONSTRUCTION GROUP PTY LTD	Albany Tourism And Information Hub - Construction Services C17001	$ 788,762.73
EFT123837	08/03/2018	TECHNOLOGY ONE LIMITED	Subscriptions - Intramaps	$ 26,065.60
EFT123838	08/03/2018	D THEODORE	Staff Reimbursement	$ 117.65
EFT123839	08/03/2018	THINKWATER ALBANY	Repairs And Maintenance - Bore Pump	$ 44.00
EFT123840	08/03/2018	THE TOFFEE FACTORY	Merchandise Order - Forts Store	$ 770.14
EFT123841	08/03/2018	TRISLEY'S HYDRAULICS SERVICES	Pool Plant Maintenance - Q16008	$ 10,100.20
EFT123842	08/03/2018	TRUCKLINE	Material Supply - Trailer Brakes	$ 1,557.18

EFT123843	08/03/2018	ALBANY TYREPOWER	Tyre Repairs And Maintenance - Backhoe	$ 1,547.65
EFT123844	08/03/2018	VINOFOOD PTY LTD	Merchandise Order - Forts Store	$ 693.00
EFT123845	08/03/2018	ALBANY & GREAT SOUTHERN WEEKENDER	Advertising - Community Information Page	$ 1,618.10
EFT123846	08/03/2018	D WELLINGTON	Councillor Reimbursement	$ 8.80
EFT123847	08/03/2018	WEST AUSTRALIAN NEWSPAPERS LIMITED	Advertising - Queen's Baton Relay And Various	$ 4,463.98
EFT123848	08/03/2018	WESFARMERS LTD	Staff Uniforms	$ 136.85
EFT123849	08/03/2018	L YATES	Staff Reimbursement	$ 176.72
EFT123850	08/03/2018	ZENITH LAUNDRY	Laundry Services/Hire	$ 232.47
EFT123913	15/03/2018	FLY REVOLUTION	Entertainment - Australia Day 2018	$ 1,600.00
EFT123914	15/03/2018	AE FORD	Refund	$ 433.40
EFT123915	15/03/2018	GLOBAL MARINE ENCLOSURES PTY LTD	Shark Barrier Monitoring - February 2018	$ 3,261.50
EFT123916	15/03/2018	GORDON WALMSLEY PTY LTD	Asphalt Services - C15007	$ 208,026.00
EFT123917	15/03/2018	GREAT SOUTHERN PEST & WEED CONTROL	Pest Services -Q17027	$ 340.00
EFT123918	15/03/2018	SOUTHERN SHARPENING SERVICES	Fire Equipment Maintenance - C14030	$ 7,347.23
EFT123919	15/03/2018	GREAT SOUTHERN SAND AND LANDSCAPING SUPPLIES	Equipment Hire - C16012	$ 330.00
EFT123920	15/03/2018	GREAT SOUTHERN SUPPLIES	Material Supply - Various	$ 3,124.26
EFT123921	15/03/2018	APPLIED INDUSTRIAL TECHNOLOGIES	Material Supply - Bearings	$ 37.75
EFT123922	15/03/2018	GREAT SOUTHERN TURF	Material Supply - Lawn	$ 1,584.00
EFT123923	15/03/2018	GREENMAN TRADING COMPANY	Vegetation Maintenance - C17022	$ 1,320.00
EFT123924	15/03/2018	GREAT SOUTHERN LIQUID WASTE	Waste Services - Hay Street	$ 550.00
EFT123925	15/03/2018	HARLEY DYKSTRA PTY LTD	Survey Services - C16016	$ 1,100.00
EFT123926	15/03/2018	HAVOC BUILDERS PTY LTD	Building Services - C17028	$ 14,569.50
EFT123927	15/03/2018	YOGASUN STUDIO	Art Classes - VAC	$ 240.00
EFT123928	15/03/2018	HIGHWAY WRECKERS	Abandoned Vehicle Removal	$ 176.00
EFT123929	15/03/2018	THE HONEY SHOP	Merchandise Order - Forts Store	$ 243.00
EFT123930	15/03/2018	JACK THE CHIPPER	Mulching Services - C17022	$ 838.75
EFT123931	15/03/2018	ALBANY MAPPING AND SURVEYING SERVICES	Survey Services - C16016	$ 1,976.15
EFT123932	15/03/2018	JASON SIGNMAKERS	Equipment Hire - Crowd Control Barriers	$ 2,277.00
EFT123933	15/03/2018	JOHN KINNEAR AND ASSOCIATES	Survey Services - C16016	$ 14,685.00
EFT123934	15/03/2018	LM KENWARD	Refund	$ 627.52
EFT123935	15/03/2018	KLB SYSTEMS	IT Equipment - PC's	$ 2,953.50
EFT123936	15/03/2018	LATRO LAWYERS	Legal Services - C16011	$ 196.13
EFT123937	15/03/2018	NJ LAUDEHR	Refund	$ 739.09
EFT123938	15/03/2018	ALLY LAWRENCE	Professional Services - EAP	$ 400.00
EFT123939	15/03/2018	LITTLE GROVE GENERAL STORE	Fuel Supples - Fire brigade	$ 475.92
EFT123940	15/03/2018	LOCKEEZ LUNCHBAR	Catering - Council Meeting	$ 117.00
EFT123941	15/03/2018	LOCKYER ACTION NETWORK	Hay Bales - Colour Dash 2018	$ 120.00
EFT123942	15/03/2018	COMMUNITY LIVING ASSOCIATION INC	Quick Response Grant	$ 1,080.20
EFT123943	15/03/2018	M AND B SALES PTY LTD	Material Supply - Timber	$ 17.32
EFT123944	15/03/2018	SOUTH COAST WOODWORKS GALLERY	Merchandise Order - Forts Store	$ 1,141.80
EFT123945	15/03/2018	MARSHALL MOWERS	Material Supply - Filters	$ 70.65
EFT123946	15/03/2018	MCB CONSTRUCTION PTY LTD	Relocate Sea Container - Middleton Beach	$ 1,320.00
EFT123947	15/03/2018	STEPHEN THOMAS METCALF	Retirement Of Airport Hangar Lease	$ 25,926.70
EFT123948	15/03/2018	MJB INDUSTRIES PTY LTD	Concrete Supplies - C15009	$ 31,433.60
EFT123949	15/03/2018	MULE CREATIVE	Video Services - Queen's Baton Relay	$ 2,090.00
EFT123951	15/03/2018	NOVUS AUTOGLASS REPAIRS & REPLACEMENTS	Insurance Repairs	$ 994.40
EFT123952	15/03/2018	OFFICEWORKS SUPERSTORES PTY LTD	IT Equipment - Apple iPhone	$ 1,559.71
EFT123953	15/03/2018	ORIGIN ENERGY	Gas Charges	$ 8,577.40
EFT123954	15/03/2018	PALMER CIVIL CONSTRUCTION	Millbrook Road - C16021	$ 178,645.12
EFT123955	15/03/2018	PERTH THEATRE TRUST	Albany Arts Festival	$ 1,560.77
EFT123956	15/03/2018	PERTH SAFETY PRODUCTS PTY LTD	Signage - Various	$ 5,778.30
EFT123957	15/03/2018	@THE POOLSIDE	ALAC Catering And Milk Purchases	$ 449.00

EFT123958	15/03/2018	PROJECT3 PTY LTD	Anzac Albany 2018 - Milestone Two	$ 33,000.00
EFT123959	15/03/2018	DAVID RASTRICK	Professional Services - Ballad Of Penelope and Matlin	$ 200.00
EFT123960	15/03/2018	REDMOND PROGRESS ASSOCIATION	Rural Communities Funding Support	$ 1,785.00
EFT123961	15/03/2018	REEVES ON CAMPBELL	Catering - Staff BBQ	$ 291.00
EFT123962	15/03/2018	REECE PTY LTD	Material Supply - Seat	$ 25.97
EFT123963	15/03/2018	WP REID	Paving Services - C16026	$ 22,400.00
EFT123964	15/03/2018	REXEL AUSTRALIA	Material Supply - Appliance Tester	$ 1,296.68
EFT123965	15/03/2018	R-GROUP INTERNATIONAL	Staff Training - Sophos	$ 1,201.20
EFT123966	15/03/2018	RISING SIGNS	Signage - King River Fire Brigade	$ 50.00
EFT123967	15/03/2018	BG, E AND KE RUSS	Raking Services - Middleton Beach	$ 495.00
EFT123968	15/03/2018	SHEARING TIME PTY LTD	Refund	$ 744.96
EFT123969	15/03/2018	SKILL HIRE WA PTY LTD	Casual Staff/Labour Hire	$ 3,478.89
EFT123970	15/03/2018	SMITHS ALUMINIUM AND 4WD CENTRE	Material Supply - Brackets	$ 280.00
EFT123971	15/03/2018	SOIL SOLUTIONS PTY LTD	Material Supply - Aggregate	$ 8,255.96
EFT123972	15/03/2018	SOLUM WHEATBEALT BUSINESS SOLUTIONS	Benefits Assessment Report - VAC	$ 9,317.70
EFT123973	15/03/2018	SOUTHERN TOOL AND FASTENER CO	Material Supply - Protective Equipment And Cement	$ 324.53
EFT123974	15/03/2018	SOUTHCOAST SECURITY SERVICE	Security Services - C15016	$ 20,076.35
EFT123975	15/03/2018	SOUTH COAST ENVIRONMENTAL	Advanced Tree Watering - Q17012	$ 6,886.00
EFT123976	15/03/2018	SPORTSWORLD OF WA	Protective Equipment - Goggles	$ 1,019.70
EFT123977	15/03/2018	SPOTLIGHT	Material Supply - Fabric	$ 88.05
EFT123978	15/03/2018	STAR SALES AND SERVICE	Material Supply - Line Paint	$ 2,554.00
EFT123979	15/03/2018	STATEWIDE BEARINGS	Material Supply - Bearings	$ 38.80
EFT123980	15/03/2018	STATE LIBRARY OF QUEENSLAND	Merchandise Order - Library	$ 236.50
EFT123981	15/03/2018	STEWART AND HEATON CLOTHING PTY LTD	Protective Equipment - Bush Fire Brigade	$ 1,128.62
EFT123982	15/03/2018	ST JOHN AMBULANCE WESTERN AUSTRALIA LTD	Emergency Services - Colour Dash 2018	$ 693.00
EFT123983	15/03/2018	M SWARBRICK	Staff Reimbursement	$ 452.70
EFT123984	15/03/2018	T & C SUPPLIES	Material Supply - Demolition Hammer	$ 2,307.77
EFT123985	15/03/2018	TALIS CONSULTANTS PTY LTD	Consultancy Services - Hanrahan Waste	$ 1,245.75
EFT123986	15/03/2018	THE 12 VOLT WORLD	Material Supply - LED Light	$ 79.00
EFT123987	15/03/2018	THINKWATER ALBANY	Irrigation Supplies - Various	$ 1,352.15
EFT123988	15/03/2018	THOMAS MARTIN	Reimbursement Of Costs - Parks And Wildlife Pilot	$ 145.33
EFT123989	15/03/2018	TOMO'S EARTHMOVING CONTRACTORS	Deck Removal - Lakeside Gazebo	$ 8,919.90
EFT123990	15/03/2018	CAROLYN FRANCIS TRAPNELL	Merchandise Order - Forts Store	$ 2,450.00
EFT123991	15/03/2018	ALBANY TYREPOWER	Major Plant Repairs And Maintenance - Tyres	$ 1,120.00
EFT123992	15/03/2018	MOORE STEPHENS PTY LTD	Auditing Services - P16012	$ 6,215.00
EFT123993	15/03/2018	UNIFORM FASHIONS	Staff Uniforms	$ 148.00
EFT123994	15/03/2018	PL VENUS	Refund	$ 35.00
EFT123995	15/03/2018	WARTHOG WA	Equipment Hire - Parts Washer	$ 125.00
EFT123996	15/03/2018	D WAUGH	Staff Reimbursement	$ 78.71
EFT123997	15/03/2018	ALBANY & GREAT SOUTHERN WEEKENDER	Advertising - Queen's Baton Relay	$ 1,148.37
EFT123998	15/03/2018	WESTRAC EQUIPMENT PTY LTD	Material Supply - Filters	$ 1,033.99
EFT123999	15/03/2018	WESTBOOKS	Material Supply - Library Books	$ 198.87
EFT124000	15/03/2018	HOLIDAY GUIDE PTY LTD	Marketing Fees And Charges - February 2018	$ 229.81
EFT124001	15/03/2018	WHITFIELD ESTATE & PAWPRINT CHOCOLATE	Merchandise Order - Forts Store	$ 582.65
EFT124002	15/03/2018	C.D LOCK & T.L WILLIAMS	Cleaning Services - Wellstead Public Amenities	$ 1,056.00
EFT124003	15/03/2018	GJ WOLFE	Refund	$ 1,255.61
EFT124004	15/03/2018	WOOLWORTHS GROUP LIMITED	Groceries - Day Care	$ 2,354.53
EFT124005	15/03/2018	WOOD FIRED TREATS	Catering - Australia Day Volunteers	$ 50.00
EFT124006	15/03/2018	WREN OIL	Waste Disposal	$ 16.50
EFT124007	15/03/2018	WURTH AUSTRALIA PTY LTD	Material Supply - Brake Cleaner and Hoses	$ 198.55
EFT124008	16/03/2018	ABBOTTS LIQUID SALVAGE PTY LTD	Waste Services - Surfers Beach	$ 185.00
EFT124009	16/03/2018	ACCUWEIGH PTY LTD	Repairs And Maintenance - Weighbridge Indicator	$ 1,064.80

EFT124010	16/03/2018	AD CONTRACTORS PTY LTD	Construction Services - C16012	$ 25,428.19
EFT124011	16/03/2018	ADVERTISER PRINT	Visitors Centre Stationery And Your City Brochures	$ 700.00
EFT124012	16/03/2018	ALBANY TRUCK AND CAR HIRE	Truck Hire - Colour Dash 2018	$ 280.00
EFT124013	16/03/2018	ALBANY V-BELT AND RUBBER	Material Supply - Rubber Matting	$ 103.40
EFT124014	16/03/2018	ALBANY REFRIGERATION	Air-Conditioner Repairs And Maintenance - C15021	$ 952.29
EFT124015	16/03/2018	ALBANY MOBILE WELDING	Repairs And Maintenance - Travelling Irrigator	$ 220.00
EFT124016	16/03/2018	ALBANY OFFICE PRODUCTS DEPOT	Stationery Supplies - Various	$ 600.95
EFT124017	16/03/2018	ALBANY PSYCHOLOGICAL SERVICES	Professional Services - EAP	$ 1,694.00
EFT124018	16/03/2018	ALBANY PONY CLUB	Kid Sport Vouchers	$ 600.00
EFT124019	16/03/2018	ALBANY MILK DISTRIBUTORS	Milk Deliveries	$ 292.80
EFT124020	16/03/2018	ALBANY AIRPORT SERVICES PTY LTD	Professional Services - Racewars 2018	$ 1,085.00
EFT124021	16/03/2018	ALBANY IRRIGATION & DRILLING	Irrigation Supplies - Various	$ 306.20
EFT124022	16/03/2018	ALBANY RECORDS MANAGEMENT	Archive Storage - February 2018	$ 549.45
EFT124023	16/03/2018	ALBANY DOMESTIC SERVICES	Cleaning Services - Animal Waste	$ 175.00
EFT124024	16/03/2018	ATCO GAS AUSTRALIA PTY LTD	Repairs And Maintenance - Alfred Street	$ 1,380.61
EFT124025	16/03/2018	ALL EVENTS HIRE AND PRODUCTION	Labour Charges - Focus	$ 66.00
EFT124026	16/03/2018	ALLSTAR EVENT CATERING	Catering - Colour Dash 2018	$ 220.00
EFT124027	16/03/2018	ANDIMAPS	2018/19 Street Guide	$ 1,854.00
EFT124028	16/03/2018	ANDREW HALSALL PHOTOGRAPHY	Merchandise Order - Visitors Centre	$ 90.00
EFT124029	16/03/2018	PAPERBARK MERCHANTS	Newspaper Deliveries	$ 502.40
EFT124030	16/03/2018	ARCHIVAL SURVIVAL PTY LTD	Material Supply - Apollo Roll	$ 172.70
EFT124031	16/03/2018	ATC WORK SMART	Casual Staff/Labour Hire	$ 23,846.34
EFT124032	16/03/2018	AUSTRALIA POST	Postage Fees - February 2018	$ 5,023.15
EFT124033	16/03/2018	BADGEMATE	Uniforms Supplies - Badges	$ 315.21
EFT124034	16/03/2018	AE BALL AND COMPANY	Vehicle Repairs And Maintenance - Light Assembly	$ 83.60
EFT124035	16/03/2018	BARKERS TRENCHING SERVICES	Professional Services - Cable Location	$ 352.00
EFT124036	16/03/2018	BATTERY WORLD	Material Supply - Batteries	$ 99.00
EFT124037	16/03/2018	BENNETTS BATTERIES	Material Supply - Gear Oil	$ 585.20
EFT124038	16/03/2018	ADVANCED TRAFFIC MANAGEMENT WA PTY LTD	Traffic Control Services - C17014	$ 18,784.17
EFT124039	16/03/2018	BERTOLA HIRE ALBANY PTY LTD	Equipment Hire - CPSP	$ 1,445.40
EFT124040	16/03/2018	BMT OCEANICA PTY LTD	Instrument Hire - Emu Point/Middleton Beach	$ 13,215.11
EFT124041	16/03/2018	ALBANY BOBCAT SERVICES	Equipment Hire - C16012	$ 3,623.13
EFT124042	16/03/2018	BOC GASES AUSTRALIA LIMITED	Container Service Rental	$ 119.77
EFT124043	16/03/2018	BOOKEASY AUSTRALIA PTY LTD	Booking Fees - February 2018	$ 1,905.21
EFT124044	16/03/2018	BUFF N POLISH	Vehicle Detailing	$ 800.00
EFT124045	16/03/2018	BUNNINGS GROUP LIMITED	Vouchers - Employee Recognition	$ 704.89
EFT124046	16/03/2018	CABCHARGE AUSTRALIA LIMITED	Taxi Charges	$ 776.21
EFT124047	16/03/2018	CALIBRE CARE	Equipment Hire - Shower Chair	$ 55.00
EFT124048	16/03/2018	CALTEX AUSTRALIA PETROLEUM PTY LTD	Fuel Purchases	$ 7,504.25
EFT124049	16/03/2018	CALTEX AUSTRALIA PETROLEUM PTY LTD	Fuel Purchases	$ 10,478.75
EFT124050	16/03/2018	CAMTRANS ALBANY PTY LTD	Material Supply - Mallet Trees	$ 478.50
EFT124051	16/03/2018	J & S CASTLEHOW ELECTRICAL SERVICES	Electrical Services - C17013	$ 49,641.11
EFT124052	16/03/2018	CENTIGRADE SERVICES PTY LTD	ALAC Maintenance Services - Q16009	$ 652.09
EFT124053	16/03/2018	CLEANAWAY PTY LIMITED	Rubbish Removal P14021	$ 5,525.85
EFT124054	16/03/2018	COLES SUPERMARKETS AUSTRALIA PTY LTD	Groceries	$ 84.90
EFT124055	16/03/2018	HOLCIM (AUSTRALIA) PTY LTD	Concrete Supplies - C16010	$ 612.48
EFT124056	16/03/2018	DATA #3 LIMITED	Desktop License	$ 245.09
EFT124057	16/03/2018	35 DEGREES SOUTH	Survey Services - C16016	$ 1,100.00
EFT124058	16/03/2018	CGS QUALITY CLEANING	Cleaning Services - C14036	$ 1,170.30
EFT124059	16/03/2018	DELTA COMPUTERS APPLECROSS	Equipment Hire - TV At Claremont Show Grounds	$ 385.00
EFT124060	16/03/2018	G & M DETERGENTS & HYGIENE SERVICES ALBANY	Cleaning Products - Q16024	$ 3,422.80
EFT124061	16/03/2018	SANDRA DIXON	Professional Services - EAP	$ 150.00

EFT124062	16/03/2018	THE DRUG DETECTION AGENCY	Professional Services - Drug And Alcohol Testing	$ 1,930.50
EFT124063	16/03/2018	DYLANS ON THE TERRACE	Catering - Queens Baton Relay	$ 779.00
EFT124064	16/03/2018	EARLY BIRD LANDSCAPING	Material Supply - Lawn For Alfred Street Reconstruction	$ 36,366.00
EFT124065	16/03/2018	ELLEKER GENERAL STORE	Fuel - Fire Vehicles	$ 4,775.05
EFT124066	16/03/2018	ELLENBY TREE FARM PTY LTD	Plant Supplies - Q17011	$ 2,200.00
EFT124067	16/03/2018	E-STRALIAN PTY LTD	Weekly E-Bike Lease	$ 182.18
EFT124068	16/03/2018	EYERITE SIGNS	Signage - Ellen Cove Boardwalk	$ 209.00
EFT124069	16/03/2018	ZAREPHATH WINES	Civic Functions - Refreshments	$ 600.00
EFT124070	16/03/2018	NORTH ALBANY FOOTBALL & SPORTING CLUB INC	Venue Hire - Colour Dash 2018	$ 200.00
DD25868.1	27/02/2018	WA SUPER	Payroll Deductions	$ 75,414.95
DD25868.2	27/02/2018	ASGARD	Payroll Deductions	$ 1,324.81
DD25868.3	27/02/2018	AMP SUPERANNUATION SAVINGS	Superannuation Contributions	$ 1,777.70
DD25868.4	27/02/2018	COLONIAL FIRST STATE FIRSTCHOICE PERSONAL SUPER	Superannuation Contributions	$ 977.13
DD25868.5	27/02/2018	AUSTRALIAN SUPER	Payroll Deductions	$ 8,889.32
DD25868.6	27/02/2018	COLONIAL FIRST STATE WHOLESALE PERSONAL SUPER	Superannuation Contributions	$ 462.22
DD25868.7	27/02/2018	BT SUPER FOR LIFE	Superannuation Contributions	$ 152.47
DD25868.8	27/02/2018	DESMO SUPERANNUATION FUND	Superannuation Contributions	$ 513.02
DD25868.9	27/02/2018	CBUS	Superannuation Contributions	$ 470.38
DD25868.10	27/02/2018	HOSTPLUS PTY LTD	Superannuation Contributions	$ 1,575.31
DD25868.11	27/02/2018	BT SUPER FOR LIFE	Superannuation Contributions	$ 628.71
DD25868.12	27/02/2018	QSUPER	Superannuation Contributions	$ 659.89
DD25868.13	27/02/2018	HESTA SUPER FUND	Superannuation Contributions	$ 1,437.49
DD25868.14	27/02/2018	REST SUPERANNUATION	Payroll Deductions	$ 2,323.27
DD25868.15	27/02/2018	TAL SUPERANNUATION LIMITED	Superannuation Contributions	$ 224.76
DD25868.16	27/02/2018	WEALTH PERSONAL SUPER AND PERSONAL PENSION	Superannuation Contributions	$ 213.60
DD25868.17	27/02/2018	WEALTH PERSONAL SUPER AND PERSONAL PENSION	Superannuation Contributions	$ 134.91
DD25868.18	27/02/2018	BT SUPER FOR LIFE	Superannuation Contributions	$ 316.37
DD25868.19	27/02/2018	NATIONAL MUTUAL RETIREMENT FUND	Superannuation Contributions	$ 126.47
DD25868.20	27/02/2018	PRIME SUPER	Superannuation Contributions	$ 939.93
DD25868.21	27/02/2018	MLC MASTERKEY BUSINESS SUPER	Superannuation Contributions	$ 941.35
DD25868.22	27/02/2018	OAK TREE SUPERANNUATION FUND	Superannuation Contributions	$ 242.49
DD25868.23	27/02/2018	BT SUPER FOR LIFE	Superannuation Contributions	$ 191.81
DD25868.24	27/02/2018	FIRST SUPER	Superannuation Contributions	$ 196.55
DD25868.25	27/02/2018	CARE SUPER PTY LTD	Superannuation Contributions	$ 395.60
DD25868.26	27/02/2018	FIRST STATE SUPER	Superannuation Contributions	$ 613.01
DD25868.27	27/02/2018	SPECTRUM SUPER	Superannuation Contributions	$ 353.01
DD25868.28	27/02/2018	SUPERWRAP PERSONAL SUPER PLAN	Superannuation Contributions	$ 249.03
DD25868.29	27/02/2018	WEALTH PERSONAL SUPERANNUATION AND PENSION FUND	Payroll deductions	$ 1,104.47
DD25868.30	27/02/2018	NORTH PERSONAL SUPERANNUATION & PENSION FUND	Superannuation Contributions	$ 208.59
DD25868.31	27/02/2018	AJW SUPERANNUATION FUND	Superannuation Contributions	$ 262.56
DD25868.32	27/02/2018	AUSTRALIAN CATHOLIC SUPERANNUATION AND RETIREMENT FUND	Superannuation Contributions	$ 32.66
DD25868.33	27/02/2018	SUNSUPER SUPERANNUATION	Superannuation Contributions	$ 600.09
DD25868.34	27/02/2018	MTAA SUPERANNUATION FUND	Superannuation Contributions	$ 242.49
DD25868.35	27/02/2018	IOOF EMPLOYEE SUPER	Superannuation Contributions	$ 338.18
DD25868.36	27/02/2018	RUSSELL SUPERSOLUTION MASTER TRUST	Superannuation Contributions	$ 207.64
DD25868.37	27/02/2018	ASGARD	Superannuation Contributions	$ 84.32
DD25868.38	27/02/2018	ONEPATH MASTERFUND	Superannuation Contributions	$ 241.84
DD25868.39	27/02/2018	MLC MASTERKEY SUPERANNUATION	Superannuation Contributions	$ 611.87
DD25868.40	27/02/2018	THE UNIVERSAL SUPER SCHEME	Superannuation Contributions	$ 200.56
DD25868.41	27/02/2018	AMP SUPERANNUATION SAVINGS	Superannuation Contributions	$ 67.61
DD25868.42	27/02/2018	CRUELTY FREE SUPER	Superannuation Contributions	$ 40.93
DD25868.43	27/02/2018	MACAULAY SUPER FUND	Superannuation Contributions	$ 222.93

