

AGENDA

Meeting: Cabinet
Place: Kennet Room - County Hall, Bythesea Road, Trowbridge, BA14 8JN
Date: Tuesday 26 April 2022
Time: 10.00 am

Please direct any enquiries on this Agenda to Stuart Figini of Democratic Services, County Hall, Trowbridge, direct line 01225 718221 or email stuart.figini@wiltshire.gov.uk

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All public reports referred to on this agenda are available on the Council's website at www.wiltshire.gov.uk

Membership:

Cllr Richard Clewer	Leader of the Council and Cabinet Member for MCI, Economic Development, Heritage, Arts, Tourism and Health & Wellbeing and Interim Cabinet Member responsible for Finance & Procurement, Commissioning and Commercialisation
Cllr Laura Mayes	Deputy Leader and Cabinet Member for Children's Services, Education and Skills
Cllr Jane Davies	Cabinet Member for Adult Social Care, SEND, Transition and Inclusion
Cllr Phil Alford	Cabinet Member for Housing, Strategic Assets and Asset Transfer
Cllr Ian Blair-Pilling	Cabinet Member for Public Health and Public Protection, Leisure, Libraries, Facilities Management and Operational Assets
Cllr Nick Botterill	Cabinet Member for Development Management, Strategic Planning and Climate Change
Cllr Dr Mark McClelland	Cabinet Member for Transport, Waste, Street Scene and Flooding
Cllr Ashley O'Neill	Cabinet Member for Governance, IT, Broadband, Digital, Licensing, Staffing, Communities and Area Boards

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Public Participation

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The full constitution can be found at [this link](#).

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Part I

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

Key Decisions Matters defined as 'Key' Decisions and included in the Council's Forward Work Plan are shown as 

1 **Apologies**

2 **Minutes of the previous meeting** (*Pages 5 - 12*)

To confirm and sign the minutes of the Cabinet meeting held on 29 March 2022.

3 **Declarations of Interest**

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


4 **Leader's announcements**

5 **Public participation and Questions from Councillors**

The Council welcomes contributions from members of the public. This meeting is open to the public, who may ask a question or make a statement. Questions may also be asked by members of the Council. Written notice of questions or statements should be given to Stuart Figini of Democratic Services stuart.figini@wiltshire.gov.uk 01225 718221 by 12.00 noon on 20 April 2022.

Anyone wishing to ask a question or make a statement should contact the officer named above.


6 **Home Care (Adults) Recommissioning** (*Pages 13 - 50*)

 Report of the Chief Executive

7 **Procurement of Wiltshire Domestic Abuse Support Services** (*Pages 51 - 62*)

 Report of the Chief Executive

8 **Substance Misuse Recommissioning Report** (*Pages 63 - 72*)

 Report of the Chief Executive

9 **Allocation of Community Infrastructure Levy Strategic Fund** (*Pages 73 - 84*)

 Report of the Chief Executive

10 **Proposed change from CATG's to LHFIG's** (*Pages 85 - 106*)

Report of the Chief Executive

11 **Integrated Urgent Care (IUC) Contract Extension** (*Pages 107 - 116*)

• Report of the Chief Executive

12 **Urgent Items**

Any other items of business, which the Leader agrees to consider as a matter of urgency.

Part II

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

NONE

Cabinet

MINUTES OF THE CABINET MEETING HELD ON 29 MARCH 2022 AT COUNCIL CHAMBER - COUNCIL OFFICES, MONKTON PARK, CHIPPENHAM, SN15 1ER.

Present:

Cllr Laura Mayes (Vice-Chairman, in the Chair), Cllr Jane Davies, Cllr Phil Alford, Cllr Ian Blair-Pilling, Cllr Nick Botterill, Cllr Dr Mark McClelland and Cllr Ashley O'Neill

Also Present:

Cllr Clare Cape, Cllr Jon Hubbard, Cllr Bob Jones MBE, Cllr Johnny Kidney, Cllr Gordon King, Cllr Dr Brian Mathew, Cllr Dominic Muns, Cllr Tamara Reay, Cllr Pip Ridout, Cllr Martin Smith, Cllr Caroline Thomas, Cllr Ian Thorn, Cllr Jo Trigg, Cllr David Vigar and Cllr Derek Walters

24 Apologies

Apologies were received from Cllr Richard Clewer.

25 Minutes of the previous meeting

The minutes of the meeting held on 1 February 2022 were presented.

Resolved:

To approve as a correct record and sign the minutes of the meeting held on 1 February 2022.

26 Declarations of Interest

There were no declarations of interest.

27 Leader's announcements

The Deputy Leader made an announcement about the Council's response to the Ukraine crisis and the Homes for Ukraine Scheme.

28 Public participation and Questions from Councillors

General questions were submitted from the following members of public:

- Mel Boyle – Road closures / landslides / flooding / future Chippenham / traffic lights and roads
- Andrew Nicolson – future Chippenham

Cllr Laura Mayes, Deputy Leader and Cabinet member for Children's Services, Education Skills explained that the above questions had received written responses which were published on the Council's website prior to the meeting in the agenda supplement, which can be accessed [here](#).

Questions were also submitted from Councillors, which received responses on the following topics, which can be accessed [here](#):

- Cllr Cape – Council investments.
Cllr Cape encouraged Councillors to respond to a consultation from the Department for International Trade on ethical investments.
- Cllr Martin Smith – Planning applications data.
Cllr Smith commented on the non-determination of planning applications and the potential impact on residents and businesses. He asked if performance figures could be published every three months to demonstrate improvements within the service. Cllr Botterill, Cabinet member for Development Management, Strategic Planning and Climate Change explained that procedures had been updated and improvements made.

In addition, the following comments and questions were raised by Councillors at the meeting:

- Cllr Ian Thorn
 - Commented on the number of residents and organisations flying the Ukrainian flag demonstrating support for Ukraine. He asked if the Council would also be flying the flag. Cllr Laura Mayes, Deputy Leader and Cabinet member for Children's Services, Education Skills explained that officers were concentrating their efforts in undertaking work to help people from Ukraine.
 - Requested an update in relation to housing for Afghan refugees. A written update would be provided.
 - Requested an update on the Towns Recovery budget. Cllr Laura Mayes agreed that a written update would be provided.
 - Commented on residents' eligibility for the Council Tax energy rebate for bands A-D. A detailed written response would be provided.
 - Requested reassurances that applications for Omnicron grants would be settled prior to the deadline of 31 March 2022. The Corporate Director Resources confirmed that the Council were committed to settling grant applications by the deadline detailed above.
- Cllr Richard Walters
 - highlighted an issue where holiday accommodation would not be available to house Ukraine refugees due to a planning condition associated with holiday homes preventing this type of use. Cllr Botterill, Cabinet member for Development Management,

- Strategic Planning and Climate Change, confirmed that the condition would not be enforced in these circumstances.
- Commented on an asset disposal in his division and subsequent public consultation. He expressed a concern that following 70 responses objecting to the proposals the Council would be approving the proposals. A written response would be provided.
 - Cllr Brian Mathew – commented on a recent conversation with a GMB union representative and concerns about staff pay and conditions. A written response would be provided.
 - Cllr Jo Trigg – residents receiving care and future access to Lateral Flow Tests. The Director of Public Health confirmed that the Council were waiting for the availability of national strategy and guidance in order to determine a way forward.

(Note – Cllr Ian Thorn declared a personal interest in relation to his question at bullet point 5 above as he was part owner in a hospitality business).

29 **Day opportunities transformation**

Cllr Jane Davies, Cabinet Member for Adult Social care, SEND, Transition and Inclusion presented the report which provided detail about a commissioning and procurement approach to transform how disabled young people, adults and older people access daytime and evening activities which meet their needs and aspirations in life.

The Cabinet received a statement submitted by Helen Dixon in relation to this agenda item. A copy of the statement is available to read in agenda supplement 1 on the Council's website [here](#). In addition to the statement, Ms Dixon asked if the timeframes could be extended to allow organisations to adjust to the new arrangements. Cllr Davies offered to meet with Ms Dixon and Cllr Bob Jones MBE to discuss the matter further.

Cllr David Vigar also submitted a statement and questions prior to the Cabinet meeting. Additional comments and questions would be raised later in the meeting. A copy of the statement and questions are available in Supplement 1 on the Council's website [here](#).

The report highlighted the Council spend on commissioned and grant-funded day opportunities, with the service being delivered to about 800 adults with varying needs which should be assessed under the Care Act. The current model of commissioning day opportunities did not fully meet the aspirations of people using the service, and therefore the report sets out a plan of how to modernise the offer and a route to achieve this.

Cllr Laura Mayes and Cllr Ian Blair-Pilling welcomed the proposals and the widening of choice for users of the service. Cllr Blair-Pilling commented on the help offered by local communities to those in need.

Cllr Johnny Kidney, Chair of the Health Select Committee confirmed that a rapid scrutiny exercise was undertaken on 2 March 2022 at the request of Full Council and in addition the Health Select Committee considered the report at its meeting on 16 March 2022. He explained that the Select Committee has requested that a future update is brought back to Committee later in 2022 detailing the progress made following the launch of the open framework, outlining the take up from the luncheon and friendship clubs and also from the wider market.

Cllr Pip Ridout, Chair of the Financial Planning Task Group, commented on the financial implications section of the report and raised a concern about unintended outcomes of encouraging additional assessments which may increase costs and needs due to loneliness and isolation implications as a consequence of lockdown measures to tackle Covid.

Cllr David Vigar commented on the proposals and felt that the provision is uneven, with some clubs attracting more funding than others and many clubs receiving no funding at all. He explained that in practice it is the end of the current funding arrangement and clubs would need to work to a completely different model should they be successful in bidding to provide for those people assessed as requiring day care. Cllr Vigar asked for the proposals to be suspended for one year and that the Area Board distribute the funds as appropriate. Cllr Davies confirmed that responses had previously been provided on these matters and suggested that the two Cllrs meet to discuss Cllr Vigar's concerns further.

Cllr Ian Thorn congratulated Council on its request for a rapid scrutiny exercise on the matter. Cllr Thorn raised the following matters:

- The influence and impact of the rapid scrutiny on the final report being considered by Cabinet. Cllr Kidney confirmed that the rapid scrutiny exercise asked for clearer language to be used in the report and in communication with the clubs, stressed the importance of the engagement events and requested an update on progress and would provide a watching brief going forward.
- Concern about the number of elderly people not assessed under the Care Act and the provision being made for those people. Cllr Davies explained that wider provision would be available with the new framework, the Council would work with clubs to break down any perceived stigma, support a broader range of clubs and meet their needs. The desire is for more people to be assessed so that their needs can be met. Cllr Alford indicated that the service could be provided to those without an assessment.

Cllr Jon Hubbard, Chair of the Children's Select Committee, also commented on:

- The unintended consequences of additional costs in assessing more people.
- consideration of a fairer way in distributing costs at a community level.

- potential for a two-tier system, with those already assessed receiving a level of funding not applied to those who had not been assessed. Cllr Davies indicated that the service would be demand led and needs would be met. No intention to develop a two-tier system and clubs would operate an open doors policy to everyone.

Cllr Jo Trigg commented on:

- It's My Life report by Wiltshire Centre for Independent Living, attached in the supplementary agenda [here](#), and encouraged Councillors to read the report.
- the proposals, in the main, being supported by all, the only issue related to their timing.
- Care assessments and increase in need and likely impact on budgets.

Cllr Bob Jones MBE confirmed that he would meet with Cllr Davies to discuss the matter further.

Cllr Gordon King commented on the appropriate providers of services and their availability, and the higher level of support required for some people. Cllr Davies confirmed that providers were available and support for users would be appropriate to their needs and escalated as necessary.

Cllr Caroline Thomas commented on transition being the key, with a high level of assessment to determine the geographical spread of need. Cllr Davies confirmed that these areas would be included in the service, and that officers recognised the possibility for an increase in need.

Resolved:

Cabinet agrees

- **To the procurement of day opportunities that are goal-oriented and outcome-focused**
- **To the development of a service specification that is informed by the views of disabled and older people and the people who support them**
- **To the procurement of an open framework arrangement under the light touch regime**
- **That the decision to award contracts against the framework is delegated to the Director of Procurement and Commissioning in consultation with the Corporate Director of People, the Corporate Director of Resources & Deputy Chief Executive, the Cabinet Member for Adult Social Care, SEND and Transition and Inclusion, and the Cabinet Member for Children's Services, Education and Skills.**

Reason for Decision:

Currently, day opportunities offer limited choice and control for customers. The offer is usually building-based and provides a traditional menu of activities. Whilst services are often valued, we have heard from customers and carers that whilst they access what is on offer, if a more diverse choice of opportunities was available, they would have higher aspirations for themselves.

Wiltshire Council has engaged with disabled and older people about what a good life looks like, and what support they would need to live that good life. The current model of spot-purchasing day opportunities does not enable the Council to shape the market, nor to have sufficient assurance of the quality and capacity of commissioned providers to deliver good outcomes to residents.

Procuring an open framework under the light touch regime will ensure that all providers are vetted to ensure they adhere to legal and quality standards and financial parameters. Successful providers will join the open framework, which will be clearly publicised to customers, carers and practitioners. People assessed under the Care Act as requiring a day opportunity will then be placed with the most appropriate service, using a combination of customer choice, geography, availability, etc – with the most cost effective option that meets need and choice being chosen. Each service user is placed with an individual service contract (rather than an overarching or block contract) which matches the needs of the individual.

(Note: Cllr Bob Jones MBE declared a personal interest as a Trustee of Open Door)

30 **Wiltshire's Children's Community Health Services future delivery model**

Cllr Ian Blair-Pilling Cabinet Member for Public Health and Public Protection, Leisure, Libraries, Facilities Management and Operational Assets presented the report which provided information for Cabinet to decide on the short-term future of Wiltshire's Public Health Nursing Services (PHNS), currently delivered by HCRG Care group as part of Wiltshire's Children's Community Healthcare Services contract.

Cllr Blair-Pilling explained that The HCRG contract is a collaborative commissioning arrangement between the Council and NHS Bath and North-East Somerset, Swindon and Wiltshire Clinical Commissioning Group (BSW CCG). The total contract value for 20/21 is £13.3m of which Wiltshire Council contributes 47.4% to fund Public Health Nursing (PHN) Services and 2.5% to fund Speech and Language Therapy services to support children with Education Health and Care Plans (EHCPs). The five-year contract for WCCHS, awarded to HCRG Care Group (HCRG) in 2016, was extended by two years and expires on 31 March 2023.

The report highlighted the impact of Covid in delaying the implementation date for Integrated Care Boards which in turn delayed a long-term model being

endorsed . In addition, CCG capacity is affected due to staff being diverted to the Covid response.

Cllr Johnny Kidney, Chair of the Health Select Committee confirmed that he, along with Cllr Gordon King, Vice Chairman of the Health Select Committee, the Cllr Jon Hubbard, Chairman of the Children's Select Committee and Cllr Threllfall from the Financial Planning Task Group had received a briefing on the report on 24 March 2022. The members recognised the impact of Covid on the commissioning exercise and there were no objections to the proposals in the Cabinet report. Cllr Kidney requested that Overview and Scrutiny continued as an integral part of the process, particularly as the post 2024 specification is developed and taken to market.

Cllr Jon Hubbard, Chairman of the Children's Select Committee, thanked the Cabinet member and officers for the briefing and highlighted a concern that the targets for contractors were lower than the statutory requirements set for the Council to meet. Cllr Blair-Pilling noted the concerns and confirmed that the target would be raised when framing the contract.

Cllr Ian Thorn confirmed his support for the contract extension and noted that option 3 would be more challenging than the other options detailed in the report. He asked if the one year contract extension was adequate. Cllr Blair-Pilling confirmed that the contract extension to 31 March 2024 would enable officers to complete due diligence on the options outlined in the report and undertake a full consultation on the proposals.

Resolved:

- **Cabinet agrees to the negotiation of a one year contract which is held by the CCG with HCRG Care Group for a further 12 months until 31st March 2024 to enable officers to complete due diligence on the options outlined and undertake a full consultation with children, young people and families as required.**
- **The decision to award a one year contract is delegated to the Director of Procurement & Commissioning in consultation with the Director of Public Health, Corporate Director-People and Corporate Director-Resources/Deputy Chief Executive, and the Cabinet Member for Children's Services, Education and Skills and Cabinet Member for Public Health, Public Protection, Leisure, Libraries, Facilities Management and Operational Assets.**
- **A further paper will come to April Cabinet to recommend the long-term model of a future service.**

Reason for Decision:

The contract with HCRG Care Group to deliver the Wiltshire Children's Community Healthcare Service expires on 31 March 2023 following completion of a 2-year extension to a 5 year contract. There is a need to decide on the provision of Public Health Nursing Services from 1 April 2023.

31 **Urgent Items**

There were no urgent items.

