Wiltshire Council

AGENDA

Meeting: **Health Select Committee**

Place: **Kennet Room - County Hall, Bythesea Road, Trowbridge, BA14 8JN**

Date: **Tuesday 5 July 2022**

Time: **10.30 am**

Please direct any enquiries on this Agenda to Matt Hitch matthew.hitch@wiltshire.gov.uk, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line or email matthew.hitch@wiltshire.gov.uk

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Membership:

Cllr Johnny Kidney (Chairman)
Cllr Gordon King (Vice-Chairman)
Cllr Clare Cape
Cllr Mary Champion
Cllr Caroline Corbin
Cllr Dr Monica Devendran
Cllr Howard Greenman
Cllr Antonio Piazza
Cllr Pip Ridout
Cllr Mike Sankey
Cllr David Vigar
Cllr Tony Pickernell
Cllr David Bowler

Substitutes:

Cllr Liz Alstrom
Cllr Trevor Carbin
Cllr Mel Jacob
Cllr Ricky Rogers
Cllr Tom Rounds
Cllr Ian Thorn
Cllr Kelvin Nash

Stakeholders:

Irene Kohler — Healthwatch Wiltshire
Diane Gooch — Wiltshire Service Users Network (WSUN)
Sue Denmark — Wiltshire Centre for Independent Living (CIL)

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For extended details on meeting procedure, submission and scope of questions and other matters, please consult Part 4 of the council's constitution.

The full constitution can be found at this link.

For assistance on these and other matters please contact the officer named above for details

AGENDA

PART I

Items to be considered whilst the meeting is open to the public

1 **Apologies**

To receive any apologies or substitutions for the meeting.

2 **Minutes of the Previous Meeting** *(Pages 7 - 14)*

To approve and sign the minutes of the meeting held on 7 June 2022

3 **Declarations of Interest**

To receive any declarations of disclosable interests or dispensations granted by the Standards Committee.

4 **Chairman's Announcements**

To note any announcements through the Chairman.

5 **Public Participation**

The Council welcomes contributions from members of the public.

Statements
If you would like to make a statement at this meeting on any item on this agenda, please register to do so at least 10 minutes prior to the meeting. Up to 3 speakers are permitted to speak for up to 3 minutes each on any agenda item. Please contact the officer named on the front of the agenda for any further clarification.

Questions
To receive any questions from members of the public or members of the Council received in accordance with the constitution.

Those wishing to ask questions are required to give notice of any such questions in writing to the officer named on the front of this agenda no later than 5pm on **28 June 2022** in order to be guaranteed of a written response**.** In order to receive a verbal response questions must be submitted no later than 5pm on **30 June 2022** Please contact the officer named on the front of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.

Details of any questions received will be circulated to Committee members prior to the meeting and made available at the meeting and on the Council's website.

6 **Salisbury Campus Scheme** *(Pages 15 - 20)*

Salisbury NHS Foundation Trust is seeking capital funding to re-provide its current day surgery unit (DSU) which is a time-limited building. Replacing the

current facility with an elective care centre (ECC) will provide local people with access to high quality day surgical care in a purpose-built environment

A report is attached from the programme director which updates on progress to date. The Health Select Committee is asked to provide an initial view whether this scheme would constitute a substantial reconfiguration and therefore would require the Trust, and the health system, undertaking formal consultation on the changes proposed.

7 **Wiltshire Independent Living Strategy 2022/27** *(Pages 21 - 68)*

In advance of its consideration by Cabinet in September, the Committee is asked to consider the draft Wiltshire Independent Living Strategy 2022/27. The document captures the ambition to maximise the independence, choice and control for people with a learning disability, mental health condition and/or autism spectrum condition (LD/MH/A) in Wiltshire by providing the right accommodation and support in the right place at the right time.

8 **Collaborative Working with Providers** *(Pages 69 - 74)*

A report is attached analysing the impact of support that has been provided to the adult social care market in partnership with Wiltshire Care Partnership and the Wiltshire Clinical Commissioning Group (now ICB).

The Committee is invited to note the progress to maintain and build relationships with Wiltshire providers as well as the future programme of work.

9 **South West Ambulance Service Trust (SWAST) Update**

An update report outlining the key issues currently facing SWAST is attached for review – *report to follow*.

The Committee is invited to consider the report and raise questions as felt appropriate.

10 **Forward Work Programme** *(Pages 75 - 78)*

The Committee is invited to review its forward work programme in light of the decisions it has made throughout the meeting.

11 **Urgent Items**

To consider any other items of business that the Chairman agrees to consider as a matter of urgency.

12 **Date of Next Meeting**

To confirm the date of the next ordinary meeting as Thursday 15 September, at 10:30am.

PART II

Items during whose consideration it is recommended that the public should be excluded because of the likelihood that exempt information would be disclosed

None.

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Wiltshire Council

Health Select Committee

MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 7 JUNE 2022 AT SALISBURY ROOM, COUNTY HALL, BYTHESEA ROAD, TROWBRIDGE, BA14 8JN.

Present:

Cllr Johnny Kidney (Chairman), Cllr Gordon King (Vice-Chairman), Cllr Clare Cape, Cllr Mary Champion, Cllr Caroline Corbin, Sue Denmark, Cllr Dr Monica Devendran, Cllr Howard Greenman, Cllr Mike Sankey, Cllr David Vigar, Diane Gooch, Irene Kohler, Cllr Tony Pickernell, Cllr Tom Rounds (Substitute) and Cllr David Bowler

Also Present:

Cllr Ian Blair-Pilling, Cllr Richard Clewer, Cllr Jane Davies and Cllr Tony Jackson

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28 **Election of Chairman 2022/23**

Cllr Johnny Kidney was elected as Chairman for the forthcoming year.

29 **Election of Vice-Chairman 2022/23**

Cllr Gordon King was elected as Vice-Chairman for the forthcoming year.

30 **Apologies**

Apologies for absence were received from the following:

- Cllr Pip Ridout (substituted by Cllr Tom Rounds)
- Elizabeth Disney – BaNES, Swindon and Wiltshire CCG
- Cllr Sankey would need to leave the meeting early at 11:30am.

31 **Minutes of the Previous Meeting**

Resolved

To approve the minutes of the previous meeting, held on 16 March 2022, as a true and correct record.

32 **Declarations of Interest**

There were no declarations of interests.

33 **Chairman's Announcements**

The chairman announced that since the committee's last meeting in March, the Care Quality Commission had found that Patford House GP Partnership was much improved. He welcomed the improvement and stated that he hoped that the improved performance was being felt at ground level.

He reported that the UK Health Security Agency (UKHSA) were leading on the Monkeypox response, and the council would be guided by their advice, namely to direct enquiries to the .GOV Monkeypox website.

It was explained that, on 19 May, Overview and Scrutiny Management Committee had received a report about proposed changes in the way that it engaged with financial, corporate, and organisational matters. The chairman then highlighted the following proposals that had been agreed:

• The focus of the Financial Planning Task Group will remain on the council's overall financial position, but it will also review, by exception, the financial implications of the council's biggest contracts.
• Select committees will continue to focus on the service impacts of proposals but retain their ability to query and flag any financial concerns they identify and to refer them to Overview and Scrutiny Management Committee for further investigation.

34 **Public Participation**

There was no public participation.

35 **Wiltshire Health and Care Update**

The managing director and chairman of Wiltshire Health and Care Partnership provided an update to the committee about their plans for the forthcoming year. They explained that they provided adult community care services across BaNES, Swindon and Wiltshire (BSW) and helped to support 22,000 individuals each month, including 6,000 receiving home-based care. They then gave examples of the services that they delivered, including the Long Covid service launched in November 2020 that adopted a multi-disciplinary approach.

Going into further detail about their plans, the representatives explained that they had a strong working relationship with Wiltshire Council and worked in conjunction with broader long-term NHS goals. They highlighted that they had a three-year delivery plan running until 2025, containing 43 different goals set over five set themes, as set out in Agenda Supplement 1. IT modernisation and improvements to the estate at Warminster were examples of work being undertaken to improve the delivery of services to patients and to develop a comprehensive community-based model of care.

During the discussion, the following points were made:

• Members thanked the managing director and chairman of Wiltshire Health and Care Partnership for the update.

• It was explained that it was possible for the majority patients suffering from Long Covid to be self-reliant after support had been provided. Most patients participated in a six-week programme, providing them with peer support and giving them the tools to self-manage.
• It was noted that there was a median 50 day wait for treatment for people with Long Covid but it could take up to 15 weeks. The representatives reassured the committee that waits were not increasing and they had a focus on health inequalities. They were also closely monitoring the demographics of people coming forward, particularly in rural areas. They then offered to share the information available.
• In response to a question about whether the lessons from adopting a multi-disciplinary approach for the new Long Covid service could be applied to longer established services, the representatives felt that they could, citing the examples of streamlining assessments.
• When asked about issues around staffing and the cost of staff travel, the representatives noted that they were providing a temporary uplift that staff could claim for travel expenses to reflect the increase in fuel prices. It was explained that recruitment levels were broadly stable but there had been high rates of retirement amongst nursing staff, so the situation was being monitored closely.

Resolved

1. To thank the managing director and chairman of Wiltshire Health and Care for the update
2. To invite a future briefing on their work to combat Long Covid to the January committee meeting.

36 **Public Health Nursing Services: Future Delivery Model**

The chairman informed the committee that Cabinet would be considering the future delivery model for Wiltshire's Public Health Nursing (PHN) beyond April 2024 at its 21 June meeting.

The Cabinet Member for Public Health and Public Protection, Leisure, Libraries, Facilities Management and Operational Assets, introduced the report explaining that services were currently delivered by HCRG Care Group (previously Virgin Care Services) as part of Wiltshire Children's Community Healthcare Services (WCCHS) contract. Under the contract Wiltshire Council contributed 48 percent of the overall cost of PHN.

The cabinet member then outlined the three options being considered for the contract beyond April 2024, as outlined on page 32 of the agenda pack and then delivered an overview of the relative merits of each option. The option of bringing the service in house was not felt to be the best option due to concerns around human resources and data migration. He explained that the option 1a, tendering for a single provider of universal and specialist services across Wiltshire as a single lot, was the most favoured option and a modified version would be recommended to Cabinet. Proposed changes made to option 1a would by allow Wiltshire Council and the CCG to issue their own terms and

conditions. The cabinet member felt that this alteration would introduce greater control and create an emphasis on strengthening partnership.

During the discussion the following points were made:

• Members thanked the cabinet member for the update.
• In response to a question about whether there would be separate terms and conditions for universal and specialist providers, Wiltshire's Director of Public Health confirmed that terms and conditions of staff would be considered as part of the procurement process.
• A Public Health strategist explained that combining universal and specialist contracts would allow for smoother services, as advice from specialists could be used to upskill staff providing universal services.

Resolved

1. To thank the cabinet member for the update.
2. To note the report.

37 **Care Home Closures**

The Director of Procurement and Commissioning introduced the report outlining recent care home closures in adult social care. A head of commissioning specialist in the Whole Life Commissioning team reported that six homes for older people had closed within the past 12 months resulting in the loss of 112 beds, with a further 86 expected. It was explained that recent losses were the extension of a longer-term trend for a reduction in the number of residential care placements driven by factors such as the negative media coverage of care homes during the pandemic, changes in discharge pathways and Wiltshire Council becoming increasingly effective in delivering care within their own homes.

The commissioning specialist was pleased to report that improved communication with providers had enabled improved monitoring. A Provider Oversight and Support Team (POST) was in place to log information and allow for earlier interventions. A Provider Assessment and Market Management Solution was also being rolled out across the South West region to enable greater consistency for providers and facilitate more efficient administration.

During the conversation, points included:

• Members thanked the officers for the report.
• The Director of Procurement and Commissioning explained that there had been an increase in the number of self-funders choosing to receive care at home.
• The Whole Life Pathway Team were taking measures to reduce their reliance on residential care by re-registering homes as supported living accommodation.
• In response to questions about recruitment into domiciliary care, the director reassured the committee that the council worked closely with the staff at homes that were closing to encourage them to apply to other care roles. The

commissioning specialist added that that there had been a slight improvement in recruitment and the use of an apprentice into nursing was effective.

• When asked about the impact of increasing insurance costs, officers explained that this was a nationwide issue and that insurance premiums had increased significantly for homes requiring improvement. It was reported that the Leader of the Council and the Cabinet Member for Adult Social Care, Transition and Inclusion had raised this issue at the with MPs. Officers did not believe that insurance costs were rising directly as a result of increased complexity of need.

• It was noted that a mechanism was in place to gather stakeholder feedback about mental health referrals. Investigations were also underway about whether a service could be delivered for people whose needs fell between needing residential care and supported living.

• A stakeholder of the committee queried the impact of residential home closures on informal carers. Officers stated that the Hospital Liaison Service were putting support in place to help carers and that additional funding had been provided for Carer Support Wiltshire over the winter.

• When queried about the impact of residential home closures on the wider healthcare system, the director explained that patients were rarely discharged from hospital directly back to residential care homes and that an additional 150 discharge beds had been purchased. Multi-disciplinary teams had also been put in place to help homes that had been temporarily closed during the pandemic.

Cllr Sankey left the meeting at 11:30am.

Resolved

1. To thank officers for the report, to note the update.
2. To invite Wiltshire Care Partnership and council officers to a future meeting of the committee to discuss forthcoming work, including the recruitment campaign for care staff.

38 **Development of the BSW Integrated Care System (ICS) and the Wiltshire Alliance**

The Leader of Wiltshire Council and the Corporate Director People introduced a report outlining the development of place-based collaboration between Wiltshire Council and NHS partners through the Wiltshire Alliance.

Background information about the Integrated Care System (ICS) would replace the BSW Clinical Commissioning Group from July 2022 and that it would operate at system, place and neighbourhood levels. The Corporate Director People highlighted that there was lots of flexibility in the structure of the ICS at the place level and that the governance structure would continue to develop.

The leader reminded the committee that the ICS at consisted of two main parts:

• The Integrated Care Partnership - through which local authorities in BSW and the NHS would work together to develop an overarching strategy to improve public health

• The Integrated Care Board - an NHS Body with statutory powers and corporate responsibility.

He then stressed that the relationships within the ICS would be critical for Wiltshire Council in the delivery of social care and welcomed the high level of agreement that had been reached so far.

During the discussion, points included:

• Members thanked the leader and the corporate director for introducing the report.
• When asked about the relationships that had been built within the ICS so far, the corporate director reported that Stephanie Elsy had been confirmed as the chair designate of the Integrated Care Board, an appointment which would offer continuity as she had been the chair of the BSW Partnership since 2019. A new Place Director had also been appointed at Wiltshire Council and was having regular meetings with the chief executive.
• The leader explained that local authorities would also have representation on the Integrated Care Board, including by the Chief Executive of Wiltshire Council. The Integrated Care Board would also be accountable to the BSW Integrated Care Partnership, a joint body run between the three local authorities in BSW and the NHS.
• When asked about the difference that patients would notice on 1 July when the system was implemented, it was stressed that chance would be incremental. The new structure would promote collaborative working to help improve patient experience and reduce health inequality.
• In was noted that representatives from the voluntary sector would have representation at the place level of the ICS. The leader had also met with representatives from the voluntary sector to promote links with the Health and Wellbeing Board.

Resolved

1. To thank the leader and corporate director for the report.
2. To note the update and to add a future report on 'ICS development' to the forward work programme.

39 **Forward Work Programme**

The chairman invited members to make suggestions about items they would like to be added to the forward work programme.

Members expressed an interest in receiving further information about the pressures facing the South West Ambulance Service in the context of health and care system as a whole.

Members stated that they would welcome early notification about health and care related items on the Cabinet forward work plan and that they would like to see the addition of the Cabinet report on Independent Living Strategy to the committee's forward work programme.

The Corporate Director People stated that she would welcome scrutiny of the Mental Health and Community Transformation Programme as well as the Learning Disability and Autism Board.

Resolved

To note the forward work programme.

40 **Urgent Items**

There were no urgent items.

41 **Date of Next Meeting**

The date of the next ordinary meeting was confirmed as Tuesday 5 July 2022.

