

Wiltshire Council

Cabinet

26 April 2022

Subject: Home Care (Adults) Recommissioning

Cabinet Member: Councillor Jane Davies, Cabinet Member for Adult Social Care, SEND and Transition and Inclusion

Key Decision: Key

Executive Summary

This report makes proposals to support the tender and award of a new contract for homecare services, which will be called the Wiltshire Living Well at Home (WLW@H) – Alliance.

This report sets out the background, purpose, scope, plan, risks and benefits of a proposed approach to recommissioning homecare provision within Wiltshire. The current contract arrangements for homecare (Help to Live at Home (HTLAH) Alliance) end on 31 October 2022.

To support the working themes in the council's business plan 2022 to 2032, our joint commissioning priorities are:

Priority 1 - ensure services are in the right place at the right time

Priority 2 - ensure right people, right place

Priority 3 - ensuring right service, right price

Homecare plays a vital role in meeting our priorities in the local health and care system. It is important to have a sustainable homecare market providing flexible and good quality outcome-focussed care.

Nationally and locally, the homecare sector is fragile with significant concerns in workforce and provider sustainability, as well as increasing demand and costs. This has worsened with the impact of COVID on the homecare sector and wider health and care system.

A growing body of practice-based evidence and research increasingly points towards outcome-based approaches which seek to maximise people's independence as the most effective means of reducing demand, delivering savings and most importantly, improving outcomes and the wellbeing of people living in our communities.

Officers will take the opportunity of the recommissioning of homecare to engage with a wide range of stakeholders with local system intelligence, including system partners, providers and operational colleagues.

The approach will take into consideration the outcomes of wider system reviews to co-produce a homecare service that is innovative, flexible and sustainable and makes best use of alternative support, such as technology

enabled care, voluntary and community organisations and outcomes-based approaches.

Proposal(s)

This report recommends Cabinet agree the following proposals:

1. That officers continue to undertake to prepare and complete the tender programme, award and implement a new contract for homecare by 01 November 2022.
2. To endorse the approach and agree that officers continue with actions identified in the tender timeline (see paragraph 48), which includes:
 - Developing and implementing a service model informed by demand and supply analysis (see Appendix 1) and market engagement
 - Route to market through a Pseudo Dynamic Purchasing System (DPS)
 - Implementing a pricing strategy to manage tender price submissions
 - Creating a flexible framework to allow innovation and incentivise payments to help reduce registered homecare provision
3. To delegate authority to approve and implement the evaluation pricing strategy, award a new contract and future mini competitions and all associated documents to the Director Procurement & Commissioning in consultation with the Cabinet Member for Adult Social Care, SEND and Transition and Inclusion, the Corporate Director People and Corporate Director Resources/Deputy Chief Executive.

Reason for Proposal(s)

The purpose of this paper is to provide an update to Cabinet on the Wiltshire Council procurement process for homecare services and sets out the approach that is being taken.

Cabinet is asked to authorise the method outlined to complete a tender process that delivers value for money through the new contract.

This report is seeking approval to delegate authority to award contracts, in relation to the services being commissioned by Wiltshire Council (see paragraph 34).

Terence Herbert
Chief Executive

Wiltshire Council

Cabinet

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Purpose of Report

1. The purpose of this paper is to provide an update to Cabinet on the Wiltshire Council procurement process for homecare services and sets out the approach that is being taken.
2. Cabinet is asked to authorise the method outlined to complete a tender process that delivers value for money through the new contract.
3. This report makes the following specific proposals to Cabinet:
 - 3.1. That officers continue to undertake to prepare and complete the tender programme, award and implement a new contract for homecare by 01 November 2022.
 - 3.2. To endorse the approach and agree that officers continue with actions identified in the indicative timeline (see paragraph 48), which includes:
 - Developing and implementing a service model informed by demand and supply analysis (see Appendix 1) and market engagement
 - Route to market through a Pseudo Dynamic Purchasing System (DPS)
 - Implementing a pricing strategy to manage tender price submissions
 - Creating a flexible framework to allow innovation and incentivise payments to help reduce registered homecare provision
 - 3.3. To delegate authority to approve and implement the evaluation pricing strategy, award a new contract and future mini competitions and all associated documents to the Director Procurement & Commissioning in consultation with the Cabinet Member for Adult Social Care, SEND and Transition and Inclusion and the Corporate Director People and Corporate Director Resources/Deputy Chief Executive.