(Duration of meeting: 10.00 am - 12.10 pm)

The Officer who has produced these minutes is Stuart Figini of Democratic Services,
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Wiltshire Council

Cabinet

26 April 2022

Subject: Home Care (Adults) Recommissioning

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

Key Decision: Key

Executive Summary

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

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

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

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

Priority 2 - ensure right people, right place

Priority 3 - ensuring right service, right price

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

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

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

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

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

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

Proposal(s)

This report recommends Cabinet agree the following proposals:

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

Reason for Proposal(s)

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

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

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

Terence Herbert
Chief Executive

Wiltshire Council

Cabinet

26 April 2022

Subject: Home Care (Adults) Recommissioning

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

Key Decision: Key

Purpose of Report

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

Relevance to the Council's Business Plan

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

Background

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

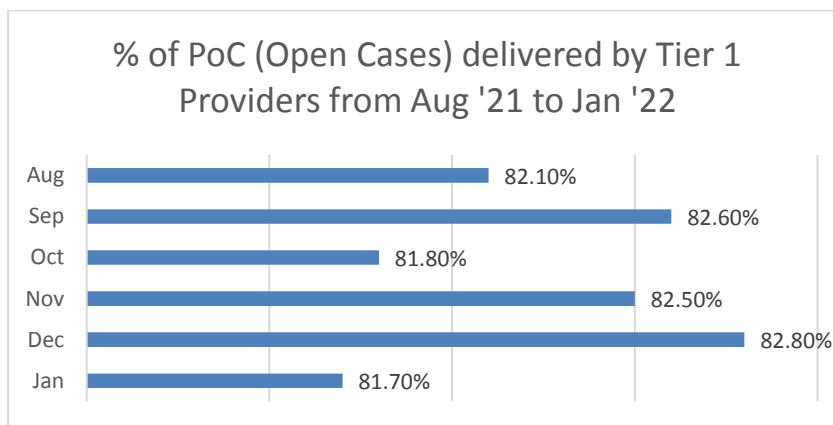
13 Wiltshire is divided into three zones with some providers covering the whole county, some two zones and some only one:

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

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

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

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



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

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

16 Points to note:

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

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

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

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

Main Considerations for the Council

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

34 The Alliance will include the following drawdown services:

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

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

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

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

Strategic Provider

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

Approved Provider

- 2021/22 average rates increased by 1.5% for minimum rate and 10% for maximum rate per zone
 - Consolidated rate, weekday, and weekends
 - Formula linked calculation of 30-minute and 45-minute rate at 63% and 80% retrospectively
- 45 Commissioners have taken the approach of a narrower range of rates for strategic providers as they will benefit from greater volumes in capacity and more certainty of work. It is also expected that associated travel costs will be reduced. Appendix 3 – provides a table of indicative rates that will be used to evaluate strategic providers and approved providers bids by zone, with further budget work and market consultation to be completed.
- 46 Providers will be asked to submit rates for the first two years (to prevent front loading). This will allow the Council to revise pricing and pricing arrangements in the light of the new Cost of Care exercise and once we know the direction of national policies.
- 47 **Annual Price Review Mechanism** - Evidence from the December 2020 Cost of Care exercise indicated direct staff costs were by some distance the biggest cost providers face, with wage costs ranging from 71% of total

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

- 80% EARN03: 20% CPIH

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

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

Overview and Scrutiny Engagement

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

Safeguarding Implications

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

Public Health Implications

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

Procurement Implications

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

Equalities Impact of the Proposal

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

Environmental and Climate Change Considerations

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

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

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

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

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

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

Financial Implications

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

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

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

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

Legal Implications

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

Workforce Implications

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

Options Considered

- 74 Option One: Remain as is:

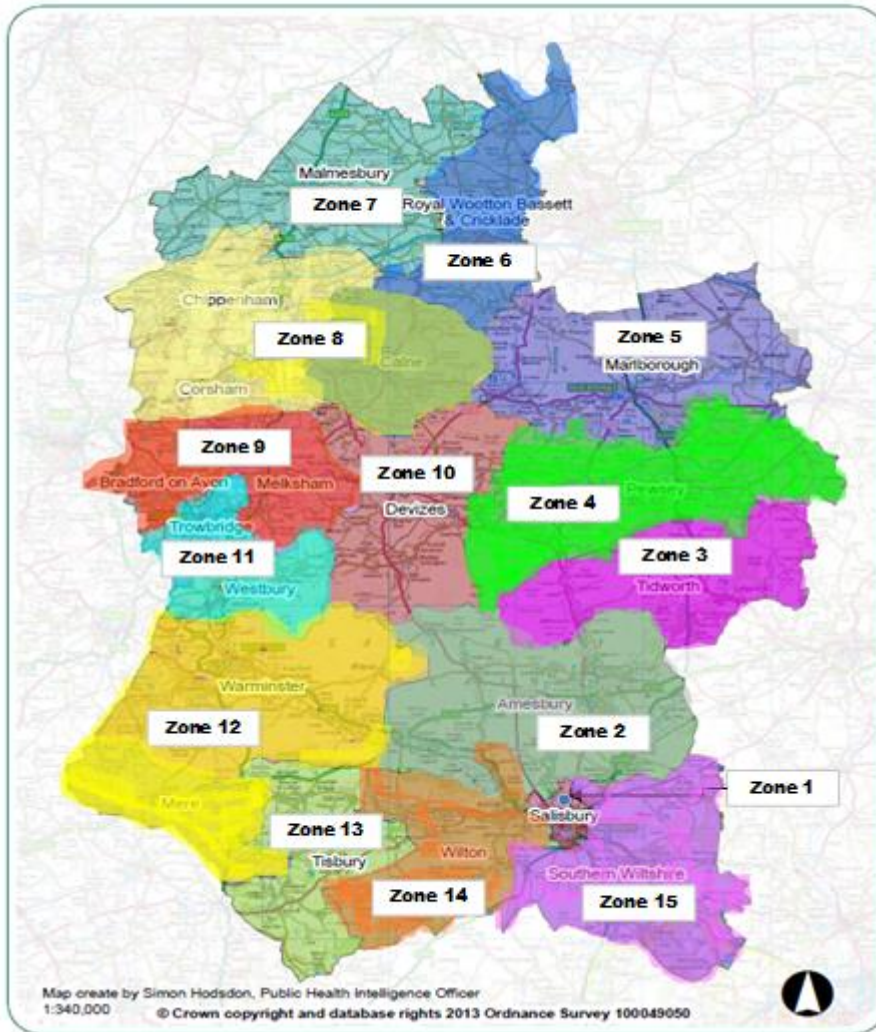
- Providers operate within two financially defined tiers which limits our ability to develop strategic providers and increase available capacity.
- Current zones are considered too large and would not allow the Council to adopt the preferred provider model officers are seeking to introduce as part of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



- 75 Option Two: Increased number of zones with a single strategic provider and several approved providers per zone (Recommended Option):
- Smaller geographical zones should help to alleviate difficulty in sourcing providers to deliver packages of care in areas where there is a small volume of villages identified as hard to access care.
 - This option would allow officers to adopt the Strategic Provider model and enable more targeted offers of packages of care.
 - Strategic Provider model will increase available capacity and create more effective budget controls
 - Smaller more manageable zones will help providers create more efficient runs, decreasing travel times and support more effective recruitment.

Proposed Model

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



Conclusions

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

Helen Jones (Director - Joint Commissioning)

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28 March 2022

Appendices

Appendix 1 – Homecare Demand – March 2022

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

Appendix 3 –Table of Indicative Rates

Home Care Demand

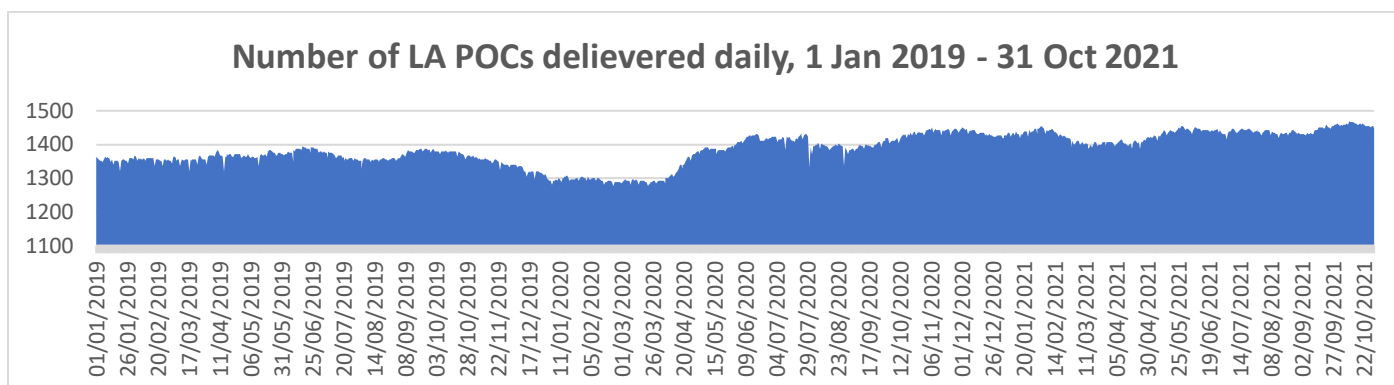
Data Source	Data used
LAS Home Care data used	<ul style="list-style-type: none"> • COVID 19 Domiciliary Block • Block Domiciliary • Personal Care Tier 1 Zone 1 • Personal Care Tier 1 Zone 2 • Personal Care Tier 1 Zone 3 • Personal Care Tier 2 Zone 1 • Personal Care Tier 2 Zone 2 • Personal Care Tier 2 Zone 3 • Personal Care • Personal Care – Other Loans
Brokerage	<ul style="list-style-type: none"> • Brokerage Domiciliary Care Tracker

Points of note:

- Unless otherwise stated, all data used within this paper is for all active Packages of Care (POCs) delivered between 1 January 2019 to 31 October 2021 (Excluding Sleeping nights, waking nights and Live in Care)
- The calculations and demand projections are for Local Authority funded POCs only, unless otherwise stated
- Brokerage data used is for the period 1 May 2021 to 31 October 2021 only. Any increase/decreases in POCs have been omitted and data for sleeping / waking nights, Live in Care and Personal Care POCs have been excluded
- Where a customer’s residence is detailed as a care home, or out of county, LAS records have been checked to determine the village/town where the person was resident when they started a POC
- Calendar years have been used to determine demand, this is in keeping with population forecast data

Average number of POCs delivered per day

The graph below details the number of Local Authority (LA) funded POCs delivered daily between the 1 January 2019 – 31 October 2021.



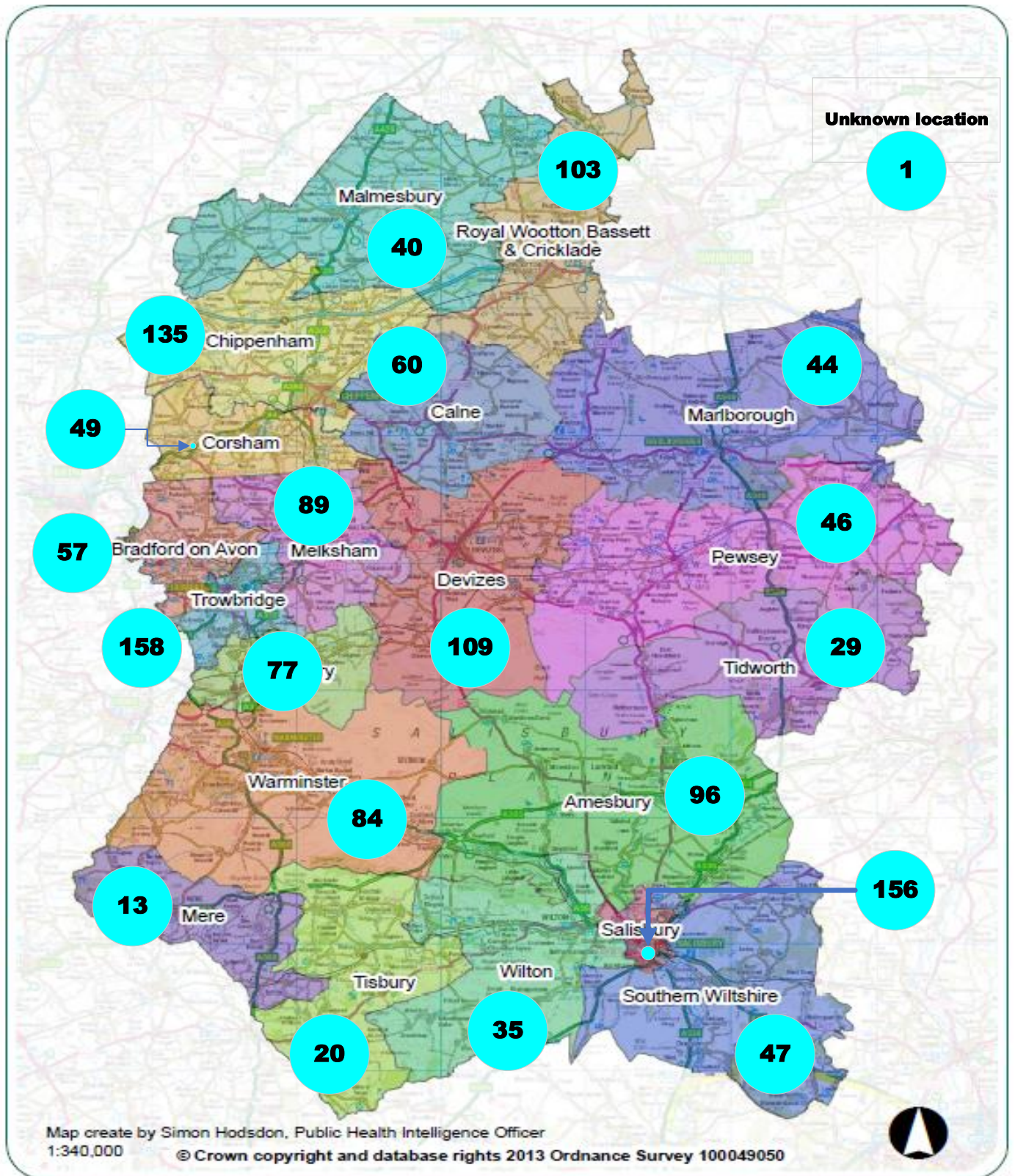
The MEAN average number of LA funded POCs delivered daily per calendar year is:

Average number of POCs delivered per day - 2019	1,360
Average number of POCs delivered per day - 2020	1,376
Average number of POCs delivered per day – 2021 (data for 1 Jan 2021 – 31 Oct 2021)	1,432

The MEAN average number of POCs delivered on daily basis increased by the following percentages between 2019 and 2021:

Calendar year increase between 2019 and 2020	1.18%
Calendar year increase between 2020 and 2021	4.07%

Average number of Local Authority funded POC's delivered daily in Local Areas - 2021



Assumptions

- 2020 should be viewed as an exceptional year, due to the onset of the COVID-19 pandemic. Demand for POCs increased due to:
 - **Discharge pathway changes** - National changes to the right to reside in hospital during 2020 meant that people were discharged from hospital sooner than they previously would have been. This caused increased demand for our Reablement and home care services
 - **Care Homes** – national media coverage of care homes during the pandemic impacted on the volume of people either wishing to be placed in a care home or being redirected to alternative services such as home care
- 2021 data provides a more realistic picture of the volume of demand for POCs across Wiltshire on a daily basis

Forecasted Home Care Demand

Population

POPPI forecasts that the volume of people aged 65 and over residing in Wiltshire will increase by the following:

	2020	2025	2030	2035	2040
People aged 65 - 69	28,500	31,700	37,200	38,100	35,700
People aged 70 - 74	29,700	27,600	30,700	36,100	37,100
People aged 75 - 79	21,600	27,300	25,500	28,500	33,700
People aged 80 - 84	15,000	18,200	23,100	21,800	24,600
People aged 85 - 89	9,500	10,900	13,300	17,100	16,400
People aged 90 and over	5,700	6,400	7,400	9,200	12,000
Total Population aged 65 and over	110,000	122,100	137,200	150,800	159,500

In percentage terms this equates to the following increases:

2020 - 2025	2025 - 2030	2030 - 2035	2035-2040
11% increase	12.37% increase	9.91% increase	5.77% increase

With an average population increase of the following per year:

2020 - 2025	2025 - 2030
2.2% increase per year	2.47% Increase per year

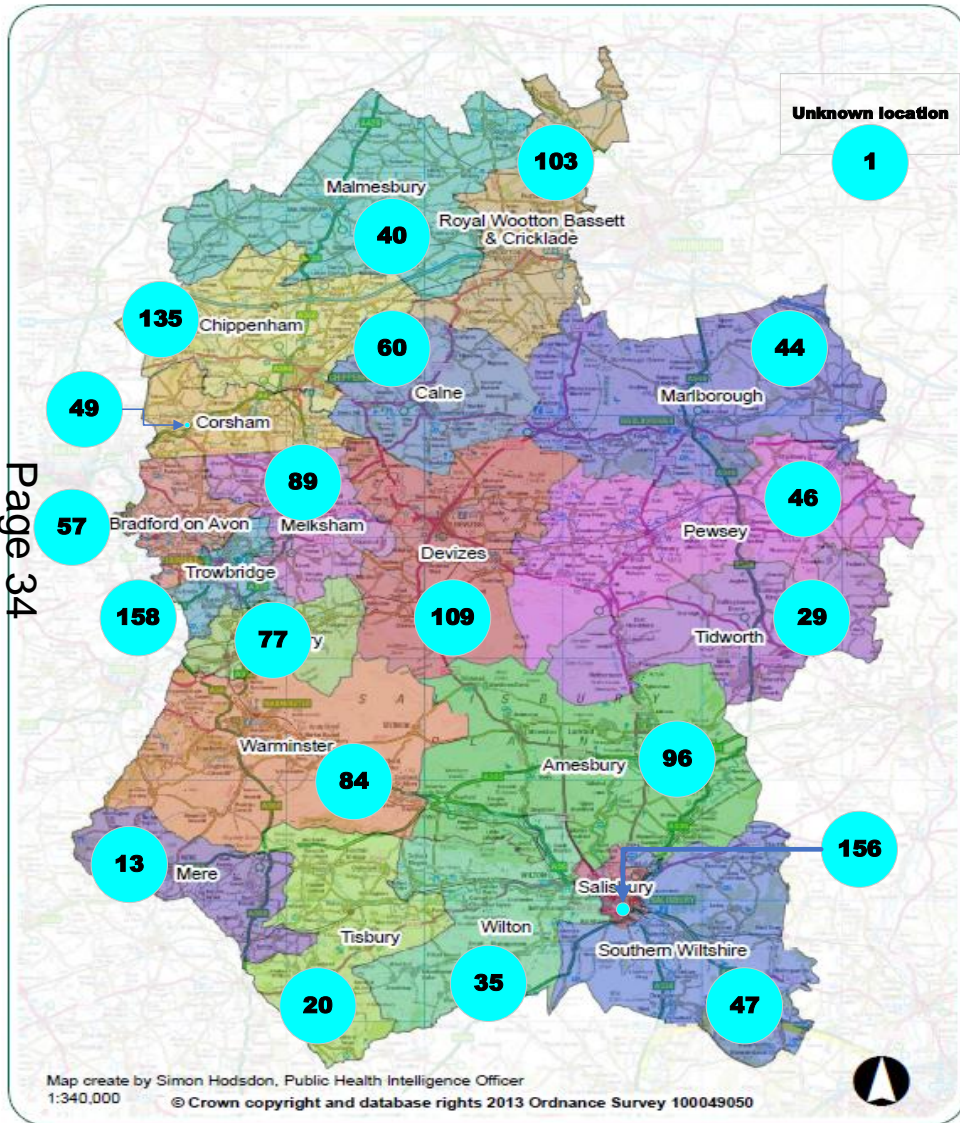
If we use the population increase figures between 2020-2025 and 2025-2030 to provide us with an indicative figure for what the minimum average daily demand for POCs could be between 2022 and 2030 then the demand would be as follows:

Year	Population increase
2021	1,432
2022	1,464
2023	1,496
2024	1,529
2025	1,563
2026	1,602
2027	1,642
2028	1,683
2029	1,725
2030	1,768