(Duration of meeting: 10:30am to 12:35pm)

The Officer who has produced these minutes is Matt Hitch matthew.hitch@wiltshire.gov.uk of Democratic Services, direct line , e-mail matthew.hitch@wiltshire.gov.uk

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Salisbury NHS Foundation Trust

Salisbury Campus Scheme- Elective Care Centre

Briefing to the Wiltshire Overview and Scrutiny Committee

1. Introduction

1.1.1. Salisbury NHS Foundation Trust is seeking capital funding to reprovide its current day surgery unit (DSU) which is a time-limited building. Replacing the current facility with an elective care centre (ECC) will provide local people with access to high quality day surgical care in a purpose-built environment. It will allow SFT to deliver more effective ambulatory (with no overnight stay) care, to offer more procedures on a daycase basis than is currently the case and to increase the volume of surgical care offered to local people.

1.1.2. The Trust is progressing a strategic outline case (SOC) which is the first (of three) business cases required to be produced. The current estimates of the capital required is £41m and at the current time there is no agreed funding route for this investment.

1.1.3. At this initial stage, we are seeking the views of the Wiltshire Health Select Committee on how they would want to be engaged in this scheme and the extent of consultation required given the level of change proposed in the scheme.

2. Case for Change

2.1. The Current Facility

2.1.1. The Salisbury Hospital site is large at 21 hectares, but is sprawling and inefficient to run and has many buildings from the 1940's still being used for clinical services. The Trust has developed a long term vision to transform the site and use it much more effectively – known as the campus programme.

2.1.2. The highest, most pressing, estates risk for the Trust is posed by the day surgery unit (DSU), a facility which is end of life and from which it is increasingly challenging to deliver high quality surgical care to local people. The immediate priority for the Trust is to replace the facility with an elective care centre (ECC) - this would offer additional day surgery capacity within a ringfenced elective surgical centre providing planned surgery on the Salisbury site.

2.1.3. The current DSU comprises six theatres (four general anaesthetic, two local anaesthetic) and each year about eight thousand are treated each year. All the main surgical specialties are represented. The proposed new facility would continue to cover all these surgical specialties and would increase to six general anaesthetic theatres (no local anaesthetic theatres).

2.1.4. The ECC scheme is designed to meet the urgent need to replace the current, failing modular building which is already beyond its expected economic life and that does not comply with key standards. The resilience of the building is compromised and a replacement must be planned as a matter of urgency. This is essential to ensure the resilience of planned care services for the patients of south Wiltshire, north Dorset and west Hampshire.

2.1.5. The current layout and environment impacts on the staff and patient experience - there are insufficient facilities for children, limited, and very small, side rooms, challenging spaces for bariatric patients and for spinal patients.

2.1.6. The new ECC will provide a high quality, high throughput environment, supporting the Trust in achieving higher performance for the proportion of daycase surgery and reducing waiting times. It will have the benefits of a standalone facility (separated from emergency pressures, with no overnight beds) yet will be linked to the acute hospital to allow clinical teams to extend the boundaries of daycase surgery. Such an approach is endorsed by the *Getting it Right First Time* (GIRFT) initiative and the British Association of Day Surgery (BADS).

2.1.7. The improved facilities will include children only environments and expanded rooms to meet the needs of patients.

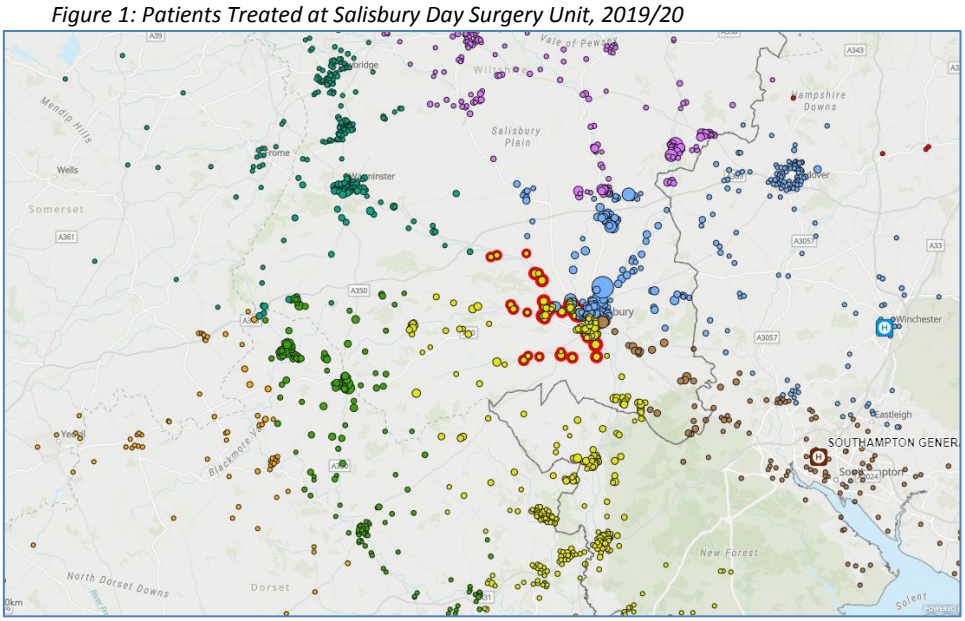
2.1.8. Waiting lists have risen during the covid-19 pandemic crisis and increasingly there is, and will be, a system-wide approach to the management of how waiting lists are managed and waiting times are reduced. Within this system approach the requirement for high throughput, high quality daycase provision will drive reductions in waiting times for planned care as it offers highly scheduled operations which are protected from the impact of emergency care. Increasingly, patients find this method more reassuring, as well as appreciating the convenience of having their surgery and recovering at home.

2.1.9. The Trust is already undertaken substantial improvement work to enhance the delivery of planned care and meet the challenges of the elective backlog. The planning for a new ECC sits well alongside this.

2.2. SFT Catchment Area for Day Surgery

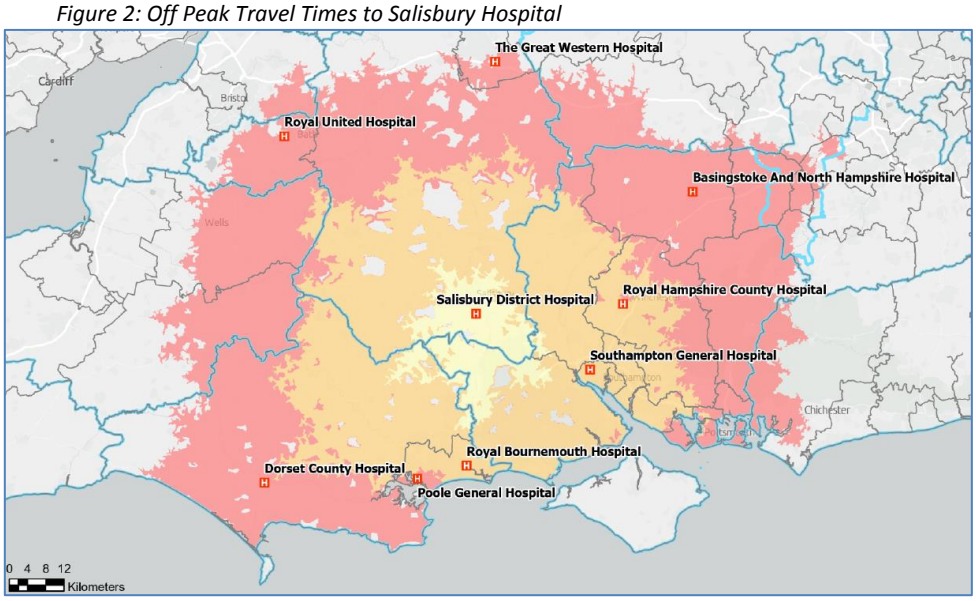
2.2.1. The figure below shows the catchment area for patients who were treated at the day surgery unit in the 2019/20 financial year accurately reflecting the wider catchment area for SFT.

Figure 1: Patients Treated at Salisbury Day Surgery Unit, 2019/20



2.2.2. The image below shows travel times to Salisbury Hospital at off peak travel times reflecting the challenges of accessing the hospital from some geographical areas.

Figure 2: Off Peak Travel Times to Salisbury Hospital



2.3. Strategic Context

2.3.1. The scheme fits well with NHS plans, both immediate and longer term. There is a strong intent to reduce waiting list and waiting times. Daycase surgery is an important element of that initiative, as it allows planned surgery to proceed even at a time of high emergency demand.

2.3.2. Linked to this, there is a focus on what is called high volume, low complexity (HVLC) cases which stresses the opportunity that many procedures can be performed without a patient having to stay in hospital overnight.

2.3.3. The scheme is emerging at a time when there is a strong focus on system working with an emphasis on collaboration at scale with integration at place. This is reflected in the Trust's strategy and through the Acute Hospital Alliance (AHA) the Trust is working with other secondary care providers in BSW to produce a truly collaborative approach to system wide issues.

2.3.4. Throughout the development of the business case, we have engaged with BSW and the local Wiltshire locality and the Trust has received considerable support for the project. Formal approval for the business case has not been sought from commissioners in advance of agreement on funding.

2.3.5. The scheme is an established part of the BSW estates strategy since the resilience of the Salisbury DSU is well understood by partners.

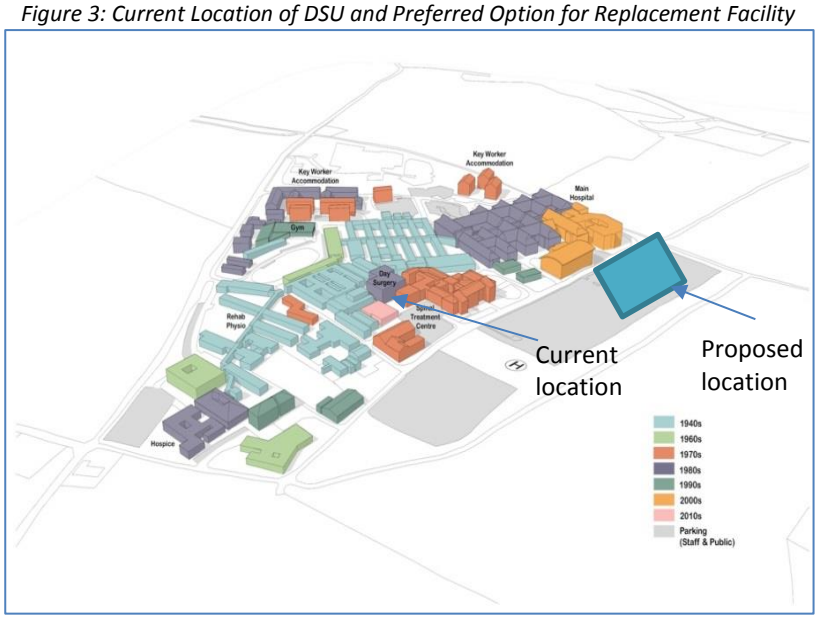
2.3.6. The scheme will assist with the Trust's sustainability aspirations – the current building is not able to meet modern standards of insulation.

3. The Proposed Scheme

3.1. Elective Care Centre (ECC)

3.1.1. The scheme in development to replace the day surgery unit will create an elective care centre in the north east of the site on the current car park number eight. It will have a link over the hospital road into the main hospital site, for the movement of staff, equipment and, more rarely, patients, but will essentially be a standalone building as per figure 3 below.

Figure 3: Current Location of DSU and Preferred Option for Replacement Facility



3.1.2. The current cost estimate for the scheme is £41m and at the current time there is no line of sight on sources of funding.

3.2. Wider Campus Project

3.2.1. The elective care centre is part of a wider campus programme which looks to make substantial improvements to the whole site, as well as making wider changes that will involve other services potentially coming on site. This is called the campus project.

3.2.2. The campus programme is a hospital-led project that plans to combine new education, training and research capacity, in addition to the new hospital facilities, and embracing the best of modern technology

3.2.3. As an anchor institution Salisbury Hospital can create additional educational, economic, social, infrastructure and environmental benefits as well as health. As one of the city's largest employers, with over 4,000 directly employed and a further 2,000 in the supply chain, the hospital is pivotal to the local and regional economy.

3.2.4. The Trust, and its partners, are currently in pre-app discussions with Wiltshire planners and have kept the Council briefed on their wider plans.

4. Public Engagement To Date

4.1.1. The Trust has undertaken two engagement events with local residents on the wider campus programme, of which the day surgery unit replacement forms a part. In March

2019 the Trust undertook two days of consultation with local people about the need for change and the areas being considered to make better use of the Salisbury hospital site. The response was overwhelmingly positive and supportive, with a real desire to see change. Although early on in the process, the support from those who attended the two events was universal, with the most common reasons for supporting the project being:

- education opportunities
- modernising the hospital,
- community and city benefits
- sustainability and future proofing

4.1.2. In response to that feedback, the Trust has prepared a masterplan view of how the hospital site might develop. That vision was described in a further public engagement event in August 2020, which again received an extremely positive response.

4.1.3. The Trust will continue to fully engage and involve local people, key stakeholders and the local planning organisations in the next steps to deliver the proposed future model for planned care. The aim of the engagement activity will be to ensure the project continues to engage and involve local people, and key stakeholders as more detailed plans are developed and to highlight any potential differential impact on any protected groups for further consideration.

4.1.4. The approach to engagement will be inclusive and will include a range of opportunities for the public and stakeholder groups to provide their input and insight. Patient involvement and co-design in the development of the elective care centre will be absolutely vital to ensure that the emerging design of the building reflects public expectations. This work in relation to the elective care centre will begin at the very earliest stages of the scheme so that the input received will influence the emerging design from the outset.

4.1.5. The public engagement will extend beyond the building in terms of access, and transport to the site as well as parking arrangements. It will also continue with the wider engagement with local people on the development of the whole campus scheme and the planning consents that will need to be formally consulted on.

5. Conclusion

5.1.1. From a development perspective, the Trust is at a fairly early stage. We are developing the best possible business case in order to be well placed should funding become available which the business case would be deployed to bid for. As part of that process, we would like to seek a view from the Wiltshire Health Select Committee on the future engagement it would like to see from Salisbury NHS Foundation Trust as the scheme evolves.

5.1.2. In particular, we would like to see an initial view from the Health Select Committee on whether this scheme would constitute a substantial reconfiguration and therefore would require the Trust, and the health system, undertaking formal consultation on the changes proposed.

Laurence Arnold
Programme Director

27th June 2022

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Wiltshire Council

Health Select Committee

5 July 2022

Wiltshire Independent Living Strategy 2022/27

Purpose of Report

1. This report summarises the draft Wiltshire Independent Living Strategy 2022/27, which is attached as an appendix.

2. The Committee is asked to consider the Strategy and support its ambition to maximise the independence, choice and control for people with a learning disability, mental health condition and/or autism spectrum condition (LD/MH/A) in Wiltshire by providing the right accommodation and support in the right place at the right time.

Background

3. In Wiltshire, we have made significant improvements in recent years in improving outcomes for people with learning disability, mental health needs and/or autism spectrum conditions.

4. However, there is a lack of choice, quality and consistency across our local housing and social care markets.

5. This means that too often Wiltshire residents have to move outside of the County. We need to develop a range of independent living options which give people tenancy rights, or to care settings which are overly restrictive, in order to have their needs met. In particular, we know that the needs of autistic people, younger people who are leaving school/college and who wish to live independently, and people with learning disabilities are not consistently well met.

6. Whilst some people get excellent support which supports them to realise their ambitions, we have heard from other people that there are barriers to them being able to live their best life. Some people describe a way of working which is over-protective and risk-averse, and that this can be more disabling to a person's wellbeing than their disability.

7. We also know that our housing and care provision is not well-aligned. There are a number of challenges that people face in applying for housing, bidding and signing tenancies. The strategy resolves to clarify our protocols and processes around housing applications, and to clarify the Council's position that it will provide indemnity for registered housing providers where a person lacks capacity to sign a tenancy. We will strengthen our relationships with providers and

ensure housing and care services are clearly joined up and working in a more strategic way to deliver the outcomes that people in Wiltshire need and want.

8. As part of the development of the Strategy, officers have undertaken an analysis of the needs of approximately 160 people with LD/MH/A who need to and are ready to move now, or for whom we know a move will be needed in the coming years. Over 80% of this group are under 40 years of age, over half have a learning disability, and many have multiple conditions. This analysis allows us to plan for the future and consider what we need to build, provide or commission in the years to come.

9. Wiltshire CIL has asked over 2,000 people what a good life looks like, what people already have that helps them to live that good life, and what else they need. From these conversations, it is clear that people want:

    a. a place they can call home, where they belong and feel safe
    b. equal and meaningful relationships, where people trust and love the people around them,
    c. to be a part of their community, to be valued and accepted
    d. choice and control over the support they get, and who they get it from
    e. hope for the future, and not to feel written off for being different

10. The Independent Living Strategy therefore makes a number of recommendations for how we will overcome these challenges. This starts with a change of culture, which we can only achieve by listening to the voices of people, valuing their unique skills and contributions, and understanding what is important to them.