DD25868.44	27/02/2018	ANZ SMART CHOICE SUPER	Superannuation Contributions	$	303.61
DD25868.45	27/02/2018	FUTURE SUPER	Superannuation Contributions	$	157.53
DD25868.46	27/02/2018	COLONIAL SUPER RETIREMENT FUND	Superannuation Contributions	$	185.89
DD25868.47	27/02/2018	AUSTRALIAN ETHICAL SUPERANNUATION FUND	Superannuation Contributions	$	227.05
DD25868.48	27/02/2018	BT SUPER	Superannuation Contributions	$	228.10
DD25868.49	27/02/2018	BT SUPER FOR LIFE	Superannuation Contributions	$	220.50
DD25868.50	27/02/2018	MACQUARIE SUPER CONSOLIDATOR	Superannuation Contributions	$	226.51
DD25868.51	27/02/2018	BT SUPER FOR LIFE	Superannuation Contributions	$	293.36
DD25868.52	27/02/2018	IOOF INVESTMENT MANAGEMENT LTD	Superannuation Contributions	$	223.07
DD25868.53	27/02/2018	NORTH	Superannuation Contributions	$	62.79
DD25868.54	27/02/2018	AMG SUPER	Superannuation Contributions	$	51.11
DD25868.55	27/02/2018	COLONIAL FIRST STATE WHOLESALE SUPER FUND	Superannuation Contributions	$	209.34
DD25868.56	27/02/2018	AMP SUPERANNUATION SAVINGS TRUST	Superannuation Contributions	$	113.10
DD25868.57	27/02/2018	IOOF GLOBAL ONE	Superannuation Contributions	$	158.66
DD25868.58	27/02/2018	MASON SUPERANNUATION FUND	Superannuation Contributions	$	236.04
DD25868.59	27/02/2018	ONEPATH LIFE LIMITED	Superannuation Contributions	$	197.64
DD25868.60	27/02/2018	MEDIA SUPER	Superannuation Contributions	$	120.64
DD25868.61	27/02/2018	CONCEPT ONE THE INDUSTRY SUPERANNUATION FUND	Superannuation Contributions	$	247.68
DD25868.62	27/02/2018	ADONT SUPERANNUATION	Superannuation Contributions	$	20.56
DD25868.63	27/02/2018	AMP SUPERANNUATION SAVINGS	Superannuation Contributions	$	674.86
DD25868.64	27/02/2018	WEALTH PERSONAL SUPER AND PERSONAL PENSION FUND	Superannuation Contributions	$	279.30
DD25868.65	27/02/2018	COLONIAL FIRST STATE FIRSTCHOICE PERSONAL SUPER	Superannuation Contributions	$	637.50
DD25868.66	27/02/2018	WEALTH PERSONAL SUPER AND PERSONAL PENSION	Payroll Deductions	$	224.85
DD25906.1	13/03/2018	WA SUPER	Payroll Deductions	$	75,291.15
DD25906.2	13/03/2018	ASGARD	Payroll Deductions	$	1,329.82
DD25906.3	13/03/2018	AUSTRALIAN SUPER	Payroll Deductions	$	9,849.31
DD25906.4	13/03/2018	COLONIAL FIRST STATE WHOLESALE PERSONAL SUPER	Superannuation Contributions	$	432.67
DD25906.5	13/03/2018	DESMO SUPERANNUATION FUND	Superannuation Contributions	$	532.55
DD25906.6	13/03/2018	BT SUPER FOR LIFE	Superannuation Contributions	$	152.47
DD25906.7	13/03/2018	CBUS	Superannuation Contributions	$	482.04
DD25906.8	13/03/2018	AMP SUPERANNUATION SAVINGS	Payroll Deductions	$	1,717.52
DD25906.9	13/03/2018	HOSTPLUS PTY LTD	Superannuation Contributions	$	1,652.65
DD25910.1	13/03/2018	REST SUPERANNUATION	Superannuation Contributions	$	23.16
DD25912.1	13/03/2018	WA SUPER	Superannuation Contributions	$	107.58
DD25906.10	13/03/2018	BT SUPER FOR LIFE	Superannuation Contributions	$	628.71
DD25906.11	13/03/2018	QSUPER	Superannuation Contributions	$	659.89
DD25906.12	13/03/2018	HESTA SUPER FUND	Superannuation Contributions	$	1,427.61
DD25906.13	13/03/2018	REST SUPERANNUATION	Payroll Deductions	$	2,048.84
DD25906.14	13/03/2018	TAL SUPERANNUATION LIMITED	Superannuation Contributions	$	224.76
DD25906.15	13/03/2018	WEALTH PERSONAL SUPER AND PERSONAL PENSION	Superannuation Contributions	$	113.83
DD25906.16	13/03/2018	WEALTH PERSONAL SUPER AND PERSONAL PENSION	Superannuation Contributions	$	71.89
DD25906.17	13/03/2018	BT SUPER FOR LIFE	Superannuation Contributions	$	316.37
DD25906.18	13/03/2018	NATIONAL MUTUAL RETIREMENT FUND	Superannuation Contributions	$	126.47
DD25906.19	13/03/2018	PRIME SUPER	Superannuation Contributions	$	943.07
DD25906.20	13/03/2018	MLC MASTERKEY BUSINESS SUPER	Superannuation Contributions	$	941.35
DD25906.21	13/03/2018	COLONIAL FIRST STATE FIRSTCHOICE PERSONAL SUPER	Payroll Deductions	$	977.13
DD25906.22	13/03/2018	OAK TREE SUPERANNUATION FUND	Superannuation Contributions	$	242.49
DD25906.23	13/03/2018	BT SUPER FOR LIFE	Superannuation Contributions	$	165.36
DD25906.24	13/03/2018	FIRST SUPER	Superannuation Contributions	$	196.55
DD25906.25	13/03/2018	CARE SUPER PTY LTD	Superannuation Contributions	$	395.63
DD25906.26	13/03/2018	FIRST STATE SUPER	Superannuation Contributions	$	548.52
DD25906.27	13/03/2018	SPECTRUM SUPER	Superannuation Contributions	$	353.01

DD25906.28	13/03/2018	SUPERWRAP PERSONAL SUPER PLAN	Superannuation Contributions	$	249.03
DD25906.29	13/03/2018	WEALTH PERSONAL SUPERANNUATION AND PENSION FUND	Payroll Deductions	$	1,352.47
DD25906.30	13/03/2018	NORTH PERSONAL SUPERANNUATION & PENSION FUND	Superannuation Contributions	$	208.58
DD25906.31	13/03/2018	AJW SUPERANNUATION FUND	Superannuation Contributions	$	262.56
DD25906.32	13/03/2018	AUSTRALIAN CATHOLIC SUPERANNUATION AND RETIREMENT FUND	Superannuation Contributions	$	190.16
DD25906.33	13/03/2018	SUNSUPER SUPERANNUATION	Superannuation Contributions	$	549.65
DD25906.34	13/03/2018	MTAA SUPERANNUATION FUND	Superannuation Contributions	$	242.49
DD25906.35	13/03/2018	IOOF EMPLOYEE SUPER	Superannuation Contributions	$	344.79
DD25906.36	13/03/2018	RUSSELL SUPERSOLUTION MASTER TRUST	Superannuation Contributions	$	202.04
DD25906.37	13/03/2018	ASGARD	Superannuation Contributions	$	84.32
DD25906.38	13/03/2018	ONEPATH MASTERFUND	Superannuation Contributions	$	290.79
DD25906.39	13/03/2018	MLC MASTERKEY SUPERANNUATION	Superannuation Contributions	$	617.24
DD25906.40	13/03/2018	THE UNIVERSAL SUPER SCHEME	Superannuation Contributions	$	200.56
DD25906.41	13/03/2018	AMP SUPERANNUATION SAVINGS	Superannuation Contributions	$	67.61
DD25906.42	13/03/2018	MACAULAY SUPER FUND	Superannuation Contributions	$	222.93
DD25906.43	13/03/2018	ANZ SMART CHOICE SUPER	Superannuation Contributions	$	83.11
DD25906.44	13/03/2018	FUTURE SUPER	Superannuation Contributions	$	163.58
DD25906.45	13/03/2018	COLONIAL SUPER RETIREMENT FUND	Superannuation Contributions	$	185.89
DD25906.46	13/03/2018	BT SUPER	Superannuation Contributions	$	177.26
DD25906.47	13/03/2018	AUSTRALIAN ETHICAL SUPERANNUATION FUND	Superannuation Contributions	$	227.04
DD25906.48	13/03/2018	BT SUPER FOR LIFE	Superannuation Contributions	$	220.50
DD25906.49	13/03/2018	MACQUARIE SUPER CONSOLIDATOR	Superannuation Contributions	$	226.51
DD25906.50	13/03/2018	BT SUPER FOR LIFE	Superannuation Contributions	$	293.36
DD25906.51	13/03/2018	IOOF INVESTMENT MANAGEMENT LTD	Superannuation Contributions	$	196.78
DD25906.52	13/03/2018	NORTH	Superannuation Contributions	$	54.76
DD25906.53	13/03/2018	COLONIAL FIRST STATE WHOLESALE SUPER FUND	Superannuation Contributions	$	167.47
DD25906.54	13/03/2018	AMP SUPERANNUATION SAVINGS TRUST	Superannuation Contributions	$	76.73
DD25906.55	13/03/2018	MASON SUPERANNUATION FUND	Superannuation Contributions	$	220.50
DD25906.56	13/03/2018	ONEPATH LIFE LIMITED	Superannuation Contributions	$	197.64
DD25906.57	13/03/2018	IOOF GLOBAL ONE	Superannuation Contributions	$	187.37
DD25906.58	13/03/2018	MEDIA SUPER	Superannuation Contributions	$	120.64
DD25906.59	13/03/2018	AMP SUPERANNUATION SAVINGS	Superannuation Contributions	$	623.86
DD25906.60	13/03/2018	WEALTH PERSONAL SUPER AND PERSONAL PENSION FUND	Superannuation Contributions	$	279.30
DD25906.61	13/03/2018	COLONIAL FIRST STATE FIRSTCHOICE PERSONAL SUPER	Superannuation Contributions	$	637.50
DD25906.62	13/03/2018	WEALTH PERSONAL SUPER AND PERSONAL PENSION	Payroll Deductions	$	224.85
			Total	**$**	**5,424,634.34**

EXECUTED DOCUMENT AND COMMON SEAL RECORD

Document Number	Description	DATE SENT RECD
EDR1878229	COPY OF EXECUTED DOCUMENT ITEM: N/A RE: CERTIFICATION OF DOCUMENT OF VEHICLE OWNER TO BE USED AS EVIDENCE IN COURT PARTIES: DEPARTMENT OF TRANSPORT SIGNED BY THE CEO A SHARPE 1 COPY	23/02/2018
EDR1878428	COPY OF EXECUTED DOCUMENT ITEM: N/A RE: ASSIGNMENT OF RECS FOR SMALL GENERATING UNIT LOCATED AT THE WELLSTEAD COMMUNITY RESOURCE CENTRE PARTIES: DSR ENERGY PTY LTD SIGNED BY THE CEO A SHARPE 1 COPY	02/03/2018
EDR1878562	COPY OF EXECUTED DOCUMENT ITEM: N/A RE: DEVELOPMENT APPLICATION FOR ENTRY STATEMENT ARTWORK LOCATED AT ARBOUR, EYRE PARK MIDDLETON BEACH PARTIES: N/A SIGNED BY THE CEO A SHARPE 1 COPY	07/03/2018
EDR1878771	COPY OF EXECUTED DOCUMENT ITEM: N/A RE: APPLICATION FOR $12,000 FROM STATE GRAFFITI FUND PARTIES: WESTERN AUSTRALIAN POLICE SIGNED BY THE CEO A SHARPE 1 COPY	13/03/2018
EDR1878856	COPY OF EXECUTED DOCUMENT ITEM: N/A RE: APPLICATION FOR DEVELOPMENT APPROVAL - ALBANY AIRPORT RESIDENCE PARTIES: N/A SIGNED BY THE CEO A SHARPE 1 COPY	14/03/2018
ICSR18291373	ITEM: CCS028 OCM 23/05/2017 RE: C18001 SUPPLY AND DELIVERY OF ROLL ON TURF PARTIES: AJ ROWE AND C ROWE TRADING AS GREAT SOUTHERN TURF	20/02/2018

EXECUTED DOCUMENT AND COMMON SEAL RECORD

	SIGNED BY: CEO A SHAPRE AND MAYOR D WELLINGTON 2 COPIES	
NCSR1878026	ITEM: N/A RE: RESTRICTIVE COVENANT REGARDING BUILDING ENVELOP RESTRICTIONS. SUBDIVISION APPROVAL WAPC 149201 PARTIES: STEPHEN J WOLFE SIGNED BY: CEO ANDREW SHARPE AND MAYOR DENNIS WELLINGTON 3 COPIES	20/02/2018
NCSR1878027	ITEM: N/A RE: RENEWAL OF EXISTING LEASE FOR AIRPORT HANGER SITE 12 PARTIES: MAGNATE PTY LTD AS TRUSTEE FOR THE L S JOYCE FAMILY TRUST TRADING AS JOYCE AIR SIGNED BY: CEO A SHARPE AND MAYOR D WELLINGTON	20/02/2018
NCSR1878054	ITEM: OCM 23/5/2017 CCS028 RE: CONTRACT FOR C17031 EMU POINT TO MIDDLETON BEACH COASTAL HAZARD RISK MANAGEMENT AN ADAPTATION PLAN PARTIES: MELANIE PRICE AURORA ENVIRONMENTAL (ALBANY) SIGNED BY: CEO A SHARPE AND MAYOR D WELLINGTON 2 COPIES	20/02/2018
NCSR1878056	ITEM: N/A RE: AGREEMENT REGARDING UNAVAILABILITY OF SEWER. RESTRICTIVE COVENANT REGARDING FIRE RATINGS AND CONSTRUCTION STANDARDS PARTIES: RIDGECITY PTY LTD AND GOLDMAP CORPORATION PTY LTD SIGNED BY: CEO A SHARPE AND MAYOR D WELLINGTON	20/02/2018
NCSR1878057	ITEM: N/A RE: AGREEMENT REGARDING UNAVAILABILITY OF SEWER. RESTRICTIVE COVENANT REGARDING FIRE RATINGS AND CONSTRUCTION STANDARDS PARTIES: RIDGECITY PTY LTD AND GOLDMAP CORPORATION PTY LTD SIGNED BY: CEO A SHARPE AND MAYOR D WELLINGTON 1 S70A COPY 2 RC COPIES	20/02/2018

EXECUTED DOCUMENT AND COMMON SEAL RECORD

NCSR1878122	ITEM: N/A RE: NOTIFICATION OF SEPTIC REQUIREMENTS. SUBDIVISION APPROVAL WAPC 149201 PARTIES: STEPHEN J WOLFE SIGNED BY: CEO A SHARPE AND MAYOR D WELLINGTON	21/02/2018
NCSR1878249	ITEM: N/A RE: RENEWAL OF EXISTING LEASE FOR AIRPORT HANGAR SITE 24 UNDER DELEGATED AUTHORITY 2017:019 PARTIES:NOEL HENRY ARMSTRONG AND ROBYN LOUISE STONEY SIGNED BY: CEO A SHARPE AND MAYOR D WELLINGTON 2 COPIES	23/02/2018
NCSR1878337	COPY OF COMMON SEAL ITEM: N/A RE: CLEARANCE OF CONDITIONS 5 - 7 AND 9 - 13 ON SUBDIVISION LOT 2, 20 CHIPANA DRIVE, LITTLE GROVE PARTIES: B TAYLOR SIGNED BY THE CEO A SHARPE AND MAYOR D WELLINGTON 2 COPIES	27/02/2018
NCSR1878716	COPY OF COMMON SEAL ITEM: N/A RE: LICENCE TO OCCUPY CROWN LAND - RENEWAL FOR THE EXISTING STIDWELL BRIDAL TRAIL PARTIES: DEPARTMENT OF PLANNING, LANDS AND HERITAGE SIGNED BY THE CEO A SHARPE AND MAYOR D WELLINGTON 2 COPIES	09/03/2018
NCSR1878869	ITEM: N/A RE: ASSET SALE AGREEMENT FOR CITY PURCHASE OF AIRPORT HANGER 8 FOR $25,000 PARTIES: STEPHEN THOMAS METCALF SIGNED BY: CEO ANDREW SHARPE (2 COPIES) - COPY OF AGREEMENT ATTACHED	15/03/2018
NCSR1878871	ITEM: OCM 23/05/2017 RE: RENEWAL OF LEASE FOR AIRPORT HANGER SITE 25 UNDER DELEGATED AUTHORITY NO 2017:019 PARTIES: JEROME PILKINGTON SIGNED BY: CEO ANDREW SHAPER AND MAYOR DENNIS WELLINGTON (1 COPY)	15/03/2018

EXECUTED DOCUMENT AND COMMON SEAL RECORD

NCSR1878872	ITEM: N/A RE: CONTRACTS FOR MERCER ROAD REFURBISHMENT PARTIES: WAUTERS ENTERPRISES PTY LTD SIGNED: CEO ANDREW SHARPE AND MAYOR DENNIS WELLINGTON (2 COPIES)	15/03/2018
NCSR1878875	ITEM: RE: WASTE LOCAL LAW 2017 PARTIES: DEPARTMENT OF WATER AND ENVIRONMENT REGULATION SIGNED: CEO ANDREW SHARPE AND MAYOR DENNIS WELLINGTON (2 COPIES)	15/03/2018

PROJECT ASSESSMENT SHEET

This page is for the use of the relevant Local Government Authority to be used for both community and LGA projects. Please **attach copies of council minutes** relevant to the project approval.

Name of Local Government Authority: City of Albany
Name of Applicant: King River Pony Club

Note: The applicant's name cannot be changed once the application is lodged at DLGSC.

Section A
The CSRFF principles have been considered and the following assessment is provided:
(Please include below your assessment of how the applicant has addressed the following criteria)

All applications

	Satisfactory	Unsatisfactory	Not relevant
Project justification	☒	☐	☐
Planned approach	☒	☐	☐
Community input	☒	☐	☐
Management planning	☒	☐	☐
Access and opportunity	☒	☐	☐
Design	☒	☐	☐
Financial viability	☒	☐	☐
Co-ordination	☒	☐	☐
Potential to increase Physical activity	☒	☐	☐
Sustainability	☒	☐	☐

Development applications only

	Satisfactory	Unsatisfactory	Not relevant
Location	☐	☐	☒
Sustainability	☐	☐	☒
Co-Location	☐	☐	☒
Special Interest Group	☐	☐	☒

Section B

LGA – priority ranking of this project	One
Priority ranking of no of applications received	One of One applications received
Is this project consistent with the	☒ Local Plan ☐ Regional Plan ☐ State Plan
Have all planning and building approvals been given for this project?	☒ Yes ☐ No
If no, what approvals are still outstanding?	

Project Rating (Please tick the most appropriate box to describe the project)

A	Well planned and needed by municipality	☐
B	Well planned and needed by applicant	☒
C	Needed by municipality, more planning required	☐
D	Needed by applicant, more planning required	☐
E	Idea has merit, more planning work needed	☐
F	Not recommended	☐

LGA comments (Required):

The King River Pony Club cross country course has reached the end of its life and many obstacles do not meet the current safety standards and are considered unsafe.

The City of Albany is supportive of this project for the following reasons:

1. Equestrian is recognised a key sport for the Great Southern and Albany. The Albany clubs form part of the Pony Club Association of Western Australian Great Southern Zone.

2. This project is aimed at refurbishment of the cross country course at the King River Pony Club grounds. More specifically, these funds will allow King River Pony Club to build a new bank complex, a new much improved water jump, and build three new sets of jump complexes.

3. Many of the existing obstacles are no longer considered safe, and have had to be removed. These need to be replaced by jumps and other obstacles constructed by an accredited Course Designer, following Equestrian Australia's "Guide for Cross Country Course Designers and Officials". The course also lacks certain types of jumps.

4. The club is financially sound and can meet the commitment.

5. Both Pony Club Western Australia and Equestrian Western Australia require that all cross country courses be designed and built by accredited Course Designers.

Signed Sheridan Stevens **Position** Manager Recreation Services **Date** 26th March 2018

Applications for CSRFF funding must be submitted to your Department of Local Government, Sport and Cultural Industries office by **4pm on the last working day in March.** Late applications cannot be accepted in any circumstances.

DLGSC OFFICES

PERTH OFFICE
246 Vincent Street
Leederville WA 6007
PO Box 329
Leederville WA 6903
Tel: (08) 9492 9700
Fax: (08) 9492 9711

PEEL

GREAT SOUTHERN
22 Collie Street
Albany WA 6330
Tel: (08) 9892 0100
Fax: (08) 9892 0199

GASCOYNE
4 Francis Street
PO Box 140

WHEATBELT - NORTHAM
298 Fitzgerald Street
PO Box 55
Northam WA 6401
Tel: (08) 9690 2400
Fax: (08) 9690 2499

WHEATBELT – NARROGIN

Community Sports & Recreation Facilities
Small Grant Funding Policy

Objective

The objectives of this policy are to:

- Provide an equitable and transparent framework for the assessment and ranking of CSRFF Small Grants in line with the Department of Sport and Recreation CSRFF guidelines.
- Ensure all Capital Seed grant applications are considered as part of a strategic process to ensure the delivery of quality, sustainable facilities which align with the Councils strategic objectives.
- Provide a framework for the allocation of the Capital Seed Funds to assist with leveraging other funding opportunities and maximising the outcomes for the community.
- Provide a framework for the allocation of the Capital Seed Funds should an applicant be unsuccessful in their application to DSR.
- Limit the City of Albany's contribution to small grant eligible projects to 33% of the total project cost.

Policy Statements

The City of Albany recognises the importance of providing or facilitating physical activity opportunities through accessible, safe and affordable facilities that meet the identified needs of the community.