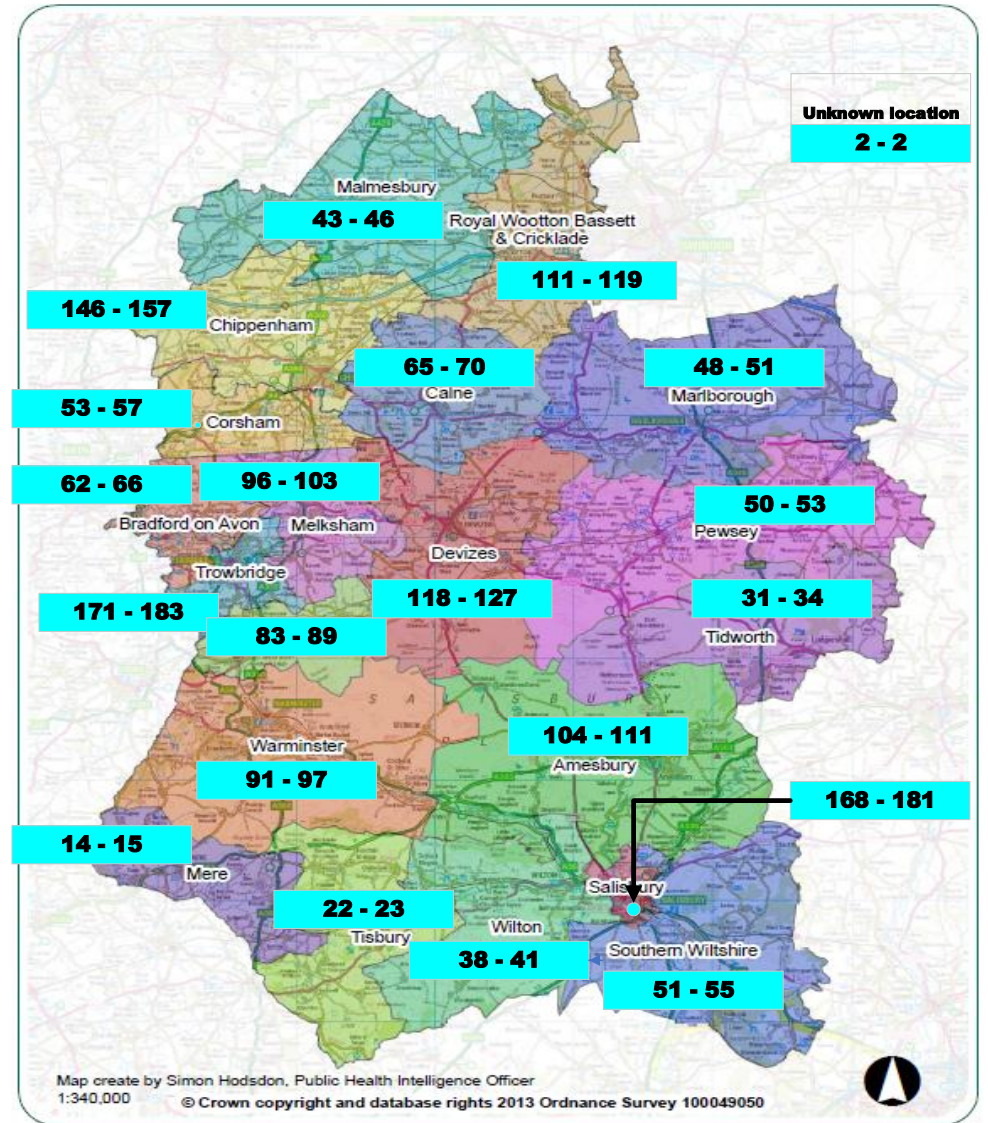
If we then use 4.07 % (the 2021 increase in demand for daily POCs delivered) as an indicative figure for what the maximum average daily demand for POCs could increase year on year between 2022 and 2030 then the demand would be as follows:

Year	Average number of daily POCs required
2021	1,432
2022	1,490
2023	1,551
2024	1,614
2025	1,680
2026	1,748
2027	1,819
2028	1,893
2029	1,970
2030	2,050

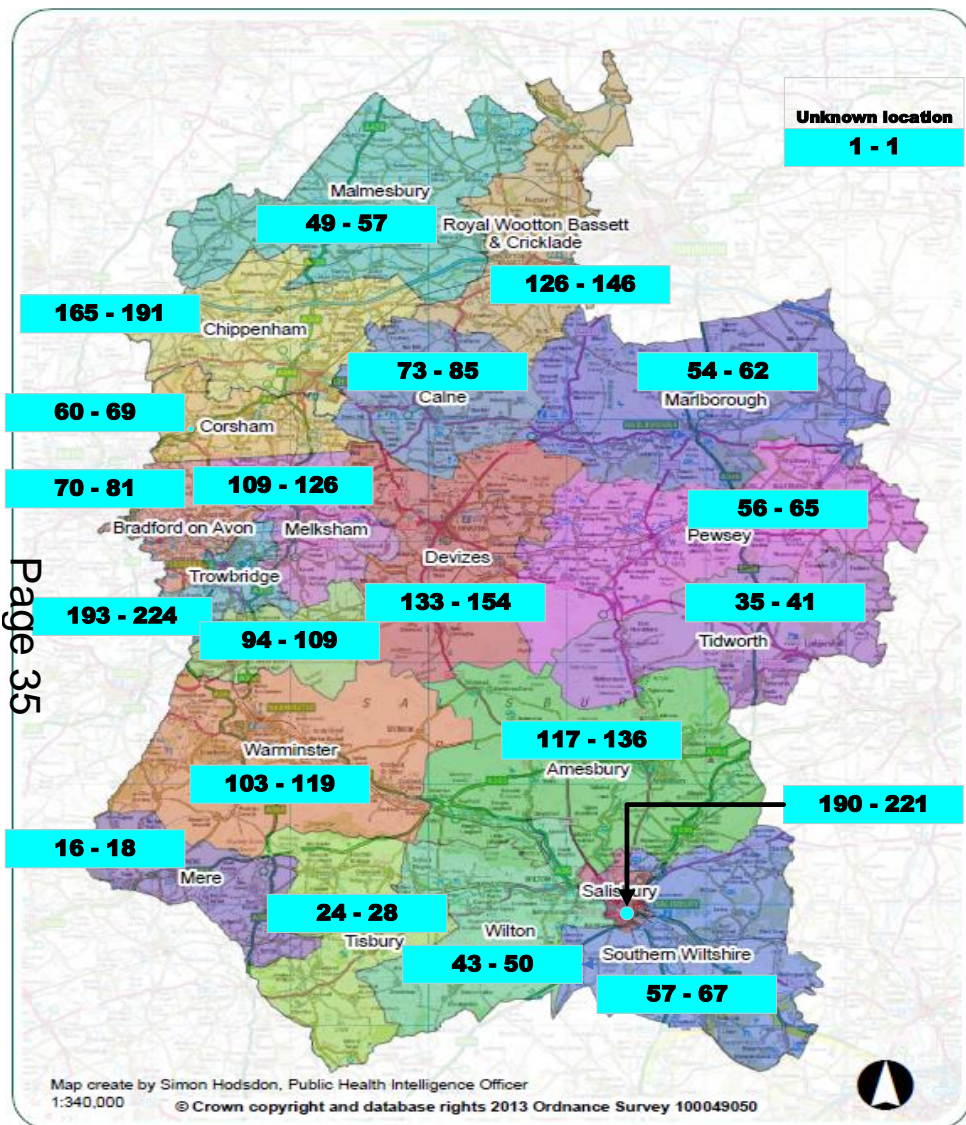
Average number of Local Authority funded POC's delivered daily in Local Areas - 2021



Forecasted average number of Local Authority funded POC's delivered daily in Local Areas - 2025



Forecasted average number of Local Authority funded POC's delivered daily in
Local Areas - 2030



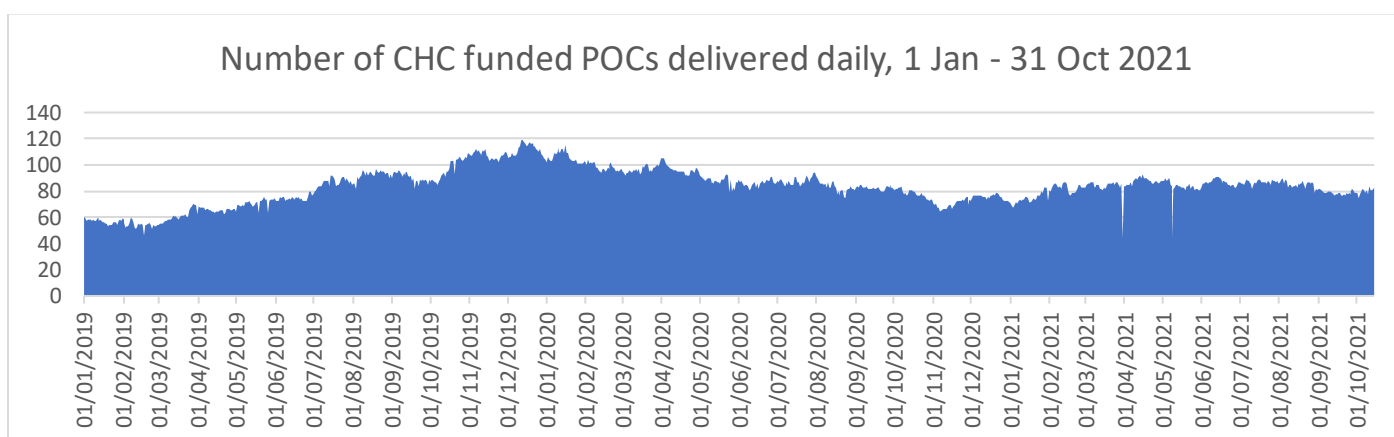
Continuing Health Care (CHC)

Data Source	Data used
CHC Data	<ul style="list-style-type: none"> CHC data supplied by Sally Watson & Leanne Field

Data Source	Data not used
CHC Data	<ul style="list-style-type: none"> Live in Care POCs Waking Nights POCs Sleeping Nights POCs Supported Living POCs POCS – provider Dorothy House

Average number of POCs delivered per day

The graph below details the number of CHC funded POCs delivered daily between the 1 January 2019 – 31 October 2021.



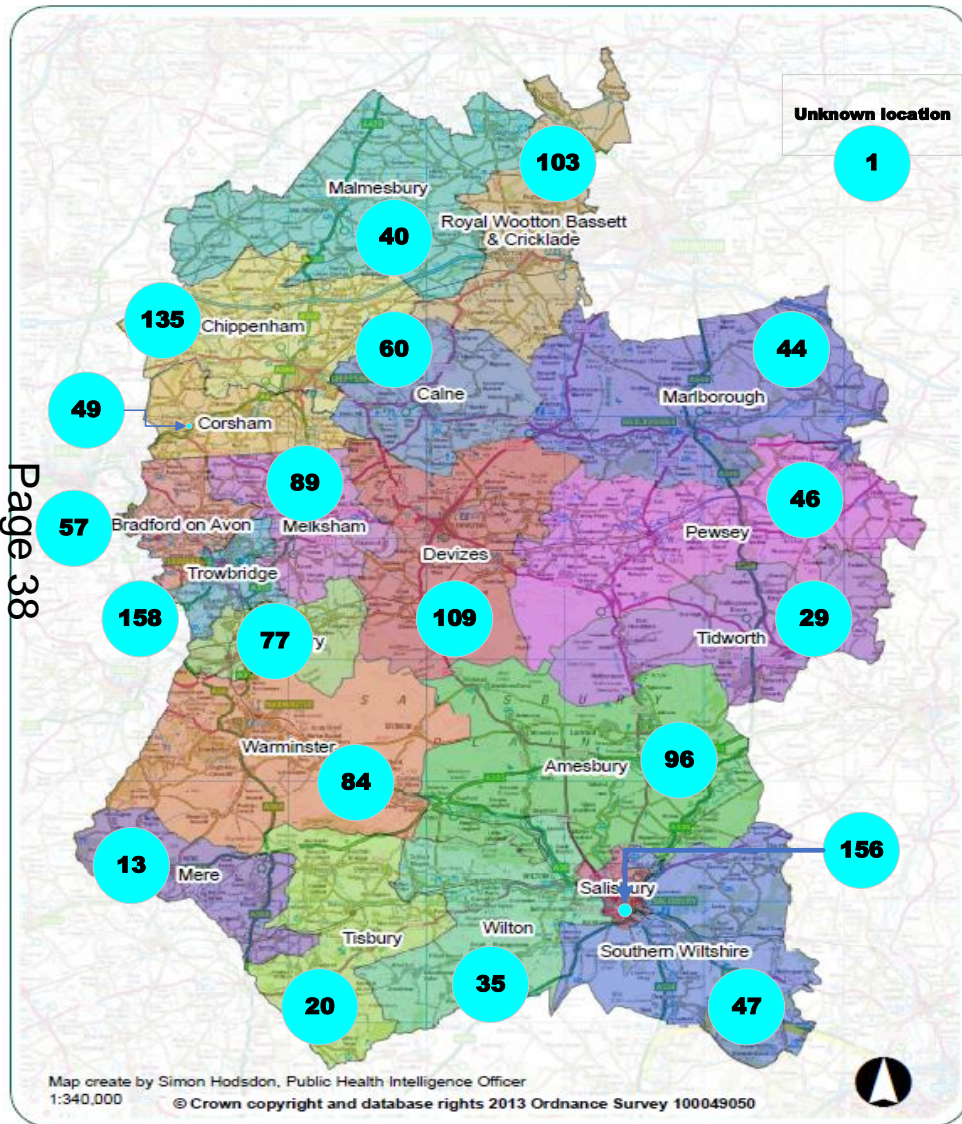
The MEAN average number of CHC funded POCs delivered daily per calendar year is:

Average number of POCS delivered per day - 2019	76
Average number of POCS delivered per day - 2020	89
Average number of POCS delivered per day – 2021 (data for 1 Jan 2021 – 31 Oct 2021)	82

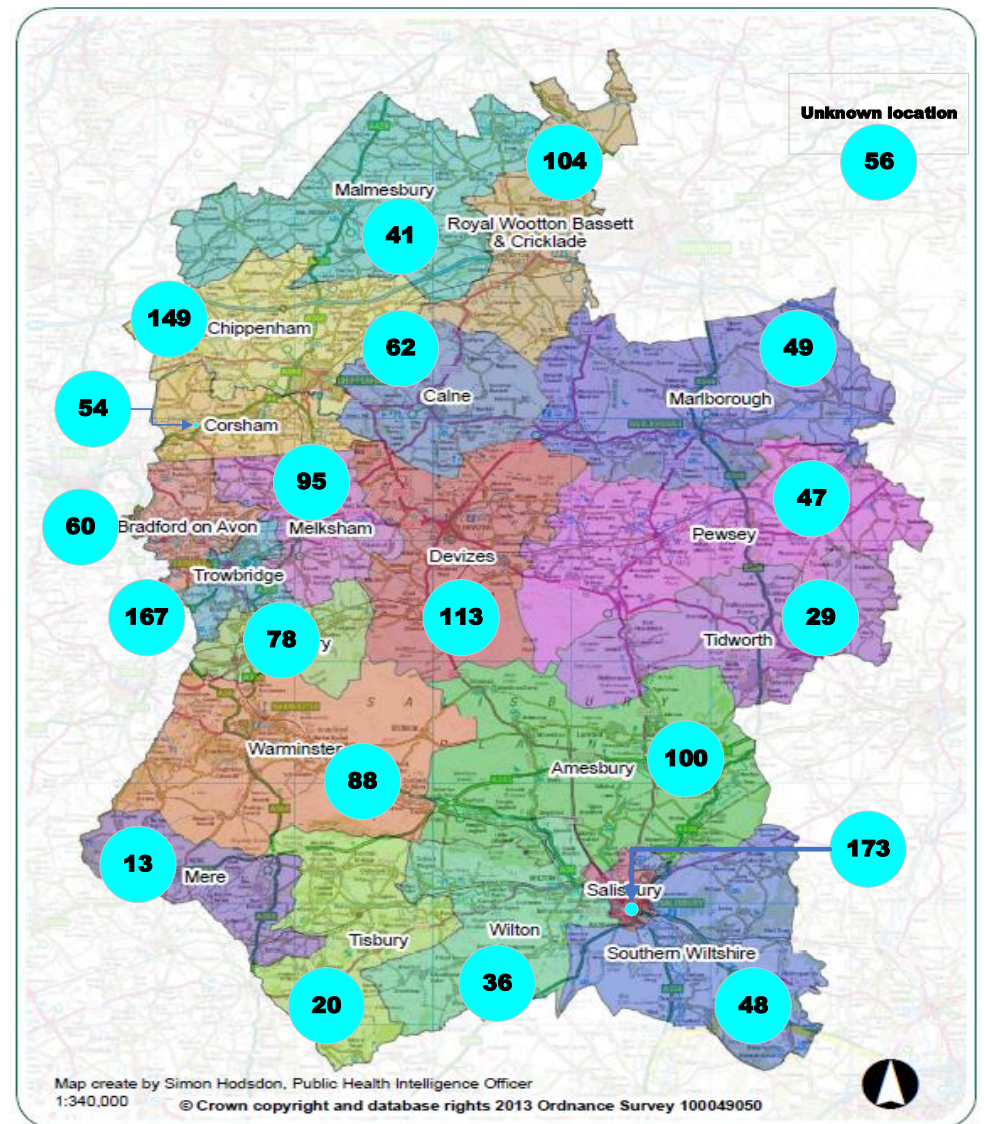
If CHC POCs for those people aged 64 and under are deducted, then the MEAN average number of POCs delivered daily per calendar year is:

Average number of POCS delivered per day - 2019	50
Average number of POCS delivered per day - 2020	51
Average number of POCS delivered per day – 2021 (data for 1 Jan 2021 – 31 Oct 2021)	41

Average number of Local Authority funded POC's delivered daily in Local Areas - 2021



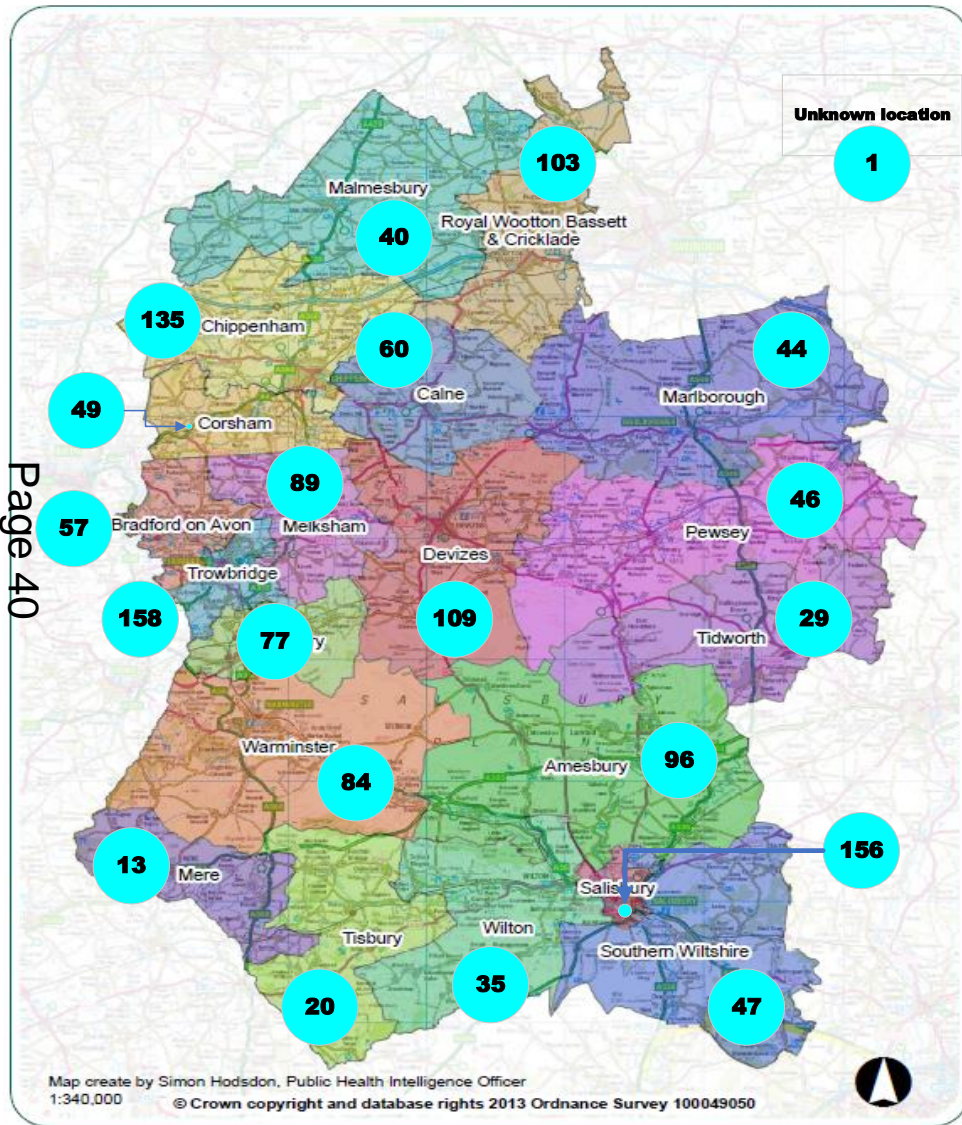
Average number of LA & CHC funded POC's delivered daily in Local Areas - 2021