11. The Strategy has been developed by a wide range of stakeholders from within the Council (including Commissioning, Social Care, Housing, Education and Planning), Health (BSW Clinical Commissioning Group and our key providers, Avon & Wiltshire Mental Health Partnership NHS Trust, Oxford Health NHS Foundation Trust and Wiltshire Health and Care), voluntary sector (including Wiltshire Centre for Independent Living and Wiltshire Parent Carer Council) and the independent sector (including housing and social care providers). The implementation of the Strategy will form part of the Adult Social Care Transformation programme.

Main Considerations for the Council

12. There are 5 key priorities within the Strategy:

    a. We will change the way we commission accommodation and support
    b. We will implement a recovery pathway which enables people with mental health needs to get the right support in the right place at the right time
    c. We will create more housing choices for people, and this includes building new supported living in the places where they are most needed
    d. We will review our ways of working, and where they are not clear or fit-for-purpose, we need to change them
    e. We will provide clear information which helps people to find the accommodation and support which best meets their needs

13. To deliver these priorities, we will need to develop new accommodation and models of support, so that everybody has the opportunity to live as independently as possible in Wiltshire. Given the challenges in Wiltshire, we will need to consider a range of approaches, including making or delivering ourselves (e.g. building accessible housing via Stone Circle, expanding our in-house enablement service for people with LD/MH/A), jointly commissioning with the CCG, establishing strategic partnerships with key providers, etc.

14. In the short term, we will drill down into the needs analysis to identify key cohorts of people to focus on, and to find out exactly what they want from their home and their support. The voices of people with LD/MH/A will champion this strategy, just as their views have shaped it. We will develop detailed service specifications and business cases to plug the gaps in service we have identified. We will also review our internal processes to ensure they are fit-for-purpose – e.g. by establishing Deputyship procedures to give housing providers confidence, clarifying housing providers' policies around multi-tenancies, clarifying our own internal Housing Application protocol, etc.

15. In the medium-to-long term, we will evaluate the Good Lives Alliance framework and learn lessons from Wave 1 as we re-commission the framework. We will establish a pipeline of new accommodation and support in the places in Wiltshire where we know the need is greatest – particularly in Salisbury and Trowbridge.

16. An ambitious action plan will be co-produced with experts by experience, providers and other stakeholders. This will sit underneath this strategy, and will be refined as we develop new models of care and support.

Conclusion

17. The Strategy represents an ambitious programme of work for the Council and its partners. As it succeeds, we would expect to see:
    a. Fewer Wiltshire residents in out-of-County placements
    b. People spending less time in hospital, because the community better meets their needs
    c. Customers involved at every step of the commissioning journey
    d. Clearer, more accessible information for the public about what is available and processes for applying
    e. More people having tenancy rights and fewer people in residential care
    f. Young people feeling confident about the future and feeling prepared and supported as they reach adulthood

18. The Strategy will be presented to Cabinet on 7 September 2022.

Recommendations

19. As above, the Wiltshire Independent Living Strategy recommends that we:

    a. change the way we commission accommodation and support
    b. implement a recovery pathway which enables people with mental health needs to get the right support in the right place at the right time

c. create more housing choices for people, and this includes building new supported living in the places where they are most needed
d. review our ways of working, and where they are not clear or fit-for-purpose, we need to change them
e. provide clear information which helps people to find the accommodation and support which best meets their needs

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The following unpublished documents have been relied on in the preparation of this report:

None

Appendices

1. Draft Wiltshire Independent Living Strategy 2022/27
2. Wiltshire Centre for Independent Living, What do people need to live their good life? (2022)

Wiltshire Council

“A place I call home”

Wiltshire independent living strategy

2022/2027

EXECUTIVE SUMMARY

This strategy aims to maximise the independence, choice and control for people with a learning disability, mental health condition and/or autism spectrum condition in Wiltshire by providing the right accommodation and support in the right place at the right time. This vision is underpinned by a need to ensure high quality and value for money.

Our focus in Wiltshire is to move away from residential care and ensure that we support people to live independently, with their own tenancy wherever this is possible. This means developing new supported accommodation and providing innovative and flexible care to enable people to live in the community.

We currently face several challenges which stop us realising this vision:

- **Housing and care markets in Wiltshire provide limited quality and choice** – we need a new approach to commissioning accommodation and support, including where appropriate intervening in the market, building new housing in the right places, providing support and modelling good-practice.
- **There is a lack of focus on recovery** – especially for people with mental health conditions. Through robust analysis of people's needs, we will develop business cases for new models of support which promote independence and recovery.
- **There is a lack of housing and care options in the right place** – especially for people with learning disabilities and autism spectrum conditions. This leads to people sometimes having to move out of County, or to residential care, where a more independence-enhancing option closer to home might provide better outcomes. We will create more housing choices for people, including building where they are most needed.
- **Housing and care provision is often not well aligned** – through our commissioning functions, we will develop stronger relationships with and between housing and care providers. Internally, we will review our own processes to make sure these are clear and seamless.
- **The public do not always understand the options available** – we will provide clear information to help people find accommodation and support which meet their needs. Hearing from people with lived experience is at the heart of this strategy, and we will work with people and providers to co-produce new housing and support. We will also be clear about what is available and feasible and what is not, in order to manage expectations.

The strategy identifies these challenges and sets out a plan of action as to how we can overcome them.

In the short-term (the next 12 months), we will:

- Make sure our processes are clear to everybody, to ensure smooth pathways for housing and social care
- Build on our needs analysis and agree new ways of delivering and commissioning the right housing and care
- Establish arrangements for indemnifying housing providers if a person lacks capacity to sign a tenancy, to give housing market confidence

In the medium-term (the next 2-3 years), we will have:

- Recommissioned our framework of care and support providers (known as the Good Lives Alliance)
- Fully implemented a dynamic system (PAMMS) which will improve the collection and analysis of data

- Implemented the South West ADASS framework for out-of-County residential care
- Explored the feasibility of deregistering residential care and be in the process of remodelling to supported living

In the longer-term (the next 4-5 years), we will:

- Have developed a pipeline of accommodation schemes to meet needs, and be well on the way to delivery these
- Be consistently measuring people's satisfaction and outcomes

This action plan is organised around five key priorities:

1. **We will change the way we commission accommodation and support**
    - Review Good Lives Alliance and use learning to re-commission new framework for accommodation and support.
    - Proactively manage and support the market to
        - improve quality,
        - reduce placement breakdowns
        - avoid spot-purchasing / off-framework commissioning
    - Use data about supply and need to inform new models of care, support and housing, and to generate service specifications
    - Implement effective and consistent approach to performance management of care providers, with greater focus on outcomes.
    - Agree Brokerage dataset to assess provider engagement and performance
    - Build key strategic partnerships with providers who perform well and demonstrate shared value base
    - Work with BSW and SW regional commissioners to grow local market providing specialist accommodation and support
    - Facilitate partnerships between GLA and Homes4Wiltshire providers
    - Ensure commissioned staff are sufficiently skilled and experienced (e.g. staff working with autistic people are trained and competent in Positive Behavioural Support)
    - Involve people who use services meaningfully in every aspect of the commissioning cycle
    - We will generally move away from commissioning residential care for adults of working age; we will use the South West ADASS framework when we commission out-of-County residential care
2. **We will implement a recovery pathway which enables people with mental health needs to get the right support in the right place at the right time**
    - Analyse needs of people with mental health conditions, now and in the future
    - Based on this analysis, develop five-year pipeline of new supported living projects to move away from our over-reliance on residential care – to include Care Support Plus model for people with more complex mental health needs
    - Grow local market of effective supported living providers for people with mental health needs
    - Work with BSW commissioners to develop short-term accommodation and/or support which effectively responds to crises, avoids the need for admission, supports people in an enabling way and supports them towards recovery.
    - Develop business case for Care Support Plus in Wiltshire
    - We will ensure that pathways to recovery and independence include employment opportunities for people, and we will champion work placements, internships and opportunities for work, as well as working with our

commissioned providers to increase paid work for people with mental health needs, learning disabilities and/or autism spectrum conditions.

3. **We will create more housing choices for people, and this includes building new supported living in the places where they are most needed**
    - Review and further develop pipeline of new housing projects for people with learning disabilities and/or autism which are designed around the physical, mental, cognitive and sensory needs of the individual
    - Ensure people who use services are involved in design of new projects, and that all regulated services meet CQC standards for registration and are cost-effective and agreed in advance by Housing Benefit
    - Ensure pipeline of people to move into each project – including care leavers with SEND
    - Promote other alternatives to residential care – including Shared Lives, co-housing, use of Direct Payments, independent living funds etc.
    - Develop a range of tenure options in each geographical area; more respite provision; more tailored support around substance misuse. We also need to manage expectations of families and individuals.
    - Explore feasibility of de-registering residential care to become supported living
    - Ensure existing extra care offer meets the needs of older people with learning disabilities
4. **We will review our ways of working, and where they are not clear or fit-for-purpose, we need to change them**
    - Start planning with people around their future transitions as early as possible (this includes understanding the profile of people currently living with parents, so that we can plan for when parents are unable to continue supporting.
    - All new packages of care will be reviewed after 6-12 weeks, with an expectation that many packages can be reduced as people's needs change
    - Develop pathways for people with learning disabilities who are ageing and or may have dementia
    - Clarify roles, responsibilities and pathways
    - Agree and implement a consistent and shared dataset to capture activity and outcomes for people with MH/LD/A
    - Clarify Homes 4 Wiltshire allocations process, particularly around prioritisation of housing
    - Explore inter-Authority arrangements with neighbouring Counties (especially B&NES and Swindon) where there are high numbers of Wiltshire people placed and vice versa (i.e. high numbers of Swindon residents in Wiltshire)
5. **We will provide clear information which helps people to find the accommodation and support which best meets their needs**
    - Manage expectations, particularly in the transition from children's to adults' services. Schools to support these discussions, setting expectations early, planning what a person's life looks like beyond their education, health and care plan (EHCP).
    - We will indemnify housing providers if a person lacks capacity to sign a tenancy; if things go wrong, we will indemnify the provider, as part of our duty of support.
    - Promote Your Care Your Support and H4W to publicise accommodation-based services – with clear service offer, specialisms (if any), inclusion/exclusion criteria, etc.

The delivery of the strategy will be managed and monitored through Wiltshire Council's Adult Social Care Transformation programme. An implementation group for the Independent Living Strategy will report to the Adult Social Care Transformation Operations Board.

1. Our vision

1.1 We have high aspirations for people in Wiltshire. We believe everybody has the right to live an independent life, to make choices about how, where and with whom they live, and to achieve the things they want out of life. Our starting point is to celebrate people's strengths and give people the support they need to build on those strengths.

1.2 Accommodation and support should promote healthy, independent, meaningful lives. Living in the right type of housing, in the right place, with the people one chooses, makes all of us feel secure and provides a sense of place and community.

1.3 The vision of this strategy is to maximise the independence, choice and control for people with a learning disability, mental health condition and/or autism spectrum condition in Wiltshire by providing the right accommodation and support in the right place at the right time. By enabling people to take risks, we will enable individuals to live the kinds of lives they want for themselves.

Purpose & scope

1.4 The strategy addresses where we are now, highlights the gaps and obstacles that stop us achieving our vision, and provides a plan for getting there. The strategy has been led by Wiltshire Council, but it won't be possible to achieve our vision without us all working together. To create real choice and quality, we also need to develop our local markets further.

1.5 The strategy focuses on people with learning disabilities, mental health conditions and/or autism spectrum conditions[1]. We follow a "whole life" approach, which means that we emphasise the person over their diagnosis and that we support people to manage the stages and transitions in their lives. We will use the information we have about today's 11 year olds to plan the right support when they become adults. However, this strategy does not address the needs of younger children; and whilst it will highlight the needs of an ageing learning disabled population, it will not address wider needs around frailty and dementia.

1.6 Specifically, this strategy will:

- Increase the **choice and quality** of accommodation and support for people with MH/LD/A as their lives progress
- **Move away from residential care** as far as possible towards housing and support that promotes independence and control
- Address gaps so that we **enable people to access and keep their own tenancies**
- Understand, review and **develop pathways towards recovery and independence** – especially for adults with mental health conditions
- **Engage with housing and social care providers** (including the Council) and **stimulate the market** to create new accommodation and support in the right places
- **Inform capital spend planning** and clarify revenue/rents affordability
- **Provide certainty and stability** – enabling us to plan for next 5+ years
- **Promote employment opportunities** for people with learning disabilities, mental health needs and/or autism spectrum conditions

[1] Definitions of these terms can be found at Appendix 1.

- Ensure that people who use services, carers and professionals can access **clear, simple information** to help them make informed choices – this includes having a shared language around different types of services and support
- Address health and housing **inequalities** faced by people with mental health needs, learning disabilities and/or autism spectrum conditions
- Address exceptionally **high spend/unit care costs** in Wiltshire
- Create **flexibility**, so that where possible people don't have to move home when their needs change (except in exceptional circumstances)
- **Learn** from other areas identified as best practice
- Improve and clarify our **processes** – both within our organisations and across partnerships

1.7 During the COVID-19 pandemic, young people, adults, parents and carers have faced significant challenges. The social care market has been under enormous pressure to meet needs, and many of the national challenges facing social care – labour shortages, a depleted workforce, funding etc – apply in Wiltshire too. However, we have also seen new solutions during the pandemic – new innovations in how people are supported (including through better use of technology), stronger relationships between the Council, NHS and independent sector, and a sharper focus on quality and outcomes.

2. What people in Wiltshire want

2.1 The vision and objectives of this strategy are based on what people in Wiltshire say they want from accommodation and support. In this section, we provide a summary of some of these conversations to bring out some of the key themes and messages.

2.2 In June 2021, Wiltshire Parent Carer Council (WPCC) interviewed parents, carers and young people who still lived in the family home. Whilst two thirds of parents and carers wanted their child to continue living with them, the remaining third felt they would flourish more by living more independently[2]. One young person said:

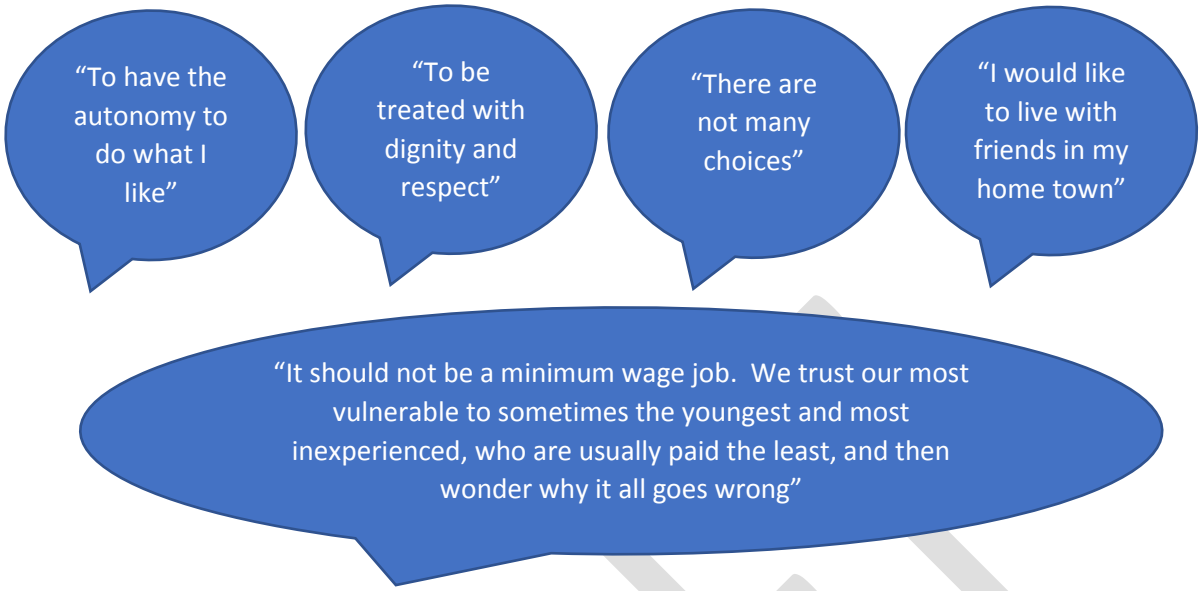
> "I don't have enough independence living with my parents. I am nearly 19 and should be with similar aged people in supported living, but I want to live part time with my parents."