The City of Albany will encourage and promote physical activity through:

- The provision or facilitation of reserves and facilities for structured community sport and recreation.
- Providing support to sporting clubs.
- Promotion of joint provision, shared and multi use community facilities.

The City of Albany's Capital Seed Fund aligns with the Department of Sport and Recreation Community Sport and Recreation Facility Fund (CSRFF Small Grants) by:

- Developing basic infrastructure for sport and recreation.
- Supporting an increase in participation in sport and recreation with an emphasis on physical activity, through rational development of good quality, well-designed and well-utilised facilities.
- Supporting joint provision and shared use of facilities.

A. Eligibility

Applicants for CSRFF Small Grant Funding must:

- Be either an LGA or not for profit sport, recreation or community organisation.
- Be incorporated under the WA Associations Incorporation Act 1987.
- Have an Australian Business Number (ABN).

Applicants for Capital Seed Funding must:

- Be a not for profit sport and recreation community organisation within the boundaries of the City of Albany municipality.
- Be incorporated under the WA Associations Incorporation Act 1987.
- Have an ABN.
- Be applying for the DSR Small Grants Round.
- Have discussed their project with Recreation Services, Council Officers.

As per the CSRFF Guidelines the types of projects which will be strongly supported for Capital Seed Funds include:

- Upgrade and additions to existing facilities.
- Construction of new facilities to meet sport and active recreation needs.
- Lighting projects.
- Projects which are 'shovel ready'.

Priority will also be given to projects which lead to contemporary models of joint provision, facility sharing and rationalisation

B. Financial Contribution

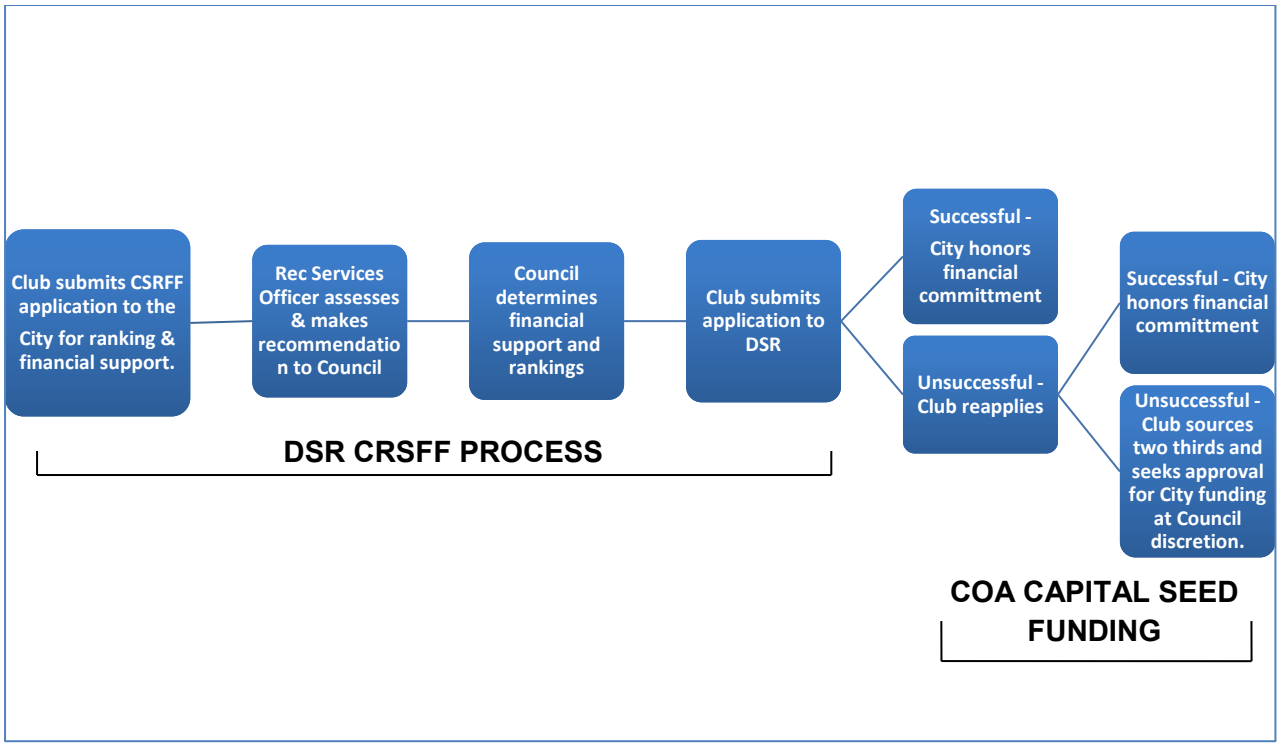
Local government is not obliged to contribute to any successful CSRFF small grant.

Requests for the Capital Seed Fund may be considered by Council with the following conditions:

- Capital Seed Fund will only be awarded in support of successful CSRFF applications.
- A maximum of one third of the total estimated project costs (excluding GST).
- If quotes are inaccurate applicants are responsible for sourcing additional costs.
- Applicants are responsible for understanding and managing the GST component of their grant application.

If an applicant is unsuccessful Council may still consider contributing the maximum one third of the total estimated project costs to an applicant's project with the following conditions:

- The applicant has made at least two attempts to leverage CSRFF.
- The applicant can source the remaining two thirds of the total estimated project costs themselves.



C. Budget Allocation and Timeframe

The total Capital Seed Funds budget to be allocated each financial year to be determined on an annual basis

Unallocated Capital Seed Funds to be carried forward to the following financial year.

D. Out of Scope

This Policy does not reference, influence or impact other funding or financial assistance programs delivered by the City, through City Business Units or other programs that may be delivered from time to time.

Legislative and Strategic Context

The CSRFF and Capital Seed Funds for community sport and recreation groups directly relate to the City of Albany Strategic Plan 2023 as outlined in table below:

Strategic Plan Theme	Strategic Initiative	Strategic Plan Detail
A Sense of Community: to create interesting places, spaces and events that reflects our community's identity, diversity and heritage.	*Sport and Recreation Infrastructure.*	*Community Sporting Infrastructure Support Program (Capital Seed Funds).*

Responsibility and Policy Custodian Review Position and Date

Oversight and delivery of activity generated by this Policy is within the Community Services Team.

This policy and procedure is to be reviewed by the document owner every two years.

This forms part of the future Sport and Recreation Futures Plan suite of documents (2015 – 2030).

Associated Documents

All following documents relate to this policy:

- City of Albany DRAFT Sport and Recreation Futures Plan (2015 – 2030)
- DSR CSRFF Guidelines and Application Form
- DSR Project Assessment Sheet
- City of Albany Public Health Plan

Acronyms

CSRFF	Community Sport and Recreation Facility Fund
DSR	Department of Sport and Recreation
SSA	State Sporting Association
LGA	Local Government Authority

Definitions: [1]

- **Health:** the World Health Organisation defines health as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.'

Health and wellbeing take into account the places people live and the policies that shape their lives, as well as the individual lifestyles people pursue.

- **Organised Sport and Recreation:** involves participation in fixtured sporting events (e.g. netball/hockey/football) or activities which require the supervision or expertise of an instructor (e.g. aerobics)
- **Sport Spaces:** provide a setting for formal structured activities. Sport spaces provide a venue for formal structured sporting activities such as team competitions, physical skill development and training. Sport spaces are designed to accommodate playing surface, buffer zones and infrastructure requirements of specific or general sporting activity. Players and spectators attend with the express purpose of engaging in organised sporting activity, training, and competition or watch the game. Most sport spaces can be accessed by community members for informal sport and recreation
- **Recreation:** an activity of leisure for free time often done for enjoyment and can be considered healthy, fun and social
- **Recreation Spaces:** Provide a setting for informal play and physical activity, relaxation and social interaction. Recreation spaces can be accessed by all to play, socialise, exercise, celebrate or participate in other activities that provide personal satisfaction or intrinsic reward.
- **Active Public Open Space:** typically provides for more formal recreational pursuits and organised sporting activities (e.g. ovals, soccer pitches, netball courts). Active spaces within parks may also be hard non-green spaces, such as basketball and tennis courts which are important facilities for physical activity and exercise
- **Incidental Activity:** includes active play and recreation, for example walking the dog, swimming, walking and cycling for recreation, walking for public transport.

[1] Healthy Active by Design www.healthyactivebydesign.com.au/

- **Open Space Classification (from DSR):** based on the function and catchment hierarchy. The function of the space refers to its primary use and expected activities:
    - Recreation spaces – provide a setting for informal play and physical activity, relaxation and social interaction
    - Sport spaces – provide a setting for formal structured sporting activities
- **Nature spaces:** provide a setting where people can enjoy nearby nature and protect local biodiversity and natural area values
- **Co-Location:** Locating/integrating two or more facilities on the same or adjacent sites
- **Facility Sharing:** Locating/integrating two or more groups which utilise the same facility and operate under a shared management structure.

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The King's Fund

Ideas that change health care

Making our health and care systems fit for an ageing population

Authors
David Oliver
Catherine Foot
Richard Humphries

The King's Fund is an independent charity working to improve health and health care in England. We help to shape policy and practice through research and analysis; develop individuals, teams and organisations; promote understanding of the health and social care system; and bring people together to learn, share knowledge and debate. Our vision is that the best possible care is available to all.

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About the authors

David Oliver is a Visiting Fellow at The King's Fund and during his time at the Fund David will work on a variety of integrated care projects, with a particular focus on integrated services for older people. David has been a practising hospital doctor for 25 years and a consultant, specialising in geriatric and general internal medicine, for 16 years. He has been lead clinician and clinical director for both South London NHS Trust and the Royal Berkshire NHS Foundation Trust.

Previously David was the government's National Clinical Director for Older People at the Department of Health, was seconded to the Civil Service from 2010 to 2013, and before that was a specialist clinical adviser in the Department of Health. He is a past secretary and current president-elect of the British Geriatrics Society and chair of the Royal College of Physicians Speciality Committee for Geriatric Medicine.

In academia, David was a senior lecturer in the School of Health Sciences at the University of Reading from 2004 to 2009. Since 2009 he has been a visiting professor of medicine for older people at City University London. He has a visiting chair at the University of Surrey. He has lectured both in the United Kingdom and internationally.

Catherine Foot joined the policy directorate at The King's Fund in March 2009, and manages a programme of work on patient experience and quality. Her interests include how organisations gather and respond to feedback and information from patients, how patients can be meaningfully involved in and lead service design and improvement, the effectiveness of national structures and systems for assuring and improving quality and patient experience, and international comparisons.

Previously, she has been programme director of the International Cancer Benchmarking Partnership, a Department of Health-led initiative to study why cancer survival rates vary between countries with similar health systems and expenditures on health, and was head of policy at Cancer Research UK, where she worked on cancer services reform, public health, health inequalities and medical science policy.

Richard Humphries joined The King's Fund in 2009 to lead on social care and work across the NHS and local government. He is a recognised national commentator and writer on social care reform, the funding of long-term care and the integration of health and social care. He is leading the Fund's work on health and wellbeing boards, including a research project and offering practical support to several local authorities and their health partners.

A graduate of LSE, his professional background is social work, and over the past 35 years he has worked in a variety of roles, including as a director of social services and health authority chief executive (the first combined post in England) and in senior roles in the Department of Health. Richard is a columnist for the *Local Government Chronicle*, a non-executive director of Housing21 and co-chair of the associates' network of the Association of Directors of Adult Social Services. He is also a Fellow of the RSA.

Key messages

Improving services for older people requires us to consider each component of care, since many older people use multiple services, and the quality, capacity and responsiveness of any one component will affect others. The key components we have set out in this paper are:

- healthy, active ageing and supporting independence
- living well with simple or stable long-term conditions
- living well with complex co-morbidities, dementia and frailty
- rapid support close to home in times of crisis
- good acute hospital care when needed
- good discharge planning and post-discharge support
- good rehabilitation and re-ablement after acute illness or injury
- high-quality nursing and residential care for those who need it
- choice, control and support towards the end of life
- integration to provide person-centred co-ordinated care.

Within each component, we present evidence and guidance for how to provide high-quality care, with examples of local innovations. Key issues include the use of comprehensive geriatric assessment at the right time, and the effective provision of co-ordinated primary, community and social care services close to home.

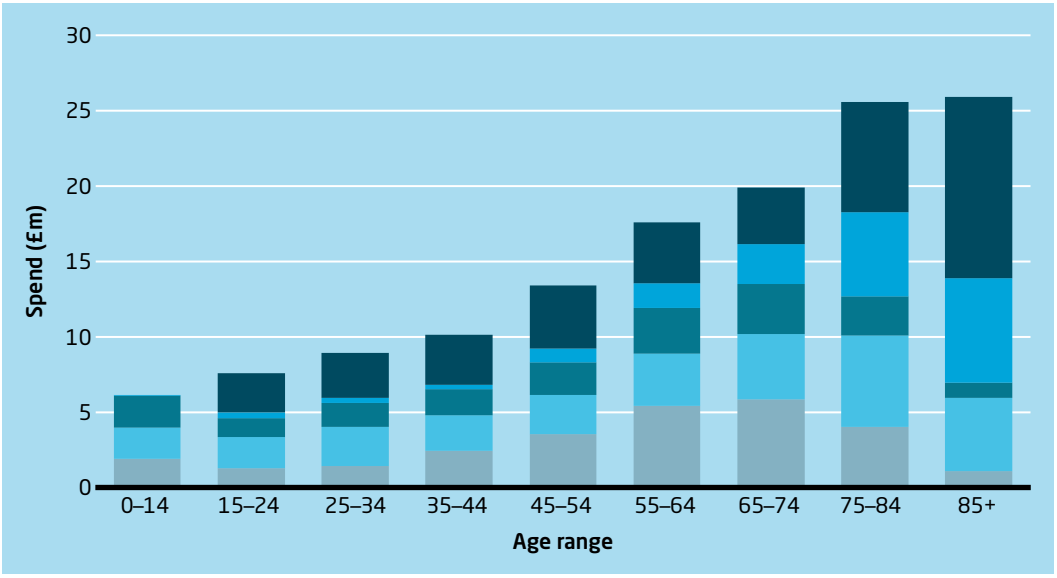
- Transforming services for older people requires a fundamental shift towards care that is co-ordinated around the full range of an individual's needs (rather than care based around single diseases) and care that truly prioritises prevention and support for maintaining independence. Achieving this will require much more integrated working to ensure that the right mix of services is available in the right place at the right time.
- Incremental, marginal change is not sufficient; change is needed at scale and at pace. This paper does not aim to address the barriers and opportunities that can respectively hinder or help bring about this service transformation, although those of course exist. Instead, it aims to give local service leaders in England and beyond a framework and tools to help them examine and improve the services they provide for older people.

Introduction

When the NHS was founded in 1948, 48 per cent of the population died before the age of 65; that figure has now fallen to 14 per cent (Office for National Statistics 2011b). Life expectancy at 65 is now 21 years for women and 19 years for men (Office for National Statistics 2013c), and the number of people over 85 has doubled in the past three decades (Office for National Statistics 2013e). By 2030, one in five people in England will be over 65 (House of Lords 2013).

This success story for society and for modern medicine has utterly transformed our health and care needs. Many people stay healthy, happy and independent well into old age, and there is mounting evidence that tomorrow's older people will be more active and independent than today's (Spijker and MacInnes 2013). However, as people age, they are progressively more likely to live with complex co-morbidities, disability and frailty. People over 65 account for 51 per cent of gross local authority spending on adult social care (Health and Social Care Information Centre 2013c) and two-thirds of the primary care prescribing budget, while 70 per cent of health and social care spend is on people with long-term conditions (Department of Health 2013c). The data from Torbay presented in Figure 1 emphasises how, across all services, activity and cost increase with age.

Figure 1 Annual cost* by age and service area for Torbay (population 145,000), 2010/11



*Costs of primary care and prescribing are not included
Source: Torbay Care Trust (reproduced with permission)

Health and care services have failed to keep up with this dramatic demographic shift. The NHS has designed hospital medical specialties around single organ diseases. Primary care consultations and payment systems do not lend themselves to treating patients with multiple and complex conditions (Beales and Tulloch 2013; Roland 2013). Common conditions of older age receive less investment, fewer system incentives, and lower-quality care than general medical conditions prevalent in mid-life (Steel *et al* 2008; Melzer *et al* 2012). There is substantial evidence of ageism and age discrimination in health and care services, ranging from patronising behaviour to worse access to treatment (Centre for Policy on Ageing 2009a, 2009b, 2009c). In addition, capacity in the community for the intermediate care and support services that help older people to remain well, manage crises, and recover from acute episodes is hugely variable and generally inadequate for demand (NHS Benchmarking 2013).

This paper is designed as a high-level resource and reference guide for local service leaders who want to improve care for older people. Within each component of care we describe the goal that the system should aim for and then present key evidence about what we know can work, selected examples of local good practice, pointers to major reviews and guidelines, and advice about where to start.

Although the paper refers to numerous systematic reviews, we did not use this methodology in writing the document, relying instead on the authors' own knowledge of the literature and other expertise on high-quality services. This was augmented by inputs from external reviewers, other experts within The King's Fund, and leaders in the health and care community, thus bringing together a wide range of resources and good practice. Where the evidence is sometimes incomplete or contradictory, we have stated this explicitly.

For each component of care, we have used the phrase 'what we know can work' because no service innovation or improvement initiative can simply be 'dropped in' and expected to deliver if the local systems, culture and leadership are not conducive to change.

The paper is structured around nine components, followed by a final, overarching component (integrated care centred around the individual's needs) that binds the others together. The components of care covered in the paper are set out in Figure 2 below, all contributing to an overall goal of high-quality, person-centred co-ordinated care for older people that focuses on maintaining health and independence.

By concentrating on components of care rather than over-specifying where care should be provided or who should provide it, we have aimed to focus on older people and their needs rather than service structures. There are multiple interdependencies and transitions between components and, in some cases, one team or organisation might provide several of them. For example, as our population ages, there is a considerable overlap between living with and dying from various conditions, and this is reflected in the concept of end-of-life care currently in use; this incorporates care for those who are nearing their final years, months and weeks of life – not just those who are in the final days of life (General Medical Council 2010).

Figure 2 Ten components of care for older people

When we consider what is required to improve quality of care for older people, we need to look beyond the narrow definition given by Lord Darzi in the NHS Next Stage Review – which centred on effectiveness, safety and experience (Department of Health 2008) – to encompass the broader domains of access, efficiency and equity, including freedom from (age-based) discrimination (Institute of Medicine 2001). For older people using multiple services, continuity and co-ordination are also key components of quality (National Voices 2013).

In addition, given current pressures on the NHS, we must strive wherever possible to 'shift the curve' from high-cost, reactive and bed-based care to care that is preventive, proactive and based closer to people's homes, focusing as much on wellness as on responding to illness. When asked what they value in terms of wellbeing and quality of life, older people report that health and care services when they become ill or dependent are only part of the story. Many other things matter: the ability to remain at home in clean, warm, affordable accommodation; to remain socially engaged; to continue with activities that give their life meaning; to contribute to their family or community; to feel safe and to maintain independence, choice, control, personal appearance and dignity; to be free from discrimination; and to feel they are not a 'burden' to their own families and that they can continue their own role as caregivers (Tadd *et al* 2010; Personal Social Services Research Unit 2010; Nazroo and Matthews 2012).

These priorities largely mirror those expressed by adults of all ages. We need to recognise that helping older people to achieve such goals should be a key mission of the health and care services we describe here and that such services are only one factor and do not sit in isolation. A range of other people and partners in local communities are important in helping older people to help themselves remain well and independent, as recognised by 'asset-based' approaches to wellbeing (Glasgow Centre for Population Health 2011). Even within health services, there is a growing focus in primary care on supported 'self-management' – enabling people and their families to reduce their risk of developing new long-term conditions or to live more comfortably with existing ones (Mathers *et al* 2011). We know that older people or those experiencing some of the conditions common to ageing are far less likely to receive such support (Steel *et al* 2008; Melzer *et al* 2012).

This paper can be used by local service leaders or practitioners who simply want to improve one or two components of care in a focused way. However, we hope that it will mainly be used by cross-agency, inter-professional groups wishing to improve quality and integration in services for older people across their local health economy. How can they do this effectively?

- By 'walking the journey of care' from prevention right through to the end of life.
- By agreeing an overarching vision and some key standards that all agencies can sign up to.
- By involving older people and their carers in service redesign from the outset and by looking at all the interfaces, transitions, duplications and interdependencies between the care components.
- By agreeing some outcome measures that define the performance of individual services but, more importantly, whole systems of care for older people.
- By building in outcomes that measure what older service users most value.
- By implementing best practice or 'what good looks like' in every component of care.

We have set this out in detail in the final and most important section of the paper, which discusses closer integration of care.

If we can get health and care systems and services right for our older population – those with the highest complexity, activity, spend, variability, and use of multiple services – we should help get it right for other service users. The twin challenges of demography and funding demand no less.

If this all seems aspirational or unattainable in the current climate, we should be encouraged by the fact that for every pair of good practice examples we have showcased from frontline services in the UK, we could have picked several more. Local service leaders are already innovating, implementing and transforming services for older people. What we need now is to disseminate their experiences and the lessons learnt so that those models can be adopted more widely, making the rest as good as the best. We hope this paper helps the cause.

1 Healthy active ageing and supporting independence

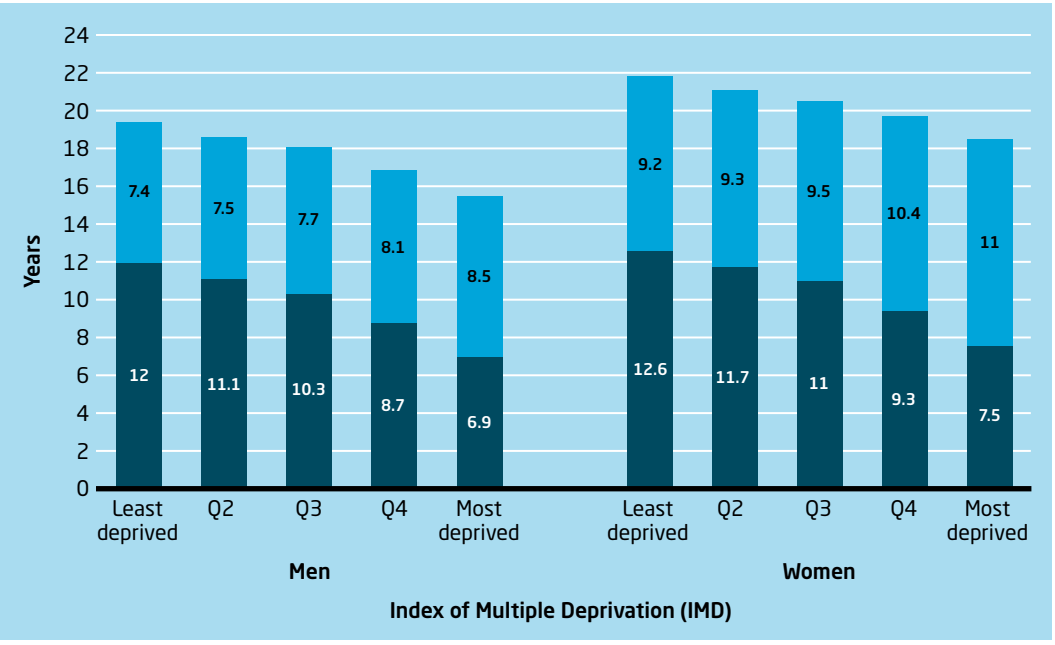
Goal

Older people should be able to enjoy long and healthy lives, feeling safe at home and connected to their community.