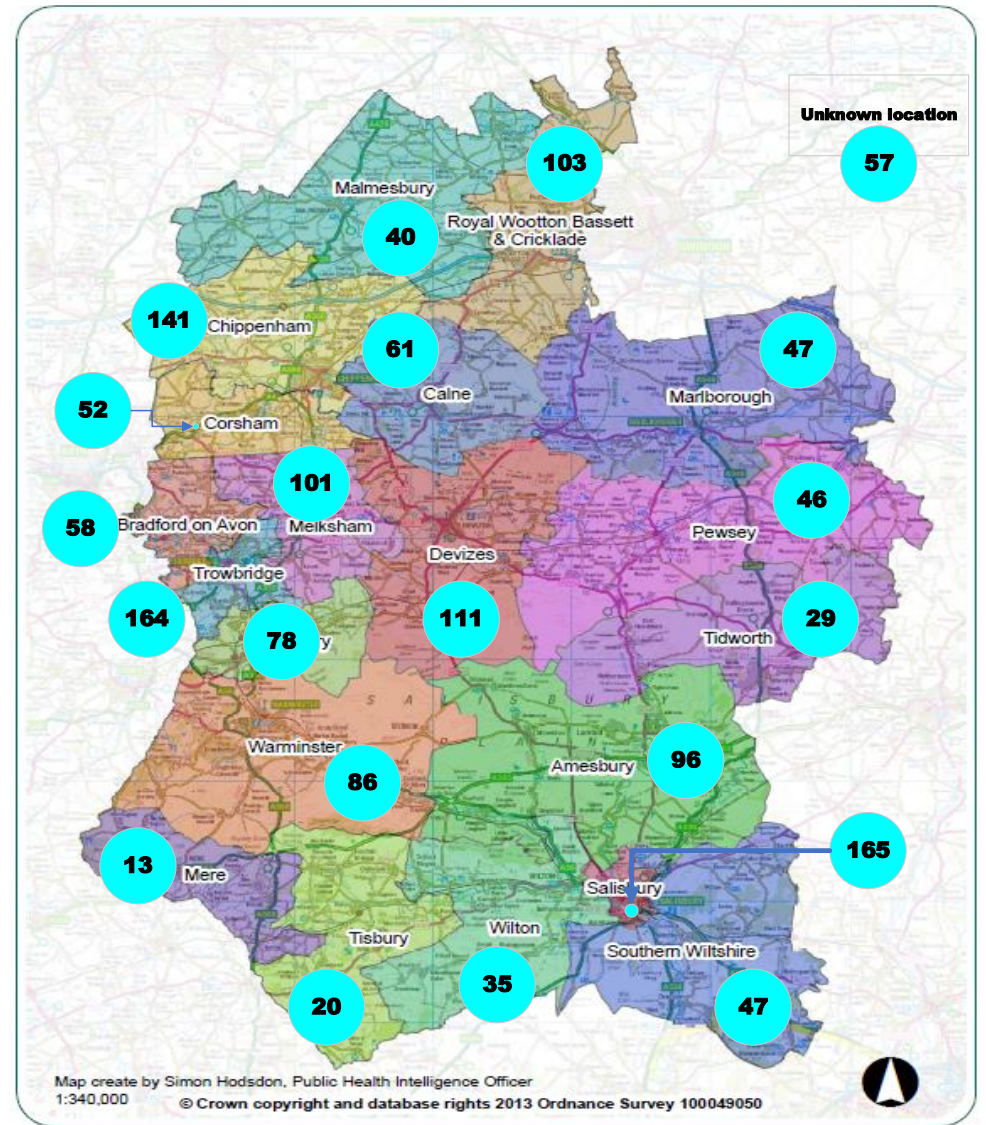
Points of note:

- 50% (41 POCs out of 82) of CHC POCs, detailed overleaf, are for people aged 64 and under
- Adding the CHC POCs to LA funded POCs, with the exception of Salisbury, causes little variation, in the average number of POCs delivered daily

Average number of Local Authority funded POC's delivered daily in Local Areas - 2021



Average number of POC's delivered daily in Local Areas – 2021 (LA and CHC funded for people aged 65 plus)



Forecasted Home Care Demand – inclusive of CHC POCs

- The MEAN average number of LA funded POCs delivered daily for the period 1 January 2021 to 31 October 2021 is 1,432
- The MEAN average number of CHC funded POCs delivered daily for the period 1 January 2021 to 31 October 2021 is 41.
- If we add both the LA and CHC funded average daily POCs delivered between 1 January 2021 to 31 October 2021 then this provides us with a MEAN average of 1,473

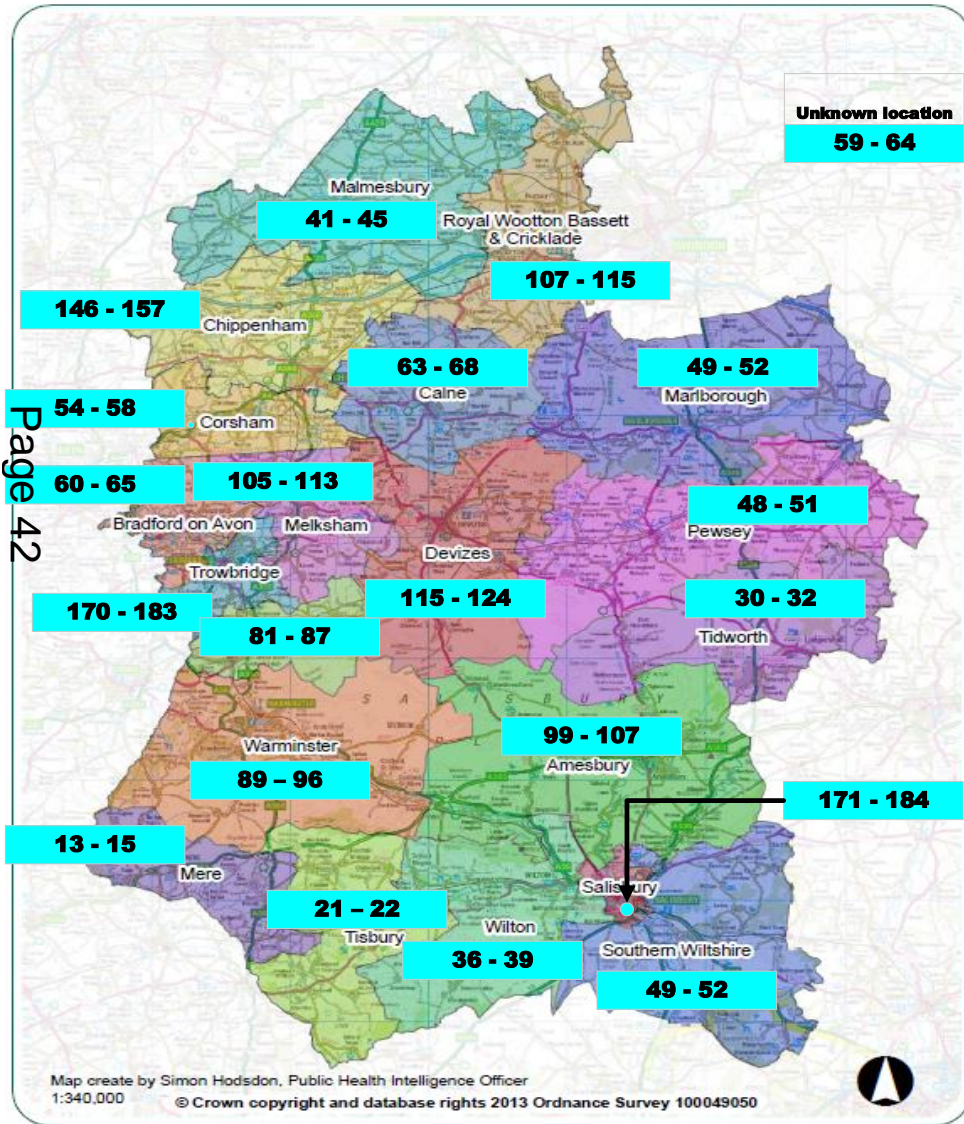
If we then use the population increase figures between 2020-2025 and 2025-2030 to provide us with an indicative figure for what the minimum average daily demand for POCs could be between 2022 and 2030 then the demand would be as follows:

Year	Population increase
2021	1,473
2022	1,505
2023	1,538
2024	1,572
2025	1,607
2026	1,647
2027	1,688
2028	1,730
2029	1,773
2030	1,817

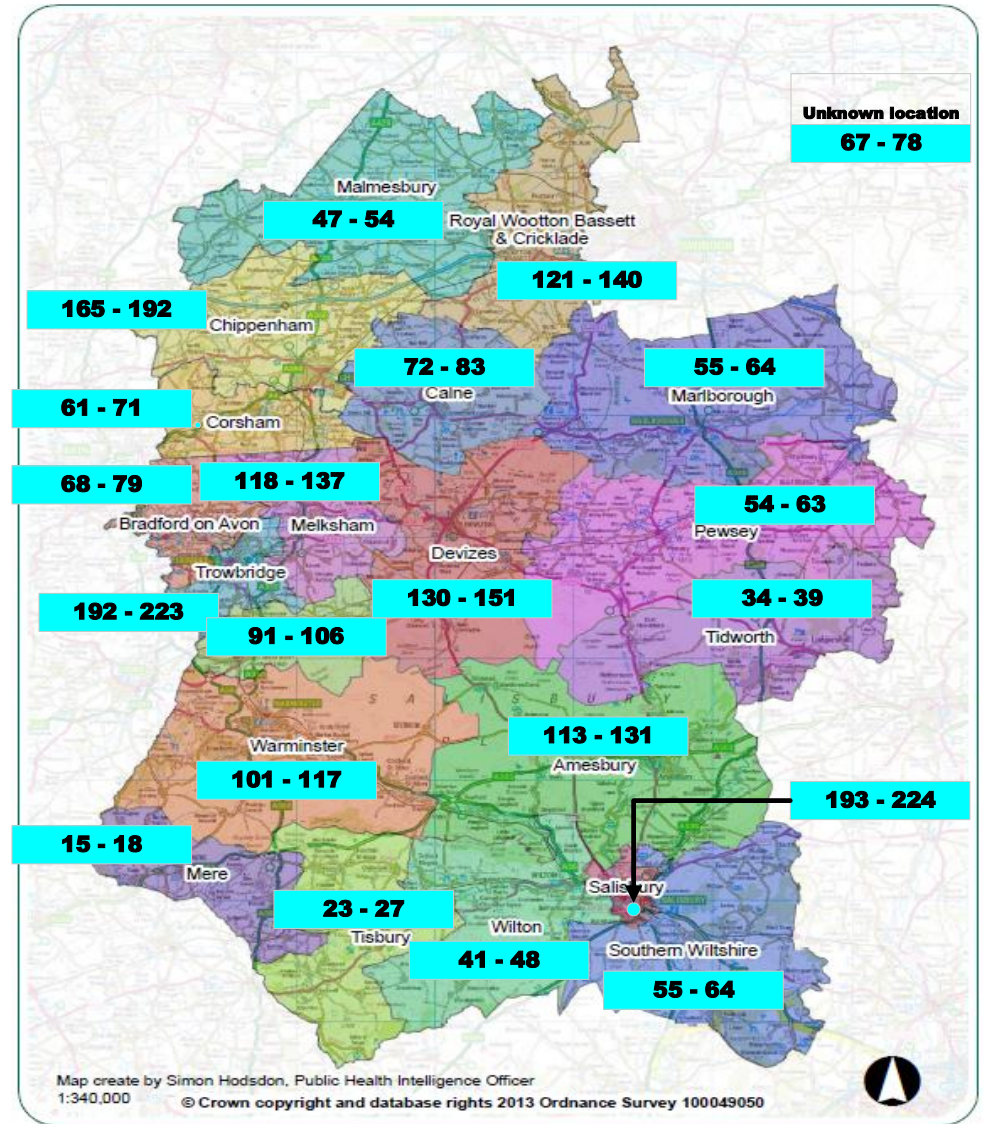
If we then use 4.07% (the 2021 increase in demand for daily POCs delivered) as an indicative figure for what the maximum average daily demand for POCs could increase year on year between 2022 and 2030 then the demand would be as follows:

Year	Average number of daily POCs required
2021	1,473
2022	1,533
2023	1,595
2024	1,660
2025	1,728
2026	1,798
2027	1,871
2028	1,947
2029	2,026
2030	2,108

Forecasted average number of POC's delivered daily in Local Areas - 2025
 LA and CHC funded POCs (including CHC POC's for over 65's only)

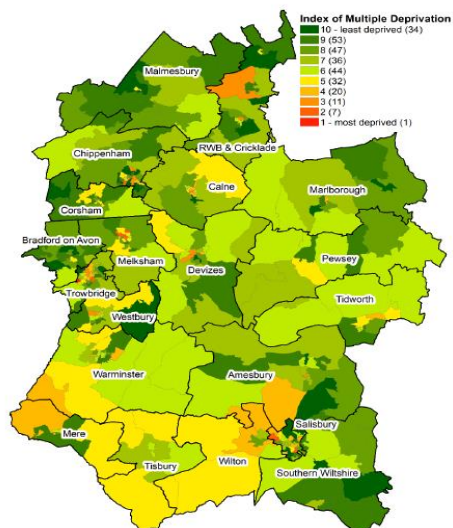


Forecasted average number of POC's delivered daily in Local Areas - 2030
 LA and CHC funded POCs (including CHC POC's for over 65's only)




Comments:

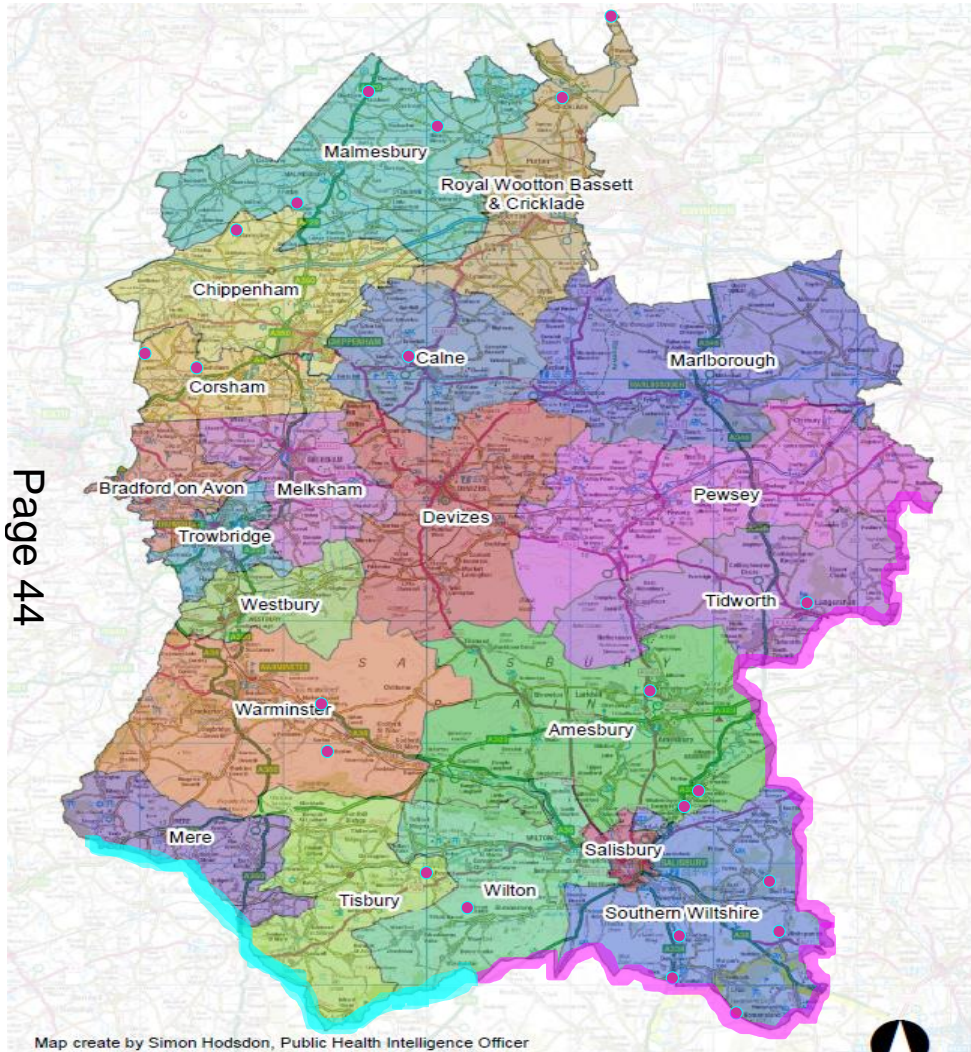
- Hard to source areas are included within smaller zones that traditionally have seen low numbers of POCs delivered between 1 Jan 2019 – 31 Oct 2021. They are characteristically
 - Rural in nature
 - Have limited public transport links for care staff to use if they do not drive
 - Have a relatively low population density (over 65's)
 - Not served well by main roads and therefore can prove difficult and timely to make visits
- Hard to source areas consist of some of the least deprived areas of Wiltshire (Malmesbury and areas of Mere) – it is assumed that therefore the need for commissioned care will be lower in these areas and the volume of self-funders will be higher, with people more financially able to purchase their own care arrangements



Hard to source POC Areas:

Local Area	Village / Town
RWB & Cricklade	• Cricklade
Corsham	• Colerne • Corsham
Calne	• Calne
Chippenham	• Hullavington
Warminster	• Heytesbury • Boyton
Tidworth	• Ludgershall
Malmesbury	• Crudwell • Upper Minety • Corston
Tisbury	• Fovant
Amesbury	• Durrington • Winterbourne • Gomeldon
Southern Wiltshire	• Whiteparish • Nomansland • West Dean • Charlton All Saints • Downton Woodfalls
Wider Geographical Areas	• Rural North • Rural South • Dorset Boarders • Hampshire Boarders

Hard to source POC areas denoted by  on the map below



Page 44

- Smaller geographical zones should help to alleviate difficulty in sourcing providers to deliver POCs in areas where there is a small volume of villages identified as hard to access care. E.g. RWB & Cricklade, Calne etc
- Larger geographical areas where Brokerage and Operational teams have historically encountered difficulties sourcing providers to deliver POCs will inform the costing model and tolerances applied to cost evaluation calculations
- This option would allow officers to adopt the Lead Provider model
- Decrease travel times for providers due to smaller geographical zones

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

The table below provides a breakdown of HTLAH activity of Tier 1 and Tier 2 providers during January 2022, with the end of January position in column 'Jan Tier 1'. End of month position for previous months August 2021 to December 2021 is detailed to the right of the table:

		January 2022 detailed breakdown							Previous months – Aug '21 to Dec '21					
		Tier 1 Zone 1	Tier 1 Zone 2	Tier 1 Zone 3	Tier 2 Zone 1	Tier 2 Zone 2	Tier 2 Zone 3	All	Jan Tier 1	Dec Tier 1	Nov Tier 1	Oct Tier 1	Sep Tier 1	Aug Tier 1
PoC	All Cases	1498	881	329	187	293	67	3255	83.2%	83.6%	83.8%	83.7%	83.8%	83.6%
	Open Cases	641	400	146	95	143	28	1453	81.7%	82.8%	82.5%	81.8%	82.6%	82.1%
	WTE Cases	604	350	125	88	118	29	1314	82.1%	82.2%	82.1%	81.9%	82.2%	81.9%
	Baseline 1/4/21	576	327	114	99	118	33	1267	80.3%	80.3%	80.4%	80.4%	80.4%	80.4%
Visits	All Cases	26,937	15,564	6,853	3,488	5,717	1,014	59,573	82.8%	83.2%	83.0%	82.6%	82.5%	82.4%
	Open Cases	10,081	6,486	2,695	1,551	2,435	326	23,572	81.7%	82.8%	82.2%	81.0%	81.3%	80.6%
	WTE Cases	10,435	6,110	2,468	1,563	2,420	377	23,373	81.3%	81.3%	81.3%	80.9%	80.8%	80.5%
	Baseline 1/4/21	10,230	5,946	2,181	1,872	2,633	469	23,330	78.7%	78.5%	78.6%	78.5%	78.5%	78.7%
Hours	All Cases	18,227	10,620	4,530	2,362	3,955	685	40,379	82.7%	83.0%	82.6%	82.2%	82.0%	82.0%
	Open Cases	6,746	4,324	1,745	1,041	1,700	221	15,775	81.2%	82.5%	81.9%	80.6%	80.4%	80.0%
	WTE Cases	6,957	4,068	1,596	1,064	1,679	256	15,620	80.8%	80.8%	80.8%	80.3%	80.0%	79.9%
	Baseline 1/4/21	6,762	3,991	1,368	1,292	1,803	311	15,526	78.1%	77.9%	78.0%	77.9%	77.9%	78.2%
Costs	All Cases	471,969	270,504	116,067	72,973	127,200	22,214	1,080,928	79.4%	79.9%	79.4%	79.0%	78.8%	78.7%

	Open Cases	173,126	111,153	44,621	32,966	56,178	7,969	426,013	77.2%	79.3%	78.6%	77.1%	77.1%	76.5%
	WTE Cases	171,072	98,120	39,643	32,307	50,747	6,885	398,774	77.4%	77.4%	77.3%	76.8%	76.5%	76.4%
	Baseline 1/4/21	167,190	96,161	34,383	38,957	55,082	8,687	400,460	74.3%	74.0%	74.1%	74.0%	74.0%	74.3%

WTE - whole time equivalent, a SU who has a service for 9 months of the year is counted as a 0.75 WTE case

Appendix 3 – Table of indicative rates to evaluate Strategic Providers (SP) and Approved Providers (AP) by zone

County		Strategic (SP) / Approved (AP) Minimum and Maximum Rates	63% of 1 hr rate (Weekday 30 mins)	80% of 1hr rate (Weekday 45 mins)	MEAN Avg. rate (Weekday 1 hr)	63% of 1 hr rate (Weekend 30 mins)	80% of 1hr rate (Weekend 45 mins)	MEAN Avg. rate (Weekend 1 hr)
Wiltshire	Countywide	SP Minimum Rate	£13.40	£17.02	£21.28			
		SP Maximum Rate	£14.00	£17.78	£22.22			
		AP Minimum Rate	£14.49	£18.40	£23.00	£15.90	£20.19	£25.24
		AP Maximum Rate	£15.70	£19.94	£24.93	£17.23	£21.88	£27.35

Zone		Strategic (SP) / Approved (AP) Minimum and Maximum Rates	63% of 1 hr rate (Weekday 30 mins)	80% of 1hr rate (Weekday 45 mins)	MEAN Avg. rate (Weekday 1 hr)	63% of 1 hr rate (Weekend 30 mins)	80% of 1 hr rate (Weekend 30 mins)	MEAN Avg. rate (Weekend 1 hr)
Zone 1	Salisbury	SP Minimum Rate	£13.67	£17.35	£21.69			
		SP Maximum Rate	£14.27	£18.12	£22.65			
		AP Minimum Rate	£14.80	£18.79	£23.49	£15.12	£19.20	£24.00
		AP Maximum Rate	£16.04	£20.37	£25.46	£16.38	£20.80	£26.00
Zone 2	Amesbury	SP Minimum Rate	£13.00	£16.51	£20.64			
		SP Maximum Rate	£13.58	£17.24	£21.55			
		AP Minimum Rate	£14.86	£18.87	£23.59	£15.99	£20.30	£25.37
		AP Maximum Rate	£16.11	£20.45	£25.57	£17.32	£22.00	£27.50
Zone 3	Tidworth	SP Minimum Rate	£13.53	£17.18	£21.47			
		SP Maximum Rate	£14.13	£17.94	£22.42			
		AP Minimum Rate	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00

		AP Maximum Rate	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
Zone 4	Pewsey	SP Minimum Rate	£13.36	£16.97	£21.21			
		SP Maximum Rate	£13.95	£17.72	£22.15			
		AP Minimum Rate	£13.71	£17.41	£21.76	£0.00	£0.00	£0.00
		AP Maximum Rate	£14.86	£18.87	£23.58	£0.00	£0.00	£0.00
Zone 5	Marlborough	SP Minimum Rate	£13.28	£16.87	£21.08			
		SP Maximum Rate	£13.87	£17.61	£22.02			
		AP Minimum Rate	£14.46	£18.36	£22.95	£16.76	£21.29	£26.61
		AP Maximum Rate	£15.67	£19.90	£24.87	£18.17	£23.07	£28.84
Zone 6	RWB & Cricklade	SP Minimum Rate	£13.10	£16.64	£20.80			
		SP Maximum Rate	£13.68	£17.38	£21.72			
		AP Minimum Rate	£14.87	£18.88	£23.60	£18.33	£23.28	£29.10
		AP Maximum Rate	£16.11	£20.46	£25.57	£19.87	£25.23	£31.53
Zone 7	Malmesbury	SP Minimum Rate	£13.08	£16.62	£20.77			
		SP Maximum Rate	£13.66	£17.35	£21.69			
		AP Minimum Rate	£13.47	£17.10	£21.38	£16.83	£21.37	£26.72
		AP Maximum Rate	£14.59	£18.53	£23.17	£18.24	£23.16	£28.96
Zone 8	Chippenham Corsham Calne	SP Minimum Rate	£13.34	£16.94	£21.18			
		SP Maximum Rate	£13.93	£17.69	£22.12			
		AP Minimum Rate	£14.42	£18.32	£22.90	£16.39	£20.81	£26.02
		AP Maximum Rate	£15.63	£19.85	£24.81	£17.76	£22.56	£28.19

Zone 9	BOA Melksham	SP Minimum Rate	£13.62	£17.29	£21.62			
		SP Maximum Rate	£14.22	£18.06	£22.57			
		AP Minimum Rate	£14.78	£18.77	£23.47	£15.28	£19.40	£24.25
		AP Maximum Rate	£16.02	£20.35	£25.43	£16.56	£21.02	£26.28
Zone 10	Devizes	SP Minimum Rate	£13.45	£17.07	£21.34			
		SP Maximum Rate	£14.04	£17.83	£22.29			
		AP Minimum Rate	£14.71	£18.68	£23.35	£16.72	£21.23	£26.54
		AP Maximum Rate	£15.94	£20.24	£25.30	£18.12	£23.01	£28.77
Zone 11	Trowbridge Westbury	SP Minimum Rate	£13.40	£17.01	£21.26			
		SP Maximum Rate	£13.99	£17.76	£22.21			
		AP Minimum Rate	£13.38	£17.00	£21.24	£15.02	£19.07	£23.84
		AP Maximum Rate	£14.50	£18.42	£23.02	£16.28	£20.67	£25.84
Zone 12	Warminster Mere	SP Minimum Rate	£13.50	£17.14	£21.43			
		SP Maximum Rate	£14.10	£17.90	£22.38			
		AP Minimum Rate	£14.22	£18.06	£22.58	£14.98	£19.02	£23.77
		AP Maximum Rate	£15.41	£19.57	£24.47	£16.23	£20.61	£25.76
Zone 13	Tisbury	SP Minimum Rate	£13.33	£16.92	£21.16			
		SP Maximum Rate	£13.92	£17.68	£22.09			
		AP Minimum Rate	£15.43	£19.59	£24.49	£0.00	£0.00	£0.00
		AP Maximum Rate	£16.72	£21.23	£26.54	£0.00	£0.00	£0.00

Zone 14	Wilton	SP Minimum Rate	£13.51	£17.15	£21.44			
		SP Maximum Rate	£14.10	£17.91	£22.39			
		AP Minimum Rate	£14.62	£18.57	£23.21	£15.05	£19.11	£23.88
		AP Maximum Rate	£15.85	£20.13	£25.16	£16.31	£20.71	£25.88
Zone 15	Southern Wiltshire	SP Minimum Rate	£13.36	£16.96	£21.20			
		SP Maximum Rate	£13.95	£17.71	£22.14			
		AP Minimum Rate	£13.83	£17.56	£21.95	£13.31	£16.90	£21.12
		AP Maximum Rate	£14.98	£19.03	£23.78	£14.42	£18.31	£22.89

Wiltshire Council

Cabinet

26 April 2022

Subject: Procurement of Wiltshire Domestic Abuse Support Services

Cabinet Member: Cllr Ian Blair-Pilling Cabinet Member for Public Health and Public Protection, Leisure, Libraries, Facilities Management and Operational Assets.

Key Decision: Key

Executive Summary

The purpose of this report is to:

Seek authority from Cabinet to commence a procurement process to secure future domestic abuse support services in Wiltshire.

The current contract commissioned jointly by the Local Authority and Office for the Police and Crime Commissioner will expire on the 31st March 2023.

Domestic abuse continues to impact the lives of so many living in Wiltshire. Its impact on individuals and their families' health and wellbeing are great. It is estimated approximately 19,350 adults in Wiltshire will have experienced domestic abuse in 2019-2020. Whilst the actual number of reported incidents to Wiltshire police was 4,121, this reflects the hidden nature associated with domestic abuse and why it continues to have one of the highest rates of 'under-reporting' of all crime-types. Furthermore, the evidence continues to grow supporting the significant harms to children and young people who are exposed to and living with domestic abuse in the home. In Wiltshire, domestic abuse was identified as a presenting factor in 36% children in need assessments.

The introduction of the Domestic Abuse Act 2021 has placed a duty on local authorities in England, to provide support to victims of domestic abuse and their children within refuges and other forms of safe accommodation.

Wiltshire continues to recognise the cross-cutting nature and significant harms caused by domestic abuse on its populations living with it. Continuing to commit future investment into specialist domestic abuse services, focused to intervene earlier, reduce escalation, and break the cycle of abuse associated

with domestic abuse; providing access to the right support for victims, children and young people, as well as seeking to address behaviour change for those perpetrating.

The new statutory duties on local authorities as prescribed in the Domestic Abuse Act 2021, can be aligned to the new contract to ensure compliance.

Proposal(s)

Cabinet is recommended to:

1. Agree that a procurement process is undertaken to enable the provision of future domestic abuse support services in Wiltshire
2. Delegate authority for awarding the contract to the new service provider/s to the Chief Executive, in consultation with the Cabinet Member for Public Health and Public Protection, Leisure, Libraries, Facilities Management and Operational Assets, Corporate Leadership Team and the Director of Public Health

Reason for Proposal(s)

The current contract expires in March 2023 and to prevent a gap in service delivery to a vulnerable client group, this paper seeks the endorsement from Cabinet to commence the next steps in the commissioning processes and develop an appropriate service model which continues to meet the needs and demands underpinned by the local evidence-base.

Terence Herbert
Chief Executive

26 April 2022

Subject: Domestic Abuse Support Services in Wiltshire (Part I)

Cabinet Member: Cllr Ian Blair-Pilling Cabinet Member for Public Health and Public Protection, Leisure, Libraries, Facilities Management and Operational Assets.

Key Decision: Key

Purpose of Report

The purpose of this report is to:

1. To seek agreement from Cabinet to undertake a procurement process to secure future domestic abuse support services in Wiltshire.

Relevance to the Council's Business Plan

2. The provision of domestic abuse support for victims of domestic abuse and their families, as well as address behaviours of those perpetrating the abuse seeks to contribute to the following Wiltshire Council business plan outcomes: Strong Communities (personal wellbeing through a healthier population), protecting the vulnerable (early intervention through prevention activities) and protecting the vulnerable (joined up health and care through greater partnership working).

Background

3. Wiltshire Council and its partner agencies recognise the significant impacts domestic abuse has on our local populations, victims, families, young people, and those perpetrating. Whilst the physical harms heal, the effects on emotional and physiological health and wellbeing can be endured for many years.
4. A service area review in 2016 highlighted how local support arrangements for domestic abuse in Wiltshire had become fragmented over the years, borne out of historic, legacy arrangements pre-dating unitary transition, with a range of contracts being held. Work was completed that sought to align the domestic abuse support offer in Wiltshire into a single contract. Wiltshire completed a competitive procurement process in 2017 for the provision of a single contract for domestic abuse support services.

5. In April 2018, the current contract commenced, aligning the former service arrangements into a single contract, as well as embedding support for sexual violence.
6. The service model consisted of four intertwined strands:
 - i. Victim focussed support addressing both domestic abuse and sexual violence
 - ii. Support for children and young people living with the impacts of domestic abuse
 - iii. Work to address perpetrator behaviour, as part of a whole family approach
 - iv. Provision of safe, flexible accommodation accessible to all in need who are fleeing domestic abuse
7. Over the duration of the contract, demand has continued to remain high; with further increases recorded in 2020-21 thought to be influenced due to the pandemic and the lock down restrictions. The table below details the referrals received into the service across the service strands.

		2018-19	2019-20	2020-21	2021-22 (6mths)
Strands 1 and 2 Victim Support for DA, DA Families & ISVA	Total referrals DA (All risk)	1520	1545	2002	1144
	Of which Families supported (DAFSW)	495	478	607	232
	Total referrals ISVA (All risk)	766	602	664	419
Strand 3 Perpetrator	Behaviour Change	74	109	112	55
Strand 4 Place of saftey support	Safe Accommodation	74	85	71	48

8. Domestic abuse and its impacts continue to be a high-profile agenda within national government policy setting. The recent enactment of the Domestic Abuse Act 2021 reinforces this, as well as the continued developments and commitment towards tackling Violence against Women and Girls.

9. The introduction of the Domestic Abuse Act 2021 has placed a duty on local authorities in England, to provide support to victims of domestic abuse and their children within refuges and other forms of safe accommodation.
10. In addition to the policy context, work to understand the local need and demand has identified:
 - Reports of domestic abuse have been increased year on year in Wiltshire, with peaks seen across the pandemic period (2020-2021)
 - Salisbury, Chippenham, Trowbridge and Melksham have the most reported domestic abuse incidences; Calne, Devizes and Royal Wootton Bassett have been identified as emerging hotspots.
 - Referrals into Wiltshire's Multi-Agency Case Conference (MARAC) continue to increase year-on-year, 791 high-risk cases referred.
 - Commissioned support services reported an increase across all risk thresholds in 2020-21, with the largest increase occurring in those assessed as medium risk (47% increase on the previous year).
 - Engagement rates in structure support remain high with 80% achieved in 2020-21.
 - 73% of domestic abuse victims are female in Wiltshire, with the majority having an age profile of 20-39yrs; with only 7% of male victims accessing support from services.
 - An emerging trend reports victims aged 60+ accessing support services as the fastest growing age group.
 - Local data still reflects a level of under-reporting from male, LGBTQ, disabled, young people and older people.
 - 877 children were recorded in the household at the time of a high-risk DA incident resulting in a referral to the Multi-Agency Risk Assessment Case Conference (MARAC) in 2020-21; of which 136 children were identified in the household where further repeat incidents of DA occurred.
 - Domestic abuse was an identified factor in 36% (1,396) of child in need assessments in 2020.
 - There have been 4 domestic-related homicides in Wiltshire since 2017; one included a child victim, as well as two child witnesses.
 - 74% of offenders perpetrating domestic abuse were male; the age profile for perpetrators was 26-35yrs.
 - The relationship profile of a perpetrator to their victim showed in Wiltshire 50% of victims were abused by an ex-partner; 45% by a current partner and 5% involved son to mother relationship.
 - 112 referrals were made to Wiltshire's Behaviour Changes programme in 2020, of which 68 went on to access the support.

- A recent study identified that perpetrators of domestic abuse represent one of the largest cohorts that have resulted in suicide.
- Substance misuse and poor mental health are viewed as the most significant and common co-existing risk factors present alongside domestic abuse.

11. Whilst the impact and long-term effects of domestic abuse presents a significant case to support the need for investment in service provision. Using a national costing model, the financial cost of domestic abuse to Wiltshire services is in the region of £18million per annum (although this is likely to be higher). Evidence-based practice demonstrates a preventative approach to tackling domestic abuse will not only increase the opportunities to save lives through earlier interventions but offer savings on public money. National studies have calculated a significant return on the investment in these specialist services of at least £6 for every £1 invested.