In the same survey, 100% of people said there is not enough information to help them plan for the future. One young person said:

> "I have no idea about what my future holds once my family are unable to take care of me. I think these conversations should start a lot earlier than they currently do."

[2] This was for several reasons, including the need for friends and other relationships, to gain more independence, because parents were or would soon be struggling to provide the necessary support for their child or young person.

2.3 When asked *What is the one thing you would change?* parents, carers and young people gave a range of answers including:



2.4 Wiltshire CIL's report "A place I call home" (2021) summarises the voices of people with mental health conditions, learning disabilities and/or autism spectrum conditions in Wiltshire. The report's key messages were:

- Accommodation options need to reflect that everybody is different, they need to be varied, adaptable and responsive to the needs of people in Wiltshire.
- People want to live in a place they call home, with the people they choose in their local community.
- A priority for any accommodation is that it supports positive relationships both with close networks and with people in the wider community.
- The most important factors for people when considering where they live is that they feel safe, they can be independent, and they can choose where they live

2.5 A survey completed by people who use Good Lives Alliance services in May 2021 found that the majority of people are happy where they live, like the people they live with and the people who support them and feel safe and part of their local community.

3. National and local context

3.1 In November 2021, the Government published its White Paper on adult social care reforms. The White Paper identifies that too many people live in unsuitable homes that do not provide a safe environment for care and support to be effective. It states that older and disabled people are more likely to be digitally excluded, and many care home staff cannot access the Internet and lack digital skills. It adds that there is insufficient innovation of new models nationally that have the potential to transform the ways care and support are provided. It makes national commitments of:

- £500m for social care workforce training and qualifications
- £300m to integrate housing into local health and social care strategies
- £150m to adopt new technologies and digitisation

- A new support service to make repairs and changes to people's homes
- £25m to unpaid carer support
- £30m innovation fund

3.2 The White Paper follows other policy documents in recent years:

- **Building the right home**[3] highlights the need for personalised housing for adults with learning disabilities and/or autism spectrum conditions, with security of tenure/ownership and housing rights, a separation of landlord and care provision, design adjustments and flexible support which minimises restrictions for the person.
- **Building the right support**[4] aims to shift resources from acute or institutional settings to the community. It argues the case for re-designing pathways and provides commissioners with a National Service Model, so that people with LD and/or ASC who have been in hospital for a long time can move into the community. This is part of the Learning Disabilities and Autism Programme (formerly known as the Transforming Care Programme), which emphasises the need for commissioners to take a positive and enabling approach to risk.
- **Right support, right care, right culture**[5] emphasises the leadership and staff ethos, values, attitudes and behaviours that are needed to ensure that people who use services lead confident, inclusive and empowered lives. This document, which supports the regulation of registered providers, places good-quality care and support within a framework of human rights and citizenship.
- The **NHS Long Term Plan**[6] aims to improve community based support so that people can lead lives of their choosing in homes, further reducing reliance on specialist hospitals. The Transforming Care Programme that comes out of this
- **Out of sight – who cares?**[7] states that successful outcomes come from treating difference with dignity and respect, and that the built environment and the right support can promote this. The report finds that too often difference is dealt with through restraint, seclusion and segregation – this is especially the case in hospital settings, but sometimes in the community too. The report recommends timely diagnosis, earlier intervention, better training (e.g. around de-escalation, communication tools such as PECS and Makaton), review of psychotropic medication (which should only be used as a last resort), and a culture of openness whereby providers routinely tell commissioners/regulators about incidents of restraint and seclusion.
- The **recovery model** has been central to mental healthcare for over a decade. It is a strengths-based approach that emphasises resilience and control over life's challenges. Research suggests that important factors on the road to recovery include good relationships, satisfying work, personal growth and the right living environment. This strategy describes how we will embed pathways to recovery within our care and support model in Wiltshire.

3.3 In December 2021, NHS England and Improvement published the independent review into the death of Clive Treacey[8], a man with learning disabilities who tragically died at the age of 47 in January 2017. An independent review found that a lifetime in institutional settings had seriously impaired his quality of life and safety, and that he

[3] NHS England, 2016
[4] NHS England, 2016
[5] Care Quality Commission, 2020
[6] NHS England, 2019
[7] Care Quality Commission, 2020
[8] https://www.england.nhs.uk/midlands/wp-content/uploads/sites/46/2021/12/Confidential-Embargoed-Copy-Clive-Treacey-Independent-Review-Final-Report-8.12.21.pdf

was failed by a system that did not work together to make sure he lived independently with good quality care and treatment. The review found that these failings placed Clive at a higher risk of sudden death. There are a range of recommendations for practitioners and commissioners to ensure that this tragedy does not happen again, and to support people to live in psychologically safe spaces that they can call home, with support flexing as their needs change.

3.4 In September 2021, Norfolk Safeguarding Adults Board also published a Safeguarding Adults Review into the avoidable deaths of three young adults: Joanna, "Jon" and Ben (all in their 30s), all of whom had learning disabilities and had been patients at Cawston Park Hospital[9]. One key recommendation in the SAR is that Clinical Commissioning Groups complete an in-depth review for all individuals (all age) with a Learning Disability and/or Autism in a mental health hospital[10], including anyone on s.17 leave. BSW CCG has (as of 31 January 2022) completed these reviews, and once an Executive panel has provided assurance, oversight and challenge, an Action Improvement Plan will be developed in response to lessons learned.

Local vision, challenges and opportunities

3.5 Wiltshire Council's vision is to create strong communities where people can fulfil their potential, be actively involved and included in their communities, make informed decisions, have control over their lives, and be valued and included within society. In Wiltshire, we start from people's strengths, talents and assets – this means looking beyond their diagnosis or needs, however important these may be. This vision reflects what people in Wiltshire have told us they want to live well.

3.6 In 2021, Wiltshire Council published its first market position statement for whole life commissioning[11]. This will influence our local care and support provider market, so that it provides an excellent service to people in Wiltshire. The MPS notes several challenges that currently prevent us realising this vision of excellence, including:

- **Too many people move outside of Wiltshire to get the support they need.** We are over-reliant on residential, and around half of placements outside of Wiltshire occur because our local market could not provide an appropriate service to that person. Around two thirds of these placements are for residential care, so we must enhance supported living in Wiltshire to meet demand.
- **There is not enough early intervention, prevention and enablement support provided to people with mental health conditions, learning disabilities and/or autism spectrum conditions.** We must ensure that people are offered the least restrictive option to meet their needs – this means expanding our Shared Lives provision and Intensive Enablement Service and re-specifying supported living so that it is the default option for people with complex needs, giving them tenancy rights and housing security. We will also indemnify housing providers if a person lacks capacity to sign a tenancy; if things go wrong, we will indemnify the provider, as part of our duty of support.
- **There is not enough support for autistic people.** Our emerging joint all-age autism strategy will be published in 2022. One of its key aims is to make Wiltshire a more inclusive place for autistic people to live, learn and work. This

[9] https://www.norfolksafeguardingadultsboard.info/publications-info-resources/safeguarding-adults-reviews/joanna-jon-and-ben-published-september-2021/

[10] Admissions after 31/10/21 are not in scope of this reviewing activity

[11] https://www.wiltshire.gov.uk/media/6318/Whole-life-commissioning-market-position-statement/pdf/Whole_Life_Commissioning_-_Market_Position_Statement.pdf?m=637534130533670000

means that universal services must be accessible for autistic children, young people and adults, from Mainstream education and libraries to housing and social care.

- **Transitions sometimes feel like falling off a cliff-edge.** We need to support people earlier and ensure that children, young people and families are supported on a pathway to adulthood – our *Growing up and moving on* guide is the framework for this work[12].
- **People and their families don't always understand what is available.** We will ensure that the information we produce is accessible, useful and kept up-to-date. We will signpost people towards the most relevant information.

3.7 We need to make a fundamental shift away from residential care by commissioning the right amount of high-quality, responsive supported living and transitional step-down services. Nursing and residential care will be needed for small numbers of people with particularly complex needs, but we would expect most people to have their own tenancy (or ownership), their own front-door and sharing with others or living alone if this is appropriate.

3.8 As we commission and develop more supported living options, we will expect the providers we commission to abide by the Care Quality Commission's principles, as set out in *Registering the right support*[13]. We expect providers to work with us from the start of any planned development to ensure that any new service is:

- Designed to meet a clearly identified local need
- Co-designed by people who use services, their family and representatives
- Prioritised for people who already live nearby or whose families live nearby, so they maintain their local networks
- Located in a place where people can participate in the local community
- Located near to local health, social care and other services
- Sufficiently small-scale to avoid being institutional or "campus-style[14]"

3.9 The organisation which provides care and support to an individual should be separate from the organisation that provides their accommodation. Personal care and accommodation arrangements should be provided under separate legal agreements to ensure tenancy rights are protected even if care provision changes.

3.10 We will develop and expand our high-performing Shared Lives and Shared Days services, so that people with learning disabilities, autism spectrum conditions and/or mental health conditions can benefit from being matched with a Shared Lives carer. During 2021/22 (up to end of February 2022), 43 people with learning disabilities, 8 people with mental health conditions and 2 people with autism spectrum conditions used this service. The service has continued to recruit new carers and is marketed across social media, as well as on Wiltshire websites.

3.11 The aims and actions of this strategy will be developed in the context of an emerging integrated care system (ICS). Bath & North East Somerset, Swindon and Wiltshire (BSW) Partnership is an integrated care system (ICS) made up of NHS and local authority organisations working together. The Partnership brings together one Clinical Commissioning Group, three local authorities, three hospital

[12] https://www.wiltshire.gov.uk/article/4629/Introduction

[13] Care Quality Commission, 2017

[14] Campuses are defined by CQC as "group homes clustered together on the same site and usually sharing staff and some facilities. Staff are available 24 hours a day".

trusts, private providers, a mental health trust, an ambulance trust and voluntary sector organisations. Within the Partnership, Wiltshire integrated care alliance (ICA) has focused on supporting people to go home from hospital more easily, helping people with long term conditions get the care they need, and providing support for our ageing population and those with complex needs. Wiltshire ICA is moving away from a sole focus on service improvement and integration to improving the health and wellbeing of our population and working collaboratively with the interests of the Wiltshire population at the heart of all decisions. This independent living strategy reflects these priorities.

4. Forecasting demand

4.1 Wiltshire is a mostly rural county in the South West of England. It borders the Council areas of Gloucestershire, Swindon, West Berkshire, Hampshire, Dorset, Somerset, Bath & North East Somerset and South Gloucestershire. The county is relatively affluent. However, there are substantial pockets of deprivation.

4.2 Approximately 500,000 people lived in Wiltshire in 2020 – this is expected to increase by 5% in the next 10 years. Wiltshire has an ageing population – whilst 19% of residents are aged 0-15, 22% are aged 65 or older. People are generally living longer and healthier than ever before. However, our Joint Strategic Needs Assessment[15] shows that these gains are not enjoyed equally across the population, and we have a number of long-term health challenges. One third of Year 12 students report low mental wellbeing; we know that adults with long-term mental health problems and/or learning disabilities have much lower life expectancy.

4.3 The national Projecting Adult Needs and Service Information System (PANSI[16]) and Projecting Older People Population Information System (POPPI[17]) databases forecast how many adults with learning disabilities, autism spectrum conditions and mental health conditions live in Wiltshire now, and how this will change over the next 20 years. They show that the overall numbers of working-age adults with these needs will stay much the same over this period, but the numbers of older people with LD and/or autism – whilst small in comparison with working-age adults – will increase significantly. Our view locally is that these forecasts should be treated with caution, as they have historically not been accurate indicators of our population. (NB: most of these residents will not have Care Act-eligible needs; figures for people with personality disorder or psychosis aged 65+ are not available on POPPI.)

[15] See https://www.wiltshireintelligence.org.uk/
[16] https://pansi.org.uk/
[17] https://poppi.org.uk/

		2020	2025	2030	2035	2040
LD	18-64	7,057	7,077	7,053	7,007	6,991
	65-84	2,006	2,207	2,454	2,641	2,786
	85+	293	337	409	522	570
ASC	18-64	2,928	2,929	2,904	2,880	2,871
	65-74	566	575	657	713	693
	75+	467	572	633	701	793
Personality disorder	18-64	16,775	16,815	16,679	16,543	16,479
Psychosis	18-64	2,040	2,046	2,030	2,013	2,005

This indicates that we need to develop a greater range of options for older disabled people, such as extra care designed around people with learning disabilities, in the coming years. Approximately 200 learning disabled adults aged 55+ in Wiltshire currently live in residential care. Where supported living is not suitable, due to age-related frailty or cognitive disorders such as dementia, extra care will be our preferred option as, unlike residential care, it provides the person with a tenancy and is more cost-effective than more restrictive alternatives such as residential care.

4.4 Our market position statement provides more detail about our demographics, and in particular the prevalence of learning disabilities, autism spectrum conditions and mental health conditions. This section summarises what this means in terms of forecasting demand for accommodation and support:

- As of May 2022, there are around 4,800 households on the housing register. Of these, around 1,000 are on the open market register – this means they do not qualify to join the main Housing Register, but they are interested in housing options such as Low Cost Home Ownership.
- There are around 18,000 serving military personnel living in Wiltshire, many of whom will have partners and families.
- There are around 4,400 children and young people with education, health and care plans (EHCPs), of whom around 60% are secondary school age (i.e. year group 7 onwards). The number of CYP with EHCPs is rising. 9% of school-age children and young people are from non-White British backgrounds.
- There are around 425 children looked after (CLA), of whom 20% are non-White British. There are around 20 unaccompanied asylum seeking children and around 275 care leavers at any one time. We know that poor social, emotional and mental health are more prevalent in these groups.
- There are around 55,000 adults of working age living in Wiltshire with common mental illnesses such as anxiety and depression, 17,000 with a personality disorder, 2,000 with a psychotic condition such as bipolar disorder and schizophrenia, 15,000 with post-traumatic stress disorder (particularly prevalent, given Wiltshire's military population) and 6,000 with an eating disorder[18].
- There are likely to be around 4,300 autistic adults and 2,000 autistic children and young people in Wiltshire. The rate of children and young people diagnosed with an autism spectrum condition increased by 83% between 2015 and 2020, whilst the rate of autistic adults per 1,000 population has remained static. Around one third of autistic people are likely to also have a learning disability. 40% of autistic people experience anxiety[19].

[18] POPPI/PANSI

[19] Figures taken from Wiltshire Autism Strategy, to be published in 2022.

- The national Projecting Adult Needs and Service Information (PANSI) System estimates that there are around 7,000 adults with a learning disability in Wiltshire, of whom around 1,600 have moderate to severe LD[20].
- The overall number of people with LD is unlikely to change much over the next 10 years, but the number of older people (aged 65+) with a moderate to severe LD is forecast to increase from 308 in 2020 to 428 in 2040. This is likely to mean a higher prevalence of learning disabled people with dementia and other age-related frailties in the coming years.
- Carers UK estimated in June 2020 that an additional 4.5 million people nationally had become unpaid carers since the pandemic began. By October 2020, 81% of unpaid carers said that they were providing more care since the start of the pandemic[21].

4.5 We have seen the impact of the pandemic on mental health. National research in 2020 and 2021 has predicted that up to 10 million people, including 1.5 million children, are likely to need new or extra mental health support as a direct result of COVID-19[22]. Charities have reported significant increases in demand for advice and information[23] and there are reports of more people experiencing mental distress presenting in emergency departments and acute trusts struggling to find appropriate places for them due to a lack of suitable provision[24]. A Young Minds survey of 2,500 CYP with mental health needs in January 2021 found 67% believed the pandemic would have a long-term negative effect on their mental health[25].

4.6 At any one time there are 40-50 patients registered with a Wiltshire GP who are inpatient in a mental health hospital bed, around a fifth of whom have a learning disability and/or autism spectrum condition. Many of these people will need support and accommodation once they are discharged, which helps them live well in the community.