The current situation

- Life-course strategies for public health and health inequalities have tended to focus on children and working-age adults rather than older people; in England, local health and wellbeing strategies have tended not to prioritise older people (Humphries and Galea 2013).
- There remain major inequalities in both absolute life expectancy and healthy life expectancy at 65, and in rates of premature mortality before 75 (Office for National Statistics 2011a) (*see* Figure 3).
- 11 per cent of people over 75 report feeling isolated, and 21 per cent feel lonely (Banks *et al* 2008).
- In England in 2012/13 there were 31,100 excess winter deaths – an increase of 29 per cent on the previous winter. Most excess deaths occurred in people aged 75 and over (Office for National Statistics 2013a).
- 34 per cent of people aged 65–74 are obese (Scarborough *et al* 2010), and only 8 per cent of women over 75 take the recommended levels of physical activity (NHS Information Centre 2009).
- Uptake of influenza and pneumococcal vaccinations is below the levels set by international targets and national guidance (Michel *et al* 2009; World Health Organization 2009; Public Health England 2013b).

Figure 3 Life expectancy with disability (LEWD) and disability free life expectancy (DFLE) for men and women at age 65, by Index of Multiple Deprivation (IMD) 2007 quintile, England, 2006–08



Source: Office for National Statistics 2011a

What we know can work

Life-course approaches to health and wellbeing that address the wider determinants of health

As the Marmot Review on health inequalities (2012) made clear, a person's health and wellbeing in later life are affected by determinants of health over the course of their life, such as education, poverty, housing and employment, as well as healthy lifestyles and health care. So interventions throughout the life course affect people in older age. And just as with health and wellbeing for younger age groups, all parts of the local system – from housing, the environment, social care, public health and health care – have a contribution to make. A recent paper from The King's Fund has highlighted the areas where local government can most effectively contribute to improving the health of their local populations (Buck and Gregory 2013). Some of the most important interventions for older people's health and wellbeing are described below.

Ensuring that we get housing right for older people

The right supply of housing in terms of location, affordability, size, tenure and facilities is a crucial factor in enabling people to remain in their own homes as they age (All Party Parliamentary Group on Housing and Care for Older People 2011). It is essential that new housing stock reflects the needs of the local ageing population, with sufficient extra care, sheltered and age-friendly housing available (Association of Directors of Adult Social Services/Housing Learning & Improvement Network 2012). Existing housing stock can also be adapted with aids and technology to assist older people with daily living and maximise their independence and safety. Adaptations and care packages can aid older people's recovery after a hospital stay and can help them to remain in their own homes at the end of life (National Housing Federation 2011, 2012). Providing adaptations to support an older person to remain at home for just one year can save £28,000 on long-term care costs (LaingBuisson 2008).

Preventing social isolation and promoting age-friendly communities

Loneliness, social isolation and social exclusion are important risk factors for ill health and mortality in older people (Steptoe *et al* 2012; World Health Organization 2002). Positive and supportive relationships with close family members contribute to older people's wellbeing, but those aged 75 and over are least likely to have these networks (Hoban *et al* 2013). Given the complex factors involved in isolation and loneliness, it is perhaps unsurprising that evidence about successful interventions is relatively limited, although group activities tend to have better outcomes than one-to-one interventions (Scottish Collaboration for Public Health Research and Policy 2010). Effective interventions to combat older people's isolation and exclusion often combine public services action with volunteering and greater involvement by families and communities (World Health Organization 2008); older people undertaking voluntary work is also associated with improved wellbeing and quality of life (Nazroo and Matthews 2012). The UK-wide Campaign to End Loneliness has a toolkit for health and wellbeing boards (www.campaigntoendloneliness.org), and the Local Government Association (LGA) has produced a wealth of material demonstrating what can be achieved at community level by promoting active ageing (Local Government Association 2012).

Cold weather planning

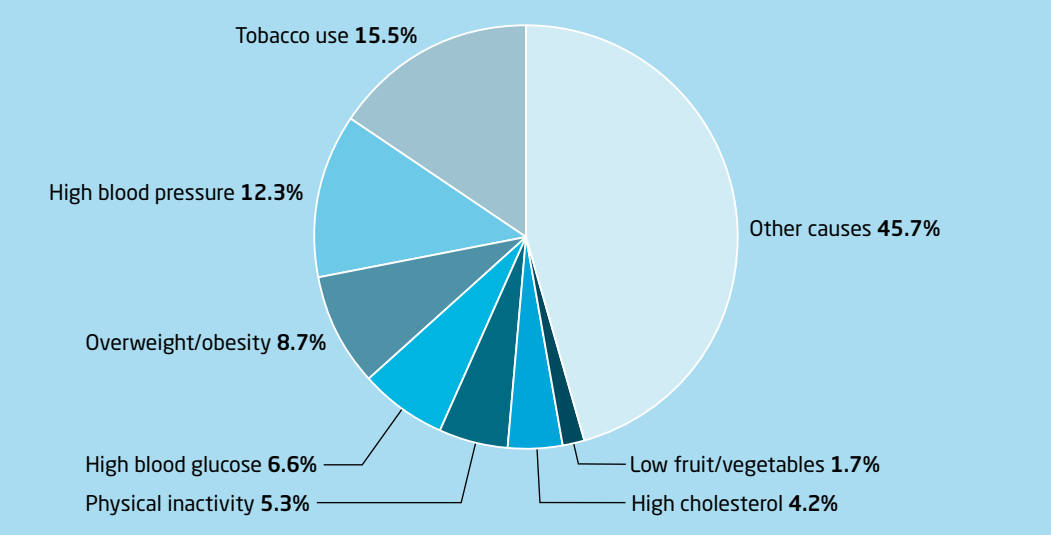
Countries that have invested in winter preparedness have all but abolished excess winter deaths (Department of Health 2010a; The Eurowinter Group 1997). Localities must develop and implement cold weather plans in line with Department of Health guidance (Department of Health 2011b). These should include actions to combat fuel poverty,

housing preparedness (including insulation), resource planning (for surges in health care demand), emergency and major incident responses, and systems for supporting the most vulnerable older people, including those who are housebound.

Promoting healthy lifestyles and wellness

The World Health Organization (WHO) estimates that more than half of the burden of disease among people over 60 is potentially avoidable through changes to lifestyle (*see* Figure 4, cited by Melzer 2013).

Figure 4 Burden of disease among people aged 60 and over



Source: World Health Organization 2011b

There is increasing evidence that adopting healthy lifestyles in old age can yield health benefits (Kenfield and Stampfer 2013), and maintaining behaviours such as regular exercise, not smoking, reducing alcohol consumption, healthy eating, and preventing obesity has a protective effect well into retirement (Rizzuto *et al* 2012). A 2012 Cochrane Review of Physical Activity in Older People has shown a wide range of benefits for balance, wellbeing, mobility, cognition and bone fragility from evidence-based tailored exercise interventions. There is particularly clear evidence regarding the benefits of exercise for older people (Sherrington *et al* 2008; de Vries *et al* 2012; Clegg *et al* 2013). Localities should ensure that all strategies and interventions to promote healthy lifestyles include and are accessible to older people.

Adequate treatment for 'minor' needs that limit independence

Many older people experience needs that tend to be characterised as 'minor', but which can significantly affect their independence, wellbeing and social engagement. These include mobility problems, foot health, chronic pain, visual and hearing impairment, incontinence, malnutrition and oral health. These conditions are also characterised by highly variable access and quality in terms of treatment (Collerton *et al* 2007; Craig and Mindell 2007; Department of Health 2009d; Royal College of Physicians 2010; Barrett *et al* 2011; Royal College of Nursing 2011; British Dental Association 2012; Leamon 2013; Collerton *et al* 2007). Local service leaders must not underestimate the importance of providing services to address these 'minor' needs, and should re-examine local provision, addressing any gaps. Low-level interventions such as help with household repairs, minor property adaptations, and other practical support such as befriending can help

to maintain independence (Allen and Glasby 2010). Proactive, early identification of such problems, using structured assessment tools coupled with tailored interventions, can have significant benefits for older people's wellbeing and independence (Melis *et al* 2008).

Vaccination

Influenza vaccinations for older people can save lives. However, in 2012, uptake of the vaccination in England was only 55 per cent among over-65s – well short of the WHO's 75 per cent target (National Institute for Health and Clinical Excellence 2008; World Health Organization 2009), prompting a national campaign to increase uptake (Public Health England 2013b). Pneumococcal immunisation is also important and is recommended for all those aged over 65, but latest data show that only 75 per cent of this age group had received it (Department of Health 2013a). Localities should ensure that vaccination uptake is in line with national and international guidance.

National screening programmes

A recent independent review has confirmed the effectiveness of the NHS breast screening programme (Independent Breast Screening Review 2012), while bowel screening reduces the chance of death by a quarter in those screened (Hewitson *et al* 2007). Action to increase uptake of national bowel and breast cancer screening programmes should therefore be a priority; more effort needs to be made to ensure that those people identified through screening as being at higher risk are invited for and take up further investigations. There is as yet no national screening programme for prostate cancer because the evidence of its potential benefits remains unclear, but there is a prostate cancer risk management programme based on prostate specific antigen (PSA) testing in men aged 50–69 (Public Health England 2013c). An abdominal aortic screening programme for men aged 65–74 is just beginning, and so uptake should be encouraged as the programme is rolled out across England.

Key reviews and guidance

Melzer D, Tavakoly B, Winder R, Richards S, Gericke C, Lang I (2012). *Health care quality for an active later life: improving quality of prevention and treatment through information: England 2005 to 2012*. A report from the Peninsula College of Medicine and Dentistry Ageing Research Group for Age UK. Exeter: PCMD, University of Exeter.

Scottish Collaboration for Public Health Research and Policy (2010). *Promoting health and wellbeing in later life: interventions in primary care and community settings*. Edinburgh: Scottish Collaboration for Public Health Research and Policy. Available at: www.scphrp.ac.uk/node/198 (accessed on 21 November 2013).

Department of Health Prevention Package (2009d). *Prevention package for older people resources*. Available at: http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/dh_103146 (accessed on 28 November 13).

Local Government Association (2012). 'Ageing well legacy'. Programme website. Available at: www.local.gov.uk/ageing-well (accessed on 21 November 2013).

World Health Organization (2012). *Strategy and action plan for healthy ageing in Europe, 2012–2020*. Denmark: WHO Regional Office for Europe. Available at: www.euro.who.int/__data/assets/pdf_file/0008/175544/RC62wd10Rev1-Eng.pdf (accessed on 2 December 2013).

Allen K, Glasby J (2010). *'The billion dollar question': embedding prevention in older people's services – 10 'high impact' changes*. Discussion Paper. Birmingham: Health Services Management Centre, University of Birmingham.

Good practice examples

Newcastle West Clinical Commissioning Group Ageing Well Strategy

In conjunction with Newcastle Council, Newcastle West CCG has developed an ageing well strategy that goes beyond mid-life to the 'mature life cycle', which comprises 'preparing for active old age' (50 onwards), 'active old age', 'vulnerable old age' and 'dependent old age'.

The strategy includes:

- health checks aimed at identifying risk factors such as obesity, physical inactivity and poor diet in those aged 40–74
- engaging older people as volunteers and health champions
- a focus on case-finding to identify older people who are vulnerable to deterioration or dependency so that they can receive proactive support
- a focus on supported self-management.

(Drinkwater *et al* 2012)

Age UK's 'Fit as a fiddle' campaign

The 'Fit as a fiddle' campaign is a nationwide programme run by Age UK that supports healthy, active ageing by promoting physical activity, mental wellbeing and healthy eating, reflecting the ideas and needs of older people. It is delivered in partnership with regional and national organisations and encompasses a diverse range of initiatives – for instance, participation in activities, telephone peer support, chair-based exercise programmes, and social networks for older men experiencing social isolation.

The campaign's activities appear to have had a positive impact on wellbeing, levels of happiness, physical activity and social engagement. An independent evaluation of the programme is now under way.

www.ageuk.org.uk/professional-resources-home/services-and-practice/fit-as-a-fiddle/

2 Helping people to live well with simple or stable long-term conditions

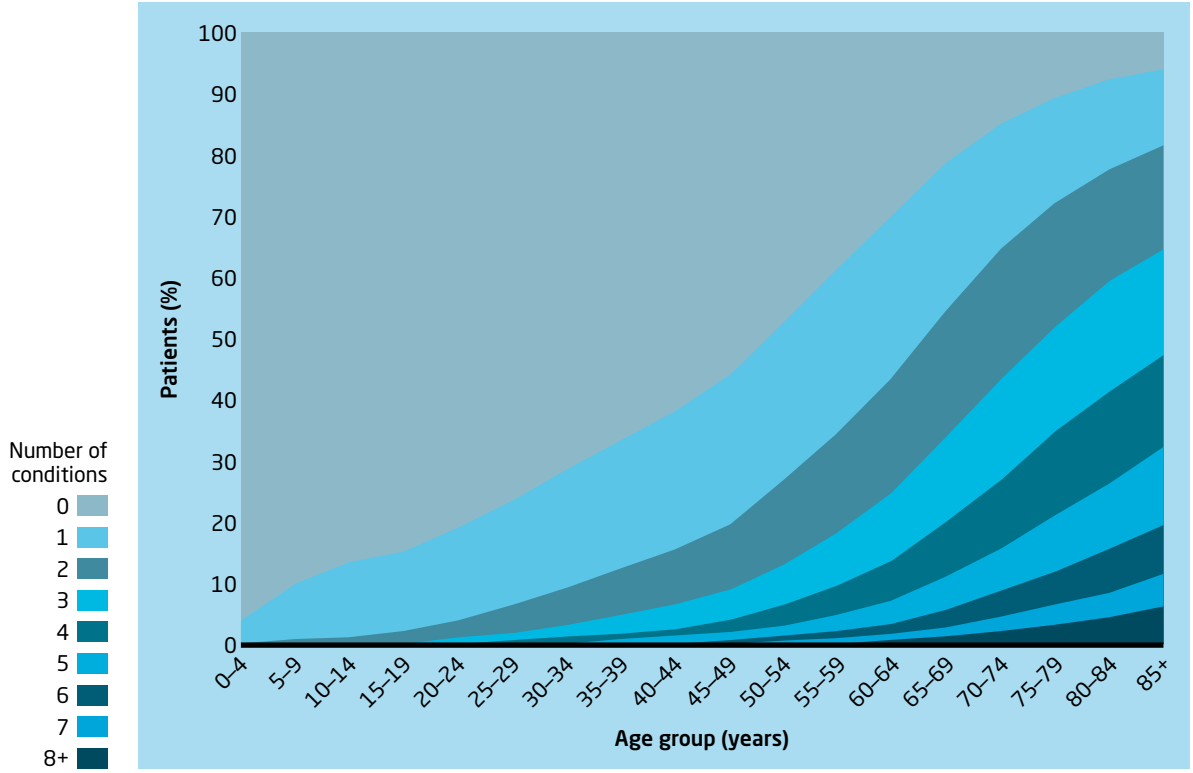
Goal

Older people with simple or stable long-term conditions should be enabled to live well, avoiding unnecessary complications and acute crises.

The current situation

- Most older people self-rate their health as 'good' or 'excellent', and most say they do not live with a long-term condition they consider to be 'life-limiting' (Office for National Statistics 2013b). However, most people over 65 do live with a long-term condition (Banks *et al* 2008), and most people over 75 live with two or more (*see* Figure 5) (Barnett *et al* 2012; Melzer *et al* 2012).
- Older people receive poorer levels of care than younger people with the same conditions (Centre for Policy on Ageing 2009a, 2009b, 2009c; Melzer *et al* 2012). For example, older people are far less likely to receive psychological therapies for mental illness and more likely to be prescribed drugs (Cooper *et al* 2009).
- General medical conditions are treated more effectively than common geriatric conditions; less than half of patients with poor vision, osteoporosis, urinary incontinence or arthritis are receiving basic quality care (Steel *et al* 2008).
- Despite a growing focus on supported self-management for people with long-term conditions (Mathers *et al* 2011), less than one in four people over 75 self-report receiving any support or advice in preventing further falls or progression of osteoarthritis or in managing their own diabetes (Melzer *et al* 2012).

Figure 5 Morbidity (number of chronic conditions) by age group



Source: Barnett *et al* 2012

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- UK health services perform badly compared with other countries in involving patients of all ages in supported self-care and shared decision-making (Health Foundation 2010); for example, older people report less education and support in self-management of diabetes (Melzer *et al* 2012).
- There are around 6 million people in the UK who are unpaid carers, largely for older people, and the number of adults caring for their parents is projected to increase by 50 per cent by 2032 (House of Lords 2013). Increasingly, these carers are older people themselves, often with their own health problems; many older couples provide partial care for each other rather than simply fitting the categories of 'service user' and 'carer' (Audit Commission 2004).

What we know can work

The fundamental principles of effective management of long-term conditions apply to people of all ages. They include population risk stratification, leading to personalised support that ranges from promoting health and wellness to supported self-care and shared care, through to specific disease management, care co-ordination approaches and case management as levels of risk and complexity increase (Roland and Abel 2012; Goodwin *et al* 2010).

Providing continuity and care co-ordination

In England, the new GP contract (which comes into force in October 2014) will ensure that all people over 75 with complex, multiple long-term conditions will be cared for by a named GP. Relational continuity of this sort can make an important contribution to providing more person-centred co-ordinated care (Roland 2013; Haggerty 2012) and is something that patients and their families have repeatedly identified as important to them (National Voices 2013; Ellins *et al* 2012; Mangin *et al* 2012).

Using population risk stratification

To help identify people at risk, NHS England incentivises annual health checks for all people aged 50–74. Despite Public Health England's vigorous defence of this policy on the grounds that innovation cannot wait for research evidence (Goodyear-Smith 2013), there is only weak evidence that such checks are effective in reducing mortality (Krogsbøll *et al* 2012), although there is evidence that they can help encourage already healthy people to remain healthy (Iliffe 2013). Some service leaders are enthusiastic about proactive general population screening for those over 75 (Beales and Tulloch 2013), and there are credible peer-reviewed studies of such approaches in practice (Clark *et al* 2013; Health Foundation 2013c), although cost-effectiveness is uncertain. Targeted case-finding of at-risk groups within the older population is likely to be more effective in identifying unmet need. Using validated risk stratification tools with primary, secondary and social care data is one approach (Nuffield Trust 2011; Purdy 2010). However, these tools need to be linked to clear evidence-based strategies for tailored interventions designed for each at-risk group, including initial clinical assessment and screening to identify the specific unmet needs of those individuals.

Case management delivered through integrated locality-based teams

Case management has been defined as 'a targeted, community-based and proactive approach to care that involves case-finding, assessment and care planning' (Ross *et al* 2011). It works best as part of a wider programme to integrate care, including good access to primary care services, supporting health promotion and primary prevention, and co-ordinating community-based packages for rehabilitation and re-ablement (Challis and Hughes no date; Ross *et al* 2011; Goodwin *et al* 2012).

Involving older people and their families in planning and co-ordinating their own care

A key aspect of good management of long-term conditions is ensuring that the services and support provided reflect the person's own circumstances and preferences (Coulter *et al* 2013). The 'house of care' model offers one approach for achieving this, where people with long-term conditions engage in collaborative care planning through pre-arranged appointments, co-producing a single holistic care plan with their care co-ordinator (Coulter *et al* 2013). This is particularly important for older people with multiple long-term conditions, since interventions and care planning approaches that focus on single chronic conditions can lead to chaotic overall care for these patients (Roland 2013; Haggerty 2012; Beales and Tulloch 2013; Barnett *et al* 2012).

Personal care budgets and direct payments

Local authorities, in conjunction with health partners, should ensure that older people and their carers are offered the choice of taking up personal care budgets and direct care payments, ensuring that there are sufficient safeguards to provide any vital care and support needs that are not covered. Most personal budget-holders report a positive impact on many aspects of their lives, including being supported with dignity and respect, staying independent, being in control of support, relationships with paid carers and family members, and improved physical health, personal safety and access to care (Hatton and Waters 2011). The impact of 'cash for care' on older people with complex needs is less clear than for younger people with disabilities or mental health problems (Glendinning *et al* 2008; Moran *et al* 2013), with the benefits potentially offset by anxiety and uncertainty among older people trying to navigate systems or co-ordinate their own care. However, it may be that the type of support needs to be tailored better to the needs of older people.

Telehealth

The evidence for telehealth services for people with long-term conditions is mixed, with the best evidence pointing to possible effectiveness of telecare services for older people with specific conditions such as cardiac failure, diabetes or chronic lung disease (Davies and Newman 2011); evidence suggests that telehealth can also play an important role in the delivery of care to remote and rural populations. It has been valued by staff and service users in some local examples of care co-ordination or virtual wards (Goodwin *et al* 2013), or in housing-based interventions to help keep older people living at home independently (National Housing Federation 2012), though it is hard to disentangle its effect from that of other service components. However, there is no strong evidence that telehealth reduces hospital admissions or costs (Scottish Collaboration for Public Health Research and Policy 2010). The Whole System Demonstrator (WSD) trial found ambiguous evidence in relation to hospital admission (Steventon *et al* 2012) and no real benefits in terms of cost-effectiveness (Henderson *et al* 2013) or quality of life (Cartwright *et al* 2013). In the UK, there is still doubt on both sides about how to improve joint working between the industry and health services (Barlow *et al* 2012).

Providing support and education for family and volunteer carers

The crucial role of carers in maintaining older people's independence and wellbeing was recognised in the Dilnot Review on care and support (Department of Health 2011c), and the National Strategy for Carers (Department of Health 2011d); WHO Europe, in its strategy for healthy ageing in Europe, identified 'public support for informal caregiving' as a key strategic priority (World Health Organization 2012). Local leaders in health

and social care, mental health, local government, and their voluntary sector partners should review the needs of carers for older people in terms of peer support, education, information and training, and respite, incorporating these into all health and wellbeing plans and mapping their own service provision against any national strategies to support carers.

Ensuring that older people receive the same care and support as younger people with the same condition

Age can be a legitimate factor in differentiating care and treatment – for example, when assessing the balance of risk and benefit in relation to the side effects of certain drugs. But from self-management support to psychological therapies, there is ample evidence that care and support for older people with long-term conditions is unjustifiably inequitable (Centre for Policy on Ageing 2009a, 2009b, 2009c). Localities should examine local performance with this in mind, to ensure that older people are not disadvantaged.

Improving care and treatment for the common conditions of ageing

In the first section we highlighted that access to care and treatment for many of the more minor conditions of ageing is variable and often poor. The same is true for a number of more serious long-term conditions that predominantly affect older people or are more common with ageing (Centre for Policy on Ageing 2009a, 2009b, 2009c; Steel *et al* 2008; Melzer *et al* 2012). These include osteoarthritis, cardiac failure, chronic airways disease, and non-insulin dependent diabetes. Despite clear guidelines from the National Institute for Health and Care Excellence (NICE) for these conditions, clinical audit data and other studies reveal significant care gaps (Steel *et al* 2008; Royal College of Physicians 2010, 2012c; Melzer *et al* 2012; Health and Social Care Information Centre 2013b). Localities must ensure that performance in these areas is assessed and managed.

Key reviews and guidance

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Good practice examples

Gloucestershire Heart Failure Service

Gloucestershire has a county-wide community specialist service for people with suspected or confirmed cardiac failure. If the diagnosis is confirmed, they are assessed jointly by a GP with a special interest in cardiac failure and by a specialist heart failure nurse, who agree a shared plan for treatment, management and self-care with the patient.

Nurse specialists also support older people with recent hospital admissions for cardiac failure to help them manage their transition back home and prevent readmissions. Patients and carers have access to specialist helpline reassurance and support. The service has successfully used telehealth to help patients monitor their vital signs, detect early deterioration, and help build their confidence in self-care.

(Moore 2008; see also Gloucestershire Care Services Heart Failure Service website: www.glos-care.nhs.uk/our-services/specialist-services/heart-failure-service)

Glasgow Fracture Liaison Service

Many older people who suffer fractures or osteoporosis have suffered previous 'herald fractures'. Their chances of going on to suffer further fractures or falls or develop worsening bone fragility could have been reduced by assessment, treatment and support after the first fracture.

The Greater Glasgow Fracture Liaison Service (FLS) offers assessment for all men and women over 50 with a new low trauma fracture, whether they have been admitted or presented as an outpatient. Patients are offered a one-stop clinic to assess fracture risk, carry out biochemical investigations and, where appropriate, bone density (DXA) scanning. Appropriate medical care is prescribed to reduce the risk of further fractures, and patients are referred to falls-prevention and exercise programmes that can reduce falls risk and increase bone density. Fracture liaison nurses offer ongoing support and advice, including support with medication, to ensure that treatment plans are sustained.