Main Considerations for the Council

12. Wiltshire Council and the Office for the Police and Crime Commissioner have committed to commissioning a comprehensive range of specialist support services supporting domestic abuse victims, children and perpetrators. The current arrangements will expire on the 31st March 2023, and if the decision to commence a procurement process is not supported there are implications of destabilising the support offer to a very vulnerable and at-risk group.
13. Vulnerable groups are at the heart of the domestic abuse support services. There are several vulnerable groups and inequalities which are further exasperated if impacted by domestic abuse. The figures captured in para.11 highlights the prevalence of domestic abuse being experienced in Wiltshire. Sadly, the most significant cost of domestic abuse is death; without sufficient support services to intervene earlier and mitigate risks would be a missed opportunity and highly likely to be flagged in a statutory review process e.g., domestic homicide reviews.

Overview and Scrutiny Engagement

14. This paper was produced following a collaborative discussion between the Corporate Leadership Team and the Director for Public Health. The Cabinet member for Public Health and Public Protection, Leisure, Libraries, Facilities Management and Operational Assets - Cllr Blair-Pilling has also been consulted with in advance.

15. The Chair and Vice-Chair of the Health Select Committee were informed that this report would be presented to Cabinet. The Committee will be informed of the Cabinet decision and the agreed provider(s).

Safeguarding Implications

16. Safeguarding and protecting those at risk remains at the heart of the domestic abuse agenda and as such there are strong processes in place to ensure that services identify those at risk of harm and/or exploitation and those concerns are reported appropriately. Across Wiltshire Council there are strong established relationships cross cutting children's and adult's safeguarding, housing and public health to ensure that any risks, concerns or incidents are escalated in line with Council protocols and procedures.

Public Health Implications

17. Domestic abuse is a key public health priority, which creates a substantial burden of harm that significantly impacts on health and wellbeing. Still referred to as a 'hidden crime', it has one of the highest under-reporting rates; using the crime survey for England and Wales, we can project that just fewer than 9,000 women in Wiltshire will be living with the effects of domestic abuse.
18. The health impacts of domestic abuse are widely reported; from physical injury, to the significant long-term association with poor mental health and wellbeing including depression, anxiety, increased risk of suicide, as well as increased use and reliance of alcohol and drugs.
19. There has been much documented on the impact of domestic abuse on children; with domestic abuse recognised as a factor in over half of all serious case reviews. There are significant long-term impacts of children witnessing domestic abuse, with over a third going on to experience another form of abuse. There is also a higher probability of parental neglect, poor emotional wellbeing and resilience, school non-attendance, behavioural issues (including anti-social behaviour/offending) and difficulty in recognising and establishing appropriate relationships with others.
20. The Wiltshire domestic abuse agenda is cross-cutting and is integrated across Child and Adult Safeguarding, Drugs and Alcohol, Private Space Violence, Violence against Women and Girls, Child and Adult Exploitation, Homelessness and the Modern-day Slavery agendas.

Procurement Implications

21. A compliant procurement process will be followed in line with Public Contract Regulations 2015.
22. The procurement process will be designed and run, in conjunction with the Strategic Procurement Hub.

Equalities Impact of the Proposal

23. The Public Sector Equality duties to have due regard to the need to eliminate discrimination, foster good relations and promote equality of opportunity applies in all exercises all functions of the Council. As this report relates to funding a full equalities impact assessment has not been undertaken on this proposal. However, it has been noted that some service users accessing support will fall into certain protected characteristics under the Equality Act 2010 (age, sex, sexual orientation, race) and the proposal does include ensuring these groups have appropriate knowledge of, and access to, the services proposed. Through this funding the council will ensure that the support provided by those providers will meet any duties under the Act.

Environmental and Climate Change Considerations

24. Future procurement of domestic abuse services will be required to demonstrate their considerations to supporting the local authority's commitment against reducing the impact on climate change and carbon footprint, to ensure any future contract is considerate of travel requirements whilst still being able to serve its county-wide service-users.
25. Environmental and climate change considerations do not affect the decisions required within this proposal.

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

26. The evidence-base supports that demand and local need for domestic abuse support will continue and the complexity of the agenda means it is not going to go away. It continues to pose real challenges to the health and wellbeing on our local populations who are being impacted by it. If the decision was not supported to commence the procurement of future services, it would result in a break in service offer, leaving at risk a very vulnerable and at-risk cohort of service users.
27. The new statutory duty on Local Authorities for this area of business, requires an annual report to DLUHC (formerly MHCLG) on the work that is being delivered to support victims and their families who have fled domestic abuse and in supported accommodation, as discharged in the DA Act 2021.

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

28. There is a service delivery risk, should the procurement recommendation not be approved; Wiltshire would not have any domestic abuse support services post 31 March 2023 to support some of our most vulnerable residents in Wiltshire. The procurement of specialist domestic abuse services in Wiltshire will continue to build on Wiltshire's commitment to ensure those in need and require support can access the appropriate support at the right time.
29. The contract with the current provider will expire on the 31 March 2023 and has been extended to the maximum allowed within the current arrangements. This allows time for a procurement process to be completed, as well as minimise the risk of destabilising vital services during the uncertain times brought on during the pandemic and the increased risks and vulnerabilities on our local populations requiring support from services. Not taking this decision now, increases the risk of a gap in provision.

Financial Implications

30. Funding for the current domestic abuse support services has come from a pooled budget, with contributions from Wiltshire Council's Children's Services, Adult Social Care, Housing and Public Health, as well as the Office for the Police and Crime Commissioner.
31. Wiltshire's future domestic abuse support services from April 2023 are proposed to be funded through a pooled budget arrangement. All parties remain committed in principle to continue this funding for the full duration of the contract period. Any alteration in funding necessitated by changes in financial circumstances would need to be agreed to by all parties.
32. The proposed contributions to the Domestic Abuse Pooled Budget from each partner from 2023 are given in the table below, alongside the current contributions:

Agency	Department	Amount 2021/2022	Amount 2022/23
Local Authority	Public Health	252,711	252,711
	Children's Services	180,000	180,000
	Adult Social Care	20,000	20,000
	Housing	246,150	222,300
Police and Crime Commissioner	Office for the Police and Crime Commissioner	283,850	120,000
TOTAL		982,711	795,011

33. The total pooled budget shows a reduction from 1st April 2023. This is reflective of the disaggregation of the domestic abuse and sexual violence elements of the contract, with a proposal that they are procured separately and the OPCC leading the sexual violence support alongside funding from NHSE/I and therapeutic support commissioned.
34. Separate to the funding outlined above is ring-fenced grant funding to the Council to meet new statutory duties under the Domestic Abuse Act 2021 to provide support to victims and their children who have fled domestic abuse and in safe accommodation. Grant funding is over 3 years. In year, 2021-22, Wiltshire received £830,051, with allocations for years 2 and 3 yet to be announced.
35. As highlighted in this report demand for specialist domestic abuse support remains high in Wiltshire. Services will be procured in alignment with the needs identified in the need assessment.
36. Additionally, investing in an early intervention model could positively contribute to reducing the risks associated with future domestic-related homicides. In the event of a domestic-related homicide there is a statutory duty to undertake an independent Review, which has a financial cost associated on average £10,000 per review.

Legal Implications

37. Future domestic abuse services procured will ensure the local authority fulfil its statutory responsibilities imposed by Part 4 of the Domestic Abuse Act 2021, relating to the provision of support for all victims of domestic abuse and their children.
38. Any procurement exercise should be conducted in accordance with the requirements set out in Part 10 of the Council's Constitution, the SPH Manual and the Public Contract Regulations (2015). Legal Services will need to be engaged throughout this process, with the relevant legal and procurement advice sought.
39. Wiltshire Council's Legal Services must draft a robust Contract and legal documentation for this matter. Legal Services will need to be consulted to review the final documentation before execution.
40. Cabinet should delegate authority to enter into the Contract and any other legal documentation to an appropriate individual.

Workforce Implications

41. None

Conclusions

42. Domestic abuse continues to pose significant harm to the health and wellbeing of Wiltshire populations that are living with its impacts. Evidence reported in the latest health needs assessment continues to place high demand on the need for support for adults and child victims of domestic abuse, as well as give greater consideration of the causal factors to support behaviour change for those perpetrating.
43. Over recent years the local authority and partners have remained committed in their approach to tackling domestic abuse and their investment in specialist services to support and protect those in need. Enabling service users to move on and live a life free from abuse.
44. Supporting the proposal for work to commence on the procurement of future domestic abuse services in Wiltshire will ensure that there is continuity of the local service offer, with no gaps in provision.

Proposal

Cabinet is recommended to:

45. Agree that a procurement process is undertaken to enable the provision of future domestic abuse support services in Wiltshire.
46. Delegate authority for awarding the contract to the new service provider/s to the Chief Executive, in consultation with the Cabinet Member for Public Health and Public Protection, Leisure, Libraries, Facilities Management and Operational Assets, Corporate Leadership Team and the Director of Public Health

Kate Blackburn (Director - Public Health)

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Wiltshire Council

Cabinet

26 April 2022

Subject: Substance Misuse Procurement

Cabinet Member: Councillor Ian Blair-Pilling – Cabinet Member for Public Health, Public Protection, Leisure, Libraries, Facilities Management and Operational Assets.

Key Decision: Key

Executive Summary

The purpose of this report is to:

Seek authority from Cabinet to commence a procurement process to secure future substance misuse services in Wiltshire.

Wiltshire Council's Public Health Team are the lead commissioner of both young people and adult's substance misuse services. To date these two services have been commissioned separately and are due to expire on 31st March 2023.

Wiltshire's health needs assessment exploring the impact of substance misuse across the whole life course identified a need to strengthen the offer for young people transitioning to adult specialist support services.

Wiltshire remains committed to tackling the impacts of drugs and alcohol on our local population's health and wellbeing, recognising the cross-cutting harms caused by it.

A single, integrated community hub model operating across the life course, based on need, will help to ensure an accessible and equitable offer for Wiltshire residents.

Proposal(s)

That Cabinet:

a) Agree a procurement process is undertaken for a joint young people and adults' substance misuse service to enable the provision of future services in Wiltshire from 2023.

b) Delegate authority for awarding the contract to the new service provider/s

to the Director of Public Health in consultation with the Corporate Leadership Team and Cabinet Member for Public Health and Public Protection, Leisure, Libraries, Facilities Management and Operational Assets.

Reason for Proposal(s)

The current contracts will expire on 31st March 2023, this paper asks Cabinet to agree the recommissioning of substance misuse services in Wiltshire.

Wiltshire's health needs assessment identified a need to strengthen the offer for young people transitioning into adult specialist support services, therefore we are proposing a single, integrated life course model which would help support young people transitioning and reduce disengagement.

The commissioning of substance misuse services is funded by the Public Health grant, with contributions from the Office of the Police and Crime Commissioner (OPCC), under the responsibility of the Director of Public Health. Delegating responsibility for contract award, reduces award delay and negates the potential for a gap in service delivery.

Terence Herbert
Chief Executive

26 April 2022

Subject: Substance Misuse Procurement

Cabinet Member: Councillor Ian Blair-Pilling – Cabinet Member for Public Health, Public Protection, Leisure, Libraries, Facilities Management and Operational Assets.

Key Decision: Key

Purpose of Report

1. The purpose of this report is to seek authority from Cabinet to commence the procurement process to secure future substance misuse support services for both drugs and alcohol in Wiltshire. The paper presents the rationale to support a single, integrated substance misuse service across the life course for Wiltshire residents.

Relevance to the Council's Business Plan

2. The effective commissioning and management of substance misuse services in Wiltshire, to reduce health inequalities and improve health outcomes is underpinned by the key themes of the Wiltshire Council Business plan 2022- 2023.
 - Prevention and early intervention
 - Improving social mobility and tackling inequalities
 - Understanding communities
 - Working together

Background

3. Tackling substance misuse has been a priority both nationally and locally in Wiltshire for many years. Wiltshire Council's Public Health team is the lead commissioner of both young people and adult's substance misuse services.
4. Many adult problem drug users have long histories of substance misuse often starting before the age of 18. Research suggests that those most susceptible to developing problematic substance misuse problems are from 'vulnerable groups' such as children in care, persistent absentees or exclusions from school, young offenders, the homeless and children affected by parental substance misuse. Providing well-funded, targeted, and effective substance misuse services is therefore vital.
5. The Health and Social Care Act (2012) introduced a new duty for all upper-tier and unitary local authorities in England to take appropriate steps to improve the health of people who live in their areas. On 1st April 2013, local

authorities became responsible for improving the health of their local populations. This was based on local need, through the provision of a range of public health services and interventions, including the prevention and treatment of alcohol and drug misuse.

Impact of drugs and alcohol on Wiltshire populations

6. Whilst opiate cohorts remain stable, the biggest increase in Wiltshire has been related to alcohol referrals. The adult service currently holds a case load of **690** which is broken down by substance in table 1 below. The average age of those in treatment is between **35- 39 years old**. The following table (Table 1) indicates the breakdown of those in treatment and the increasing numbers in treatment from 2020 to 2021.

Table 1

Substance	December 2021	December 2020
Alcohol	195	140
Alcohol & non-opiate	69	36
Opiate	389	387
Non-Opiate	37	54
Total	690	617

7. Drug use within Wiltshire is below the national average with 0.44% of the population using either opiates or crack cocaine vs 0.88% nationally. In Wiltshire there are an estimated 1,168 opiate users and 1,072 crack cocaine users. However, for Wiltshire, the greatest prevalence remains alcohol consumption. It is estimated that 28.7% of Wiltshire adults drink more than the maximum recommended amount of alcohol per week which is higher than the national average of 25.7%. Increased levels of drinking can place additional pressure on services in the short to long term, including increased blue light calls, hospital admissions and the need for early assistance from support services. It is estimated that there are more than 3,960 individuals who are dependent on alcohol in Wiltshire.
8. The adult service has experienced increased complexity of cases and found the recruitment of staff challenging at points, particularly during the COVID - 19 pandemic. However, they have continued to perform to a high standard, remaining in the national upper quartiles for treatment with an outstanding CQC (Care Quality Commission) report.
9. The last national study conducted in 2018 concluded that 44% of secondary school children reported having an alcoholic drink, whereas local reporting suggests this is 53% for Wiltshire. Nationally, 18% of 11–15-year-olds reported using drugs in the last year, whereas local reporting suggests just

8%. However, 70% of young people who smoke tobacco have tried illegal drugs in Wiltshire.

10. Our young people's service currently holds an average case load of approximately **105**, cannabis remains the primary substance of use in line with national trends and the average age in service is **16-17 years** old. This is an outreach model, which has adapted well to the challenges faced throughout the pandemic since March 2020. They have remained an accessible service utilising social media platforms and outdoor spaces.
11. The transition between young people and adult services is an area where many young people disengage from the system. The average age of users in the adult service is **35-39**, however, national evidence suggests the most common initial drug use occurs aged **15-19**, suggesting a wide gap between initial use and presentation later, or disengagement from the young people service before re-presenting to adult services many years later with higher dependency needs.
12. There have been only **3** successful transitions into adult services from young people's (April – December 2021). The health needs assessment acknowledges that more needs to be done to mitigate this and to support transitioning from young people to adult services, this supports the life course approach embedded within the FACT (Families and Children's Transformation) programme and is an emerging trend in commissioning arrangements for drug and alcohol services.

Strategic Response

13. Tackling the impacts of substance misuse in Wiltshire sits within the governance arrangements of the Community Safety Partnership. In 2019, the Wiltshire Drug and Alcohol strategy was adopted by the Drug and Alcohol Strategic Group and Community Safety Partnership. The strategic vision is to *'work collaboratively to reduce the impact and harms caused by alcohol and drugs on individuals and the wider community.'*
14. In December 2021, the national drug strategy '**Harm to Hope**' published its 10-year policy ambition with a key focus on the following points –
 - Break drug supply chains
 - Deliver a world-class treatment and recovery system
 - Reduce the demand for recreational drugs.
15. The strategy proposes additional funds as denoted by the universal grant, for 3 years and existing funding to be protected to support the delivery of local service provision. This is discussed further in the financial section of the report.
16. The delivery of the strategic priorities allows partners to focus on the key issues highlighted by the health needs assessment and will consider the above priorities. This activity will also shape the landscape for future commissioning.

Current Service Provision

17. The current two services are commissioned separately. The young people's service: Motiv8 managed by DHI (Developing Health and Independence), has been in place since 1st April 2015. This recently went through an external procurement exercise and DHI were awarded an additional year until 31st March 2023, with an optional extension clause until 31st March 2024.
18. The adult's service: IMPACT managed by Turning Point since 1st April 2018, is co-commissioned with Swindon Borough Council and is in place until 31st March 2023.
19. Due to the difference in demographics across Wiltshire and Swindon, a decision has been made to disaggregate the contracts to focus and align our own service provision to our population's needs.
20. It is recognised that by taking this approach we will need to ensure that we do not disrupt service provision for clients accessing Swindon's hub.
21. In addition, there are several smaller contracts which are due to be re-commissioned alongside the adult and young people's contract. Commissioners are keen to streamline and consolidate these to offer a more robust and effective management and delivery mechanism.

Main Considerations for the Council

22. Currently, Wiltshire Council commission two separate core contracts. Both young people and adult substance misuse contracts are set to expire on 31st March 2023. The Council are asked to agree to a full procurement process to commission substance misuse services based on local need.

The council are asked to consider the following steps.

- To endorse the recommendation to consolidate the wider contracts within one core contract across the life course, building an appropriate service model based on local need. This will use identified funding from the Public Health grant and Office of the Police and Crime Commissioner.
- To support the commencement of the commissioning process.

Overview and Scrutiny Engagement

23. Work will also begin on undertaking market engagement events with wider stakeholders as part of the commissioning cycle process.
24. This paper was produced following a collaborative discussion between the Corporate Leadership Team and the Director for Public Health. The Cabinet

member for Public Health, Councillor Blair-Pilling has also been consulted with in advance of this cabinet meeting.

25. The chair and vice-chair of the Health Select Committee were informed that this report would be presented to Cabinet. The committee will be informed of the Cabinet decision and the agreed provider(s).

26. The chair and vice-chair of the Community Safety Partnership were informed that this report would be presented to Cabinet. The partnership will be informed of the Cabinet decision and the agreed provider(s).

Safeguarding Implications

27. Safeguarding cross cuts, the substance misuse agenda and as such, there are strong processes in place to ensure that service providers identify those at risk of harm and/or exploitation and those concerns are reported appropriately. Public Health work closely with both adult safeguarding teams and children's support and safeguarding teams to ensure that any risks, concerns, or incidents are escalated in line with council protocols and procedures.

28. The safeguarding of vulnerable people may be impacted upon should there be a delay in procuring and awarding a contract to an appropriate provider/s. A gap in service provision could pose a significant risk to service users.

Public Health Implications

29. This proposal will have an impact on, or implications for, people's health and well-being and factors which determine people's health. This may include, but is not restricted to, direct health implications, sustainability, maintaining a healthy and resilient environment, economic impacts, reducing or widening inequalities and the wider determinants of health (e.g., good housing, employment opportunities, social isolation). Data relating to the Wiltshire population and community areas can be found at: <https://www.wiltshireintelligence.org.uk/>

30. Substance misuse can have a detrimental impact on anyone. A key function of public health is to reduce potential risks of harm caused by substance misuse, by increasing protective factors and addressing root causes. This will reduce health inequalities and improve wider health outcomes for our population.