4.7 In November 2021, there were 1,154 adults from the Council's Learning Disabilities & Autism Service and Mental Health adult social care teams placed in supported living or residential care. The table below breaks this down by customer group, and shows how many of these people are placed outside of Wiltshire:

[20] Locally, we believe this is an over-estimate. The PANSI gives the following background for how this figure is calculated: "These predictions are based on prevalence rates in a report by Eric Emerson and Chris Hatton of the Institute for Health Research, Lancaster University, entitled Estimating Future Need/Demand for Supports for Adults with Learning Disabilities in England, June 2004. The authors take the prevalence base rates and adjust these rates to take account of ethnicity (i.e. the increased prevalence of learning disabilities in South Asian communities) and of mortality (i.e. both increased survival rates of young people with severe and complex disabilities and reduced mortality among older adults with learning disabilities). Therefore, figures are based on an estimate of prevalence across the national population; locally this will produce an over-estimate in communities with a low South Asian community, and an under-estimate in communities with a high South Asian community."

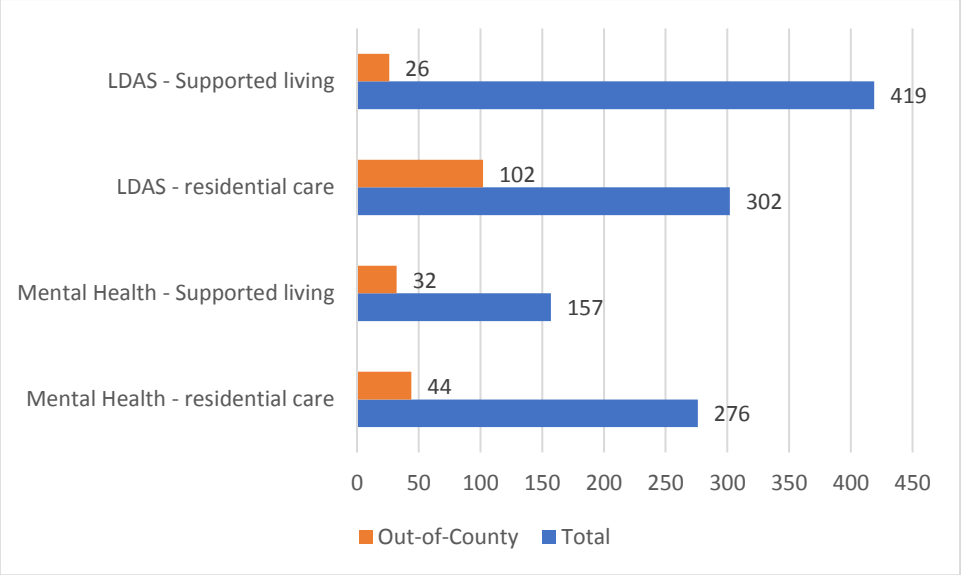
[21] Carers UK, *State of caring 2021*

[22] Centre for Mental Health, *Covid-19 and the nation's mental health: October 2020* (https://www.centreformentalhealth.org.uk/publications/covid-19-and-nations-mental-health-october-2020)

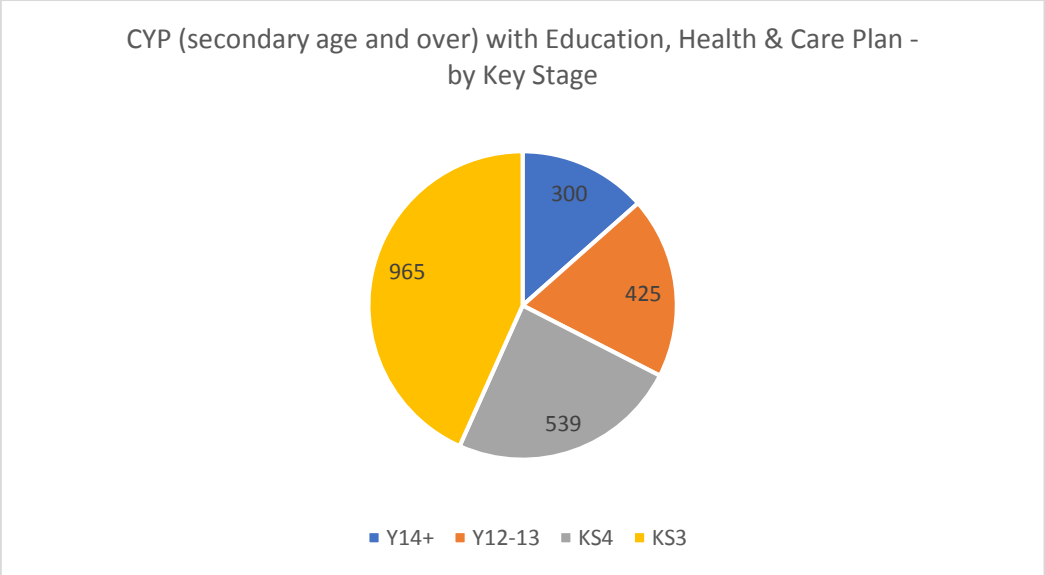
[23] https://www.rethink.org/news-and-stories/news/2021/03/demand-for-mental-health-advice-soars-in-year-after-first-lockdown/

[24] CQC, *The state of health care and adult social care in England 2020/21*, October 2021.

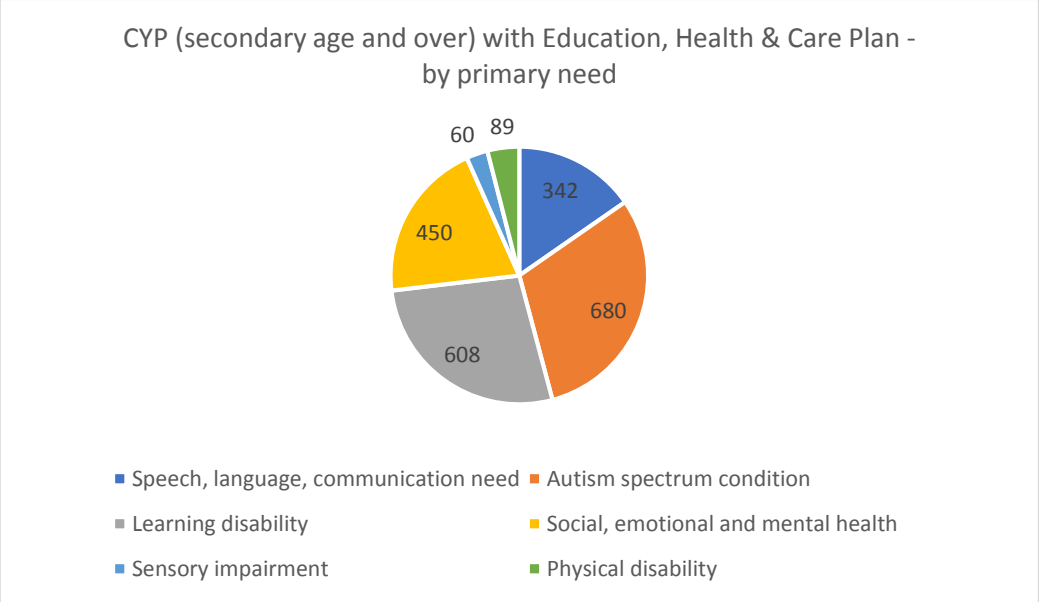
[25] Young Minds, *Coronavirus: impact on young people with mental health needs*, February 2021.



4.8 There are currently around 2,200 young people who are secondary school age and above with an education, health and care plan. The chart below shows this broken down by educational Key Stage:



4.9 The following chart shows the primary need of this group of children and young people with an EHCP:



Whilst not all these young people will need support from adult social care when they reach adulthood, we can begin planning and designing this accommodation and support to help young adults to live independent lives.

4.10 In May 2022, a needs analysis was undertaken of all young people and adults with disabilities who have been identified by social care teams as needing or wishing to move, but for whom finding appropriate accommodation and support is challenging. A detailed breakdown of their needs can be found in Appendix 2. There are some gaps in the data, which points to the need to improve data quality to help us plan for the future. The needs analysis can be summarised as follows:

4.11 There were 162 people ready to move, of whom:

- **Gender:** around 60% were male, 40% female
- **Age:** 57% were aged 25 or under; with a further 23% in their late 20s or 30s; only 17% were aged 40+*11 were aged <18*; 61 were 18-24, 20 were *25-39,* 5 were *40-49*, 7 were *50-59*, 3 were *60-69*, and 1 was *70+*
- **Primary needs:** The majority of people had two or more different needs; 92 had a learning disability, 61 had a mental health condition, 37 had an autism spectrum condition, 18 had a physical disability or health condition, and 5 had a sensory impairment.
- **Responsible team:** 60 were with the Children & Young People's Disabilities Team (CYPDT), 46 with the Learning Disabilities and Autism Service (*LDAS*), and 52 with the Mental Health service.
- **Current location:** 23 lived in the North of Wiltshire, 51 in the West, 63 in the South, 25 were out of County. The most popular locations are Salisbury (53 people), Trowbridge (18 people) and Chippenham (11 people).
- **Current situation:** 62 were living with family (of whom 21 were in full-time education), 31 were living in specific mental health supported housing, 18 were in residential school/college/children's home placement, 22 were in residential care, 14 were living in their own flat/house with support, and 8 were in hospital.
- **Capacity to share:** 70 were able to share (for some, it was specified that they could/would share with people of a similar age, similar ability, a specific

person, or either males or females only), 9 could possibly share, 42 could not or did not wish to share, and for 41 people this was not stated.

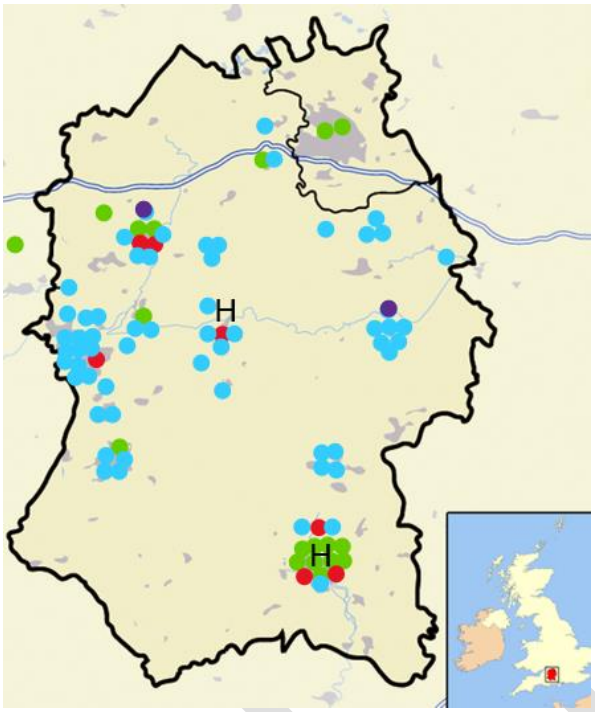
- **Where people want to live:** the most popular destinations for people were Salisbury (38 people), Trowbridge (15 people) and Chippenham (12 people). For 40 people, geographical preference was not stated.
- **Night support needs:** 38 needed sleep-in support at night, 15 needed waking night support, 6 required no support at night. For 104 people, night support needs were not stated.
- **H4W status:** 9 people had been fully registered on Homes4Wiltshire, 3 had been partially registered, for 45 people the registration had not been commenced, and for 5 people H4W registration was stated as not applicable. For 100 people, H4W status was not stated.

5 Supply analysis

5.1 In 2019, Wiltshire Council launched the Good Lives Alliance of providers. The GLA has enabled greater transparency and consistency, particularly around costs. However, there are still challenges in the market's ability to meet people's complex needs in a way that is person-centred and empowering. As a result, too many people are placed in residential care, not getting the most enabling support, placed outside of Wiltshire away from family, friends and networks, or moving from one placement to another because of placement breakdown.

5.2 We need to mitigate our reliance on the independent sector by leading the way in providing housing and/or support for certain groups – for example, younger people or those with particularly complex needs – and demonstrating both the quality and value for money that we expect. We will use data to inform exactly what this market disruption will mean for us as a Council, and within the context of the BSW Partnership. Alongside this, we also need to manage performance and outcomes more effectively, and commission better accommodation and support in County.

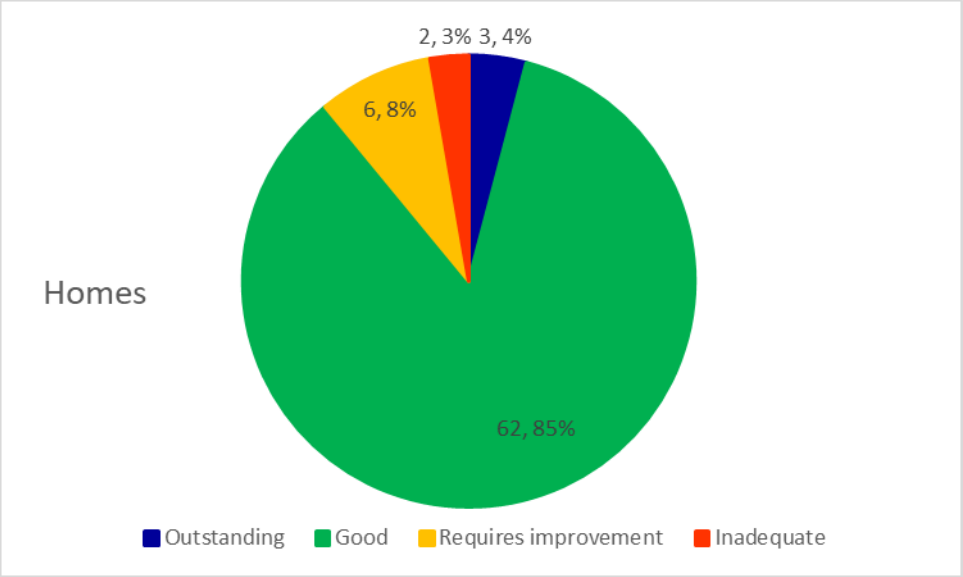
5.3 Within the County, Wiltshire Council places people in a range of residential care homes specialising in mental healthcare and/or support for people with learning disabilities (including two nursing care homes) and a range of supported living for people with learning disabilities and/or autism spectrum conditions. Most provision is in and around the larger populations of Salisbury, Trowbridge, Chippenham and Devizes. The map below shows where these care homes and supported living schemes are in the County:



5.4 Wiltshire Council is also growing its Shared Lives and Shared Days schemes. Shared Lives Wiltshire offers long-term and short-term matches, respite and home from hospital provision for people who need support. This includes people with mental health needs, autism spectrum conditions, learning disabilities, physical disabilities and older people. People sometimes use a shared lives scheme as a way of learning the skills they need to live independently and to help them put down roots in the area or community before moving into a place of their own.

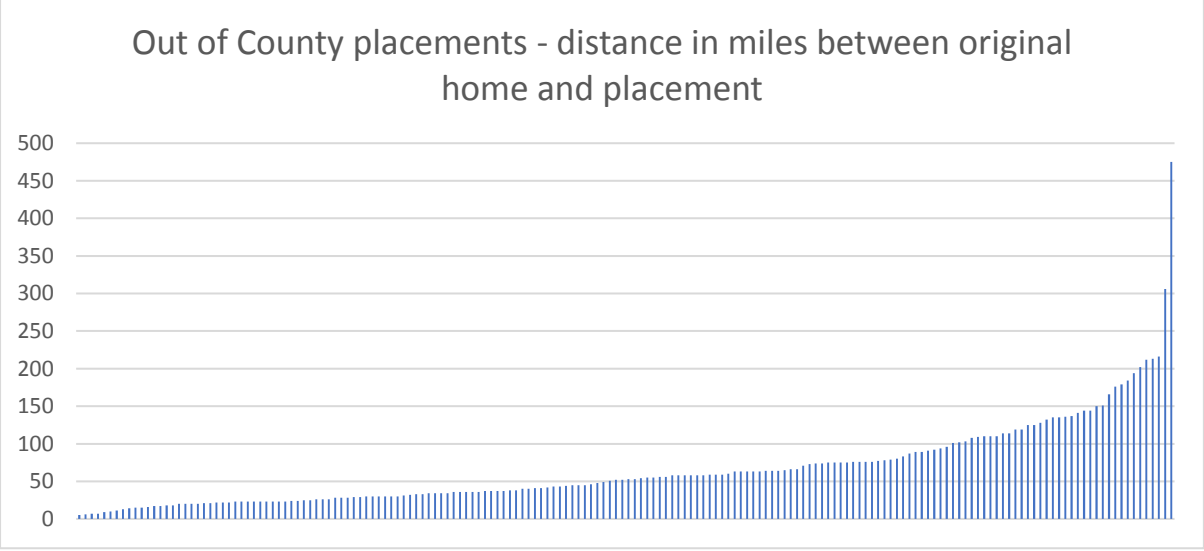
5.5 In January 2021, joint NHS and social care funding was approved to pilot a new Intensive Enablement Service within the Council. The service provides time-limited enablement support which aims to build up people's independence and resilience, particularly for people at risk of hospital admission and/or for people being discharged from acute psychiatric hospital and/or rehab. We will share the lessons we learn from this new way of working and ensure that commissioned providers support people to become less dependent on long-term care.