Relevance to the Council's Business Plan

- 4 To support the working themes in the council's business plan 2022 to 2032, commissioning priorities are to:
 - Priority 1** - ensure services are in the right place at the right time
 - Priority 2** - ensure right people receive services in the right place i.e. increasing services delivered in the community and in people's homes
 - Priority 3** - ensure right service, right price
- 5 Nationally and locally, the homecare sector is fragile with significant concerns in workforce and provider sustainability, as well as increasing demand and costs. This has worsened with the impact of COVID and the increased costs on the homecare sector and wider health and care system e.g., inflationary pressures such as fuel costs.
- 6 A growing body of practice-based evidence and research increasingly points towards outcome-based approaches which seek to maximise people's independence as the most effective means of reducing demand, delivering efficiencies and most importantly, improving outcomes and the wellbeing of people living in our communities.
- 7 Officers will take the opportunity of the recommissioning of homecare to engage with a wide range of stakeholders with local system intelligence, including system partners, providers and operational colleagues.
- 8 The approach will take into consideration the outcomes of wider system reviews to co-produce a homecare service that is innovative, flexible and sustainable and makes best use of alternative support, such as technology enabled care, voluntary and community organisations and outcomes-based approaches.
- 9 The Wiltshire Living Well at Home (WLW@H) – Alliance will enable access to provision to manage costs and drawdowns for flexible and sustainable services which makes best use of homecare capacity and alternative support.

Background

- 10 **Current Supply arrangements** - Wiltshire's current Help to Live at Home (HTLAH) Alliance was established in October 2018 and ends on 31 October 2022. It is a contract which sits under a Dynamic Purchasing Model, which is essentially a framework contract that offers no guarantee or obligation to buy services.
- 11 There are currently 107 providers of homecare (as of 21.02.2022) working within the Alliance. Providers operate within two financially defined tiers, as follows:
 - Tier 1** – providers offer rates with no unsocial hour uplift. To reflect this commitment, they are offered all packages first and have 24 hours to respond before the package can be offered to Tier 2 providers.
 - Tier 2** – providers set their own rates and can charge for unsocial hours.
- 12 Providers' rates also vary by location of service and complexity of packages of care.

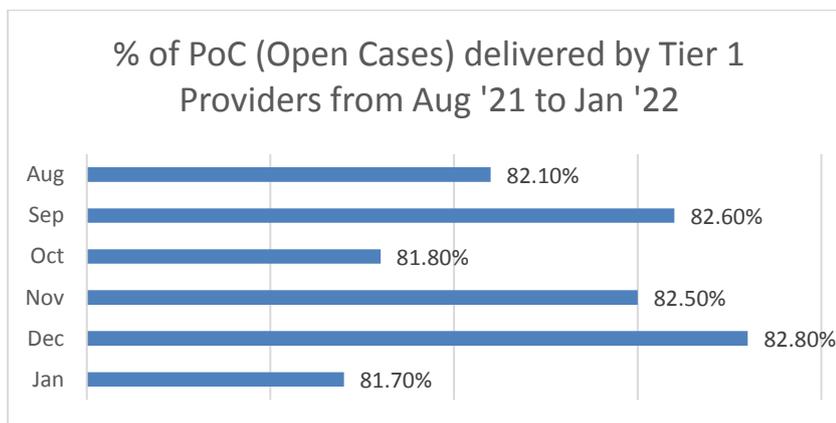
13 Wiltshire is divided into three zones with some providers covering the whole county, some two zones and some only one:

Zone 1 the western area of the county comprising the area boards of Chippenham, Corsham, Calne, Bradford on Avon, Trowbridge, Melksham, Devizes and Westbury.

Zone 2 the largest area with the lowest density comprising the area boards of Malmesbury, Royal Wootton Bassett, Marlborough, Pewsey, Tidworth, Amesbury, Southern (Downton) and Southwest (Wilton, Tisbury and Mere).

Zone 3 Salisbury city, the smallest area but with the highest population density and packages of care per kilometres squared.