Procurement Implications

31. A compliant procurement process will be followed in line with Public Contract Regulations 2015.

32. The procurement process will be designed and run, in conjunction with the Strategic Procurement Hub.

Equalities Impact of the Proposal

33. An equalities impact assessment has not been undertaken on this proposal. However, it should be noted that some users of some of this service may fall into certain protected characteristics under the Equality Act 2010 (age, sex, gender, sexual orientation, race). The council will ensure that the newly commissioned provider will meet any duties under the Act.

Environmental and Climate Change Considerations

34. Environmental and climate change considerations do not affect the decisions required within this proposal, however, the changes with digital access will ensure that the service supports climate change by reducing travel across the county.

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

35. There is a service delivery risk, should the procurement recommendation not be approved; Wiltshire would not have any substance misuse support services post 31st March 2023 to support some of the most vulnerable residents in Wiltshire.
36. Failure to procure the services will result in a failure to comply with the statutory duty as stated in the Health and Social Care Act, 2012.
37. Should delegated responsibility not be given, the council runs the risk of a delay in awarding a contract to the preferred provider, which in turn could lead to a delay in service delivery.
38. Failure to procure a supplier. However, early advertising of the opportunity should help establish desire of the market to compete for this contract.
39. Inflated prices due to lack of competition in marketplace or enhanced service costs, resulting in an insufficient contract value.
40. Procurement not completed on time, this is unlikely as the process has already started with the counsel of legal and an agreement in draft.

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

41. If only one supplier responds to the Prior Information Notice (PIN) this could be awarded via a negotiated procedure however, there could be a challenge from other organisations when the Voluntary Ex-Ante Transparency Notice (VEAT) is issued, so we would need to keep a robust evidence trail to justify using the negotiated procedure.
42. Responsibility for contract award goes to the named Chief Executive. Should there not be a named Chief Executive at time of award, then contract award responsibility will revert to Cabinet.

Financial Implications

43. The Adult core contract is currently **£1,977,143.00**; this consists of **£1,871,153.00** funded directly from the Public Health grant and an additional annual contribution from the Office for the Police and Crime Commissioner of **£105,990**. In addition, the Public Health grant funds a number of smaller Substance Misuse contracts which equate to a total value of **£697,455**, this includes **£255,000** for young people's substance misuse service. Both parties remain committed to continue this funding for the full duration of the contract period.
44. The total budget spend for substance misuse in Wiltshire is **£2,674,998.00**.
45. The national 10-year drug strategy 'Harm to hope' proposes additional funding to support its local implementation. Final confirmation of the next 3- yrs funding is pending, but we anticipate it to remain in the region of £236,000 (as per 21/22 budget year). The strategy also wants existing funding to be 'protected' to support the delivery of local service provision.

Legal Implications

46. The service will be tendered and commissioned in line with the laws that govern the procurement of services and in accordance with the Council's Constitution.

Workforce Implications

47. All elements of the service being commissioned are currently outsourced and therefore it is not anticipated that there will be any transfer of Wiltshire Council employees, however, depending on the outcome of the procurement exercise there may be a transfer of existing outsourced staff under the Transfer of Undertakings (Protection of Employment) Regulations 2006.

Conclusions

48. The current contracts for the existing services expire on 31st March 2023 and there is now the requirement to commission further service provision as of 1st April 2023.
49. Agree that a procurement process is undertaken to enable the provision of future substance misuse services in Wiltshire.
50. Delegate authority for awarding the contract to the new service provider/s to the Chief Executive, in consultation with the Cabinet Member for Public Health, Corporate Leadership Team and the Director of Public Health and Public Protection, Leisure, Libraries, Facilities Management and Operational Assets.

Professor Kate Blackburn, Director of Public Health

Report Author: Kelly Fry – Public Health Principal.

Background Papers

The following documents have been used in the preparation of this report:

[Wiltshire Substance Misuse Strategy \(2019\)](#)

[Wiltshire Substance Misuse Health Needs Assessment \(2019\)](#)

[Drug Strategy 2021](#)

Wiltshire Council

Cabinet

26 April 2022

Subject: Allocation of Community Infrastructure Levy Strategic Fund

Cabinet Member: Councillor Cllr Nick Botterill - Cabinet Member for Development Management, Strategic Planning and Climate Change

Key Decision: Key

Executive Summary

Cabinet on 27 September 2021 approved a revised process for allocating the Community Infrastructure Levy (CIL) Strategic Fund. CIL cannot meet all the demands placed on it and the criteria enable decisions to be made on what infrastructure CIL should pay for, to support development in our adopted Local Plan.

Further to the recent update to the Council's Infrastructure List and allocations for spending in the Cabinet budget report on 1 February 2022, this report proposes to add a new type of infrastructure to the Infrastructure List and to make allocations from the Strategic CIL Fund in relation to: air quality monitoring infrastructure, the Trowbridge Bat Mitigation Strategy, and walking and cycling infrastructure improvements.

The total cost of these projects is circa £1.56m, which increases the current commitment from the Strategic CIL Fund to a figure of circa £26.26m. This leaves a figure of £4.34m in the fund as of 31 March 2021.

Proposals for further funding allocations will be made once a review of the evidence underpinning the infrastructure required to support growth in the Local Plan has been completed.

To better align CIL reporting with financial reports of the authority, wherever appropriate it is considered that updates on CIL allocations are reported as part of the budget reporting to Cabinet.

Proposal(s)

That Cabinet:

- (i) Approves the updating of the Infrastructure List to include:

“Infrastructure projects identified through the Local Highways and Footpaths Improvement Groups (LHFIG) that provide for pedestrian and cycle improvements”.

- (ii) Approves the allocation of:
 - (a) Subject to the approval of (i), up to £400,000 to the LHFIG programme for projects that relate to pedestrian and cycle improvements.
 - (b) Up to £160,500 for air quality infrastructure; and
 - (c) An increase to the pot of funding allocated to mitigate the impact of recreational pressures on bat habitats associated with the Bath and Bradford on Avon Special Area of Conservation in line with the Trowbridge Bat Mitigation Strategy from £1.35m to up to £2.35m
- (iii) Agree that the quarterly financial reports to Cabinet be expanded where appropriate to include monitoring use of allocated CIL Strategic Fund spend and the allocation of this fund to new projects.

Reason for Proposal(s)

To ensure the timely delivery of priority infrastructure to support the development of Wiltshire, avoid the need for borrowing and transparency in decision making regarding the use and spending of the Council’s CIL Strategic Fund.

Terence Herbert
Chief Executive

26 April 2022

Subject: Allocation of Community Infrastructure Levy Strategic Fund

Cabinet Member: Councillor Cllr Nick Botterill - Cabinet Member for Development Management, Strategic Planning and Climate Change

Key Decision: Key

Purpose of Report

1. To:
 - (i) Seek approval for an update to the Infrastructure List and further allocations of the Community Infrastructure Levy (CIL) strategic fund to three projects; and
 - (ii) Provide an update on work to be undertaken to profile the future spending of CIL strategic funds and propose reporting arrangements for the allocation of funding.

Relevance to the Council's Business Plan

2. The purpose of CIL is to help fund the infrastructure that our growing communities need while protecting the natural and historic environment and providing for the sustainable development of Wiltshire. As such, it's relevance to the Council's 2022 to 2032 Business Plan is cross-cutting and relates to many outcomes within the plan.
3. The proposals for funding in this report specifically align with our sustainable environment aims to: improve and protect biodiversity, enable everyone to have access to cleaner air, and support decarbonisation of existing transport and increased walking and cycling.

Background

4. Cabinet on 27 September 2021 approved a revised process for allocating the Community Infrastructure Levy (CIL) strategic fund. **Appendix 1** includes the process and criteria any funding allocation is considered against. The Governance arrangements require Cabinet to formally approve allocations of CIL spend from the Strategic Fund.
5. CIL cannot meet all the demands placed on it. It is only one form of funding that can be used to deliver infrastructure. The criteria provide transparency

and help manage expectations about how CIL generated should be spent. It should be used to deliver infrastructure needed to support the development of the area, as set out in the Local Plan.

6. CIL works alongside but does not replace Section 106 (S106) Agreements¹ under the Town and Country Planning Act 1990 (as amended) or Section 278 Highway Agreements under the Highways 1980 Act (as amended). It is not charged on all developments and there are exemptions or relief for some types but unlike S106 it can be collected from any size of development over 100sq m. It is therefore the most appropriate method for capturing developer contributions from small developments and can deliver infrastructure outside of S106.
7. The levy can be used to increase the capacity of existing infrastructure or to repair failing infrastructure if that is necessary to support development.
8. Cabinet on 27 September 2021 alongside approving a revised process also resolved that further work would be undertaken: *“to consider how the strategic fund can be used, in accordance with the CIL legislation, to align delivery of projects with the Council’s budget setting process and the Council’s new Business Plan.”*
9. As reported through the budget report to Cabinet on 1 February 2022, work commenced on this through the consideration of potential projects for the Council’s capital programme. An initial set of projects were identified and approved including allocations for 4 strategic transport projects, which would form part of the Council’s capital programme for a total of £12.96m. A second set of projects has now been identified for which funding is sought.

Main Considerations for the Council

Allocation of Strategic CIL Fund

10. This report is only focusing on the immediate need to allocate further CIL funding for two projects on the current Infrastructure List:
 - (i) Air quality monitoring infrastructure
 - (ii) Trowbridge Bat Mitigation Strategy
11. In addition, consideration is given to an update to the Infrastructure List with the inclusion of a project to deliver improvements for walking and cycling to support active travel within growing local communities.

Air Quality Monitoring Infrastructure

12. The Council’s Infrastructure List includes the provision of air quality monitoring infrastructure. This is now required at Bradford-on-Avon, Calne,

¹ The levy is generally the most appropriate mechanism for capturing developer contributions from small developments (less than 10 homes).

Devizes and Salisbury, where infrastructure is absent or failing, and funding for £160,500 is sought, which is a worst-case figure based on an initial estimate but will be firmed up following tendering. This is the funding gap once Section 106 funding of £19,571 from developments in Bradford-on-Avon and Calne has been considered. No provision has been made in the Council's budget for this infrastructure.

13. While air quality infrastructure is not categorised as 'essential infrastructure' but 'place shaping' and thus has a lower priority in the CIL prioritisation criteria, it does have wider benefits. The data informs the shaping of development to address air quality issues, which in turn enables investment in essential infrastructure as part of development. For example, to manage air quality by providing walking and cycling routes. As such and given the level of strategic funding left once the most recent allocations have been taken off. It is recommended that up to £160,500 is allocated for air quality infrastructure.

Trowbridge Bat Mitigation Strategy - recreation mitigation

14. Cabinet on 27 September approved "*up to £1.35m CIL funding for measures to mitigate the impact of recreational pressures on bat habitats associated with the Bath and Bradford on Avon Bats Special Area of Conservation in line with the Trowbridge Bat Mitigation Strategy.*" Although the resolution also allowed for variances under delegated authority, the additional amount required is so significant further approval is needed.
15. The original allocated funding was based on land being acquired for a suitable area of natural greenspace (SANG), based on purchasing at historic agricultural land values. Since then, further work has been undertaken with the Council's Estates and Development Service to understand current land values based on council purchases elsewhere in the county. This has concluded that funding for a further £1m is needed for a 35 hectare SANG, which is based on land purchased for amenity use that can cost more than agricultural value.
16. To ensure sufficient certainty for delivery of mitigation projects required because of Habitat Regulations it is important that the funding is secured now, without further delay, to enable the Council to make decisions as Local Planning Authority. It is therefore recommended that the approved funding pot to mitigate recreational pressures on bat habitats linked with the Bath and Bradford on Avon Bats Special Area of Conservation is increased from £1.35m to up to £2.35m.

Walking and Cycling Infrastructure Improvements

17. Delivery of walking and cycling infrastructure would help the Council deliver on commitments made not only through the Council's adopted Local Plan but also the more recent Climate Strategy around active travel. Improvements related to infrastructure for pedestrian and cyclists, including safety measures that make it easier/more attractive for people to walk and cycle, would complement the current allocation of Strategic CIL Funds which to date is

solely on road schemes. Sustainable transport measures are classified as 'essential infrastructure' and as such can reasonably be considered for the allocation of CIL Strategic Funds.

18. From 2022/23, Local Highways and Footpath Improvement Groups (LHFIGs) will be able to identify priority projects for highway and footpath schemes, including cycling in community areas. Funding is allocated to the Area Boards for this purpose, which comprises £400k from Highways Integrated Transport Grant and £400k diverted from Area Board capital which is currently funded through borrowing. This is distributed so that each community area has a set fund to access, with a discretionary fund for more substantive projects that are more than the fund allocated.

19. The terms of reference set out the types of projects identified through LHFIGs:

- Pedestrian improvements: including dropped kerbs, new footways, substantive improvements to existing footways, pedestrian crossings (including assessments).
- Cycle improvements: new cycle paths, cycle parking / storage.
- Bus infrastructure: new and replacement Shelters (subject to agreement on future maintenance liability), bus border kerbs, bus stop road markings.
- Traffic signing: new and replacement signs (including signposts), street name plates, village gateways.
- New road markings: new and replacement of existing markings.
- Speed limits: assessment and implementation.
- Waiting restrictions: assessments and implementation.
- Footpath improvements: styles, gates, surfaces.
- Drainage: minor improvements, new gullies.
- Street lighting: new installations.
- Traffic management measures.

20. While not all on LHFIG projects on the face of it directly relate to infrastructure improvements to support walking and cycling, many can do where they relate to associated safety measures and improving the attractiveness of travel by these modes. The LHFIGs provide a positive way to identify priority projects to support walking and cycling in local communities, which are experiencing the effects of development. Given that funding has already been identified for 50% of the allocated funding pot, it is suggested that the remaining £400k or portion of it could be allocated from the Strategic CIL Fund instead of borrowing.

21. To enable Strategic CIL Funding to be allocated, it is first necessary to agree to a change to the Infrastructure List. It is recommended that this proportion of funding is used for those proposals that invest in pedestrian and cycle improvements to support and encourage people to walk/cycle more, helping them live healthier lives. This would be in line with 'Core Policy 60: Sustainable transport' of the Wiltshire Core Strategy. The Infrastructure List could be updated to state:

"Infrastructure projects identified through the Local Highways and Footpaths Improvement Groups that provide for pedestrian and cycle improvements"

22. While the projects identified through LHFIGs are less strategic in nature than projects identified through transport strategies prepared for some of the market towns, the relatively low level of Strategic Funds (up to circa £400k) proposed to be diverted to LHFIG projects as a one off would not significantly compromise spending on strategic transport infrastructure. This will be reviewed in 12 months' time to establish the proportion of LHFIG expenditure which can be funded by CIL.

Reporting on future approval of Allocations from the Strategic CIL Fund

23. To better align CIL reporting with financial reporting of the organisation, it is proposed wherever appropriate that updates on CIL allocations are reported as part of the quarterly budget reports to Cabinet.

24. To be transparent, the title and/or purpose of the reports may need to be changed.

25. The agreed process already requires a Cabinet decision to be made when allocated CIL from the Strategic Fund but is not prescriptive in how this is done. The process therefore does not need to change and has sufficient flexibility in it to allow for the reporting and decision to be made in this way.

26. However, exceptionally it may be appropriate to approve funding outside of the normal budget reporting if the timings do not align.

Next Steps

26 To complete the further work required in paragraph 8, the next step is to undertake a full review of the projects in the 'Infrastructure Delivery Plan' as well as transport strategies that have been prepared (e.g. for Chippenham, Salisbury and Trowbridge) and on the 'Infrastructure List' through engaging with infrastructure providers (internal and external) to understand whether the projects identified are still needed and why, when they need to be brought forward, and whether there is a demonstrable funding gap.

27 This work may in turn identify new infrastructure projects where there is a clear case these are needed to support current Local Plan growth.

28 At the same time, work can be undertaken by Finance with the support of Planning to profile future CIL income to anticipate available funds and align this with projected spending.

Overview and Scrutiny Engagement

27. At the time of writing, no engagement had been undertaken with the Council's Overview and Scrutiny function.

Safeguarding Implications

28. There are no direct safeguarding implications associated with the proposal.

Public Health Implications

29. Air pollution is one of the major environmental detriments to health and there is evidence that it has an impact on incidence and severity of lung health and cardiovascular disease leading to reduced life expectancy. Short term increases in levels of air pollution can cause a range of health impacts. Improving air quality monitoring infrastructure across the county will enable the Council to make informed decisions about actions to be taken in relation to air quality.
30. Delivery of new natural green spaces as part of environmental mitigation and improvements to support walking and cycling will benefit local communities.

Procurement Implications

31. There will be direct procurement implications if CIL funding is approved. Procurement will be undertaken in line with corporate procedures.

Equalities Impact of the Proposal

32. There are no direct equalities impacts arising from the proposal.

Environmental and Climate Change Considerations

33. All projects for which funding is proposed to be allocated will have environmental benefits. Improvements to walking and cycling infrastructure (including safety measures) will encourage people to use these modes of travel, supporting decarbonisation of transport. Air quality monitoring infrastructure will inform where action needs to be taken to improve air quality.
34. Measures to improve access to alternative open space, as guided by the Trowbridge Bat Mitigation Strategy will ensure that there are no adverse impacts arising from development for a protected wildlife site.

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

35. The recommended allocations as set out in the proposal will provide funding for projects that are considered necessary to support growth, ensuring air quality can continue to be monitored effectively and ensure that there are no adverse impacts on the integrity of protected wildlife sites.

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

36. The costs to deliver mitigation measures and monitoring equipment can only be estimated at this time. While this is based on evidence, spending against the allocated funding will need to be monitored. Use of Strategic CIL Fund for projects identified by LHIGs also will be monitored to ensure effective use of funds.

Financial Implications

37. Commitments to date have been made for circa £24.7m of the Council's CIL Strategic Fund, leaving a figure of £5.9m as of 31 March 2021, which has grown further during 2021/22.
38. The proposals for new funding allocations as set out in this report total circa £1.56. This would leave at least £4.34m in the strategic fund.
39. As set out in paragraph 23, use of CIL Strategic Fund to support projects identified through the LHFIGs would avoid borrowing by the Council. This is a financing decision and does not affect the total budget approved.
40. Reporting updates on CIL spend and making recommendations for allocation as part of the quarterly budget reporting to Cabinet where appropriate will ensure greater visibility and show the link to the revenue and capital programmes. It will also enable decisions on allocations of CIL to be made without the need for separate CIL focused Cabinet paper.