5.6 The chart below shows CQC inspection ratings for care homes in Wiltshire specialising in learning disabilities, autism spectrum conditions and/or mental health. CQC ratings in Wiltshire are broadly in line with national ratings with 89% of homes at Outstanding or Good (compared to 85% nationally in December 2021). The Council and WCCG expect all providers to achieve 'good' as an overall rating from their CQC inspections. Where this is not achieved the Council and WCCG expects the provider to develop an action plan with CQC that will result in a move towards 'good' or 'outstanding'.



5.7 In January 2022, there were 207 people with mental health conditions, learning disabilities and/or autism spectrum conditions placed out of County. 121 of those (58%) were placed in neighbouring Local Authority areas[26] and 86 were placed further afield. The average weekly cost of out of County residential and nursing care home placements was £1,856.70 (compared to £1,419.27 for residential and nursing care placements overall). The average weekly cost of out of County supported living was £1,269 (compared to £850.75 for supported living overall).

5.8 The median distance between a customer's home (i.e. where they lived before moving into the placement) and the placement itself is 52.5 miles. The graph below shows the distance for each placement (each blue bar represents a Wiltshire customer):



5.9 Analysis done in 2020 found that around half of Out of County placements were made because there was no available appropriate option in Wiltshire (for people with mental health needs, this was often because of a forensic history), a quarter were

[26] Bath & North East Somerset, Dorset, Hampshire, Oxfordshire, Somerset, South Gloucestershire, Swindon, West Berkshire

placed due to the person's and/or their family's choice, and for 20% no reason was given. This shows that current supply in Wiltshire does not consistently meet the needs of our residents.

5.10 Conversely, there is a similar number of non-Wiltshire residents in Wiltshire provision: 177 people placed by other Authorities live in Wiltshire placements. 170 of these are residential placements, and seven supported living. By far the biggest placing Authorities are Swindon (59) and London Boroughs (17 in total). Wiltshire is increasingly working with Bath & North East Somerset, Swindon and other Local Authorities in the South West region to ensure a joined-up approach to out of area placements.

5.11 **Developing a mental health pathway.** As stated above, there is no clear accommodation-based recovery pathway for people with mental health needs in Wiltshire. Practitioners are often unclear of the skills and limitations of particular services, and there is a lack of appropriate support in Wiltshire, especially for people with more complex needs (e.g. forensic and offending histories, substance misuse, hoarding etc). This means that, in reality, residential care is often more recovery and move-on focused than supported living. Support needs to be flexible, adapting to a person's needs as they increase or decrease over time, so that people don't have to move home just because their needs have changed.

5.12 Research compiled by the Mental Health Foundation and Mental Health Provider Forum in 2016[27] focuses on how different types of supported housing can meet different types of need. Broadly, the report recommends a flexible model of support – from support which is intensive, 24/7-onsite and includes clinical health support such as psychology and occupational therapy, through that which is onsite during the day, to floating support which enables people to maintain independent tenancies – and a range of accommodation solutions, including purpose-built new-build accommodation, existing buildings re-developed to meet the needs of particular customer groups, and specialist housing providing shared and non-shared living, and general needs housing.

5.13 The report includes a **Care Support Plus** model of supported housing for people with complex mental health needs who might otherwise be in hospital or long-term residential care (see Appendix 3). This provides a strong rehab and recovery focus; self-contained accommodation with tenancy rights; building adapted to particular sensory or physical needs; safety features such as airlock doors and CCTV, but designed sensitively to ensure a non-institutional, homely feel, with shared lounge, space for socialising, regular activities etc. Key to the success of this model is the quality of the multi-disciplinary staff team (with higher levels and skillsets than would be usual), and a joint commissioning model where the NHS and Council have joint responsibility for funding and accountability.

5.14 Accommodation and support for people with complex and/or lower-level needs should both be designed around the needs of people. There is significant research that good-quality, modern accommodation which is light, airy and well-maintained is a significant factor in good recovery and wellbeing. Where possible, people should enjoy tenancy rights and live in a home that combines privacy with space for socialising, learning skills etc. Again, safety features (such as wet rooms, sightlines for communal areas, non-intrusive CCTV) should be sensitively designed to make people feel safe, and this should be supported by robust risk assessments and

[27] https://www.mentalhealth.org.uk/sites/default/files/Mental_Health_and_Housing_report_2016_1.pdf

protocols (again, undertaken sensitively in ways that feel social and inclusive). Where possible, communal outdoor space can be provided, such as gardens, allotments, space for ecotherapy etc[28].

5.15 This purpose-built accommodation should be staffed by staff who are experienced and skilled in supporting people with mental health needs. The service should prepare people to move onto independent tenancies by supporting them to manage money, form healthy, safe relationships, learn independent living skills, etc. The model of Psychologically Informed Environments[29] embeds reflective practice and enables staff to understand, rather than bluntly react to, a person's behaviour or emotions. Commissioning arrangements must clarify the Council's requirements and expectations around the competencies of staff who will support people with complex needs.

5.16 People who have been supported in this way may be able to step down to independent tenancies. This will help people towards further independence by providing support with paying bills, attending appointments, accessing activities and services in the community, forming friendships and social groups. To do this effectively, staff will need to be experienced and skilled in supporting people with mental health needs and be able to build rapport, demonstrate empathy and form positive relationships. Employers, whether commissioned or in-house, will need to provide practical training – e.g. around psychosis, medication, dual diagnosis, personality disorder, recovery model etc.

New developments

5.17 To develop new accommodation in Wiltshire, we must bear in mind that land is finite and often prohibitively expensive to buy. We must prioritise individuals or groups, so that when land becomes available for redevelopment, or when there is an opportunity to re-purpose buildings, we can start planning and delivering quickly. In order to achieve this, and particularly for groups of people who wish to live together in shared accommodation, we need to have a clear policy on how the risk of voids is managed.

5.18 Most people who do not wish to share will apply for housing via Homes4Wiltshire. Each person's needs and (where necessary) connection to Wiltshire will be assessed to determine eligibility for social housing. Prioritisation for housing depends on a variety of factors, including medical and/or social care needs. Once assessed as eligible, people can bid for and access housing as and when it becomes available. Homes4Wiltshire advertises social rented homes, its own affordable homes and those owned by Registered Providers, as well as private landlords. Most of the Council's own housing is in the Salisbury area or south of the County, although it is expanding into other areas in the next few years. It is important that people who are ready to move are on the housing register and provide support for them to apply and bid when such support is required.

Multi-tenancies

5.19 There is a challenge in Wiltshire where a group of people want to share a property (e.g. a 3-bedroom family home) and potentially a joint package of support.

[28] See Mind, *Feel better outside, feel better inside: ecotherapy for mental wellbeing, resilience and recovery* for evidence of the effectiveness of ecotherapy.

[29] https://www.homeless.org.uk/connect/blogs/2017/feb/08/why-pie-rationale-for-psychologically-informed-environments

5.20 For a group of people wanting to share a property, some registered housing providers will not grant individual tenancies and some registered housing providers will not grant a multi-tenancy to a group of people who are not related, due to the risk of the multi-tenancy breaking down. Where the Council is the housing provider, multi-tenancy applications will be accepted – however, most of the Council's housing is in the south of the County. Whilst housing providers are responsible for their own allocations policies, this may mean that some properties will be overlooked even where such a group of people is in urgent housing need.

5.21 The Council has contacted local housing providers to clarify their allocations policies, so that it can manage expectations and make sure applicants are given clear information to help them understand where multi-tenancy applications for unrelated people may be rejected.

5.22 The Council will review its procedures, practices and the training given to housing and social care staff around how choice-based lettings work in relation to unrelated adults who want to apply to join the housing register together. Where unrelated adults who have not previously lived together choose to apply to join the housing register, we will discuss and confirm the limitations of any potential offer of accommodation as it will be extremely limited and we need to ensure we don't raise expectations.

Adaptations and design features

5.23 Some people will require housing that has been adapted or designed to meet needs arising from a physical disability or sensory impairment. Such adaptations may include: level access or ramps, wider doorways or turning circles to allow wheelchair accessibility, bathroom adaptations such as level-access shower or wet room, adapted kitchens with lowered units, stairlifts (in multi-level houses) etc. Where such properties already exist, people can access them via the standard bidding process. However, this strategy has identified a lack of accessible or adapted homes, particularly in certain areas of the County where there is a need.

5.24 The Council is in the process of reviewing how it acquires bespoke housing for people with disabilities and/or sensory needs (including needs relating to autism spectrum conditions). In the past, the Council has sometimes purchased specialist accommodation on the open market; however, whilst this has made the right property available, it has not always been possible to identify care providers to support the person in that property. The person has not been able to live in the property, and the Council is left with a property that may, in some instances, be difficult to re-let to another tenant.

5.25 The Council is exploring an alternative approach where it includes adapted housing within broader housing developments. All new homes built by the Council will be to a standard that is adaptable, albeit without the much needed ground floor facilities to meet (say) wheelchair needs, and it may be possible to meet additional needs with a "pod" solution – i.e. an addition to a new build, with the planning process allowing for the pods to be added as needed and the specification agreed to meet specific family needs (subject to limitations on the variances). The "pod" solution is intended for families with an individual with specific needs rather than for single person households, with the latter needing their accommodation needs to be met in a different way.

5.26 To support this approach, the Council, Registered Providers and commissioned social care providers need to work closely together to ensure a coordinated approach to sourcing housing and support, and to support people to manage tenancies and mitigate any risk of the breakdown of a tenancy. This tripartite working will be supported through the Homes4Wiltshire partnership and the Good Lives Alliance.

5.27 We will use the data we hold to develop a series of business cases and service specifications which, once created, will fill the gaps we currently have in Wiltshire. To build the right accommodation and provide the right care and support is likely to required a range of models and solutions – from direct provision, to establishment strategic partnership with market leaders

Registering the right support

5.28 When building, re-developing or de-registering specific schemes, we will work with providers to ensure that the principles of the Care Quality Commission's registration guidance[30] are applied. Whilst it is not the Council's policy generally to develop additional residential care, any such care should meet an identified local need and be focused on enablement; be co-designed by individuals and families; prioritise local people; be based near to communities and services which can be easily accessed. The Council supports CQC's move away from campus-style provision, where due to the scale of the scheme, person-centred care becomes difficult to deliver. Care homes and supported living should be small in scale, and usually be home to no more than six residents.

5.29 Principle of person-centred care, co-production, choice and control should also be at the heart of supported living services. Arrangements for a person's housing should be legally separate from care arrangements, and people should be able to choose who provides support to them. Whether a person is an owner or tenant, they should have control over their "front door" – in other words, have private space over which they decide who can enter and when and they have unrestricted access to every part of their home, apart from any co-tenants' private space. Accommodation and support provision should meet REACH standards[31] and the Real Tenancy test[32].

5.30 In the event of a provider choosing to change the registration of a service from residential care to supported living, there should be a demonstrable change in culture and feel for tenants and staff should be trained to support this.

[30] https://www.cqc.org.uk/sites/default/files/20170612_registering_the_right_support_final.pdf
[31] https://paradigm-uk.org/what-we-do/reach-support-for-living/
[32] https://www.ndti.org.uk/assets/files/TheRealTenancyTestFINAL.pdf

Appendix 1: DEFINITIONS

Mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (World Health Organisation). This term covers a large variety of conditions, including so-called "common mental illnesses" such as anxiety and depression, more severe affective disorders (e.g. personality disorders), eating disorders, psychoses such as bipolar disorder and schizophrenia, etc.

Autism is defined in Wiltshire's market position statement for whole life pathways as a spectrum condition which affects different people in different ways. Autistic people may experience difficulties with social communication and interaction, repetitive and restrictive behaviour, sensitivity to light, sound, taste or touch, highly focused interests or hobbies, and anxiety and depression. This document uses the term autism spectrum conditions (ASC) in preference to autism spectrum disorders. It also uses the term "autistic people" over "people with autism," as research by the National Autistic Society nationally and by Wiltshire Parent Carer Council locally found this was generally the preferred description.

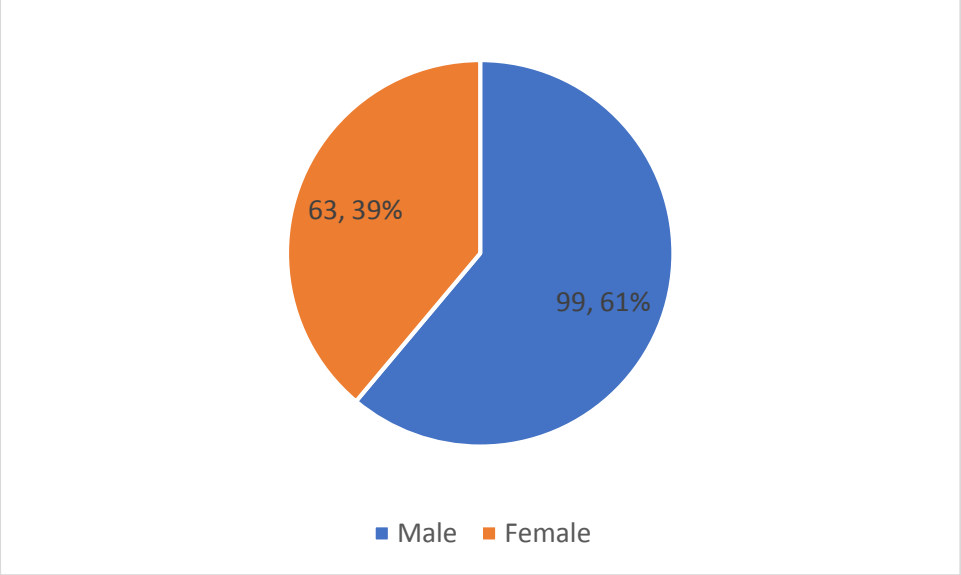
The Department of Health and Social Care states that a **learning disability** means the person will have difficulties understanding, learning and remembering new things, and in generalising and learning new situations. Due to these difficulties with learning, the person may have difficulties with a number of social tasks for example, communication, self-care and awareness of health and safety.

APPENDIX 2: NEEDS ASSESSMENT

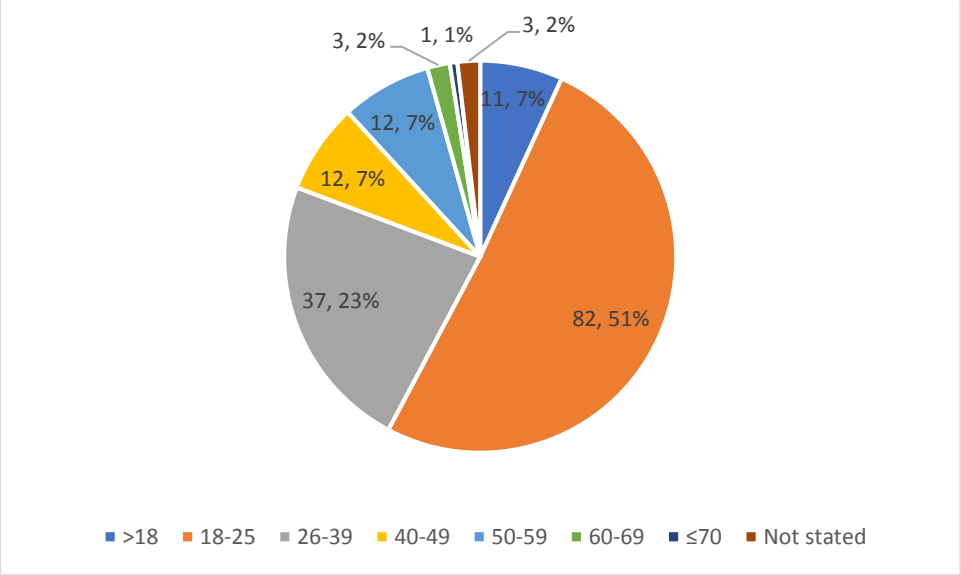
This is a summary of children, young people and adults who were identified as being ready to move to alternative accommodation, or for whom we should start planning now for independent accommodation in a few years time. It is a snapshot of needs and preferences in May 2022. There are some gaps in the data, which points to the need to improve data quality to help us plan for the future.