14 Providers have been encouraged to support Tier 1 whenever possible, currently packages of care are offered to Tier 1 providers before Tier 2. However, when there are spikes in demand or issues such as recruitment and retention across the sector, an increased number of packages are supported by Tier 2 providers. Appendix 2 – provides a summary of HTLAH activity with Tier 1 and Tier 2 providers from August 2021 to January 2022. The graph below shows the fluctuations in use of Tier 1 Providers:



15 There are currently 107 providers of homecare working within the Alliance. The table below indicates the average hourly, 45 minute and 30-minute rates of Tier 1 and Tier 2 providers (as of 21.02.2022):

	Tier 1	Tier 2	Average/total
Average hourly rate	£20.83	£23.97	£21.70
Average 45-minute rate	£16.58	£19.15	£17.28
Average 30-minute rate	£13.06	£15.59	£13.74
Number of providers	76	31	107

16 Points to note:

- Some providers operate as Tier 1 and Tier 2 providers
- Four Tier 2 providers have only an hourly rate, so no 45-minute rates and 30-minute rates

- 30 Tier 2 providers have unsocial rates (7pm - 10pm, weekend and bank holidays), which have not been included as part of the Tier 2 average rate calculation
 - Note that sometimes the hourly rate is quoted as being over £25 per hour; this is the average rate in Wiltshire for an hour taking into account that 45-minute visits and 30-minute visits are paid at rates higher than 75% and 50% of the hourly rate.
- 17 The structure of the geographical zones has created hard-to-reach areas. The size and spread of zones 1 and 2 have meant some areas of the county are not financially viable for the market to support. The rural nature of the hard-to-reach areas increases the cost of travel and there is a lack of available workforce within those areas, which also increases costs.
- 18 This then creates a significant variation in the time it takes to source care depending on the postcode area and level of package that requires supporting.
- 19 Many providers are experiencing difficulties in recruiting and retaining staff and are unable to compete with the salary ranges and benefits offered by the NHS for comparable roles or indeed other industries. Providers are also citing that many staff are leaving the care sector to work in retail or factory work.
- 20 **Cost of Homecare in Wiltshire** - In December 2020 officers in finance and commissioning undertook a Cost of Care exercise; the aim of which was to provide evidence to inform commissioners on the cost of operating Homecare services in Wiltshire.
- 21 Eleven providers returned a completed template. While a disappointing overall number, these providers covered 25% of the local market. This gives us some assurance that the figures are broadly accurate.
- 22 On average at that point in time the Council was paying an average of £21.67 per hour for a full hour of care, mid-way between the Home Care Association rate (£21.43) and the average local rate as reported by providers (£21.93). For shorter visits Wiltshire Council paid slightly more than the cost of care.
- 23 Direct staff costs were by some distance the biggest cost providers face, with wage costs ranging from 71% of total costs to 95% (the average was 82%). Basic hourly pay ranged from £9.17 per hour up to £11 per hour, with the average being £10.09.
- 24 Office costs and overheads ranged from 5% of the total cost at one end, to 29% of the total at the other end, with an average £4.01/hr. The most predominate element of office costs was the cost of management and head office (£1.59/hr), followed by the cost of rent, rates and utilities (£0.50/hr).
- 25 There was significant variability in the impact of what might be called “non-productive time”. The contribution to the total hourly cost ranged from 35p to £4.07. Whilst there may be an element of efficiency within this, it is almost certainly the case that a major factor will be the geographical area that a provider operates in, or the spread across the geographical area that a provider is operating in.

- 26 The Homecare Association has written to all Councils to state that the minimum fee rate for homecare based on the national legal minimum wage is calculated as £23.20 per hour for 2022/23, compared with £21.43 per hour in 2021/22.
- 27 **Homecare Agencies** - The table below shows the number of homecare agencies registered with CQC (as of 02.03.2022) in Wiltshire and in neighbouring councils:

Local Authority Area	Number of CQC registered homecare agencies
Wiltshire	112
Bath & North East Somerset	25
Dorset	68
Somerset	82
Swindon	37
Hampshire	267
Gloucestershire	146
Oxfordshire	134
West Berkshire	29