(Mitchell and Adekunle 2010)

3 Helping people live with complex co-morbidities, including dementia and frailty

Goal

Health and care services should support older people with complex multiple co-morbidities, including frailty and dementia, to remain as well and independent as possible and to avoid deterioration or complications.

The current situation

- Frailty is common in people requiring care and support at home, those who are housebound, long-term care residents, recipients of home care, and among older people admitted to hospital (British Geriatrics Society 2011; Cornwell 2012). It can also remain unrecognised until people present to services. With age, disability is also increasingly common (especially sensory impairment and mobility problems) (Department for Work and Pensions 2013; NHS Information Centre 2007).
- Around 1 in 3 people over 65 and 1 in 2 over 80 fall each year; falls are the leading cause of ambulance call-outs to the homes of people over 65 (Department of Health 2009d).
- Dementia is progressively common in older age, affecting 1 in 6 people over 80 (Alzheimer's Society 2007). There is considerable underdiagnosis of dementia compared with expected rates (NHS Atlas of Variation 2011). Dementia often complicates multiple co-morbidities or frailty. It has been estimated to cost the public purse more than heart disease, stroke and cancer combined.
- Older people with complex needs greatly value continuity of care, with clinicians and carers who are familiar with their needs and who can help them to navigate multiple services (Ellins *et al* 2012).

What we know can work

Recognising the importance of frailty

Managing frailty is a key issue for modern health and social care services, yet it has been neglected in many local strategies for long-term conditions (Clegg *et al* 2013). Clinically, older people who are frail have poor functional reserve, so that even a relatively minor illness can present with sudden catastrophic functional decline – causing the person to fall, become immobile or rapidly confused, or to present non-specifically with failure to thrive (Clegg *et al* 2013). Identifying and supporting people who are frail therefore requires a focus of its own. A clinical description of frailty is provided in the box overleaf.

Frequent clinical presentations of frailty

Non-specific

Extreme fatigue, unexplained weight loss and frequent infections.

Falls

Balance and gait impairment are major features of frailty, and are important risk factors for falls. A so-called hot fall is related to a minor illness that reduces postural balance below a crucial threshold necessary to maintain gait integrity. Spontaneous falls occur in more severe frailty when vital postural systems (vision, balance and strength) are no longer consistent with safe navigation through undemanding environments. Spontaneous falls are typically repeated and are closely associated with the psychological reaction of fear of further falls that causes the patient to develop severely impaired mobility.

Delirium

Delirium (sometimes called acute confusion) is characterised by the rapid onset of fluctuating confusion and impaired awareness. Delirium is related to reduced integrity of brain function and is independently associated with adverse outcomes. Roughly 30% of elderly people admitted to hospital will develop delirium, and the point prevalence estimate for patients in long-term care is 15%.

Fluctuating disability

Fluctuating disability is day-to-day instability, resulting in patients with 'good', independent days and 'bad' days on which (professional) care is often needed.

Source: Clegg *et al* 2013

Using frailty risk assessment and case-finding

The Electronic Frailty Index (Trueland 2012), being piloted in English primary care data systems, will help to identify individuals who are frail. In its absence, older people who are identified through conventional risk-scoring tools or who come into contact with the system with problems indicating frailty should receive initial screening, combined with comprehensive geriatric assessment (Clegg *et al* 2013). Telephone (Gloth *et al* 1999) and face-to-face assessment tools (Rolfson *et al* 2006) are available. As with any case-finding system, it must be linked to assessment and support, including case management, care co-ordination, access to rapid support, rehabilitation, and support for carers. There are also some 'proxies' for frailty, such as being housebound, recurrent episodes of falls or reports from others of 'slowing up recently' – which might prompt staff to complete an initial assessment. For a very quick, pragmatic screening assessment, a timed 3-metre walk is a well-validated screening tool (Castell *et al* 2013); among those aged over 75, a walking speed of less than 0.8 m/s confers a 32 per cent chance of being frail.

Different degrees of frailty will require different supportive services and interventions, and it is useful to differentiate between them, as Rockwood *et al* did in the Clinical Frailty Scale 2009–10 version (*see* box below).

The Clinical Frailty Scale

1. **Very fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.
2. **Well** – People who have no active disease symptoms but are less fit than Category 1. Often, they exercise or are very active occasionally, eg, seasonally.
3. **Managing well** – People whose medical problems are well controlled, but are not regularly active beyond routine walking.
4. **Vulnerable** – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being 'slowed up' and/or being tired during the day.
5. **Mildly frail** – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.
6. **Moderately frail** – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.
7. **Severely frail** – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).
8. **Very severely frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.
9. **Terminally ill** – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

Where dementia is present, the degree of frailty usually corresponds to the degree of dementia:

- Mild dementia – includes forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.
- Moderate dementia – recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.
- Severe dementia – they cannot do personal care without help.

Source: Rockwood K *et al* (2005).

Using proactive comprehensive geriatric assessment and follow-up for people identified as frail

Comprehensive geriatric assessment (CGA) is a 'multidisciplinary, diagnostic process to describe the medical, psychological and functional capabilities of a frail older person in order to keep a co-ordinated, integrated plan for long-term treatment and follow-up' (Stuck *et al* 2002). The main elements of CGA are shown in the box below.

Elements of comprehensive geriatric assessment

Medical assessment

- Problem list
- Co-morbid conditions and disease severity
- Medication review
- Nutritional status

Assessment of functioning

- Basic activities of daily living
- Instrumental activities of daily living
- Activity/exercise status
- Gait and balance

Psychological assessment

- Mental status (cognitive) testing
- Mood/depression testing

Social assessment

- Informal support needs and assets

Environmental assessment

- Care resource eligibility/financial assessment
- Home safety
- Transportation and telehealth

(Adapted from Ellis *et al* 2011)

CGA should play a role in the care of older people in a number of settings, described in other sections of this paper. Proactive community-based CGA, with at least six months of follow-up support for older people who are frail, can reduce hospital admissions, falls and moves into long-term care (Beswick *et al* 2008; Beswick *et al* 2010), and although the reported effects are relatively small (Iliffe 2013; Scottish Collaboration for Public Health Research and Policy 2010), it is a key component in some integrated services for older people in some localities (Health Foundation 2013c; Clark *et al* 2013; Melis *et al* 2008; Beales and Tulloch 2013).

Promoting exercise for frail older people

Encouraging frail older people to take more exercise can improve outcomes and functional ability (de Vries *et al* 2012; Theou *et al* 2011; Clegg *et al* 2012; Sherrington *et al* 2008). Older people are more likely to participate if it is branded as activity rather than exercise, focused on wellbeing and independence rather than preventing falls or other adverse events, has professional support, and if there is an element of communal activity (Yardley *et al* 2007). Exercise programmes can be led by non-clinical professionals working in local government and the voluntary, leisure or housing sectors, following appropriate training, and so can be delivered relatively cheaply (Department of Health 2009a).

Falls prevention

Falls prevention has been identified as a key priority in WHO Europe's strategy for the ageing population (World Health Organization 2012). Falls are a leading cause of hospital admission among older people, often precipitate admission to long-term care, and can lead to debilitating injuries, loss of confidence and independence. Falls are increasingly common with age and frailty (National Institute for Health and Care Excellence 2013a; Cameron *et al* 2010). There is an extensive evidence base for interventions to prevent falls, focusing on identifying and addressing risk factors such as postural instability, muscle weakness, visual impairment, home hazards or 'culprit' drugs (National Institute for Health and Care Excellence 2013a; Cameron *et al* 2010).

Providing good care for people with dementia

Dementia is a particularly important issue, affecting 800,000 people in the UK already, with this figure projected to double over the next 20 years (House of Lords 2013). In England, there is now a National Dementia Strategy (Department of Health 2009c) backed by a number of incentives and outcome measures, and by the collaboration of more than 50 organisations in the Dementia Action Alliance. Local services leaders must have clear plans for diagnosis, care and support for people with dementia, and monitor progress against national guidelines. Key issues include:

- providing accurate early diagnosis, information and support for people with dementia and their carers when the condition begins to cause problems that are life-limiting (National Institute for Health and Clinical Excellence/Social Care Institute for Excellence 2006; Department of Health 2009c; Burns and Iliffe 2009; Alzheimer's Disease International 2011)
- ensuring that drives to increase diagnosis rates are combined with ensuring adequate capacity in support services, including specialist old age psychiatry services
- reducing antipsychotic prescribing (Department of Health 2009c)
- providing training and education to carers of people with dementia in how to support someone with that condition and how to navigate the care system (Alzheimer's Disease International 2011).

Reducing inappropriate polypharmacy

Older people with multiple conditions are likely to be on multiple medications: around 20 per cent of people over 70 are taking at least five medications and 16 per cent are taking 10 or more (Milton and Jackson 2007; Planton and Edlund 2010; NHS Scotland 2012; Duerden *et al* 2013). While some of this will be appropriate, concern has been expressed that older people are too often being 'medicalised' through diagnosis of

sub-clinical disease and over-treated with medication whose risks outweigh the benefits (Heath 2010). Not only does ageing lead to altered pharmacodynamics and kinetics, and increasing difficulties with concordance, but also to considerable drug–drug and drug–disease interaction (NHS Scotland 2012; Duerden *et al* 2013). For example, a range of medicines can precipitate acute delirium in frail older people (Young and Inouye 2008; National Institute for Health and Clinical Excellence 2010).

Clinicians need to prescribe with full consideration of interactions between drugs, ageing and disease, and the older person's ability to adhere to medication regimes, as well as prioritising the person's own goals for treatment (Duerden *et al* 2013). This can be aided by structured decision tools such as Beers Criteria (Manyemba and Jackson 2012), STOPP (Screening Tool of Older Person's Prescription) or START (Screening Tool to Alert the Doctor to Right Treatment) (Duerden *et al* 2013; NHS Grampian 2012), and by regular proactive review and adjustment of medication. Although the current GP contract does include an incentive to review all patients on four or more medications, there is little evidence that this improves safety and quality of prescribing for older people with complex needs. Systematic collection of data on polypharmacy and structured review of goals and benefits of all medications should be built into primary care prescribing systems, and every contact with secondary care used as an opportunity to rationalise medications.

Key reviews and guidance

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Good practice examples

Guideposts

Guideposts is a charity that offers support to a range of groups, including older people with complex needs and their carers. For older people with complex needs and frailty, they offer a range of practical support and advice to help them retain their independence and control and to live at home for as long as possible. Support provided includes:

- light housework
- blitz cleaning
- laundry, washing and ironing
- preparation of light meals
- shopping for everyday needs or special occasions
- pension or prescription collection
- assistance to attend appointments
- friendship and companionship
- personal care
- day and night sitting (night sitting available by request).

The charity also offers carer support groups, carers' newsletters, drop-in centres and coffee shops for carers, training for carers, and emergency cards for carers so that in crisis other agencies and professionals have a better understanding of the needs of their loved ones. It provides local postcode-based information on support services through information prescriptions and a 24/7 helpline to support people with dementia and their carers.

(www.guideposts trust.org.uk)

Gnosall GP surgery services for older people, Staffordshire

Within the Gnosall group practice, all listed patients over 75 are sent an annual 'birthday card' from the practice, inviting them to complete a detailed annual health review (including any role they play as a carer). The practice uses 'elder care facilitators', employed by the voluntary sector and often with long experience in care and support services. They follow up initial screening with a role as an 'intelligent companion' and system navigator, also collecting data and offering pre- and post-diagnostic support, drawing up care plans and helping older people to enact them, and offering early crisis support.

The practice also employs recently retired GPs and old age psychiatrists to carry out comprehensive assessment of higher-risk individuals and help draw up advance care plans. These focus on proactive and anticipatory care, including medicines review, falls prevention, support for carers, social identity, and support with accommodation. Older people or their carers are supplied with handheld applications to help co-ordinate their care, control their own records, and trigger appropriate urgent support when required.

Delivering this model has reduced length of stay in acute hospitals for over-75s, especially those at high risk, and has released savings in acute hospital activity. It is also very well received by older people and their carers.

(Clark *et al* 2013)

4 Rapid support close to home in times of crisis

Goal

When the health or independence of older people rapidly deteriorates, they should have rapid access to urgent care, including effective alternatives to hospital.

The current situation

- Older people who are frail, cognitively impaired or disabled can become rapidly immobile or confused, suffer falls, or go very quickly from coping to not coping in the face of even minor acute illness or a worsening of an existing condition (Clegg *et al* 2013). Older people who are not frail can also suffer rapid deteriorations in health (Ellins *et al* 2012).
- Older people are more likely to call an ambulance from home, more likely to be taken to hospital, and then more likely to be admitted than younger people (British Geriatrics Society 2012b). People under 65 use an average of 0.2 emergency bed days per year, while people over 85 use an average of 5 bed days (Imison *et al* 2012).
- Case analyses and narrative data from older people and their carers suggest that a lack of alternative services is behind many of these episodes (Haggerty 2012; Mytton *et al* 2012; Primary Care Foundation 2009).

What we know can work

Promoting continuity of primary care

Approximately 95 per cent of urgent care in England is delivered in primary care (British Geriatrics Society 2012b). Continuity of primary care may reduce the chance of acute hospital admission among older people (Health Foundation 2011a; Goodwin *et al* 2013). But a recent major review of prevention of unplanned admissions (Purdy *et al* 2012) found the evidence to be inconsistent. On the other hand, older people and their families place great premium on continuity of care, familiar clinicians, and co-ordinated care, while discontinuous, disjointed care can compromise quality and reduce satisfaction (National Voices 2013; Roland 2013; Ellins *et al* 2012; Haggerty 2012; Health Foundation 2011a; Ross *et al* 2011). As discussed in the previous section, the new GP contract in England attempts to address this by providing named clinicians for older people with complex needs.

Providing urgent access to primary care

Timely access to primary care, within and outside of usual surgery hours, is important (Primary Care Foundation 2009). Older people and their carers have expressed dissatisfaction over access to out-of-hours provision (The Patients Association 2013) and rapid general practice responses (Age UK 2012a, 2012b). Local service leaders should review the effectiveness and consistency of local provision for urgent primary care and carry out regular reviews of admissions for, and accident and emergency (A&E) attendances by, frail older people so that lessons from preventable admissions can inform service redesign. Out-of-hours care works best with case-finding and risk stratification to identify those older people most at risk of deterioration, and with sufficient capacity in home support services. Accessible, single shared records may improve the quality of out-of-hours decision-making. The current service model must be transformed to meet the needs of older people with complex needs who can deteriorate rapidly at any time, in or out of hours, and require effective and speedy support from practitioners who understand their individual circumstances and conditions.

Providing urgent, co-ordinated social care

Social work expertise and social care capacity are important elements in multidisciplinary initiatives such as rapid response, crisis response teams, and care-at-home services. As with primary care, appropriate social care services should be available out of hours, and should enable swift assessment of an individual's care and support needs with the aim of stabilising the situation and assembling a care plan that avoids clinically unnecessary admission to hospital or to long-term residential care. The recommended 'Silver Book' standard is that a 24/7 single point of access (SPA), including a multidisciplinary response within 2 hours (14 hours overnight), should be commissioned. Discharge to an older person's normal residence should be possible within 24 hours, 7 days a week – unless continued hospital treatment is necessary. Social care services that need to be in place include social work assessment, home care, equipment and telecare (British Geriatrics Society 2012b). The new Better Care Fund in England requires local authorities and clinical commissioning groups (CCGs) to provide seven-day services to support hospital discharge and prevent unnecessary hospital admissions (NHS England and Local Government Association 2013b).

Ensuring that ambulance services implement shared care strategies with other services

Ambulance crews can play an important role in allowing older people to remain at home if this role is recognised and supported as part of a wider integrated care pathway. Education for advanced paramedics, enabling them to provide initial management and stabilisation for a variety of conditions, can have an impact on hospital admission, length of stay, and patient satisfaction (Mason *et al* 2007). Shared care protocols with local acute providers and community services can drastically reduce the number of ambulance journeys to hospital for older people who have fallen or become acutely unwell (Logan *et al* 2010; NHS Confederation 2010). Localities should develop shared care protocols with ambulance organisations that can enable older people to remain at home. Ambulance organisations should examine their own governance to mitigate a defensive approach and ensure that paramedics are trained and supported in efforts to help older people remain at home.

Using admission-prevention Hospital at Home services

These involve a team of health and social care professionals that provide treatment at home for people who would otherwise be admitted to an acute hospital ward. Evidence has shown higher patient and carer satisfaction, reduced mortality and reduced readmission rates for at-home services (Shepperd *et al* 2008; Caplan *et al* 2012). Local service leaders should consider developing Hospital at Home services for older people with long-term or complex needs (including dementia) and for those with conditions such as pneumonia, cellulitis and chronic obstructive pulmonary disease (COPD).

Using virtual or community wards

The components of virtual wards vary, but the principle is to provide an integrated health and social care team with services for people at high risk of hospital admission. There is anecdotal evidence from Croydon and other sites (Rankin 2010; Chenore *et al* 2013; Bardsley *et al* 2013) of high patient satisfaction, with patients less likely to call 999; in many localities that have implemented virtual ward models, primary care providers and commissioners have been impressed with results and have continued funding the schemes (personal communication, Worcestershire). However, recent evaluations of virtual wards in four parts of England have shown no reductions in cost or hospital bed

utilisation (Lewis *et al* 2013), though there were some reductions in elective activity. If virtual or community wards are developed locally, it should be because they are meeting patients' needs and provide a mechanism for care closer to home for those at highest risk, rather than because they will deliver savings (Lewis *et al* 2013). Any savings released by reductions in hospital admissions may only be medium term; and a reduction in hospital admissions may not in itself generate overall cost savings unless there is some closure of capacity in acute or other care provision. A bed not filled by a virtual ward patient will probably be filled by someone else (NHS Confederation and Royal College of General Practitioners 2013; NHS Confederation 2009; Lewis *et al* 2013). Similar considerations apply to Hospital at Home models.

Providing telecare for older people at risk

There are a range of technologies available to support older people in their homes such as falls alarms and devices to monitor vital signs or movement beyond safe areas. A number of case studies have shown local benefits (Personal Social Services Research Unit 2010; Steventon and Bardsley 2011; National Housing Federation 2012). Telecare has also been shown to provide reassurance to carers and relatives that could, in turn, have potential to reduce demands on health and social care (Steventon and Bardsley 2011). But, overall, the evidence is equivocal (Davies and Newman 2011), and the use of these technologies is most likely to be effective in the context of integrated locality-based services designed to support older people rather than their use in isolation. Local service leaders should therefore consider the use of telecare solutions for older people at risk of hospitalisation or moving to long-term care as part of wider integrated care strategies, but should not assume that these can be effective without access to a range of other services.

Discharge-to-assess models

When older people present to emergency and urgent care centres, it is important to be able to identify those people who can be discharged straight back home with appropriate support and complete their ongoing assessment in their own home. This approach employs the principles of 'discharge to assess' and 'decide to admit'. The acute team ensures that the person's needs are assessed, and any acute illness stabilised and treated; but instead of also determining the person's ongoing care and support needs, they refer straight back out to a 'wraparound' community team who can complete assessments and organise support from the person's own home. A number of individual studies have shown the benefits of early senior review linked to these models in terms of reduced admission rates, reduced bed occupancy, and higher rates of discharge home within 24 hours of presentation (Health Foundation 2013a, 2013c; Fox *et al* 2013). Effective discharge-to-assess models require timely expert assessment on initial acute presentation to hospital and adequate capacity for providing ongoing assessment and support at home.

Providing rapid access ambulatory care clinics

Delivering better anticipatory care for people with long-term conditions involves providing rapid access to specialist advice from hospital clinicians and the use of 'chair-based' ambulatory care clinics (Tian *et al* 2012; R Rosen, personal communication 2014; Staples 2012; Purdy *et al* 2012). For older people with complex needs and deterioration in health or function, the use of rapid access assessment clinics – either on the acute hospital site or in the community – can also help to prevent hospital admission or attendance and support people to remain at home (de Silva 2013). An analysis of 1,880 older patients seen in such a clinic showed that 59 per cent were discharged home, 29 per cent were referred on for intermediate care, and only 15 per cent were referred to the local acute hospital (Koduah *et al* 2013). Local service leaders should review current outpatient provision

and create additional capacity in rapid assessment clinics for older people (with access to a range of diagnostic and multidisciplinary skills) and in ambulatory care clinics. Local primary care, social care and accident and emergency (A&E) staff need to be made aware of these clinics and offer a functioning single point of access and advice.

Using community and interface geriatrics

There has been growing interest in the UK in the role of community geriatricians and 'interface' geriatricians, who focus on patients coming through the front door of the acute hospital but with links into the community. Roles vary but include providing support to long-term care residents and integrated locality teams, and providing community-based rapid access clinics for older people. The creation of these roles provides an example of delivering more responsive speciality support closer to patients' homes. For instance, creating interface geriatricians in Leeds and Leicester has delivered early gains in terms of reducing admissions and increasing same-day discharges (Fox *et al* 2013).

Key reviews and guidance

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Good practice examples

Nottinghamshire Ambulance Trust

Nottinghamshire Ambulance Trust worked with partners in local primary and social care, community health organisations, and the local acute provider to create a pathway for referral from 999 paramedics called to the homes of people over 65 who had fallen; they were to be referred to a community falls assessment and treatment team rather than be taken to hospital. This was backed by training for paramedics and the development of clear protocols.

In a randomised controlled trial with nearly 1,500 patients in each group, those referred to the community falls team experienced a 55 per cent reduction in falls in the following year, a 60 per cent reduction in ambulance call-outs for falls, and measureable improvements in physical function.

(Logan *et al* 2010)

Sandwell Integrated Care Services Team (ICARES)

The Sandwell Integrated Care Services Team (ICARES) offers one single point of access, seven days a week, for primary, hospital, mental health or social care professionals or concerned older people or carers. The team incorporates a range of disciplines, including nurse specialists in case management/disease management and nurse practitioners skilled in Hospital at Home interventions, therapists, rehabilitation assistants, social workers, care assistants and night sitters. It also has easy access to local GPs and to voluntary sector organisations.

On receipt of a referral, they assess urgency of need and guarantee to begin assessment and support in the person's own home within three hours of referral (for urgent cases) and within two days (for subacute cases). They are then able to arrange 'wraparound' services as required to help the person remain at home, unless hospital admission is necessary. The service also supports care home residents in crisis in the same way.

Source: The King's Fund 2013

5 Good acute hospital care when needed

Goal

Acute hospital care must meet the needs of older patients with complex co-morbidities, frailty and dementia. Services should provide adequate access to specialist input, minimise harms and ward moves, and provide care that is compassionate and person-centred.

The current situation

- A total of 43 per cent per cent of people admitted to hospital non-electively are over 65, accounting for 53 per cent of all bed days (Health and Social Care Information Centre 2013a); people over 65 also account for 80 per cent of hospital admissions that involve stays of more than 2 weeks (Poteliakhoff and Thompson 2011). There is a more than threefold variation between areas in rates of emergency admission and occupied bed days for people aged over 65 (Imison *et al* 2012; NHS Atlas of Variation 2011).
- In a typical 500-bed district general hospital, there will be around 200 patients over the age of 65 with mental health problems (100 with dementia, 90 with depression and 60 with delirium) (Royal College of Psychiatrists 2005). Patients with dementia stay in hospital for seven days longer than others (Alzheimer's Society 2009).
- Older people are more likely to stay a long time in hospital, to be moved while there, to experience delayed discharge, and to be readmitted within a month as an emergency (McMurdo and Witham 2013; British Geriatrics Society 2012a; Cornwell 2012).
- Successive audits have shown consistent failures to provide even basic assessments or treatment plans for some of the common harms of hospitalisation such as falls, acquired infections, pressure sores, delirium, immobility and malnutrition (Royal College of Psychiatrists 2013; Royal College of Physicians 2010, 2011, 2012d; Healthcare Quality Improvement Partnership 2012; Royal College of Nursing 2011; Power *et al* 2012).
- Numerous reports have documented failings in older people's experience of care in hospital (House of Lords and House of Commons 2007; Ombudsman 2011; Care Quality Commission 2013; The Patients Association, no date; NHS Confederation *et al* 2013).
- There is considerable evidence of ageism and age discrimination in secondary care, ranging from patronising attitudes or language, to older people being denied treatment on the grounds of age alone, to common conditions of ageing being neglected in service planning, priorities and training of staff (Centre for Policy on Ageing 2009a, 2009b, 2009c).