Total:
162 customers

Gender:
Male: 99
Female: 63



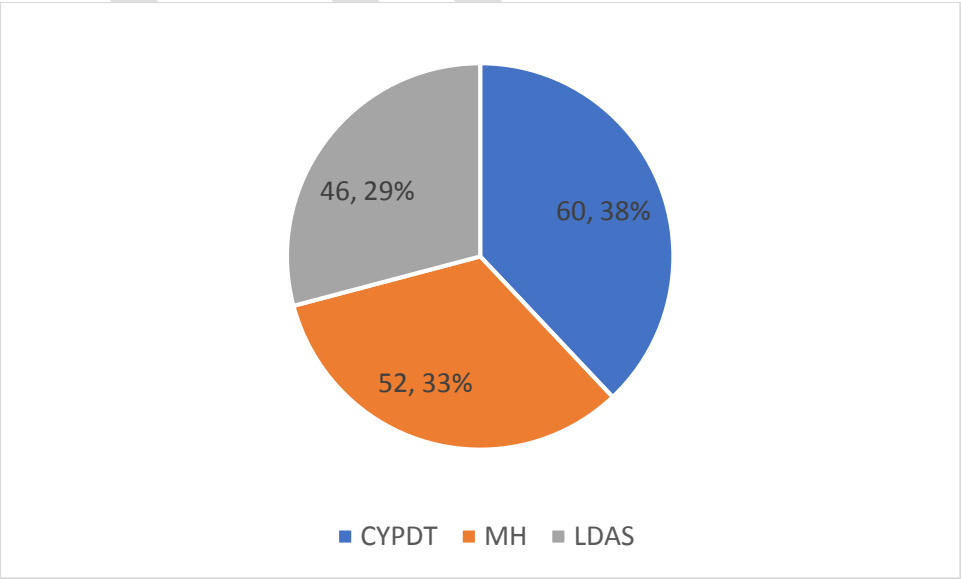
Age:
>18: 11
18-25: 82
26-39: 37
40-49: 12
50-59: 12
60-69: 3
≤70: 1
Not stated: 3



Primary need:

- 92/161 have a learning disability. Of these: 48 are listed as having only an LD; 24 also have an ASC; 9 also have a PD; 5 also have an MH;
- 61/161 have a mental health condition. Of these, 52 are listed as having only an MH conditions; 9 also have an LD and/or ASC.
- 37/161 have an autism spectrum conditions. Of these, 24 also have a learning disability; 6 are listed as having only an ASC.
- 18/161 have a physical disability or health condition. Of these, 9 also have a learning disability.
- 5/161 have a sensory impairment.

Team:
CYPDT: 60
MH: 52
LDAS: 46
N/S: 4



Current location:

Salisbury: 53
Trowbridge: 18
Chippenham: 11
Devizes: 7
Warminster: 7
Melksham: 5
Westbury: 5
OOC: 25
(All other locations have fewer than 3 people living there.)

Current situation:

- 62 are living with parents – of these, 21 are in full-time education and 11 have either recently finished or are about to finish an education placement. In 7 cases, it is stated that parents/family can no longer care for the customer (in one case, due to overcrowding); in 5 cases, the customers wants to move out of the family home to become more independent.
- 31 customers with MH needs live in move-on supported housing schemes.
- 18 are in residential schools, college or children's home placements. Most of these are CYP with SEND – 2 at specialist VI provision, 1 at specialist HI provision.
- 22 are in residential care – 16 of these have a primary need of MH, 5 with LD, 1 is in a respite placement.
- 14 are living in their own flat/house with support – around half want to move elsewhere either to share with others or to stop living with current housemates; another half are being evicted or served notice.
- 8 are in hospital – 6 as long-stay patients (3 of these are in the Daisy unit), 1 as a voluntary inpatient.
- There are also individual customers in hostel, low secure, sheltered housing and foster placement.

Support required:

Data provided around what levels and types of support people need is very incomplete. Of 161 customers:

- Sharing ability/preference is not stated for 41 customers.
- Type of property required is not stated for 85 customers.
- Night support needs are not stated for 104 customers.
- Housing registration status is not stated for 100 customers.
- Timescale for move-on is not stated for 79 customers.

These very significant gaps in data make it difficult to say comprehensively what support is required. However:

- **Sharing:** 70 can share, 42 cannot (or do not wish to) share, 9 may be able to share; for 41, sharing ability/preference is not stated.
- **Type of property/adaptations:** 13 people need wheelchair accessibility inside and outside of the property; 13 need adapted bathroom; 11 need adaptations to support with behaviour; 9 need significant outdoor space.
- **Type of support:** 39 people are noted as needing supported living, but it is clear that the vast majority of the 161 customers listed would need SL rather than residential care. 2 need residential care. For 6, both SL and residential have been listed. Shared Lives is needed for 1 person.
- **Level of support required:** Exact hours required are only given for 23 customers. 9 people are stated as needing 1:1 support only (X needing 2:1 at times), 9 as needing shared support only, and 27 as needing a combination of both.

- **Night support needs:** 38 people need sleep-in support, 15 need waking nights, 6 are listed as having no night-time support needs. However, for 104 people night-time support needs are not stated.
- **Housing registration:** for 100/161 customers, housing registration status is not stated. For 45 customers, registering them on H4W has not commenced, for 5 it is stated as "not applicable," for 3 the registration process is "in progress," and for 9/161 the customer is registered and (in most cases) actively bidding.
- **When the property/service is required:** 54 people need a service/property in 2022 (some have been waiting to move since before the start of 2022), 4 in 2023, 5 in 2024, 4 in 2025, 7 in 2026, 8 in 2027 or beyond. For 79 customers, it is not stated when the service/property is required.

Location required:
Salisbury: 38
Trowbridge: 15
Chippenham: 12
WEST: 18
SOUTH: 10
ANYWHERE: 9
Not stated: 40
(All other locations have fewer than 5 wishing to move there.)

APPENDIX 3: CARE SUPPORT PLUS model

Excerpt from:
https://www.mentalhealth.org.uk/sites/default/files/Mental_Health_and_Housing_report_2016_1.pdf

Definition

Care Support Plus is a model of supported housing, launched in 2012, in response to the need to create supported housing which could accommodate people with a high level of mental health support needs who might otherwise be in hospital or residential care.

The scheme was developed through a tripartite agreement between the housing provider, the local NHS Foundation Trust, and the local authority to develop a new type of supported accommodation specifically geared towards people who had often been excluded from supported accommodation due to their complex mental health needs.

The approach has proven successful on several of levels, including recovery of customers and improved quality of life. There is also a clear economic case to using this model with an overall annual saving per customer estimated at around £450,000.

The scheme was able to tackle a local problem across several areas of concern: A high number of people being placed in expensive out of area care; care that was not particularly suitable for the client group; a system lacking rehabilitation work; as well as concerns over the quality of care being received.

From another angle, the Care Support Plus model also provided an appropriate level of support for people in hospital unable to find suitable supported accommodation which could meet their needs. Although the impetus to develop the scheme was created by local demand, in practice the core elements of building and service can be reproduced to see how they might apply to customer needs across the country.

Building

At present the Care Support Plus model is not widespread. However the principles behind the construction are indicative of what other schemes might look like. Evidence from interviews
suggests that the building formed part of the success of the scheme, proving a core element of effective support and may well be for further housing aimed at customers with similar mental health and support needs.

The scheme is purpose built supported accommodation, but to same specifications as private sale housing by the same provider. According to a member of the team:

“The organisation has the philosophy that anyone with a mental health problem should get the same quality of accommodation as anyone else”.

However, there were specific technical considerations, given that the model is aimed at customers with a high level of support needs:

- The scheme provided fully self-contained flats with each customer holding their own tenancy.
- The flats contained essential items which might otherwise preclude someone from moving on from hospital, such as a bed, dining table, and cookware.

- Regarding physical access needs, the building itself is step-free and fully accessible. This included a lift to all three floors with the first floor containing all wheelchair accessible rooms, so as not to prevent someone with mobility problems needs from accessing the scheme.

The effectiveness of the accessibility measures was confirmed by the resident interviewed who felt the building met all their physical access needs.

The safety features of the building comprised an important part of the scheme. There were three elements of the building in particular which contributed: a 'front facing office, airlock doors, and sensitive use of CCTV'. In each of these areas, the safety appeared mindful of the specific concerns of people with high level mental health needs.

The position of the office functioned as a safeguarding feature as it enabled staff to be aware of who is entering and leaving the building and prevent unauthorised visitors from entering the scheme. This was bolstered by the 'airlock' system, which is a two-stage glass entry door, which helps to manage visitors' access to the scheme.

According to staff this has resulted in fewer safeguarding incidents compared to other schemes.

The levels of staffing also mean that visitors can be closely monitored and customers supported in this area; however in lower level supported housing with nine to five staffing it may not be possible to support customers in the same way.

CCTV in the scheme provided a final security feature, however it was set up to avoid being 'too obtrusive' and therefore mindful of the fact that it can make the scheme feel too 'big brother'-like. The building clearly responded to the support needs of customers by installing an appropriate level of security.

The importance of creating the right 'feel' for the building was evident across other areas. The staff member interviewed believed that the physical environment supported the mental wellbeing of residents:

"I think having an environment which is non-institutionalised, homely, is quite important, it enables residents to feel part of the project".

Part of this was making sure that information was displayed but would not be too intrusive, drawing away from a supported housing stereotype.

This was reflected in the views of one of the residents, who thought that the physical environment supported their mental wellbeing, and was happy with the look of the flats on first seeing them:

"I thought the flats were very nice… I still do think they are very nice".

The building also has a shared lounge and kitchen for customers to use, alongside the self-contained flats. This is a space for residents to socialise if they want to use the lounge, as well as maintaining space for privacy in their own apartments, and the resident interviewed felt that the space made it easy to interact with other residents.

However there were some drawbacks to the current building as highlighted through the interview. There was no private space outside of the development such as a garden, although
this was not an issue picked up by the resident interviewed.

Concerning inside space, another drawback of the building was the lack of a separate room that would staff space to meet with residents.

These characteristics demonstrate the significant role that the building has to play in the provision of excellent care in supported housing. Understanding the customer needs was evidently central to this building, although shortcomings of the building through experience demonstrate shortcomings to be learned from.

Service

The package of services put together for the Care Support Plus model was pioneering in the way it drew together three different stakeholders to provide high level wraparound support for
a group previously excluded from supported accommodation.

The principal difference of the arrangement was that it enabled NHS staff to be embedded into the scheme itself, through sub-contracting agreements. Having clinical staff based in the scheme meant that customers can receive a higher level of support, and equally it enabled staff to work with different customers.

The two clear differences in staffing in the Care Support Plus scheme compared to more traditional models were the level of staffing, and the presence of NHS staff on site.

Concerning the level of staffing, this meant that the scheme could work with individuals who may previously have been too high risk for supported housing schemes to manage, for example those with forensic backgrounds. Provisions therefore included double staff cover twenty four hours per day. Staff were also required to have prior experience of working with people with mental health problems, and were also supported by risk management procedures embedded
in the scheme.

On top of the higher level of staffing provided by the housing scheme, there was also a higher level of clinical input. This meant that more intensive work could be done with residents and issues could be addressed more quickly than if clinical staff were off site.

Among other clinical staff, the care coordinator, psychologist, and Occupational Therapist would be on site each week:

“We can sit down with the Deputy Manager and the psychologist and Care Coordinator and work out a plan. In a traditional model you fire off emails and meet in three weeks’ time while people are struggling. We can deal with things very quickly and very effectively here.”

The high level of support also enabled staff to work intensively on the skills that customers need to develop in order to move on to more independent accommodation.

Feedback from a staff member suggested that this service provided the independence and rehabilitation work needed to empower people towards more independent living. This included
intensive work around areas such as boundaries and safeguarding, to provide customers with the skills to avoid incidents such as financial exploitation when they move to less intensive
support. As above, the key difference which complements the intensity of the service provided is the speed with which support plans can be put in place when issues arise.

From the customer perspective the most important element of the service from the interview was the activities:

“I just think it’s brilliant we do an activity every day”.

This reflected the work toward skills for independent living and the personal goals that had been achieved by the customer through the scheme. The activities available in the scheme were also compared to the customer’s experience of residential care, where daily activities were not available to the same level. This was also reinforced by the customer as they said the availability
of daily activities was the main thing for a future development to bear in mind. This reflected that beyond the essential provision of clinical support, there are a wide range of interventions which support and enhance daily life.

Certain shortfalls were also identified in the services provided by the scheme. In particular this included the need renegotiate the exact level of clinical input at the scheme in order to provide
customers with the right level of support.

This highlights the need for open dialogue between partners and the role that a joint commissioning can play in bringing about effective support for excluded groups. Overall the member of staff interviewed said that joint commissioning of the scheme addressed a problem which was both costly, and not serving a community which could benefit from a better level of care in supported accommodation.

What do people need to live their good life?

In groups, in the community and in one-to-one conversations we have asked over 2000 people these 3 questions:

- What does a good life look like to you?
- What have you got to live that life?
- What do you now need?

We want what you want

Everyone wants the same things to live well: a home, equal and meaningful relationships, to be valued and have purpose, to be hopeful about the future.

People need choice and control to live good, independent lives.

Everyone can be supported to live their good life.

Homes not institutions

People want to live in a place called home, where they have choice and control over all aspects of their daily lives.

The homes people live in need to fit with who they are, this might mean living with others or on their own.

A house is not a home if people don't feel that they belong and are safe in the place they live.

Relationships REALLY matter

At the heart of a good life are meaningful relationships.

Having people around us that we trust, and love can support us all to live well

Relationships work best when people value each other as equals.

Real connection in real communities

Community is people not places.

People want to be part of their community; a valued and active member.

People might need some support to ‘Access their community’. Support works best when it helps people to meet with others, help each other out, and enjoy each others company.

Communities need to be fully accessible, accepting and safe for people

We may well need support, but we want the right support

Independent living does not mean living without support.

Support works best when provided by people that are liked, known, and trusted and is led by the people receiving it, enabling them to get on with their day to day lives.

Support to help people get back on track works best when its about relationship building and maintaining.

The right support at the right time can stop people finding themselves in a crisis or unable to cope.

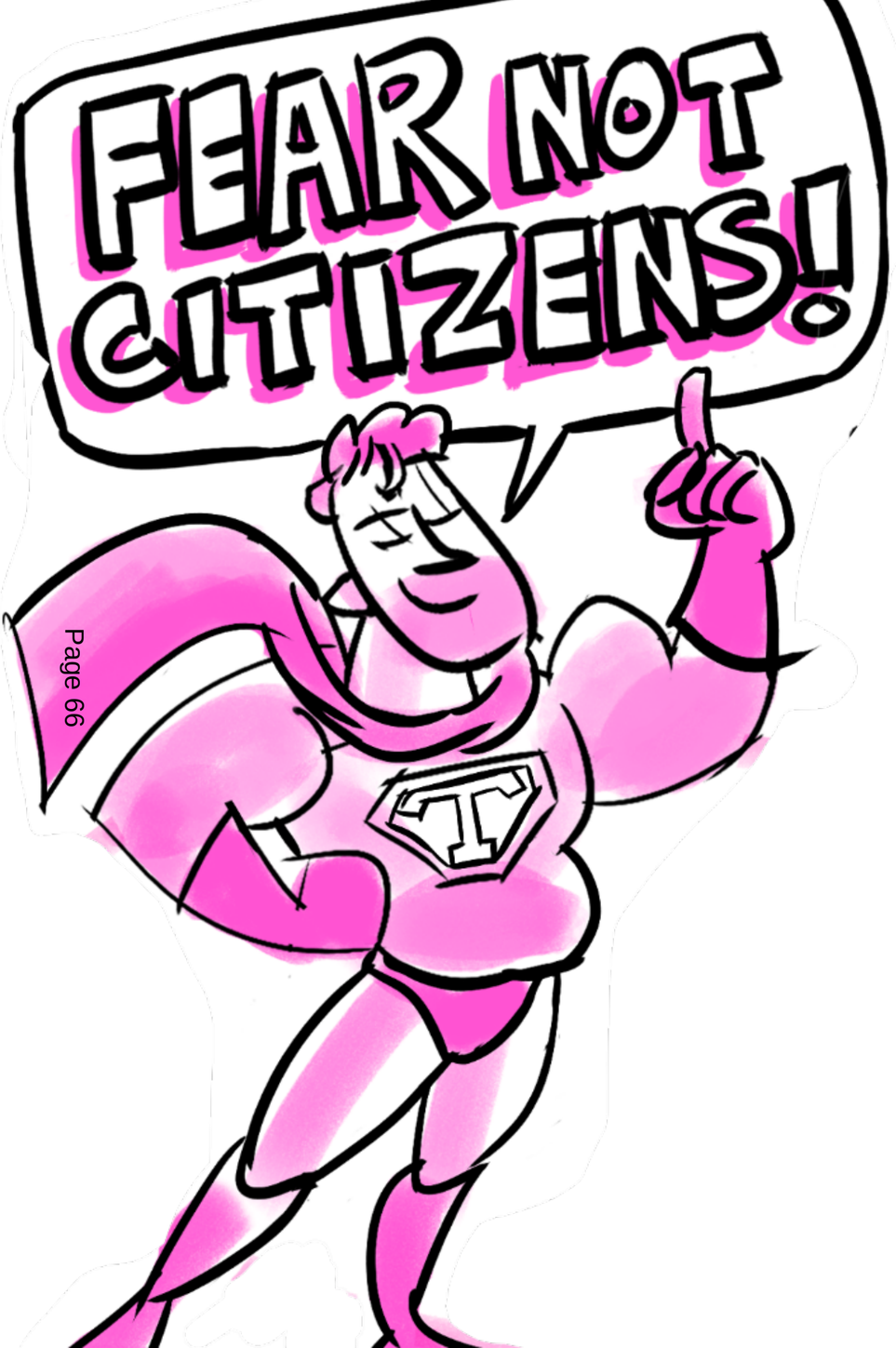
We are not there yet

‘Written off for being different’

There are many examples of people feeling excluded from normal everyday life, which includes our places of work and our communities.