Main Considerations for the Council

- 28 The Council has statutory duties to ensure that people requiring financial support to meet their care needs are able to access good quality services. The Care Act also requires councils to shape the care services market sustainably in collaboration with providers and to retain local oversight of that market.
- 29 The Health and Care Bill sets out key legislative proposals to reform the delivery and organisation of health services in England, to promote more joined-up services and it is anticipated greater responsibilities in respect of self-funders.
- 30 Adult Social Care (ASC) supports people to live independently, with a focus on preventing, reducing, and delaying the need for specialist services. Following the completion of a Care Act Assessment, if it is determined a person has eligible needs, ASC teams work with the person and their family/carers to consider how eligible needs can be met.
- 31 Homecare services are an essential part of future care systems to meet people and their family/carers' eligible needs in their own homes. CQC registered personal care means help with things like eating, washing and using the toilet.
- 32 Homecare that is purchased under spot arrangements is predominantly more expensive than provision secured under framework or block arrangements, making budget control challenging and reduces the ability of commissioners to manage provision efficiently and effectively.
- 33 The development of a Pseudo DPS, which will be called the Wiltshire Living Well at Home (WLW@H) – Alliance, which providers will be invited to join, will mean that only those providers who are in the Alliance can bid for any 'Drawdown Tenders' for example, Homecare Framework. This will enable commissioners to maximise the opportunity to manage the supply of homecare and spend.

34 The Alliance will include the following drawdown services:

Service Description
Homecare Framework – Adults
Sleeping Nights - Adults
Live-in-Care – Adults
Complex Homecare – Adults (mini comp.)
Homecare Framework – Children’s
Homecare Framework – CCG
Homecare Blocks
Pilot Service Models for Homecare

- 35 People and their family/carers will have access to high quality care services which are person centred, treat people with dignity and respect, keep people safe, offer real choice and control, promote independence and social inclusion and are supported by highly skilled and dedicated staff.
- 36 Timely access to good quality homecare will contribute towards preventing, delaying or reducing the need for care and support of people or for support to carers. It will support the prevention of hospital admissions and improve system flow, reducing delayed discharges and facilitating hospital discharge.
- 37 By working in partnership with a group of providers who join the Wiltshire Living Well at Home (WLW@H) – Alliance; commissioners will be able to offer services in different ways to maximise the use of available resources by establishing longer-term, more effective relationships with service providers.
- 38 **Demand Modelling** – To better understand current provision and to forecast future requirements of homecare services within Wiltshire, work has been completed to model demand. In particular, determining the average number of authority funded packages of care delivered between 01 January 2019 to 31 October 2021 in 20 Local Areas.
- 39 [POPPI](#) forecasts that the volume of people aged 65 and over residing in Wiltshire will increase. Increase figures between 2022 and 2030 have been used to calculate indicative minimum and maximum average daily demand for packages of care between 2022 and 2030 (see Appendix 1).
- 40 Analysis of demand alongside characteristics of geographical localities, such as demographics and population density, index of deprivation, distinguishing rural and urban areas, public transport links and road networks and informed by the current structure of the geographical zones

creating hard-to-reach areas, it is recommended to increase the number of zones (see paragraph 75).

- 41 Smaller more manageable zones will help providers create more efficient runs, decreasing travel times, support more effective recruitment and enable more targeted offers of packages of care.
- 42 Each smaller zone will have a strategic provider to increase available capacity, they are offered all packages first and have 24 hours to respond before the package can be offered to approved providers, with several approved providers per zone.
- 43 **Price Modelling** - To understand the cost of care in the proposed smaller zones, work has been completed to model weighted average rates of current provision.
- 44 The weighted average rates, alongside evidence from the December 2020 Cost of Care exercise (see paragraph 20), market engagement events and Homecare Association minimum fee rate for homecare (see paragraph 26), will inform the pricing evaluation structure. Ranges will be applied to the average rates on a sliding scale, with a narrower range for strategic providers compared to approved providers to manage tender price submissions, as detailed below:

Strategic Provider

- 2021/22 average rates increased by 1.5% for minimum rate and 6% for maximum rate per zone
- Consolidated rate, no unsocial hour enhancements
- Formula linked calculation of 30-minute and 45-minute rate at 63% and 80% retrospectively

Approved Provider

- 2021/22 average rates increased by 1.5% for minimum rate and 10% for maximum rate per zone
- Consolidated rate, weekday, and weekends
- Formula linked calculation of 30-minute and 45-minute rate at 63% and 80% retrospectively