What we know can work

Using comprehensive geriatric assessment

Hospitals are often faced with significant numbers of admissions from older people who present 'non-specifically' with problems such as falls, immobility, confusion, or a general failure to thrive or manage at home. These people should not be dismissed with labels such as 'social admission', 'acopic' or 'off legs' (Oliver 2008; Kee and Rippingale 2009). There is significant evidence that comprehensive, interdisciplinary assessment of older people presenting to hospital delivers long-term benefits in terms of their surviving hospital admission and being able to remain in their own homes with less cognitive decline (Ellis *et al* 2011). Comprehensive geriatric assessment should be provided as soon

as possible after admission by a skilled, senior member of a multidisciplinary team, and used to identify reversible medical problems, target rehabilitation goals, and plan all the components of discharge and post-discharge support needs.

Focusing on older patients with frailty

All acute hospitals should compare their own standards of assessment and treatment for frail older people against those set out in the Silver Book guidelines on emergency care for older people (British Geriatrics Society 2012b), co-written by a number of colleges and specialist societies. Systems should be in place for identifying older people who are frail and providing targeted evidence-based care for issues such as continence, falls, immobility, discharge planning and community support, and end-of-life care planning. This should be backed up by education and training for staff in all clinical areas around frailty, ensuring adequate establishment of clinicians with specialist training in the care of older people, and participating in regular relevant clinical audits. A new checklist is now being trialled, 'Frailsafe', which aims to identify frail older patients soon after admission and target interventions to improve quality and minimise harm (British Geriatrics Society 2013c).

Specialist elderly care units and wards

There is good evidence that specialist acute geriatric wards deliver higher-quality care with shorter lengths of stay and lower costs (Baztan *et al* 2009; González-Montalvo *et al* 2010; Ellis *et al* 2011). Comprehensive geriatric assessment is most effective on consultant-led speciality wards with a resident multidisciplinary team (Ellis *et al* 2011). Specialist stroke units have consistently been shown to save lives and improve outcomes (Chan *et al* 2013). While the precise service model will vary, all acute hospitals should consider creating acute medical units or spaces within them designed for the short-term assessment and stabilisation of frail older people, with a view to expediting discharge (British Geriatrics Society 2012b). Since it opened in 2010, a 48-hour turnaround acute frailty unit in Poole Hospital has been shown to increase 0–2 day discharge from 20 per cent to 36 per cent, delivering a 22 per cent reduction in monthly occupied bed days (Richards *et al* 2013). Service leaders should consider whether they have enough speciality beds to look after all frail older medical patients with complex needs, and enough consultant geriatricians, relevantly trained nurses and allied health professionals to deliver specialist care and assessment for them.

Liaison and in-reach services for frail older people under other medical and surgical specialities

Given the case-mix of modern hospitals, it is likely that even with a large speciality inpatient bed base for geriatric patients, there will still be numbers of older people throughout general hospitals. Proactive specialist 'in-reach' older persons' assessment and liaison (OPAL) teams can be used to offer expert advice, follow-up and care co-ordination for older people throughout the hospital. OPAL models at St Thomas' (Harari *et al* 2007) and Charing Cross hospitals (Nair *et al* 2008; National Hip Fracture Database 2013; Langhorne *et al* 1993) have contributed to improvements in clinical effectiveness and efficiency. Proactive input from geriatricians working with multidisciplinary teams in the care of older patients with hip fracture has been shown to deliver a range of benefits (National Institute for Health and Clinical Excellence 2011b; National Hip Fracture Database 2013). Most patients with hip fracture are over 80 and many are frail, with complex needs. Proactive geriatric liaison with older people undergoing surgery (POPS) models can also improve outcomes, reduce complications and shorten length of stay (Harari *et al* 2007; Dhesi and Griffiths 2012).

Maximising continuity of care

The Future Hospital Commission established by the Royal College of Physicians (RCP) recognised, in its recommendations, the importance of care continuity and of named, accountable clinicians who can co-ordinate care (Royal College of Physicians 2013). Co-ordinating the contribution of different professionals requires team leadership, clarity about what each individual and professional brings, about who is accountable for what, and about what delegation means, as well as regular team meetings and good record-keeping (Cornwell 2012). The Future Hospital Commission also recommended that generalism be revived in hospital medicine to ensure continuity of care for patients with multiple conditions, and encouraged more widespread training in geriatric medicine (Royal College of Physicians 2013). Senior, consistent supervision can also improve continuity and reduce length of stay. On adult general medical wards with a large proportion of older patients, twice daily consultant ward rounds were shown to halve length of stay when compared to twice weekly (Ahmad *et al* 2011). Minimising ward moves is an important part of providing continuity. Hospitals should have operational plans to reduce the number of ward moves, especially out of hours, with accompanying plans to mitigate their adverse effects on continuity of care for older people.

Improving safety and preventing avoidable deaths

Hospitals must make safer care for older people a key priority, and safety strategies must cover the prevention and treatment of falls, pressure sores, hospital acquired infection, medication errors and deep vein thrombosis (Health Foundation 2013b; Oliver 2012). The Keogh Review found that many patients who suffer critical deteriorations while in hospital had physiological signs that were not recognised or acted on soon enough (Keogh 2013). Strategies to reduce avoidable unexpected mortality should therefore ensure that adequate priority is given to older people with complex needs, including physiological warning scores, critical care outreach, regular senior review, and adequate access to high-dependency beds. Older people must not be denied treatment such as emergency surgery, stroke thrombolysis or coronary revascularisation on the grounds of age alone. Falls – as the commonest safety incident in adults – merit especial focus, accounting for around 30 per cent of all incidents, with nearly 270,000 falls per year in English hospitals, and with the highest incidence in the over-80s. They are a marker for how well we manage older people in hospital and can lead to serious injury, death, and prolonged hospital stay (Healey and Scobie 2007; Oliver *et al* 2010). Implementing best practice has the potential to reduce the rate of falls by around 20 per cent (Healey and Scobie 2007; National Institute for Health and Care Excellence 2013a; Cameron *et al* 2012).

Minimising harms of hospitalisation

Hospitals must have regard for some of the other potentially preventable harms of hospitalisation for older people that are not traditionally considered as safety issues, such as malnutrition, delirium and immobility as a result of bed rest. All patients should be screened on admission for risk of malnutrition (National Institute for Health and Clinical Excellence 2012). This should be linked to regular monitoring of food intake and weight, and provision of additional nutritional assessment and intervention when needed.

Hospitals should systematically identify those at high risk of delirium and act to ensure adequate hydration and good bowel management, as well as avoiding unnecessary medication, controlling pain, and ensuring that hearing and eyesight are optimised. Delirium should be diagnosed using a validated screening tool (Inouye 2003); where diagnosed, action should be taken to find and treat underlying medical causes and to mitigate effects through things like adequate lighting and providing familiar staff.

Bed rest in older people in hospital can lead to a range of harms (Knight *et al* 2009a, 2009b; Nigam *et al* 2009). Even in healthy older adults, 10 days of bed rest can lead to a 14 per cent reduction in leg and hip muscle strength and a 12 per cent reduction in aerobic capacity: the equivalent of 10 years of life (Kortebein *et al* 2008). Hospitals should ensure that all ward staff encourage older people to stand and mobilise as early and as often as possible. Levels of mobility should be regularly documented from admission to discharge, with targeted input provided to older people at risk of immobility seven days a week (Academy of Medical Royal Colleges 2013).

Improving care for inpatients with dementia and mental health problems

Given the large numbers of older people in hospital with dementia, delirium, depression, anxiety or other chronic mental health problems (Royal College of Psychiatrists 2005) and the national drive in England to improve the care of people with dementia (Department of Health 2009c), hospitals should develop a strategy for the care of older inpatients with dementia and other mental health problems. This should include:

- identifying people with dementia, delirium and mental health problems
- efforts to make care more person-centred
- involving carers more systematically
- education and training for staff
- making physical environments on elderly care wards more 'dementia-friendly'
- developing pathways for common issues such as antipsychotic prescribing and behavioural and psychological symptoms
- safe discharge from hospital and developing formal links with local community mental health services for older people
- considering creating specialist inpatient dementia liaison teams (Royal College of Psychiatrists 2012; NHS Confederation 2012). In some acute trusts, these teams have delivered a range of benefits in terms of length of stay, quality of care, and response times to referral (Tadros 2011; Holmes 2010)
- participation in national dementia audits and monitoring their own performance through these, and against contract incentives such as the dementia Commissioning for Quality and Innovation (CQUIN) payment.

Focusing on dignified person-centred care

There is a complex interplay of issues that results in the delivery of care for older people that is undignified and uncompassionate, ranging from the practical (lack of staff, lack of appropriate training, pressure on beds, competing priorities) to the cultural (lack of organisational support and leadership, lack of engagement from medical teams) (Tadd *et al* 2011; Department of Health 2013d; NHS Confederation *et al* 2013; Cornwell 2012). Hospitals should put in place an organisation-wide programme of quality improvement around person-centred dignified care for all inpatients, including the most frail and vulnerable. Elements of such a programme should include:

- a clear leadership focus 'from board to ward' on issues around dignity in care, with time spent at board level on patient experience issues
- developing a culture and systems that invite feedback and information from patients and their carers, and use this information to improve care

- full involvement of older people and carers in service design
- education and training to equip the workforce to meet the needs of the ageing population, including training for care assistants
- matching nursing staffing levels with age and dependency of ward patients
- open engagement with regulation and inspection and full participation in audit.

Key reviews and guidance

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Good practice examples

Transforming care in England for older people with hip fractures

The average age of people admitted to hospital with a hip fracture is 84. Most of these older people are frail, have fallen, have bone fragility, have multiple co-morbidities, and many have dementia or delirium; the hip fracture is often the culmination of these problems, compounded in many cases by acute illness. Even with prompt evidence-based treatment, excess mortality at 12 months is still more than 20 per cent, and many of those who survive never return to their former levels of independence.

continued opposite

Transforming care in England for older people with hip fractures *continued*

It used to be commonplace for older people with broken hips to receive little systematic input from doctors trained in geriatrics or general medicine to help deal with their co-morbidities. It was also common for their surgery to be repeatedly delayed, leaving patients starved or immobile, or be carried out late at night by junior operating teams.

In 2007, the British Orthopaedic Association (BOA) and British Geriatrics Society (BGS) co-wrote 'The Blue Book' setting out standards for management of patients with hip fracture, supported by guidelines from the National Institute for Health and Clinical Excellence (NICE) in 2011b. In 2008, the BOA and BGS set up the National Hip Fracture Database – the largest in the world, with all acute providers participating. In 2009 this was linked to a national 'best practice tariff' for people with hip fracture. Standards included pre- and post-operative assessment by geriatricians, senior operating teams on dedicated day-time trauma lists, early post-operative mobilisation, early ward transfer and adequate analgesia, and a maximum 36-hour wait for surgery without justifiable medical reasons for cancellation. All data is transparent and allows comparison in real time with other providers. In the 5 years to 2013, 30-day mortality has fallen from 10 per cent to 6 per cent, median time to theatre has fallen dramatically, overall length of hospital stay has reduced, and more patients are leaving hospital with adequate falls and bone health assessment and preventive intervention.

(National Hip Fracture Database 2013)

University Hospitals Birmingham Dignity for Older Patients Project

Delivering dignity in care for older people at University Hospitals Birmingham has focused on:

- seeing the person: getting to know them, using the 'All About Me' document and an activities programme
- supporting carers: ensuring that they feel welcome on the wards and that their contribution is valued. They can stay overnight in hospital on a fold-down bed, particularly if their relative is distressed or dying
- welcoming volunteers to work alongside staff (including an activities co-ordinator) to provide a social setting at mealtimes and using familiar objects such as china cups and saucers to encourage frail older people to socialise and eat and drink more as they have 'another cup of tea and a slice of cake'.

They have appointed 506 dignity champions, who are staff from a range of backgrounds all based throughout the clinical areas where older people are cared for. They promote dignity in care, share good practice resources with staff, challenge undignified care, advocate for patients and families and help raise awareness and knowledge among their colleagues. The team review the care on the wards using 'dignity rounds' and direct observations of care, supporting their champions by providing:

- dignity workshops
- dignity launch (an annual marketplace event in the hospital atrium)
- a birthday event to celebrate good practice
- a dignity conference.

6 Good discharge planning and post-discharge support

Goal

Discharge planning needs to start at first contact with hospital and be standardised and embedded in practice, with older people and their carers fully and promptly involved in their own discharge plans and goals. The NHS and social care should work together to ensure that patients can leave hospital once their clinical treatment is complete, with good post-discharge support in the community to reduce the likelihood of further emergency readmissions.

The current situation

- A total of 80 per cent of those who stay in hospital longer than 14 days are over 65 (Poteliakhoff and Thompson 2011).
- It has been estimated that a third of older patients initially admitted to hospital as a medical emergency no longer have a need to be in a hospital bed (NHS Confederation 2013).
- Older people are more likely to be admitted with existing health or social services needs or require step-down health or social care services on discharge; they are also more likely to experience delayed transfers of care (Katikireddi and Cloud 2008).
- In recent years, the number of delayed transfers of care has remained broadly stable, with wide variation. Patients waiting for non-acute NHS care are the main reason for delays (NHS England 2013).
- The 2012 inpatient survey (NHS Surveys 2012) reported that 33 per cent of patients said they had no information about danger signs to watch out for after discharge, and 24 per cent had no information on whom to contact if they experienced any problems.
- Older people frequently report uncertainty, lack of confidence and lack of support on discharge from hospital (Age UK 2012a). More than one in three older people report feeling lonely and isolated on returning home (Royal Voluntary Service 2013).
- Poor quality discharge can lead to unnecessary readmission (Conroy *et al* 2013). Older people with complex needs, including long-term conditions and frailty, are at particularly high risk of readmission. Median rates of emergency readmission within 28 days are rising and stand at 14 per cent for people over 75, with major variation between acute hospitals (Health and Social Care Information Centre 2012).
- In a joint Department of Health/Foundation Trust Network study, around one in four readmissions were found to be a result of hospital care or poor hospital discharge planning, with most being due to relapses of long-term conditions (Foundation Trust Network 2012).

What we know can work

Early senior assessment, assertive discharge planning, and a clear focus on patient flow

Hospitals should provide senior decision-makers near the front door of the hospital seven days a week, with full access to diagnostic facilities, other key multidisciplinary team members, and clear links to step-down services. The focus should be on discharging patients who do not need to be admitted so that they can be assessed in the community; for those who do need to be admitted, the focus should be on anticipated discharge

dates, clear clinical criteria for discharge, and admission into the right ward setting, under the right team, first time (Royal College of Physicians 2012a; Emergency Care Intensive Support Team 2011; British Geriatrics Society 2012b). This approach can deliver significant reductions in admissions, and increase the percentage of patients discharged within 48 hours (Health Foundation 2013b; Fox *et al* 2013).

A concerted focus on discharge planning throughout hospital stay, and the ability to discharge seven days a week

For all older patients in all clinical areas, discharge planning should be embedded in daily patient review, with a constant focus on whether the person still needs an acute hospital bed, and if not, what they require in order to go home safely and promptly (Emergency Care Intensive Support Team 2011; Health Foundation 2011b). The Department of Health's 'Ready to go?' guidance (2010b) sets out 10 principles for discharge planning (*see* box below).

The 10 steps for effective discharge planning

1. Start planning for discharge or transfer before or on admission.
2. Identify whether the patient has simple or complex discharge and transfer planning needs, involving the patient and carer in your decision.
3. Develop a clinical management plan for every patient within 24 hours of admission.
4. Co-ordinate the discharge or transfer of care process through effective leadership and handover of responsibilities at ward level.
5. Set an expected date of discharge or transfer within 24–48 hours of admission, and discuss with the patient and carer.
6. Review the clinical management plan with the patient each day, take any necessary action and update progress towards the discharge or transfer date.
7. Involve patients and carers so that they can make informed decisions and choices that deliver a personalised care pathway and maximise their independence.
8. Plan discharges and transfers to take place over seven days to deliver continuity of care for the patient.
9. Use a discharge checklist 24–48 hours prior to transfer.
10. Make decisions to discharge and transfer patients each day.

In England, there is now a major policy push on seven-day service provision, with more consultant presence and availability of other key staff such as allied health professionals at weekends (Department of Health 2013b). A report by the Academy of Medical Royal Colleges on seven-day service provision made specific recommendations on increasing rates of discharge at weekends (Academy of Medical Royal Colleges 2012). Currently, weekend discharge rates for acute older patients are much lower than for weekdays – partly due to lack of access to community services, but also due to lack of senior review, access to investigations, and insufficient implementation of criterion-led discharge that can be triggered without medical review.

Involving older people and their carers in discharge plans

Discharge planning that involves people and their carers reduces the chance of readmission (Bauer *et al* 2009). However, poor experiences for older people and their families of discharge from hospital have been cited in numerous reports (Francis 2013; Royal College

of Physicians 2012b; National Voices 2013; Ombudsman 2011; Ellins *et al* 2012; Which? 2011; Alzheimer's Society 2009; Royal College of Psychiatrists 2013; Cornwell *et al* 2012). Hospitals should ensure: that older people and their carers are involved from the outset in identifying goals and concerns for their discharge from hospital; that their expectations are managed; and that they have adequate notice of and involvement in their own discharge plan. Having a single named individual clinician or care co-ordinator can help, as long as the patient or their carer knows how to contact them; there is also written information such as the Alzheimer's Society's 'This is me' booklet for inpatients with dementia, which aims to ensure that personal information is shared with professionals.

Ensuring integrated information systems and structured multi-professional communication

Local service leaders should develop improved protocols for information-sharing and integrated information systems, especially around care transitions such as hospital admission and discharge. Specified discharge worker roles, multi-professional care co-ordination teams, and information technology systems promote better service satisfaction and subjective quality of life for older people when compared with standard hospital discharge (Cornwell *et al* 2012; Health Foundation 2011b).

Strengthening post-discharge assessment and support

Comprehensive geriatric assessment (CGA) of older people post-discharge, and tailored interventions following CGA, can both reduce the risk of nursing home admission and hospital readmission (Beswick *et al* 2008). Transitional care programmes that provide additional support to people in the immediate post-discharge period can improve care for older people (Dedhia *et al* 2009; Naylor *et al* 2004). Local service leaders should consider developing capacity in post-acute Hospital at Home schemes for targeted patients, though it should not be assumed that such teams will deliver cost savings.

Early supported discharge teams – providing rehabilitation, equipment, personal care, medical review or nursing interventions, and tailored to the individual's needs for a time-limited period – have been shown to be effective in reducing readmissions and improving outcomes in stroke (Shepperd *et al* 2010). Leaders of local stroke services should ensure that such teams are embedded in stroke services and have sufficient capacity to take all suitable patients. The voluntary sector can play a key role. Organisations such as the Royal Voluntary Service (RVS), the British Red Cross and Age UK offer 'home from hospital' services. A recent study by RVS in Leicester demonstrated a halving of readmission rates, and enhanced confidence and satisfaction in recently discharged people over 75 who received support from volunteers (Royal Voluntary Service 2013). Other case studies have shown that home improvement and handypersons agencies and charities providing adaptations have also helped to reduce readmissions and improve post-discharge support (National Housing Federation 2012).

Reducing delayed transfers of care

There are numerous reasons why patients experience delayed transfer of care from acute hospital to community health or social care services, including waits for assessment or care provision. Some localities in England have succeeded in significantly reducing delayed transfers (Ham 2012; Thistlethwaite 2011; Health Foundation 2013a, 2013c), and from 2015/16, the Better Care Fund requires local authorities and NHS partners to demonstrate that seven-day services are in place to support daily discharge of patients and to prevent unnecessary admissions at weekends (NHS England and Local Government Association 2013a). The evidence from these studies suggests some key actions that can reduce delayed transfers of care for older people, as follows.

- Begin discharge planning early, so that staff are already referring for community services well in advance of discharge.
- Put in place an agreed discharge process that sets out timescales and protocols for assessment and decision-making (including risk assessment) and how different professionals and agencies will work together to achieve timely discharge.
- Ensure that patients already receiving community services are discharged as soon as it is safe to do so, with re-starts of care and minimal cancellation of services.
- Promote a 'discharge to assess' model so that older people's care needs can be assessed in their own homes.
- Ensure that older people do not become dependent or disabled in hospital by providing high-quality care and rehabilitation.
- Enable 'in-reach' services from social care and community services.
- Support extra capacity in integrated locality teams to ensure that patients are discharged to alternative sources of support.
- Use pooled health and social care budgets or transfer of funds from NHS to social care to reduce delays.

Key reviews and guidance

Department of Health (2010b). *Ready to go? Planning the discharge and the transfer of patients from hospital and intermediate care*. London: Department of Health. Available at: www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/EastMidlands/PandEI/Ready_to_Go_-_Hospital_Discharge_Planning.pdf (accessed on 5 December 2013).

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Cornwell J, Levenson R, Sonola L, Poteliakhoff E (2012). *Continuity of care for older hospital patients: a call for action*. London: The King's Fund. Available at: www.kingsfund.org.uk/publications/continuity-care-older-hospital-patients (accessed on 21 January 2014).

Emergency Care Intensive Support Team (2011). *Effective approaches in urgent and emergency care: priorities within acute hospitals*. NHS Emergency Care Intensive Support Team. Available at: www.nhsimas.nhs.uk/fileadmin/Files/ECIST_Conference_October_2012/ECIST_papers/FINAL_ECIST_Paper_1_-_Priorities_within_Acute_Hospitals.pdf (accessed on 5 December 2013).

Health Foundation (2011b). *Getting out of hospital? The evidence for shifting acute inpatient and day case services from hospitals into the community*. London: the Health Foundation. Available at: www.health.org.uk/public/cms/75/76/313/2539/Getting%20out%20of%20hospital%20summary.pdf?realName=nx9Vzs.pdf (accessed on 5 December 2013).

Foundation Trust Network (2012). *Briefing on the readmission policy 2012/13 with additional information on the reviews*.

Good practice examples

Sheffield patient flow

Lean improvement methodology (originally used by Toyota for car manufacturing) is used in Sheffield Teaching Hospitals to improve the flow of older patients, and reduce mortality and overall bed occupancy. Initial analysis showed that 80 per cent of people staying more than 2 weeks were over 80, accounting for nearly half the bed days in adult medicine; in addition, around 1 in 3 patients over 65 occupying a bed no longer needed to be in hospital.

Consultants changed their work practices so that they could be on the front door of the hospital up to 12 hours a day, 7 days a week, to enable increased real-time senior review. Availability of doctors was matched to patient flows and arrival times. They adopted the principle of 'discharge to assess' (from the front door of the hospital) and 'decide to admit' (under the right specialty team, first time) alongside a clear focus on discharge planning and minimising internal delays.

Within 6 months, admission rates for patients over 65 had fallen, and bed occupancy had reduced by 60 beds; in-hospital mortality fell by 15 per cent, and readmission rates did not rise. In future, the team aims to provide real-time clinic assessment so that GPs can refer older patients in crisis for a 'one-stop' assessment.

(Health Foundation 2013b)

Interface geriatricians and 'discharge to assess' in Leeds

Leeds Teaching Hospitals has a 60-bed acute assessment unit for older people, which provides comprehensive geriatric assessment (CGA) to facilitate discharge to community services for ongoing support or assessment, or commence appropriate treatment or discharge planning early in admission. From 2010–11, it achieved a four-day reduction in length of stay for acutely admitted geriatric medicine patients. In 2012, three consultant interface geriatricians were appointed. They link closely with the Early Discharge Assessment Team and can offer a range of interventions, including direct communication with primary care, direct referral to specialist clinics or community rehabilitation teams, altered medication, organising investigation, and rapid access to social care assessment and support. They focus on patients who have been readmitted within seven days of discharge or who are unlikely to need medical admission but have complex needs due to cognitive impairment, physical disability or ongoing medical issues.