We now need to act and ensure that every Wiltshire resident and every professional involved in the health and social care system play their part to ensure that people
get to live the lives they deserve.


GOOD
LIFE
WE HELPED THIS
GROW!



We start today!

You have the power to create positive change!

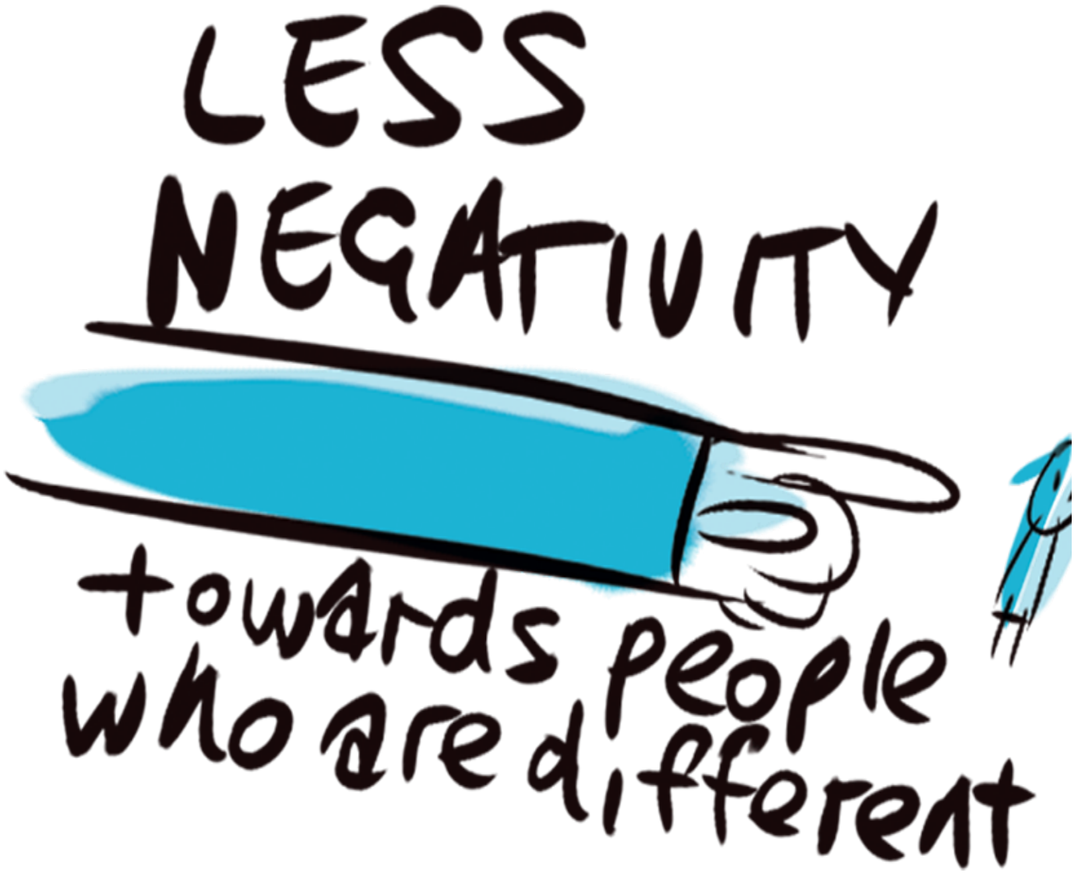
As local change makers you can influence, design and develop your ‘community’ and make sure everything in it works for you.

We are here to make a difference

Be hopeful, be ambitious…

We need BIG IDEAS

Think risky, think ‘good trouble’



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Wiltshire Council

Health Select Committee

5 July 2022

Collaborative working with providers

Purpose of Report

1. This report analyses the impact of support that has been provided to the adult social care market in partnership with Wiltshire Care Partnership and the Wiltshire Clinical Commissioning Group (now ICB). The pandemic saw a One Council approach involving officers in Public Health, commissioning and adult social care operations working closely with the wider health system.

Background

2. At the start of the COVID pandemic, a collaborative approach was established with Wiltshire care providers, building on existing work and relationships. The benefits of this approach have been numerous, including the development of improved commissioner/provider relationships leading to open, transparent working that supports joint oversight and allows early intervention and support where appropriate. Furthermore, relationships have enabled meaningful coproduction to develop a variety of initiatives, including:

    - payments to providers
    - moving to gross payments to providers rather than net
    - the distribution of government grant funding
    - workforce recruitment and retention support measures
    - COVID outbreak related closure strategies
    - the development of the Provider Oversight and Support Team.

3. These close working relationships are key to the ongoing success of these and future initiatives, such as the cost of care and market sustainability. In the summer of 2022, the Council will coordinate the national cost of care frameworks for care home and home care and the development of a Market Sustainability Strategy that will be reported at the October Cabinet meeting.

4. It is fair to say that, while there was high level agreement between commissioners and care sector leaders to move towards a more open approach to coproduction, the COVID pandemic gave this impetus and dictated a faster pace, which can only be seen as an unintended positive resulting from the pandemic.

Main Considerations for the Council

5. In March 2020, the COVID support team was established as part of the Wiltshire Council market support strategy. The team worked closely with providers and other stakeholders to develop a standardised supportive approach, including the facilitation of COVID advice and guidance, a risk identification system and related support offers. The team provided a one stop shop for providers, ensuring integrated health and care communications and support. This included a helpline (operating 7 days a week during outbreaks), regular webinars and a weekly health and care newsletter.

6. The team conducted regular engagement with the 303 care home, supported living and domiciliary care providers. This engendered good levels of trust between the team and providers, allowing providers to share rich information and intelligence and enabling them to feel confident to freely ask for support and help. Each provider received a welfare check call at least once every two weeks. The frequency of the welfare checks varied and could increase to weekly or daily depending on level of identified risk. This level of data sharing allowed for early intervention and the prevention of situation escalation. The team was able to identify where there were potential risks such as significant outbreaks, staff shortages, lack of access to appropriate PPE, and provide advice, guidance and support that was customised and specific to the situation. Furthermore, the early intervention by the team in outbreaks ensured that services were fully informed and working within current guidance and therefore reduced the risk of significant COVID spread.

7. Analysis of data e.g. rates of infection by home, deaths due to COVID etc by the Public Health team enabled a targeted approach for support and market development and enabled an informed approach by the Council. Reports were presented weekly (this has now reduced to fortnightly) and enabled the Corporate Leadership Team to have risks escalated. All providers that had a COVID outbreak were offered an infection prevention and control (IPC) video call, and in serious cases a face-to-face care home evaluation. The COVID team also facilitated a multi-disciplinary team (MDT) approach to managing safe discharges from hospital, safe admissions from the community and from other care homes during COVID outbreaks, supporting the assessment on a case-by-case basis. Where issues were identified across the system or by the providers, the team organised webinars with appropriate specialists and experts to allow for in depth guidance and support in key areas.

8. The team received the following feedback by providers or on their behalf.

    - The COVID team “are skilled at responding to the support requests identified by Providers. They may not know the answers, but they have direct access to those who do and who can.”
    - “Without the support you have been providing us we wouldn't have been able to continue service as safely as we are.”
    - “The provider was singing the praises of the staff who are making the welfare calls and have said that at times they wouldn’t have got through some of the situations without their help.”

- “Without the COVID team, the situation in Wiltshire would have been a lot worse. I think that the joint working between providers and the Council has reduced the impact of COVID in the County, particularly in Care Homes.”

9. Furthermore, Wiltshire Care Partnership (WCP) independently carried out a survey of their members. A number of providers responding felt that a dedicated helpline would be useful going forwards, with a comment made that “the COVID team at the council have been excellent - they have really taken time to understand. They have been invaluable.” Consequently, it was determined that the COVID support team should transition to a permanent Provider Oversight and Support Team that would continue to be a key contact point for providers and maintain a proportionate oversight approach.

10. The team has used a collaborative approach to coproduce key strategies including the agreement of the distribution of over £17.5 million of grant funding in a manner that provided maximum impact for the market. This included the collation of agreements and key data that informed the allocation of funding to each provider, the provision of advice and support on the boundaries and limitations of the grant related expenditure and the development, collection and analysis of the spend to enable reporting to government.

11. The team was also instrumental in the development of a multi-agency infection control strategy that supported care homes to safely manage COVID outbreaks whilst maintaining financial viability and released much needed capacity to provide support to the wider system. Homes previously closed whole locations after 2 cases and extended the outbreak further every time a new case was discovered within the set time frame. For homes of significant size this meant that they were “closed to admissions” or “in outbreak” for sustained periods of time. This had a significant impact on system flow from the local acute hospitals and impacted on the health care system as well as increasing the risk of financial unviability for the provider. This also had a significant impact on the care home residents and their families who faced long periods of homes being closed to visiting or having visiting restricted. The new protocol changed the approach to outbreak management within care homes. Homes were asked to carry out closure assessments and, where safe and manageable, encouraged to manage outbreaks on a cohort basis rather than as a whole home. Each assessment was reviewed by a Multi Disciplinary Team, including CQC, to agree with the home whether partial opening would be safe. This freed up much needed capacity and supported informed decision making and the sharing of risk and accountability. Furthermore, with the benefit of cohorting being realised, homes maintained cohorts despite guidance changes which reduced the risk of transmission within the home and therefore sustained and significant outbreaks reduced. The new protocol reduced home closures across the county from an average of sixty care homes being closed to admissions due to outbreak, to only five care homes being closed to admissions within 8 weeks of implementation.

12. The multi-agency Wiltshire Care Home Advisory Group was also established as a response to the COVID pandemic in May 2020. This group was established to:

    - engage with and listen to providers, residents, families, and carers

- ensure that the health and care system understood the needs of care home providers
- ensure support offers met the needs identified
- help with the interpretation of national guidance and advise on local implementation (e.g. use of technology)
- ensure quality and safety were at the heart of decision making
- provide local expertise on any issues relating to care home resilience

13. This group was chaired by a Wiltshire GP and membership represented all key partners from health and social care including CQC, AWP, Community Health, Public Health and WCP in addition to the local authority and CCG. This group has met regularly and used its shared knowledge and expertise to address a number of issues of importance to the care sector including supporting care home resilience and identifying appropriate care home support offers.

14. This group has only recently stood down due to the COVID situation but there remains the ability to reinstate if required.

15. Wiltshire Council has worked with Wiltshire Care Partnership (the trade association for the adult care sector) to steadily and sustainably build better and more effective relationships with providers since WCP was formed in 2013. Relationships have matured, with respect and recognition that it is important to work through differences and it is fine to disagree sometimes, although the vast majority of the collaborative work is undertaken with mutual agreement. This has resulted in a joint approach between the council, providers, and NHS partners towards:

    - Workforce recruitment and retention
    - Development of commissioning strategies
    - Development of delivery plans
    - Longer term planning of services and direction of travel
    - Cost of care and other national and regional strategies
    - Long and short-term front-line delivery improvements
    - A better approach to safeguarding by all partners
    - A united voice to advocate for social care in Wiltshire
    - Recognition that the aims and objectives of Wiltshire Council and providers are essentially the same, i.e., to deliver better, more sustainable, and effective care for people in Wiltshire.

Next Steps

16.
    - The POST team will continue providing support and oversight of Wiltshire adults care market, including being a single point of contact for provider financial related enquiries. This is intended to mitigate the risk of provider failure or viability issues and reduce the risk of overall relationship breakdown with providers who are seeking renumeration for services delivered.

- Two cost of care exercises (one for home care and the other for care homes) will be undertaken in the summer. A Market Sustainability Strategy will be co-produced with providers

- The Council and providers will continue to work together, and with NHS partners, to develop long-term strategies for the delivery of health and social care that bring together and deliver more integrated, outcomes-based services.

Recommendations

17. It is recommended that:

- Health Select notes the progress to maintain and build relationships with Wiltshire providers as well as the future programme of work

Report Author:
Tanya Andrews-Commissioning Manager
Jo Howes-Chief Executive Wiltshire Care Partnership
Emma Legg-Director Living & Aging Well

The following unpublished documents have been relied on in the preparation of this report:

None

Appendices

None

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Wiltshire Council

Health Select Committee
Forward Work Programme

Last updated 1 JULY 2022

Health Select Committee – Current / Active Task Groups			
Task Group	**Details of Task Group**	**Start Date**	**Final Report Expected**
N/A			

Health Select Committee – Forward Work Programme			Last updated 1 JULY 2022		
Meeting Date	**Item**	**Details / Purpose of Report**	**Corporate Director and / or Director**	**Responsible Cabinet Member**	**Report Author / Lead Officer**
15 Sept 2022	Wiltshire Care Homes Alliance Update	Update following the launch of the new alliance.	Helen Jones (Director - Procurement and Commissioning)	Cllr Jane Davies	Helen Jones
1 Nov 2022	Learning Disability and Autism Board	Update to HSC on the work of the Learning Disability and Autism Board	Lucy Townsend (Corporate Director - People)	Cllr Jane Davies	Lucy Townsend
15 Sept 2022	Integrated Care Alliance/Primary Care Update	Following the creation on 1 July of a a formal Integrated Care Alliance within Wiltshire, the Committee to receive a progress update, including an overview of the current primary care provison across the county.	Lucy Townsend (Corporate Director - People)	Cllr Richard Clewer	David Bowater Elizabeth Disney
15 Sept 2022	Day Opportunities Update	Committee update following the launch of the open framework.	Helen Jones (Director - Procurement and Commissioning)	Cllr Jane Davies	Helen Jones
15 Sept 2022	Commissioning Pathway 2 Beds	Commissioning update.	Helen Jones (Director - Procurement and Commissioning)	Cllr Jane Davies	Helen Mullinger

Health Select Committee – Forward Work Programme			Last updated 1 JULY 2022		
Meeting Date	**Item**	**Details / purpose of report**	**Associate Director**	**Responsible Cabinet Member**	**Report Author / Lead Officer**
15 Sep 2022	Domestic Abuse External Grant Allocation - Year Two (2022-23)	Update on the application of the 2nd year of grant funding.	Kate Blackburn (Director - Public Health)	Cllr Ian Blair-Pilling	Hayley Morgan
15 Sep 2022	Mental health and community transformation	Update on the mental health and community transformation programme area.	Lucy Townsend (Corporate Director - People)	Cllr Jane Davies	Lucy Townsend
1 Nov 2022	AWP Transformation Programme	Overview of AWP's Transformation Programme and associated opportunities for Wiltshire.	Lucy Townsend (Corporate Director - People)	Cllr Jane Davies	Dominic Hardisty
18 Jan 2023	Long Covid Support Service	Wiltshire Health and Care to provide an update on their work to provide support to Wiltshire residents experienceing ‘long Covid’.	Lucy Townsend (Corporate Director - People)	Cllr Jane Davies	Douglas Blair

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