- 45 Commissioners have taken the approach of a narrower range of rates for strategic providers as they will benefit from greater volumes in capacity and more certainty of work. It is also expected that associated travel costs will be reduced. Appendix 3 – provides a table of indicative rates that will be used to evaluate strategic providers and approved providers bids by zone, with further budget work and market consultation to be completed.
- 46 Providers will be asked to submit rates for the first two years (to prevent front loading). This will allow the Council to revise pricing and pricing arrangements in the light of the new Cost of Care exercise and once we know the direction of national policies.
- 47 **Annual Price Review Mechanism** - Evidence from the December 2020 Cost of Care exercise indicated direct staff costs were by some distance the biggest cost providers face, with wage costs ranging from 71% of total

costs to 95%. The average was 82%. To reflect this the EARN03 Index (Average weekly earnings by industry) and CPIH (Consumer Prices Index Including Owner Occupiers' Housing Costs), both based on the January index, will be used to calculate the annual price review mechanism:

- 80% EARN03: 20% CPIH

- 48 **Market Engagement & Indicative Tender Timetable** – Preliminary market consultation with HTLAH providers has been underway since October 2021. More targeted market engagement, to support the development of the service and pricing model, is scheduled for key points leading up to the Alliance tender go live. Below is an indicative timeline:

Date	Task
24 March 2022	Market Engagement Event – service model
14 April 2022	Market Engagement Event – pricing model
tbc April 2022	Market Engagement Event – joining the Alliance
23 May 2022	Alliance Round 1 Go Live
06 June 2022	Deadline to submit clarification questions
13 June 2022	Round 1 Closing/Round 2 Opening
20 June 2022	Evaluation Period End Date
27 June 2022	Award Decision Notification
01 Nov 2022	Alliance Commencement Date

Overview and Scrutiny Engagement

- 49 The Chairman and Vice-Chairman of the Health Select Committee were given a briefing on 05 April 2022. Members noted the approach and requested officers bring an update to a future meeting on 18 January 2023 to report on the new approach.

Safeguarding Implications

- 50 Current contract arrangements with the HTLAH Alliance contain robust safeguarding measures in line with Council policy. Contracts give clear direction on how and when to raise a safeguarding alert to avoid any confusion about who will do this and/or assumptions that someone else will raise the alert.
- 51 Contracts also ensure that any issues relating to child protection are identified and appropriate referral made to children's services. Any new service specifications under the Wiltshire Living Well at Home (WLW@H) – Alliance will continue to include these robust measures.

Public Health Implications

- 52 The service specifications are underpinned by public health data and evidence from [Wiltshire Intelligence - Bringing Evidence Together](#) - Joint Strategic Needs Assessment (JSNA). With relevant Key Performance Indicators commissioners ensure the services being delivered are effective and efficient to meet the needs of the people of Wiltshire.
- 53 The Wiltshire Living Well at Home (WLW@H) – Alliance will benefit the overall health and wellbeing outcomes of people in terms of service continuity and reducing the risk that their health and care outcomes could be compromised if the service was not in place.

Procurement Implications

- 54 A compliant procurement process will be followed in line with Public Contract Regulations 2015.
- 55 The procurement process will be designed and run, in conjunction with the Commercial and Procurement team.

Equalities Impact of the Proposal

- 56 The recommissioning of homecare will support equitable access to any individual to health and social care and impact positively on equality by reducing or removing inequalities and barriers that exist for people with eligible needs. The specification of future services will state that providers are expected to demonstrate social value.
- 57 Commissioners will require the provision of services which take account of and are committed to ensuring that the organisations value diversity and promotes equality and inclusivity on all aspects of their business.
- 58 The performance of the Wiltshire Living Well at Home (WLW@H) – Alliance will be monitored through quality systems and performance management, monitoring and reporting. Providers will report on Key Performance Indicators and lead commissioners will be responsible for monitoring and reviewing reports and ensuring any improvement actions are completed by providers.
- 59 Joint management boards will be attended by commissioners and key stakeholders across the health and care system for the continual development of Wiltshire Living Well at Home (WLW@H) – Alliance. Healthwatch Wiltshire and other service user engagement organisations will work with commissioners and providers to identify and implement opportunities for improvements in service delivery for the duration of the contract.

Environmental and Climate Change Considerations

- 60 The tender evaluation criteria and contract terms and conditions will include sections on environmental and climate change impact to ensure this is appropriately considered. The specification of future services will state that providers are expected to demonstrate social value.
- 61 Energy consumption associated with the service area will remain roughly at current levels due to the scope of the service unchanging. Annual reviews of the providers operations will place requirements on the provider to make ongoing improvements in this area and in the day-to-day environmental management of the service.