Within the first year, they had assessed 590 patients, 60 per cent of whom were discharged from A&E (more than double the discharge rate in the previous year for comparable patients); they had also provided clinical advice to 209 patients (using conference calls between a GP and nurse), reducing admission rates by 26 per cent in the group of patients focused on.

http://britishgeriatricssociety.wordpress.com/category/interface-geriatrics/

7 Good rehabilitation and re-ablement (outside acute hospitals) after acute illness or injury

Goal

Older people should receive adequate rehabilitation and re-ablement when needed, to prevent permanent disability, greater reliance on care and support, avoidable admissions to hospital, delayed discharge from hospital, and to provide adequate periods of assessment and recovery before any decision is made to move into long-term care. Acute hospitals must play their part in ensuring adequate inpatient rehabilitation, but most rehabilitation services could be provided outside hospital settings.

The current situation

- Most people over 65 presenting acutely to hospital have impairment in one or more activities of daily living (Hubbard *et al* 2004), and many have not returned to baseline levels of mobility or functional independence on discharge from hospital (Mudge *et al* 2011).
- The median age of people using intermediate care or re-ablement services is 83 (NHS Benchmarking 2013).
- Access to rehabilitation and re-ablement outside acute hospitals varies significantly (NHS Benchmarking 2013).
- The National Intermediate Care Audit for England (NHS Benchmarking 2013) concluded that there are only around half the beds and places needed to ensure that no older person is in a hospital bed if it can be avoided.
- A lack of capacity in post-acute rehabilitation is most probably a key factor behind the high numbers of older people who go straight from a hospital stay into long-term care (Horne 1998; Department of Health 2009e).

What we know can work

Rehabilitation and re-ablement are two services on a continuum of intermediate care. Rehabilitation is primarily a health model that includes physical therapy and occupational therapy to prevent admission to acute care or facilitate a stepped pathway out of hospital. Re-ablement is primarily a social care model that focuses on promoting and optimising independent functioning rather than resolving health issues (Social Care Institute for Excellence 2013). Despite these formal definitions, the terms are often used interchangeably, and many localities provide a number of differently named services providing elements of both.

The majority of rehabilitation and re-ablement services are step-down services following a hospital stay, but they can also be step-up services, aiming to provide the necessary support to prevent any further deterioration that could lead to a hospital stay (Allen and Glasby 2010). Local service leaders should ensure that there is enough capacity and responsiveness to meet the needs of every older person who might benefit from these services. They should adhere to the standards of evidence-based practice set out in the Department of Health's Halfway Home document (Department of Health 2009b) and use the methodology set out in the National Intermediate Care Audit (NHS Benchmarking 2013) for categorising services and describing responsiveness, outcomes (including patient reported outcomes), admission criteria and length of stay, and matching need to demand.

Shared and comprehensive assessment of needs and personalised plans

The goals of each individual may include mobility, self-care, continence, and activities of daily living such as food preparation, as well as resumption of hobbies and social activities such as visiting friends or walking to the shops. This requires local health, housing and social care services to work together (Social Care Institute for Excellence 2013; Pitts *et al* 2011; Allen and Glasby 2010). Shared assessment frameworks across health and social care should lead to a personalised care plan for each individual, where the individual and their carers are key participants in any decisions made. Shared information and protocols, as well as co-located or integrated health and social care teams, can ensure that the work of multiple professionals and agencies is streamlined and co-ordinated (Allen and Glasby 2010). Those teams who refer people to rehabilitation and re-ablement services also need to be involved, since they need a clear understanding of the services available to be able to refer effectively (Allen and Glasby 2010; Barton *et al* 2006).

Implementing evidence-based best practice

Evidence-based best practice should be implemented where possible. The National Institute for Health and Care Excellence (NICE) has produced guidelines for rehabilitation in specific clinical areas, such as stroke and cardiac rehabilitation (National Institute for Health and Care Excellence 2013b, 2013c). No single leading delivery model exists for re-ablement services. However, the Social Care Institute for Excellence (2013) guide, *Maximising the potential of reablement*, summarises the evidence and outlines key considerations for commissioners and service providers, while the *Care Services Efficiency Delivery Re-ablement Toolkit* (Department of Health 2011a) provides a standard framework for establishing or reviewing a re-ablement service.

Commissioning for outcomes

Rehabilitation and re-ablement services are time-limited, often to periods of six to twelve weeks. However, given the crucial importance of personalising support to a person's own goals, contracting and commissioning these services is most effectively done not on the basis of time periods and tasks, but on the outcomes desired for that person. This approach will support achievement of indicators in the Adult and Social Care Outcomes Framework, which were developed based on what matters to people, and include 'delaying and reducing the need for care and support'. Rehabilitation and re-ablement services should be flexible, ensuring that people move on as soon as they are ready to and allowing people to receive services for longer than six weeks if necessary (Rabiee *et al* 2009). Lump sum payments can give providers the increased flexibility needed to adjust support according to people's changing needs (Social Care Institute for Excellence 2013).

Providing home-based rehabilitation and re-ablement

Home-based rehabilitation is less expensive than rehabilitation in day hospital settings (Forster *et al* 2008), and home care re-ablement has been shown to reduce the need for long-term care (Department of Health 2009b). Older people report greater satisfaction with intermediate care provided outside of hospitals, and carers benefit from a re-ablement approach to ongoing care outside of hospital (Wilson *et al* 2008; Glendinning *et al* 2011; Arksey *et al* 2013). The workforce required for home-based rehabilitation and re-ablement services should have an appropriate mix of skills that may include nurses, therapists, social workers and community psychiatric nurses, and be led by a senior clinician (Department of Health 2009b; Barton *et al* 2006). Voluntary sector organisations can also provide rehabilitation and re-ablement support. Housing services can play a vital role in ensuring that an older person's home is fit to provide a safe environment and to maximise independence (Wood and Salter 2012).

Providing community hospital-based rehabilitation and re-ablement

Community hospitals rather than acute hospitals have been found to be a more effective setting for the rehabilitation of older people following an acute illness (Young *et al* 2007). Commissioners should ensure that there are enough beds and places for those requiring ongoing rehabilitation, including those needed to prevent people being admitted to acute hospitals. Commissioners should compare their provision and activity with localities with a similar demographic profile.

Using alternative providers of rehabilitation and re-ablement

Other alternatives to acute hospitals for rehabilitation and re-ablement of older people include spot purchasing nursing home beds or wings of nursing homes, or new forms of sheltered or retirement housing often known as 'extra care housing' (Housing Learning & Improvement Network 2008). There is little evidence on the effectiveness of this form of provision for rehabilitation and re-ablement, despite it being common practice. A Cochrane review of nurse-led rehabilitation in bed-based care settings, including care homes, indicated that results were mixed, with comparable levels of wellbeing and lower readmission rates but a tendency to higher mortality and much longer overall stay than was the case with usual care (Griffiths *et al* 2007).

Providing workforce training in re-ablement

An effective re-ablement service requires specific training and skills distinct from broader home care services. The workforce should be trained to focus on actively supporting older people to do things for themselves, and recognising that support needs will change as the person's abilities and independence are restored (Social Care Institute for Excellence 2013; Pitts *et al* 2011).

Successful ending of and transition from rehabilitation and re-ablement

If, at the end of the period of rehabilitation and re-ablement, a person is assessed as having ongoing needs for support, it is important that care is planned to provide those services and maintain the progress made. In practice, this can often be most effectively achieved through joint working between the rehabilitation and re-ablement teams and the ongoing care providers in the time leading up to, during and after transition, and specifying this responsibility in contracts (Social Care Institute for Excellence 2013). Where an older person does not meet council eligibility criteria for ongoing care, the re-ablement team ought to support and signpost the person and their carers to any voluntary sector programmes such as befriending services that might be of use.

Key reviews and guidance

Department of Health (2009b). *Intermediate care – halfway home. Updated guidance for the NHS and local authorities*. London: Department of Health.

NHS Benchmarking (2013). *National audit of intermediate care report 2013*. Manchester: NHS Benchmarking Network. Available at: www.nhsbenchmarking.nhs.uk/National-Audit-of-Intermediate-Care/year-two.php (accessed on 18 November 2013).

Social Care Institute for Excellence (2013). *Maximising the potential of reablement. London: Social Care Institute for Excellence*. Available at: www.scie.org.uk/publications/guides/guide49/files/guide49.pdf (accessed on 5 December 2013).

Department of Health (2011a). *Care services efficiency delivery homecare re-ablement toolkit*. London: Department of Health. Available at: http://webarchive.nationalarchives.gov.uk/20120907090129/http:/www.csed.dh.gov.uk/homeCareReablement/Toolkit/ (accessed on 5 December 2013).

Griffiths PD, Edwards ME, Forbes A, Harris RG, Ritchie G (2007). 'Effectiveness of intermediate care in nursing-led in-patient units' (Summary). *Cochrane Database of Systematic Reviews*, issue 2, article CD002214.

Forster A, Young J, Lambley R, Langhorne P (2008). 'Medical day hospital care for the elderly versus alternative forms of care (Review)'. *The Cochrane Collaboration*. Available at: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001730.pub2/pdf/standard (accessed on 5 December 2013).

Good practice examples

Birmingham Cross-City Clinical Commissioning Group and Birmingham Community Healthcare NHS Trust

Birmingham Community Healthcare NHS Trust runs two community health unit wards on acute sites within the Heart of England Foundation Trust. Each provides a period of intensive multidisciplinary assessment, and support with decision-making, for vulnerable and frail older adults facing significant changes to their care and accommodation. Being outside an acute care environment enables these individuals to regain their independence while identifying the areas where they require support.

Joint health and social care funding is used to support patients in the units. After initial assessment and identification of need for long-term services, people are moved out of the wards and into a local authority-funded phase of care and onto long-term services as soon as possible. Joint funding enables a more seamless transition and avoids delays to care transfers. The community units have enabled more older people to return to their own homes, and reduced delayed transfers and excess bed days in the acute trust.

(NHS Benchmarking 2013)

Leicestershire Home Care Re-ablement Services

In 2007, the Department of Health Care Services Efficiency Delivery programme published a retrospective evaluation of Leicestershire Home Care Re-ablement Services. These services put in a time-limited package of re-ablement for older people in receipt of new social care packages – generally on discharge from hospital – compared to 'control' recipients of care who did not receive re-ablement.

At first review, 58 per cent of the intervention group and only 5 per cent of the control group were able to have their care packages discontinued; 17 per cent of the re-ablement group had their package maintained at current level, compared with 71 per cent of the control group. There was an overall average reduction of 28 per cent of home care hours required by those in the intervention group.

(Department of Health 2011a)

8 High-quality, long-term nursing and residential care for those who need it

Goal

Though some people make a positive choice to enter long-term care, older people should only generally move into nursing and residential care when treatment, rehabilitation and other alternatives have been exhausted. Residents should consistently receive high-quality care that is person-centred and dignified, and have the same access to all necessary health care as older people living in other settings.

The current situation

- Four per cent of people over 65 are permanent residents in care homes in England, rising to more than 20 per cent of those over 85 (British Geriatrics Society 2011). There are an estimated 390,000 people over 65 in care homes in England (British Geriatrics Society 2013a) – four times as many as in hospital beds at any given time.
- There is wide variation in rates of long-term care placement between localities, and a sixfold difference in the chances of someone over 65 going straight from an acute hospital bed to long-term care (NHS Atlas of Variation 2011; Audit Commission 2011).
- Care home residents are among the sickest patients and tend to have the most complex needs (British Geriatrics Society 2011). Levels of dependency are rising, so that the population in 'residential' homes now resembles that only found in nursing homes a few years ago (Bebbington *et al* 2000).
- Despite these complex and high levels of need, people living in nursing and residential homes face wide variation in their access to all necessary health services. Surveys across the UK have found that:
  - 68 per cent of care home residents do not get a regular planned medical review by their GP
  - 44 per cent were not getting a regular planned review of their medication
  - 41 per cent could not access specialist dementia services (British Geriatrics Society 2012a).
- Too often, residents end up being admitted to hospital as unplanned emergencies, some of which are avoidable (British Geriatrics Society 2011). Around a quarter of all patients admitted to NHS hospitals with hip fracture are from nursing and residential homes (Sahota and Currie 2008).
- An estimated 50 per cent of residents admitted to hospital who died could have been cared for in their care home with better proactive management (National Audit Office 2008).
- Only 1 per cent of total UK consultant geriatrician time is contractually allocated to care homes (British Geriatrics Society 2011).
- The Care Quality Commission's dignity and nutrition inspections use the same assessment domains across care homes and hospital settings, and its 2012 data reveals poorer care in care homes compared with hospitals on every domain except safe access to medicines (Care Quality Commission 2013).

What we know can work

Preventing avoidable admissions to long-term care

Local service leaders should ensure that all older people for whom long-term care is being considered have a comprehensive assessment of need, adequate treatment of medical problems precipitating the decision to move, adequate rehabilitation and, wherever possible, are not moved into long-term care directly from an acute hospital setting. Alternatives such as enhanced support at home, a move to age-friendly housing, carer support or end-of-life care at home should all be fully considered. Older people and their carers should be fully involved in decisions about future location of care.

Localities with relatively high rates of care home placement, even when adjusted for the numbers of 'self-funding' residents, should analyse the probable causes for this. One issue may be availability – areas with higher numbers of care home places may experience a lower threshold for admission. Other factors include:

- capacity in age-friendly housing (including sheltered accommodation and extra care housing)
- availability of aids, telecare adaptations, and care and repair services (Housing Learning & Improvement Network 2008; National Housing Federation 2012)
- availability of and charging for home care services (Windle *et al* 2010)
- availability of both step-up and step-down intermediate care and re-ablement services (NHS Benchmarking 2013; Audit Commission 2011; Social Care Institute for Excellence 2013)
- investment in good discharge planning and post-discharge support
- systematic use of comprehensive geriatric assessment, either in people's own homes or in hospital (Beswick *et al* 2008; Beswick *et al* 2010; Ellis *et al* 2011)
- availability of specialist support for people with dementia (Alzheimer's Disease International 2011) or for end-of-life care at home (Gold Standards Framework website).

We also know that common precipitants of moves to care homes include recurrent falls, incontinence and behavioural symptoms of dementia (Centre for Policy on Ageing and Bupa 2012; Department of Health 2009e); that adequate investigation and treatment for these conditions therefore has the potential to prevent admissions.

Active commissioning of health and mental health care for care home residents

GP collaboration with care homes can be poor, and access to other services such as community geriatricians can be very variable (British Geriatrics Society 2011). There is no single model of care that guarantees provision of high-quality health care in care home settings, nor is there one ideal contractual arrangement, since the care home market is so diverse. Whatever the model in use locally, service leaders need to work in consultation with care home providers to ensure that health care for care home residents is an actively commissioned service, with clear service specifications linked to quality standards that are detailed in contracts. In most cases, this will involve providing residents with enhanced, proactive primary care services that in turn provide access to the full range of necessary multidisciplinary and specialist services, including geriatricians, old age psychiatrists, therapists, allied health professionals, community pharmacists, and palliative care clinicians (British Geriatrics Society 2013b, 2012a; College of Occupational Therapists 2013). These professionals all already provide health care in care homes, but they do so in an ad hoc, siloed way rather than as integrated multidisciplinary teams (Gage *et al* 2012).

The British Geriatrics Society has published important guidance for the commissioning of high-quality care in care homes (*see* box). NICE has also published a quality standard for the provision of mental health care to care home residents (NICE 2014). Key facets of care home medicine include falls prevention, identification and management of incontinence, proactive medication review and adjustment, reduction of psychotropic drugs, and a better focus on end-of-life care. These are summarised in a recent paper by Burns and Nair (2014), alongside descriptions of potential models of delivery.

British Geriatrics Society: Commissioning guidance for high-quality health care for older care home residents

This new guide:

- outlines what the priority services should be for older care home residents
- explains what the outcomes should be for residents themselves, for the local NHS, and for local care homes as a result of having these services in place
- describes what activities will enable these outcomes to be achieved
- suggests how services can be monitored and evaluated to see if they are having a positive impact.

Key aspects of health care that need to be addressed for residents include:

- health promotion and chronic disease management
- falls management
- continence
- nutrition
- rehabilitation
- psychological wellbeing
- pain management
- medicines management and prescribing
- dementia care
- emergency and crisis management.

The guidance is available at: www.bgs.org.uk/campaigns/2013commissioning/Commissioning_2013.pdf

(British Geriatrics Society 2013a)

Information-sharing

When a new resident moves in to a care home, there needs to be a prompt transfer of clinical information to the care home to enable health care staff to build on the wealth of assessment that will have been conducted prior to this. This is particularly important for continuity of care where a change of GP and/or other health care professional occurs as a result of the move. Community nurses working as case managers could supplement general medical services in this regard, and serve as a clinical and communication bridge to specialists and other community health services such as pharmacy (for medication reviews) and mental health teams.

Conducting holistic assessments

There is evidence that comprehensive, multidisciplinary assessment can improve care for residents in care homes, just as for older people admitted to hospital. In Sandwell, in the West Midlands, a one-year pilot achieved positive results by introducing detailed multidisciplinary reviews for care home residents by a geriatrician, nurse specialist and pharmacist. One care home experienced a 16 per cent reduction in hospital admissions and a 43 per cent reduction in occupied bed days; in another, the decrease was 29 per cent and 71 per cent respectively (British Geriatrics Society 2013a). Assessment should be seen as a continuous and regular process, not a one-off event at admission.

Providing support and training for care home staff

There is a dearth of national data about the size and structure of the care home workforce. In particular, there is scant large-scale evidence about the education and training received by care workers and care assistants, who make up the majority of the workforce. Care homes experience high staff turnover, with 42 per cent of staff leaving within 12 months of joining (Centre for Policy on Ageing and Bupa 2012). Training and education in issues such as dementia and end-of-life care are important; evidence increasingly suggests that training is most effective when registered and non-registered workers learn together on-site as part of an overall quality improvement initiative, 'in order to make learning a force for change rather than a means of qualification' (Owen *et al* 2006).

Using evidence-based frameworks for assessment of quality of life and improvement of relationship-centred care

The quality of life offered to residents in care homes has improved markedly when compared with the meagre 'last refuge' before death that Peter Townsend found in his 1962 study (Townsend 1962). The best care homes focus on creating positive communities and delivering care that provides the environments, activities and relationships that together provide a good quality of life for residents (Owen *et al* 2006).

A range of frameworks for considering care home quality are available, the most comprehensive of which cover not just structures and clinical outcomes but also the relational aspects of caring and the issues that are important to residents and their families. One example is the CARE profiles (combined assessment of residential environment), which attempt to reflect the experiences of residents, their families and care home workers in one framework, based on Nolan's six senses (security, continuity, belonging, purpose, fulfilment and significance) (Nolan *et al* 2006). Quality frameworks need to be broad enough to allow for individual variation; no two residents will have precisely the same definition of quality of life. But recognising this, evidence-based frameworks provide an important structure for assessing and improving quality of both life and care.

Key reviews and guidance

British Geriatrics Society (2011). *Quest for quality – British Geriatrics Society joint working party inquiry into the quality of healthcare support for older people in care homes: a call for leadership, partnership and quality improvement*. London: British Geriatrics Society. Available at: www.bgs.org.uk/campaigns/carehomes/quest_quality_care_homes.pdf (accessed on 20 January 2014).

British Geriatrics Society (2012a). *Failing the frail: a chaotic approach to commissioning healthcare services for care homes. Analysis of data collected by CQC about PCT support for the healthcare of older people living within nursing and residential care homes*. British Geriatrics Society. Available at: www.bgs.org.uk/index.php/mnupressreleases/1907-cqc-report-too-many-failing-hospitals (accessed on 20 January 2014).

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Health Foundation (2013b). *The improving prescribing for the elderly (ImPE) project: Funded by the NIHR CLAHRC for North West London*. Available at: http://patientsafety.health.org.uk/sites/default/files/resources/the_improving_prescribing_for_the_elderly_project.pdf (accessed on 5 December 2013).

College of Occupational Therapists (2013). *Living well through activity in care homes: the toolkit*. London: College of Occupational Therapists Limited. Available at: www.cot.co.uk/living-well-care-homes (accessed on 5 December 2013).

National Institute for Health and Care Excellence (2014). *Mental wellbeing of older people in care homes*. NICE quality standard 50. Manchester: National Institute for Health and Care Excellence. Available at: http://guidance.nice.org.uk/QS50 (accessed on 23 January 2014).

Owen T, and National Care Homes Research and Development Forum (eds) (2006). *My home life: quality of life in care homes*. London: Help the Aged. Available at: www.scie.org.uk/publications/guides/guide15/files/myhomelife.pdf (accessed on 5 December 2013).

Audit Commission (2011). *Joining up health and social care: improving value for money across the interface*. London: Audit Commission. Available at: http://archive.audit-commission.gov.uk/auditcommission/sitecollectiondocuments/Downloads/vfmhscinterface.pdf (accessed on 5 December 2013).

Burns E, Nair S (2014). 'New horizons in care home medicine'. *Age and Ageing*, vol 43, no 1, pp 2–7.

Good practice examples

My Home Life

The *My* Home Life programme is a collaborative initiative to promote quality of life in care homes for older people. It is led by City University in partnership with Age UK and has the support of the Relatives and Residents Association and all the national care home provider representative organisations across the United Kingdom.

It began as a small project to synthesise the evidence base for best practice and is now seen as a social movement for change and quality improvement. It seeks to do this by celebrating and spreading good practice and enhancing relationships between residents, relatives and staff and enabling better partnership working between care homes and their local community and the wider health and social care system. The programme has spread across national borders with *My* Home Life initiatives in England, Wales, Scotland and Northern Ireland.

The programme has disseminated a range of evidence-based resources to 18,000 care homes, provided leadership support for more than 500 care home managers and engaged in community development work in 25 local authorities (eg, *My* Home Life Essex). The *My* Home Life vision includes eight themes – maintaining identity; creating community; sharing decision-making; managing transitions; improving health and health care; supporting good end-of-life care; keeping the workforce fit for purpose; and promoting a positive culture – and is underpinned by relationship-centred care. It has influenced national and local policy and created a community of practice and engagement through social media and volunteering.

(www.myhomelife.org.uk)

Preventing acute admissions from care homes

Ashford and St Peter's Hospitals NHS Foundation Trust, concerned about high rates of acute admissions from nursing homes, collected data on more than 2,000 local nursing home residents admitted to the trust over a three-year period, and identified 82 residents with 4 or more admissions. They set up a trial project to reduce the rate of acute admissions, first focusing on the 3 local care homes with the highest rates of multiple admissions, then extending it to 12 care homes.

Consultant geriatricians visited each home and discussed with staff how admissions might be prevented. This led to the establishment of medical advisory meetings at which GPs, geriatricians and care home managers discussed the residents' needs on a monthly basis. Specialist medical advice over the telephone was made available to nursing homes and short-term capacity was created to provide intravenous antibiotics and fluids to residents who needed them. Joint protocols were established to shorten length of stay if residents were admitted to hospital.

The initial trial halved the rate of admissions from the three homes, resulting in ongoing funding for the project. Results remained impressive when it was rolled out to 12 care homes, with a 35 per cent reduction in admissions and potential savings of £370,000.