- 62 Carbon emissions will be managed through energy efficient options, some of which are:
- Reducing homecare workers travelling by car to provide care in peoples' homes and potentially reducing emissions from fossil fuel vehicles by increasing use of low carbon alternatives.
 - Reduction of homecare services through improved use of alternative support, such as technology enabled care, voluntary and community organisations and outcomes-based approaches.
 - Encouraging carbon offset projects for any unavoidable carbon emissions or increase a renewable energy or green tariff for avoidable carbon emissions, such as electricity consumption in registered offices.

Risks that may arise if the proposed decision and related work is not taken

- 63 The report's proposals offer the most effective mitigation to the following known risks:
- Homecare services being delivered outside of a formal contract once current contract arrangements for homecare (Help to Live at Home (HTLAH) Alliance) end on 31 October 2022, increasing use of spot provision and increasing homecare costs.
 - Extension of current contract arrangements for homecare (Help to Live at Home (HTLAH) Alliance), and there are no express options to extend it under the terms of the contract, so potentially being challenged by providers.
 - Undertaking an emergency procurement, which would lack the required time to create a robust opportunity.

Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks

- 64 A risk and issue log are in place and regularly reviewed through the project groups; enabling potential risks and mitigations to be identified and implemented. This is a live document which allows risks and mitigations to be continually revised as the project develops.
- 65 There is a risk of challenge from providers to the tender process and outcome. However, the impact and likelihood of these risks will be reduced by early and transparent engagement with providers. This same engagement offers an opportunity to assess providers' appetite and readiness for a new tender as well as the potential impact of COVID and cost of living on pricing and availability.
- 66 As with all projects of this nature, securing consistent project and oversight resources from across Council functions to take forward project activity will be important to delivering the project to the required standard within the indicative timeline (see paragraph 48). The Project Oversight Board will oversee the procurement of the Commissioning of Homecare Services and direct the work to implement the recommendations from the Commissioning of Homecare Services Project Working Group.

Financial Implications

- 67 Total expenditure on homecare services equated to £26.138m in 2020/2021. This was delivered through the HTLAH Alliance, spot provision and Good Lives Alliance. The table below shows the expenditure for 2020/2021 and an estimate for 2021/2022 broken down by service block:

Service block	Estimate 21/22	Cost 20/21
Learning Disabilities Total	1,087,572	1,085,642
Mental Health Total	2,249,153	1,854,981
Older People Total	20,602,982	20,398,317
Not Categorised Total	2,540,743	2,798,709
Grand Total	26,480,450	26,137,649

- 68 All spend under service block Older People will be managed under the new Wiltshire Living Well at Home Alliance and a proportion of LD, MH and Not Categorised spend.
- 69 It would not be unreasonable to consider that the annual cost of the new contract would be broadly similar to the current contract but taking into account the increased demand due to population increase and annual inflation.
- 70 The estimated value of the Wiltshire Living Well at Home Alliance is £216.152m. This has been calculated using service block Older People 2021/2022 estimated costs only and 3% inflation increase and 3% for demography, so 6% in total per year. The breakdown of estimated value is outlined in the table below:

Service block	6 Year Contract value	24 Month Extension Option
Older People Total	152,335,104	63,817,290

Legal Implications

- 71 Legal advice has been sought and will continue to be sought on this project. The procurement of the pseudo-dynamic purchasing system will need to be undertaken in accordance with the Constitution and Procurement Law. The proposed arrangements will ensure the Council meets its duties as described more fully above.

Workforce Implications

- 72 These proposals relate to a continuation of current activity which is delivered through external suppliers. So, there is little-to-no direct impact on council employed staff.
- 73 If the incumbent providers are not successful in the new tender, then TUPE may apply. However, while the council would be an interested party, any transfer of staff would be a matter between the incumbent and new provider.