(Lisk *et al* 2013)

9 Choice, control, care and support towards the end of life

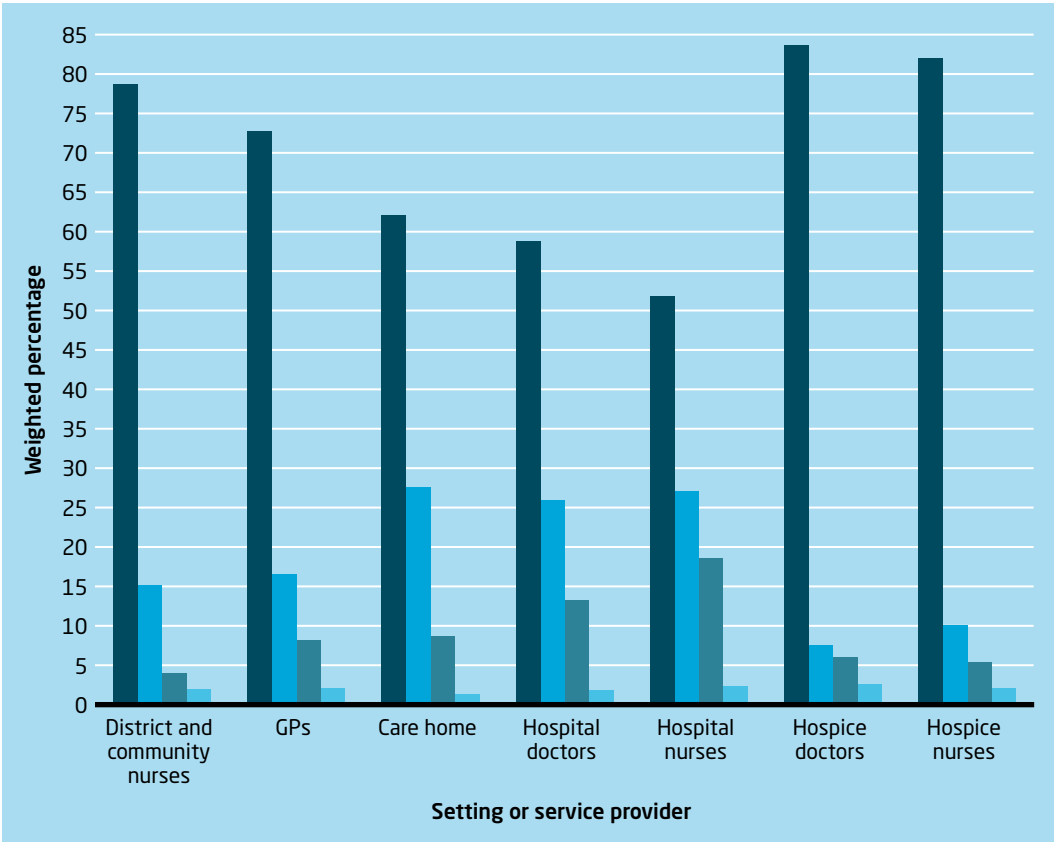
Goal

Older people who are nearing the end of life should receive timely help if they want or need it, to discuss and plan for the end of life. End-of-life care services should provide high-quality care, support, choice and control, and should avoid 'over-medicalising' what is a natural phase of the ageing life course.

Current situation

- Overall, older people receive poorer-quality care towards the end of life than younger people. They are:
  - less likely to be involved in discussions about their options
  - less likely to die where they choose
  - less likely to receive specialist care or access hospice beds (Seymour *et al* 2005; Gott and Ingleton 2011).
- According to the World Health Organization, '… older people suffer unnecessarily, owing to widespread underassessment and under-treatment of their problems and lack of access to palliative care' (World Health Organization 2011a).
- The second National Bereavement Survey (Office for National Statistics 2013d) found that care was rated most highly by respondents whose loved ones died of cancer in their own homes. Being shown dignity and respect was rated highest in hospices and lowest in hospitals (*see* Figure 8).

Figure 8 How often the patient was treated with dignity and respect in the last three months: by setting or service provider, England, 2012



Source: National Bereavement Survey (VOICES) – Office for National Statistics 2013d

- The chances of someone over 65 being able to die in their own home vary widely (NHS Atlas of Variation 2011), but hospital is by far the least preferred place of death (Office for National Statistics 2013d). Public Health England has published *End of Life Care Profiles* (Public Health England 2013a) for localities, which show the wide variation in capacity and place of provision.
- In a National Audit Office (NAO) study, at least 40 per cent of people who died in hospital did not have medical needs that required them to be treated in hospital, and nearly a quarter of them had been in hospital for over a month (National Audit Office 2008).
- Older people with frailty or dementia experience particularly poor end-of-life care, including being less likely to have advance care planning or to be involved in discussions about their care (Office for National Statistics 2013d; Alzheimer's Society 2008).
- Access to specialist palliative care remains variable, within hospitals and particularly in community settings. Around 20 per cent fewer older people receive specialist palliative care compared with younger age groups, and it has been posited that age discrimination may be part of the explanation for this (National Council for Hospice and Specialist Palliative Care Services 2004).

What we know can work

The King's Fund has previously stressed that end-of-life care is one of the key areas that commissioners must focus on (Naylor *et al* 2013; Addicott and Hiley 2011). There are a number of important frameworks and guidance documents for local service leaders wanting to improve the quality of their end-of-life care services. The Royal College of General Practitioners (RCGP) has published guidance for commissioning in end-of-life care (Thomas and Paynton 2013), and the National Institute for Health and Clinical Excellence quality standard set out the desired quality and outcome goals (National Institute for Health and Clinical Excellence 2011a).

Local service leaders should review their own services against these quality standards. They should ensure that all services supporting people at the end of life adhere to these standards, and that staff have the skills and capacity to deliver against them, so that older people (including those with dementia and frailty) receive the same standard of care as younger people. Some of the most important opportunities for improving end-of-life care for older people are set out below.

Providing workforce training and support

Staff across a range of health and care settings who are caring for people in their last year of life need specialist training and support. The National Gold Standards Framework Centre (GSF) in End of Life Care provides comprehensive training programmes for staff combined with strategic support and tools that aim to ensure that end-of-life care services provide 'the right care, for the right person in the right place at the right time, every time' (see the Gold Standards Framework website). Following successful implementation of the GSF training programme, accreditation is a rigorous process of quality assurance that includes key outcome measures, comparative audits, a portfolio of evidence, and independent visit or interview. Skills for Care also offers national end-of-life care qualifications in social care (Skills for Care 2013).

Identifying people in the last year of life

Where possible, people in their last year of life need to be identified in advance in order to discuss and plan care, including issues such as under what circumstances their treatment should stop. There is evidence that early involvement in end-of-life care

planning increases satisfaction and can increase the likelihood of someone being able to die at home (Howie and Peppercorn 2013; Gomes *et al* 2013). The national 'find your 1 per cent' campaign is supporting GPs to identify those patients who they suspect may die within a year; evidence suggests that there is considerable scope to increase the proportion of patients identified as such who could then receive advance care planning (Dening *et al* 2012). A 2009 primary care audit showed that only 25 per cent of people who died were included on the palliative care register; but those on the register received better co-ordinated care (Thomas *et al* 2011).

Ensuring effective assessment and advance care planning

Unlike a patient receiving a terminal diagnosis – for instance, where a person presents late with metastatic cancer – for many older people nearing the end of life, there is no sentinel event that presents an opportunity for a clinician to 'break bad news'. Talking about dying is difficult; a survey of GPs in 2012 revealed that 35 per cent had never initiated a conversation about end-of-life care with one of their patients (Royal College of General Practitioners and Royal College of Nursing 2012). However, as soon as a clinician suspects that a patient may be approaching the end of life, they must initiate conversations to help explore the person's understanding of their condition and to assess their physical, mental, social and spiritual needs, with referral to community palliative care teams or other relevant health and social care professionals as needed (Mullick *et al* 2013). Advance care planning is also important to guide future treatment decisions following any later loss of decision-making capacity. The Mental Capacity Act 2005 enables people to appoint a family member, carer or professional as a welfare attorney to make decisions on their behalf should the need arise.

There is a growing body of research and guidance, nationally and internationally, in best use of advance care planning for people nearing the end of life (Thomas and Lobo 2011; International Society of Advance Care Planning & End of Life Care 2011). Advance care planning helps to meet patient preferences (Abel *et al* 2013) and must be handled sensitively; a major international study found that just under three-quarters of people want to be fully informed if they have less than a year to live (Harding *et al* 2013). It is important that care planning is not seen as a one-off event; communication with patients and their families should be a continuous process.

Strengthening co-ordination and discharge planning

Patients in their last year of life are admitted to hospital an average of 3.5 times (Lyons and Verne 2011). A multidisciplinary model of care with good communication between primary and secondary care and with the voluntary sector is essential in end-of-life care to avoid unnecessary admissions and manage discharge from hospital effectively. A stronger focus on integrated cross-boundary care is developing, with examples such as the GSF Cross Boundary Care programme to improve co-ordination across different providers. Community and primary care services that are accessible 24/7 are an essential element. Initiatives in IT systems, most notably the Electronic Palliative Care Coordination System (EPaCCS) tool, are helping to support better care planning and co-ordination between health and social care (www.nhsiq.nhs.uk/improvement-programmes/long-term-conditions/epaccs.aspx).

Ensuring adequate provision of specialist palliative care services

The UK has well-developed and world-leading specialist palliative care services; traditionally these have focused on supporting cancer patients, but there is now increasing extension for frail elderly non-cancer patients. However, there is widespread variation in access to specialist palliative care services (National Council for Hospice and Specialist Palliative Care Services 2012), defined as the 'active, total care of patients with progressive,

advanced disease and their families … provided by a multi-professional team who have undergone recognised specialist palliative care training' (Tebbit 1999). Access to specialist palliative care is worse for older people (Centre for Policy on Ageing 2009c; Office for National Statistics 2013d). Localities should make use of the commissioning guidance for specialist palliative care from the Association for Palliative Medicine of Great Britain and Ireland (2012) to assess local need and ensure that sufficient capacity is provided.

Supporting care home residents to die in the care home rather than in hospital

Many older people living in care homes who are very near the end of life are taken to hospital to die when they could, with the right support, remain in the care home. Local service leaders should invest in implementing structured approaches in care homes such as the Gold Standards Framework, with advance care plans, advance decisions and adequate palliative care support for care homes. Doing so can significantly improve the quality of care (British Geriatrics Society 2011). In south-east London care homes, for example, the percentage of residents able to die within the care home increased from 56 per cent in 2007–8 to 78 per cent in 2011–12 through the application of these principles (Gold Standards Frameworks Centre (2012) St Christopher's Regional Centre).

Providing home-based services

Home care includes care that is provided by primary care, domiciliary care teams, home health care providers, and focused home nursing services. These teams and agencies need training in end-of-life care, especially for elderly people and those with dementia. Home nursing services can provide comprehensive end-of-life care services, including discharge support, urgent care, social care and emotional support. A recent evaluation of the Marie Curie Nursing Service found that it was effective in supporting more people to die at home, with less use of hospital services (Chitnis *et al* 2012).

Improving end-of-life care for people with dementia

The particularly poor end-of-life care experienced by people with dementia can be the result of either too much intervention (such as tube feeding and the use of restraints) or too little (inadequate pain control, malnutrition and dehydration, and inadequate emotional and social support) (Hughes *et al* 2007). Reasons for this include the difficulty of identifying when people with dementia enter the end-of-life phase, and difficulties in communication, which make it difficult to accurately assess and treat pain, and to ascertain the patient's wishes and preferences.

Too often, localities develop strategies for the care of people with dementia in isolation from strategies for end-of-life care (National Council for Palliative Care 2009). A co-ordinated approach to end-of-life care for people with dementia should include the following elements.

- Advance care planning conversations happening with people with early stage dementia so that their preferences can be expressed before their condition deteriorates (Shega *et al* 2003).
- Staff caring for people with dementia should be trained in end-of-life care competencies, and vice versa.
- Care co-ordinators for people with dementia such as Admiral Nurses and GPs should be fully involved in co-ordinating the person's end-of-life care.
- Multidisciplinary guidelines specific to people with dementia should be applied, as they have been shown to result in a decrease in antibiotic prescribing and an increase in the use of pain relief in the last two weeks of life (Lloyd-Williams and Payne 2003).

Improving end-of-life care in hospitals

More than half of all hospital complaints relate to end-of-life care; more than half the population die in hospital (Office for National Statistics 2013d); and at any one time, about 30 per cent of hospital patients are considered to be in their final year of life (National Audit Office 2008). So improving hospital care for older people is one of the most urgent requirements through reducing length of stay and rapid discharge, and improving the quality of inpatient care for those dying on hospital wards. Several improvement programmes focus on this area, including the NHS Transform programme, GSF Acute and Community Hospitals programmes and other such initiatives encouraged by incentivised CQUIN schemes.

Management of the dying phase and the crucial importance of involving patients and families

Although a consensus statement in support of the Liverpool Care Pathway was published by 20 organisations representing patients and professionals in September 2012 (Liverpool Care Pathway Consensus Statement 2012), the recent independent review of the Liverpool Care Pathway, *More care, less pathway* (2013), concluded that it was at times applied poorly and that it should therefore be replaced by personalised care plans backed up by condition-specific guidance. The review stressed that the principles of good palliative care on which the Liverpool Care Pathway is based must be upheld, including regular assessment and management of symptoms, comfort measures, and provision of psychological, social and spiritual support. Paramount in this is the full involvement of patients and their families, regular communication, plus allocation of a nominated senior responsible clinician.

Key reviews and guidance

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Good practice examples

Deciding right

'Deciding right' is an English north-east regional initiative to help people and professionals work in partnership to make care decisions in advance. The key strands are:

- 'choice and capacity' – supporting individuals to make and document advance decisions about future treatment in case of subsequent loss of capacity or to help make decisions in their best interests in conjunction with their families or registered deputies
- 'agreement' – to ensure that the decisions are genuinely shared and made in partnership
- 'right documentation' – to ensure that standardised documents are used across all services in line with legal guidance to ensure that decisions are in the best interests of the individual and not the organisation
- 'education' – the right for everyone to have the resources to understand and use the initiative

'Deciding right' identifies the triggers for making decisions in advance, complying with national legislation and guidelines and putting shared decisions based on individual needs and wishes at the core.

(www.cnne.org.uk/end-of-life-care---the-clinical-network/decidingright)

Marie Curie Nursing Services

The Nuffield Trust recently conducted an evaluation of Marie Curie Nursing Services. The researchers found that comparing terminally ill people receiving Marie Curie Nursing Services with matched controls, 76 per cent were able to die in their own home and only 7.7 per cent in hospital, whereas in the 'usual care' group, 34 per cent died at home and 42 per cent in hospital. Only 11 per cent of those receiving Marie Curie support (compared with 35 per cent of the control group) underwent emergency admission to hospital towards the end of life, and 7 per cent (compared with 28 per cent) attended A&E. Many of the individuals concerned were over 70 and many had non-cancer diagnoses.

(Chitnis *et al* 2012)

10 Making it happen – integrated care to support older people and their families

In any one local area, individual professionals, teams and organisations working in each of the nine components we have covered in this paper could all find ways to improve the quality and continuity of their individual practice and services for older people. But to deliver the radical transformation that quality and financial pressures demand, we need to go much further. Our current fragmented services are not meeting the needs of older people, who are the group most likely to suffer problems with co-ordination of care and transitions between services (Ellins *et al* 2012; Haggerty 2012). We need to drive whole-system changes in the services we provide for older people so that we consistently provide care that is co-ordinated around people's needs and goals, delivering the right care at the right time, and in the right place (National Voices 2013). This requires teams in physical and mental health, social care, public health and the wider public, private and voluntary sectors to work together. Integrated care is therefore the final and overarching component of this paper.

The balance of evidence is clear that integration can improve people's experience and outcomes of care, and deliver greater efficiencies (Curry and Ham 2010; Ham *et al* 2011; Goodwin *et al* 2013; NHS Future Forum 2011; NHS Confederation and Royal College of General Practitioners 2013). It is important to recognise that achieving improvements for older people will also positively affect care for the rest of the population. More effective urgent care and post-acute rehabilitation and re-ablement services are important for people of all ages, while reducing inappropriate care and shortening acute lengths of stay for older people could release resources to meet other needs.

There is no one model for providing integrated care for older people – the right approach will vary according to the local context (Ham and Walsh 2013). But it is likely to involve action at multiple levels. At the local system level, it will require leaders to set shared strategies and enable resources to be pooled across organisations. Innovations in commissioning and organisational forms such as family care networks may aid this (Addicott and Ham 2014). At the clinical or care team level, it will require shared information and new ways of working such as single assessment processes and shared care plans.

From 2015/16, a Better Care Fund worth £3.8 billion will be allocated to localities in England to help drive local integration of services and to improve outcomes for people with health and care needs. Whether through the Better Care Fund or not, there is much that local leaders can do to provide better integrated services for older people. The King's Fund has published a framework for local leaders wanting to develop integrated care at scale and pace, with 16 key steps, summarised in the box overleaf (Ham and Walsh 2013).

Lessons from experience: making integrated care happen at scale and pace

1. Find common cause with partners and be prepared to share sovereignty.
2. Develop a shared narrative to explain why integrated care matters.
3. Develop a persuasive vision to describe what integrated care will achieve.
4. Establish shared leadership.
5. Create time and space to develop understanding and new ways of working.
6. Identify services and user groups where potential benefits from integrated care are greatest.
7. Build integrated care from the bottom up as well as the top down.
8. Pool resources to enable commissioners and integrated teams to use resources flexibly.
9. Innovate in the use of commissioning, contracting and payment mechanisms and use of the independent sector.
10. Recognise that there is no 'best way' of integrating care.
11. Support and empower users to take more control over their health and wellbeing.
12. Share information about users with the support of appropriate information governance.
13. Use the workforce effectively and be open to innovations in skill-mix and staff substitution.
14. Set specific objectives, and measure and evaluate progress towards them.
15. Be realistic about the costs of integrated care.
16. Act on all these lessons together as part of a coherent strategy.

Bearing these overarching lessons in mind, we encourage local service leaders to use the nine components of care we have set out in this paper to 'walk' the journey for older people, from healthy active ageing right through to end-of-life care – all the time recognising that there are multiple dependencies between the various components. In doing so, it should be possible to:

- agree some key performance standards that all organisations can aspire to achieve in the care of older people
- map out which elements of good practice are already provided, whether they are sufficient to meet the needs of all older people who would benefit from them, and where the gaps are
- identify early priorities for change (such as minimising multiple repeated assessments or improving capacity in intermediate care) and quick wins
- ensure that the work is informed by meaningful input from older people and their carers about what matters most to them in service redesign, and that progress and performance is measured against this, using systematically collected feedback from older people and their carers on their experience of care.

Remember that there is no reason why one provider or integrated care team cannot deliver several of the components (eg, rapid support, re-ablement, 'discharge to assess', and early supported discharge).

In order to deliver these changes it will be important to ensure the right workforce with the right skills in the right part of the system to help deliver more co-ordinated care closer to home and to care for an increasingly older group of service users with complex needs. It may also require creative ways of working, more use of the voluntary sector, and staff who are able to work flexibly to fulfil a number of roles. This has been acknowledged by the Royal College of Physicians in its Future Hospital workforce document (Royal College of Physicians 2013) and in three recent reports from The King's Fund (Cornwell 2012; Imison and Bohmer 2013; Edwards 2014).

We want to end with an example of a locality that is putting these processes into practice. There are many localities throughout the NHS in England and beyond that are at various stages of this work, and we hope to build on this momentum through this paper and the work we are doing to create a community of shared practice. South Warwickshire offers one recent example, which was the subject of a 2013 Health Foundation report and won a 2012 *Health Service Journal* Integrated Care Award (Philp 2012). No locality, not even South Warwickshire, would claim that they have got it right with every part of the care pathway for older people. But their experience shows what can be done, along with early gains in services for older people (*see* box below).

What has been achieved in South Warwickshire around services for older people has also been achieved in several other parts of the UK and beyond (The King's Fund Integrated Care Map). The twin challenges of ageing demography and financial pressures on services mean that we must spread these approaches more widely. Failure to act now will continue to leave older people becoming avoidably ill or dependent, or struggling to navigate complex and frustrating systems. There is plenty we can do to improve services for older people, and service leaders and policy-makers are more focused on this goal now than they have been at any time since the NHS was founded. It is time to move away from short-term pilots and projects that are not sustained and embed these approaches in the way we work.

South Warwickshire project on improving care pathways for older people

South Warwickshire NHS Foundation Trust provides acute hospital services to South Warwickshire and community health services across the whole of Warwickshire.

The trust has worked with partners from primary care, social care and Age UK Warwickshire to develop integrated services for older people. This has been established through early intervention to promote independence in old age and includes GP identification of at-risk older people followed by telephone assessment by trained Age UK assessors. The trust has also worked to provide a better response to a frailty crisis by improving pre-admission to hospital assessment, providing specialist acute care, and promoting recovery before placement.

Facing the problem of rising acute admissions among older people, an acute hospital becoming 'blocked' with older patients who were 'long-stayers' or became 'delayed transfers of care', the trust worked with local primary care teams, social services and the voluntary sector (Age UK) to change pathways, ultimately aiming to deliver more care closer to home. This was coupled with the acute hospital clinicians changing the

continued overleaf

South Warwickshire project on improving care pathways for older people *continued*

way they worked. The trust is 'vertically integrated' so also runs community health services – which gave it the ability to create some additional capacity in community rehabilitation and rapid response teams while the new pathway was embedded.

Key principles were:

- **'get in early'**, using Age UK staff and community nursing teams to carry out structured comprehensive geriatric assessment for older people living at home, thus identifying problems sooner to prevent crises
- **'discharge to assess'**, ensuring that older people were seen seven days a week by senior clinical multidisciplinary teams and, when they did not need admission, to be discharged for ongoing assessment and treatment in their own homes)
- **'decide to admit'**, so that when older people did require hospital admission they were admitted straight to specialist consultant-led elderly care wards. This was coupled with a sustained focus on senior front door assessment, frequent ward rounds, proactive discharge planning, and the ability to take an additional 50 patients each week out of A&E or the acute medical unit and back to their own homes for assessment.

Within 18 months of the project starting up, emergency admission rates in people over 65 had levelled off – this against a background of previously rising admissions and ongoing increased acute activity for older people in the region; in addition, average length of stay had reduced and mortality rates had fallen. By 2013, there had been a reduction in length of acute stay of around one day compared with 2011, a sustained increase of around 25 per cent in the proportion of zero day admissions, a sustained decrease in the proportion of patients staying longer than 14 days, and an increase in the proportion of patients discharged home before lunch.

The trust, along with local partners, has embedded the new model of working and is now expanding the focus to other parts of the care pathway for older people to generate similar 'win/win' gains for older people and for the local health and care system.

(Health Foundation 2013c)

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Quarterly Report - Tenders Awarded - January to March 2018

Contract Number	Name/Subject	Contractor	Start Date	Expiry Date	Contract Term	Local/Non Local	Local Content	Non Local Content	Tender Value (inc. GST)
C17028	Provision of Trades and Building Services (works up to $10,000 only)	Havoc Builders Pty Ltd	01-Jan-18	31-Dec-19	2+2	Local	100%	0%	Schedule of Rates
C17021	Old Post Office (UWA) Roof Tile Replacement	Programmed Facility Management Pty Ltd	08-Jan-18	16-Mar-19	End of Defects	Local	100%	0%	$ 226,190.80
C17032	Lighting and Electrical Services Installation – Centennial Park Eastern Precinct Junior AFL Node	J&S Castlehow Electrical Services	24-Jan-18	30-May-18	End of Defects	Local	100%	0%	$ 534,568.10
C18001	Supply and Delivery of Roll On Turf	Great Southern Turf	13-Feb-18	12-Feb-20	2 + 1	Local	100%	0%	Schedule of Rates
C17031	Emu Point to Middleton Beach Coastal Hazard Risk Management and Adaptation Plan	Aurora Environmental Albany	14-Feb-18	31-Dec-19	31/12/2019	Local	100%	0%	$ 146,424.30
C17030	Mercer Rd Office Refurbishment (SCNRM Building)	Wauters Enterprises Pty Ltd	28-Feb-18	14-Sep-18	End of Defects	Local	100%	0%	$ 1,096,097.94
C17029	Mount Elphinstone to CBD Cycle Link (Stage 1)	Tricoast Civil	21-Mar-18	TBA	End of Defects	Local	100%	0%	$ 418,458.12
C18003	Emu Point Boat Pens - Design and Construction of a Pontoon Marina System	SMC Marine Pty Ltd	27-Mar-18	TBA	End of Defects	Non local	10%	90%	$ 1,705,880.00