Options Considered

- 74 Option One: Remain as is:

- Providers operate within two financially defined tiers which limits our ability to develop strategic providers and increase available capacity.
- Current zones are considered too large and would not allow the Council to adopt the preferred provider model officers are seeking to introduce as part of the new homecare Pseudo Dynamic Purchasing System (DPS)
- Zone 2 consists of a collection of predominantly rural areas, of which the council's Brokerage team report they have difficulty securing Packages of Care (PoC) for customers residing in
 - Tisbury
 - Areas bordering Dorset
 - Wilton
 - Marlborough

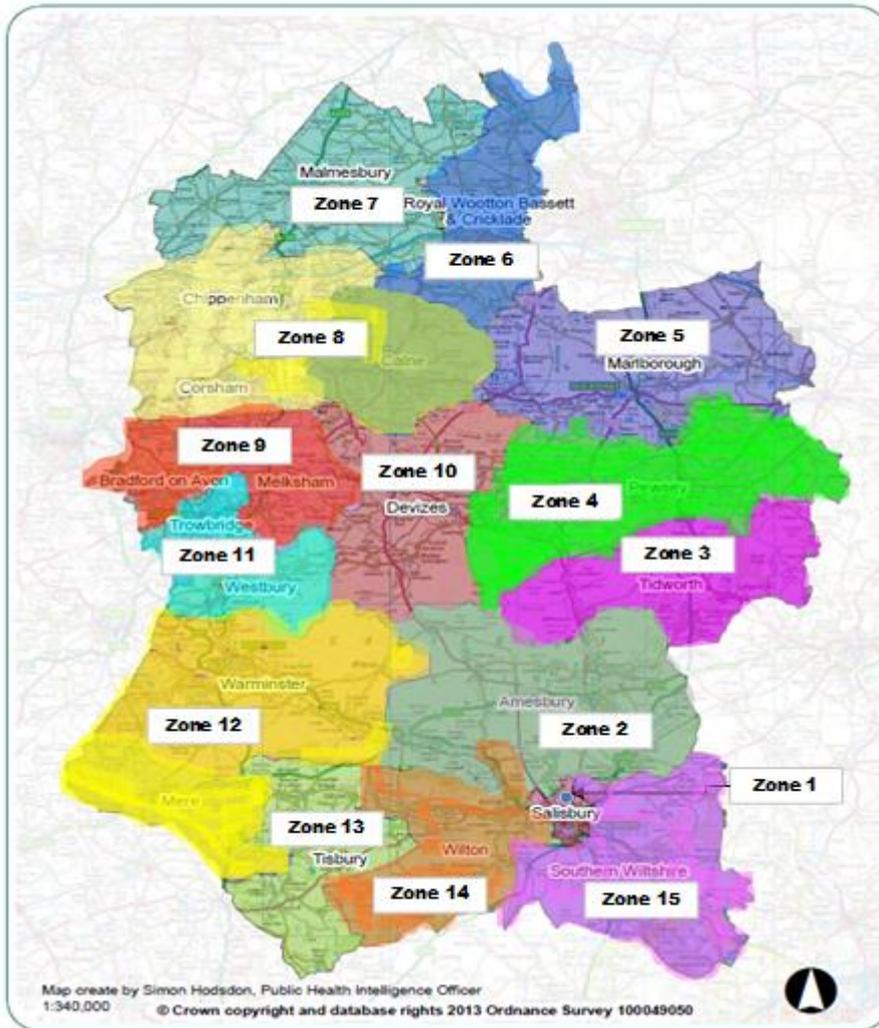


75 Option Two: Increased number of zones with a single strategic provider and several approved providers per zone (Recommended Option):

- Smaller geographical zones should help to alleviate difficulty in sourcing providers to deliver packages of care in areas where there is a small volume of villages identified as hard to access care.
- This option would allow officers to adopt the Strategic Provider model and enable more targeted offers of packages of care.
- Strategic Provider model will increase available capacity and create more effective budget controls
- Smaller more manageable zones will help providers create more efficient runs, decreasing travel times and support more effective recruitment.

Proposed Model

Zone	Areas
Zone 1	Salisbury
Zone 2	Amesbury
Zone 3	Tidworth
Zone 4	Pewsey
Zone 5	Marlborough
Zone 6	Royal Wootton Bassett & Cricklade
Zone 7	Malmesbury
Zone 8	Chippenham, Corsham and Calne
Zone 9	Bradford on Avon and Melksham
Zone 10	Devizes
Zone 11	Trowbridge and Westbury
Zone 12	Warminster and Mere
Zone 13	Tisbury
Zone 14	Wilton
Zone 15	Southern Wiltshire



Conclusions

76 All of the above information has been taken into account in establishing this report's proposals.

Helen Jones (Director - Joint Commissioning)

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28 March 2022

Appendices

Appendix 1 – Homecare Demand – March 2022

Appendix 2 - Summary figures of Tier 1 usage, August 2021 - January 2022

Appendix 3 –Table of Indicative Rates