Legal Implications

41. Allocations for CIL Strategic Funds has been considered against the Council's approved process that has been prepared in line with the legal framework.
42. The Community Infrastructure Levy (Amendment) (England) (No.2) Regulations 2019 came into force 1 September 2019. This included the requirement to prepare an annual Infrastructure Funding Statement² (by no later than 31 December 2020), which is required to set out:
 - The infrastructure projects or type of infrastructure which the charging authority intends will be, or may be, wholly or partially funded by CIL - known as the 'Infrastructure List' (which replaces the Regulation 123 List).
43. To allocate the Council's Strategy CIL Funds, the project or type of infrastructure must be on the Infrastructure List before funding can be allocated to infrastructure on it. The changes to CIL Regulations also provided the ability for local authorities to combine Section 106 and CIL funding towards the same infrastructure project or item.

Workforce Implications

44. Infrastructure planning to support growth, prioritisation of spending and preparation of the Infrastructure Funding Statement is undertaken by existing staff. This is led by the Spatial Planning Service and involves Officers from across the Council.
45. Those Services to which the funding allocation proposed in this report relates already have set processes through which the infrastructure can be delivered.

² The Council's Infrastructure Funding Statements can be viewed via this [link](#)

Options Considered

46. Consideration has been given to whether further allocations should be made now or whether the CIL Strategic Fund should be allowed to accrue more. However, there is a clear case for allocating funding for the projects identified for the reasons explained, particularly for the air quality infrastructure and environmental mitigation where no alternative source of funding is available, and the projects are time critical.

Conclusions

47. The Infrastructure List should be updated to include pedestrian and cycle infrastructure improvements including safety measures identified through the LHIGs, as approved by the Area Boards.

48. Approval of strategic CIL funding for three priority projects will ensure the timely delivery of infrastructure and avoid the need for borrowing. The need for further allocations should be made following a review of the evidence underpinning the infrastructure required to support growth in the current Local Plan.

49. Future allocations for CIL funding should be made where possible as part of the reporting on the budget to better align the Council's financial reporting.

Parvis Khansari (Director - Highways and Environment)

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11 April 2022

Appendices

Appendix 1: Approved process for allocation of Strategic CIL Fund

Background Papers

None

APPENDIX 1: Approved Process for allocation of CIL Strategic Fund

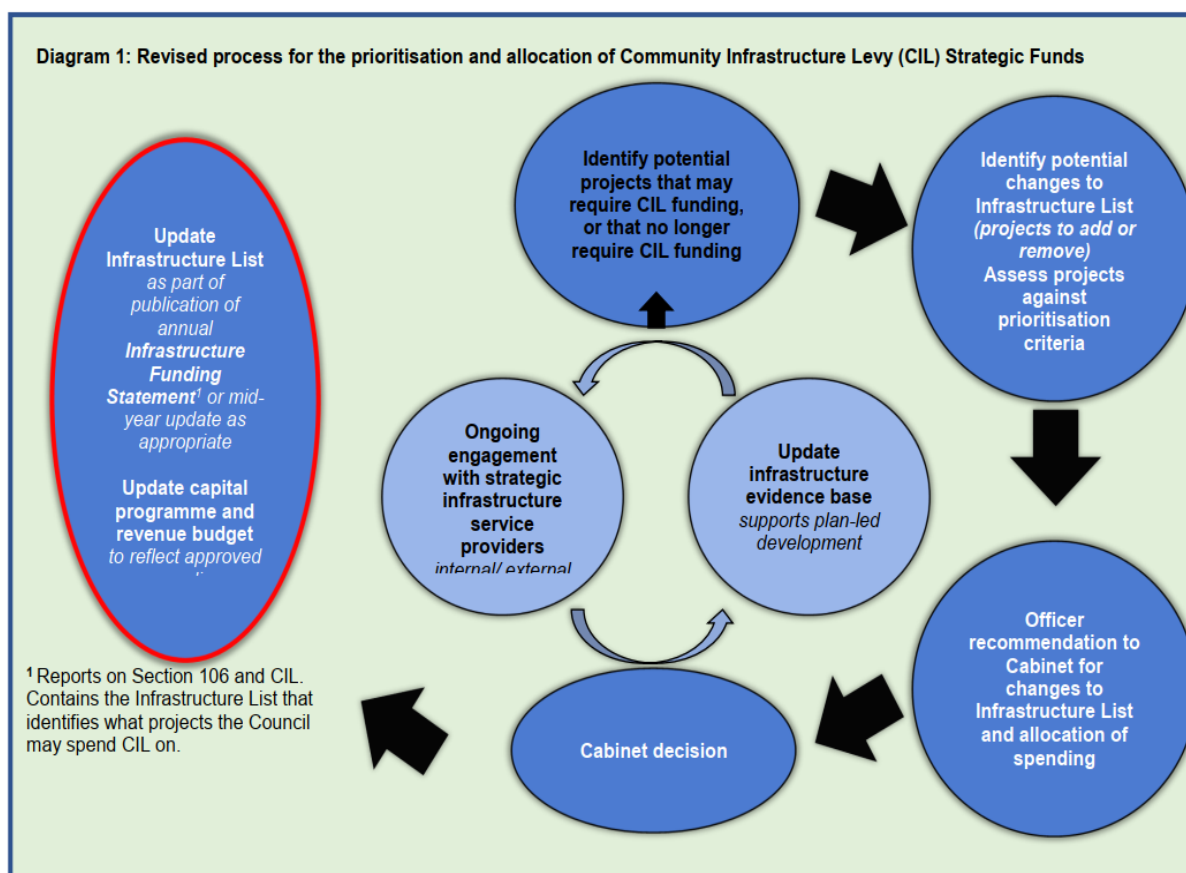


Figure 1: Approved process for allocation of CIL Strategic Fund
(Cabinet 27 September 2021)

The following table sets out the criteria used to appraise the allocation of funding from the Council's Strategic CIL Funds, as approved by Cabinet 27 September 2021.

CIL Strategic Fund Allocation Criteria	
(i)	Whether it is on the Infrastructure List
(ii)	How it supports the delivery of growth within the Council's Local Plan (Wiltshire Core Strategy, Chippenham and Wiltshire Housing Site Allocations Plans)
(iii)	Whether it would be 'essential' (e.g. sustainable transport, education) or 'place-shaping' (e.g. leisure and recreation) infrastructure, as set out in the Core Strategy (paragraphs 4.41 and 4.42). Core Policy 3 prioritises essential infrastructure in the event of competing demands
(iv)	Is it needed in line with (ii) and to ensure it complies with Habitats Regulations and would not be delivered through other means
(v)	Whether alternative sources of funding could be used to deliver the project, and if so which source(s)
(vi)	Whether it would enable other sources of funding to be secured that would not otherwise be available (e.g. needed to match or draw down grant funding); and/or ensure timely delivery of projects partially funded through Section 106 legal agreements

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Wiltshire Council

Cabinet

26 April 2022

Subject: Proposed change from CATGs to LHFIGs

Cabinet Member: Cllr Dr Mark McClelland Cabinet Member for Transport, Waste, Street Scene and Flooding

Key Decision: Non Key

Executive Summary

Cabinet has expressed a desire to increase the remit of the Community Area Transport Groups (CATGs) and has approved additional funding to allow this to progress. In order to reflect the changed remit, it is proposed to rename the groups as Local Highway & Footway Improvement Groups (LHFIGs).

The CATGs have been operating since 2011 and have been involved in the delivery of over 1,000 schemes across the County. They have successfully delivered a large range of scheme types to improve road safety and encourage walking and cycling.

The Environment Select Committee undertook a review of the operation of the Groups, including a survey of members of the CATGs and those involved in them in 2019.

The survey results indicated that the majority thought that the CATGs were an effective way of attracting and prioritising highways and transport investment. The majority thought that CATGs were effective because they have delivered improvements to the highways in a local area.

There were suggestions in some of the survey responses that the funding for the CATGs should be increased and that if the CATGs had more support resources available then they would be able to deliver an even better service.

It is proposed that the remit of the Groups be extended to cover additional areas of infrastructure improvement. This would include, for example, waiting restrictions, footway and footpath improvements, and some drainage works.

Proposal(s)

- It is recommended that the proposed creation of the LHFIGs should be considered for approval by Cabinet.
- That the revised Terms of Reference and Guidance Notes be adopted.

Reason for Proposal(s)

The CATGs have clearly been an effective way of attracting and prioritising local highways and transport investment. They have facilitated community engagement and helped communities understand the potential for safety improvements on the highway network and the limitations because of legal, funding or other factors.

Increasing the remit and the budget provision is seen as a way of continuing the development of the Groups and furthering local involvement in Highway matters.

Terence Herbert
Chief Executive

26 April 2022

Subject: Proposed change from CATGs to LHFIGs

Cabinet Member: Cllr Dr Mark McClelland Cabinet Member for Transport, Waste, Street Scene and Flooding

Key Decision: Non Key

Purpose of Report

1. Cabinet has expressed a desire to increase the remit of the Community Area Transport Groups (CATGs) and has approved additional funding to allow this to progress. In order to reflect the changed remit, it is proposed to rename the groups as Local Highway & Footway Improvement Groups (LHFIGs).

Relevance to the Council's Business Plan

2. The Business Plan 2017 - 2027 sets out Wiltshire Council's priorities for the next ten years:
 - Growing the local economy
 - Strong communities
 - Climate Emergency
3. One of the Business Plan's missions is to make Wiltshire a place where We have vibrant, well-connected communities which includes 'being able to get around easily' and 'options for different modes of transport'.
4. The CATGs have helped implement schemes that deliver the priorities in the Business Plan and the Council's Local Transport Plan. The proposed change to LHFIG's is considered to further enhance this ability and enable the Business Plan priorities to be met.

Background

5. The Community Area Transport Groups (CATGs) were formed as sub-groups of the Area Boards to consider transport issues in more detail and report back to the Area Boards with recommendations for schemes and initiatives which support the transport aims of the Council.
6. The CATGs have been operating since 2011 and have been involved in the delivery of over 1,000 schemes across the County. They have successfully delivered a large range of scheme types to improve road safety and encourage walking and cycling.

7. A discretionary highways budget has been allocated to each Area Board by the Cabinet Member for Transport, Waste, Streetscene and Flooding which is based on the geographical size and population of each community area. The funding is capital funding and can only be used to provide new and improved highway infrastructure.
8. The funding has allowed the delivery of small scale schemes that improve safety, increase accessibility and sustainability by promoting walking; cycling and public transport and improve traffic management. It cannot be used to fund revenue functions such as maintenance schemes or the provision of passenger transport services.
9. If the estimated cost of an identified CATG scheme is found to be excess of the total discretionary amount available, the groups can consider submitting a bid for funding from the centrally held funds for larger substantive schemes. Bids from the respective groups are considered annually. Each bid for a substantive scheme is subject to a full assessment appraisal and scored against set criteria before funding is allocated.

Operation of the CATGs

10. The Environment Select Committee undertook a review of the operation of the Groups, including a survey of members of the CATGs and those involved in them in 2019. This provided the opportunity to consider whether their remit and function are still relevant.
11. The survey results indicated that the majority thought that the CATGs were an effective way of attracting and prioritising highways and transport investment. The majority thought that CATGs were effective because they have delivered improvements to the highways in a local area.
12. The governance arrangements, with the CATGs as sub-groups of the Area Boards, were considered appropriate by most respondents and most thought that the frequency of meetings was about right.
13. It was considered that the CATGs had helped members, the public and town and parish councils to raise concerns that have been progressed more quickly than through the more traditional processes.
14. There were suggestions in some of the survey responses that the funding for the CATGs should be increased and that if the CATGs had more support resources available then they would be able to deliver an even better service.

Main Considerations for the Council

15. It is proposed that the remit of the Groups be extended to cover additional areas of infrastructure improvement. This would include, for example, waiting restrictions, footway and footpath improvements, and some drainage works. A full list of the type of works that can and cannot be undertaken is included in the revised Terms of Reference included at **Appendix 1**.

16. In order to facilitate the change to LHFigs Cabinet has previously approved an additional £400,000 of the Council's own capital funding of which £250,000 will be made available to the Groups with £150,000 used to provide additional officer resource. In addition, the Substantive fund is to be increased to £250,000 using an allocation from the DfT Integrated Transport Block Grant funding.

Terms of Reference

17. To reflect the additional remit of the LHFigs the previous CATG Terms of Reference have been redrafted. This is supported by a new Guidance Note that sets out how the Groups are intended to operate moving forward and provides clarity of responsibilities. These are included at **Appendix 1**.

Risks and mitigation

18. The increased remit of the LHFigs will require additional officer support. This is allowed for, in part, in the funding that will allow recruitment of additional staff. Traditionally the CATGs have been predominantly supported by staff from the Traffic Engineering team. However, the LHFigs may require greater involvement from a number of the Council's other teams, including Local Highways, Transport Planning, Rights of Way and the Community Engagement team.
19. Financial control will continue to need careful monitoring and management and will be reported regularly.
20. There are risks regarding having sufficient resources to deliver all the requested schemes within the expected timescales, especially in view of the wider range of schemes being delivered by the LHFigs. The resource levels and scheme delivery will be monitored to determine whether changes to the operation of the groups would be required in the future. This review should be undertaken after 12 months of operation.

Overview and Scrutiny Engagement

21. The review of the CATGs was carried out at the request of the Environment Select Committee. The operation of the highways service and its contractors is reported annually to this Committee and includes information on the Integrated Transport schemes and the CATG schemes implemented each year. This will continue with LHFig schemes being reported in future.

Safeguarding Implications

22. None identified

Public Health Implications

23. The schemes implemented by the CATGs / LHFigs can make a significant contribution to reducing collisions, especially those resulting in killed and seriously injured. As the highway authority, Wiltshire Council is responsible for monitoring and reducing collisions and accident casualties on its roads, and the LTP provides funding to undertake engineering solutions at identified

collision cluster sites. The CATG / LHFIFG schemes often also improve road safety.

24. One of the aims of Wiltshire's LTP is to improve air quality and reduce air and noise pollution caused by transport. The LTP contains policies that set out to reduce dependence on car-borne travel and increase cycling, walking and public transport. These policies aim to reduce the rate of traffic growth in the county and improve the environment by reducing air and noise pollution. The CATG / LHFIFG schemes can support walking and cycling and contribute to helping communities adopt a healthy lifestyle.
25. Everyone benefits from active travel. For each individual, it boosts physical and mental health, for our health service it reduces the burden of treating preventable illnesses and of course businesses see the benefit of a healthier workforce.
26. Initiatives that make the most of local community assets, facilities and resources and build walking or cycling into daily routines can help increase physical activity as well as reducing harms associated with road transport such as:
 - road traffic collisions and injuries
 - air pollution
 - noise
 - reduced social cohesion and increased social isolation for many

Procurement Implications

27. There are no procurement implications. Most of the work for implementing LHFIFG schemes will be undertaken by the Council's term consultant, Atkins, or term contractor, Ringway or other suppliers through existing specialist contracts. These contracts were all awarded in accordance with the corporate procurement strategy.

Equalities Impact of the Proposal

28. The types of scheme implemented by the CATGs / LHFIFGs usually benefit all road users, including users of public transport, and particularly vulnerable road users such as cyclists, pedestrians and the less able.

Environmental and Climate Change Considerations

29. The LTP was subject to a Strategic Environmental Assessment. One of the priority goals is to reduce carbon emissions from transport and the LTP sets out policies that aim to reduce dependence on travel by private car and promote cycling, walking and the use of public transport. The objective of these policies is to reduce the rate of traffic growth in the county and bring about an improved environment by reducing CO₂ emissions, as well as addressing community severance and air and noise pollution. The LHFIFG schemes have potential to support this aim.
30. The highway service recycles a large proportion of the waste material generated by its highway operations and takes specific measures to protect the environment when carrying out maintenance and construction work. The

nature and small size of many of the CATG / LHFIG schemes can make recycling less efficient, but opportunities are taken to recycle waste material where feasible.

31. Schemes to encourage walking and cycling and the use of public transport are likely to have a central role in reducing the carbon footprint of the local communities in Wiltshire. The LHFIGs are likely to have a key role in promoting walking and cycling opportunities in the future.

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

32. Should the decision be made not to proceed with the change to LHFIGs, the opportunity to allow further community engagement with the delivery of locally requested schemes in the county would be lost. Existing problems would remain and reputational damage to the council may occur.

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

33. Should the decision be made to proceed with the change to LHFIGs, then there are risks around financial control and having sufficient resources to deliver all the requested schemes. The resource levels and scheme delivery will be monitored to determine whether further changes to the operation of the groups would be required

Financial Implications

34. To date funding has been provided from the Council's Integrated Transport block (ITB). This is a capital grant received on an annual basis from the Department for Transport. The funding for CATG's has been £250,000 annually which was divided across the 18 community areas based on population and road length. In addition, CATG's were able to bid into the Substantive Highways Scheme Fund which had a budget of £150,000 to help fund larger schemes.
35. Cabinet has approved an additional £400,000 budget of the Council's own capital funding and an additional £100,000 of ITB funding, increasing the total budget to £900,000. £150,000 will be used to provide additional officer resource. £500,000 will be divided across the 18 community areas and £250,000 will be available through bidding for larger schemes in the Substantive Highways Scheme Fund.
36. The LHFIGs standard budgets will therefore be more than double those available to the CATG's.
37. The CATGs have been encouraged to seek local funding to assist in scheme delivery. This has proved to be very successful with some schemes being funded entirely by town or parish councils. This is to continue with the LHFIGs with a minimum local contribution of 20% suggested.
38. It should be noted that the funding available to the LHFIGs provides no additional revenue funding to assist with the future maintenance of new

infrastructure and this will inevitably increase the Council's future maintenance liabilities.

Legal Implications

39. The Council has a duty under the Highways Act to maintain the county's roads and has powers to carry out improvements. There is various other legislation, including the traffic signs regulations, which are relevant to the types of schemes implemented by the LHFIGs. The correct procedures need to be followed to ensure that valid legal orders are in place when schemes are implemented.
40. The use of road signs and markings are governed by regulations and specific guidance which must be followed to ensure that the Council's actions are legal and do not create additional hazards and liabilities. The procedures and consultations to be followed may sometimes appear to be time consuming, and limit the options available to the LHFIGs, but it is important that they are complied with or the Council could be liable to claims or legal challenges.
41. The LHFIGs will be advised by officers who are very experienced in the delivery of these types of scheme and have access to specialist legal advice if required.

Workforce Implications

42. The need for additional resource to support the LHFIGs has, in part, been identified and allowed for within the increased funding. The resource levels and demands will be monitored to determine whether further resource changes will be required in the future

Options Considered

43. Three options have been considered
 - To not continue with the CATGs / LHFIGs
 - To continue with the CATGs in their current format
 - To move from CATGs to LHFIGs.
44. To abandon CATGs / LHFIGs completely is seen as a retrograde step that would remove local involvement and result in community issues not being addressed. Reputational damage to the Council is a likely consequence. Continuing with the CATGs in their current format would continue to allow local involvement and the delivery of community schemes. This has a proven track record and would as likely remain successful. The move to LHFIGs with the increased remit and the budget provision is seen as a way of continuing the development of the Groups, building upon the good work of the CATGs and furthering local involvement in Highway matters.

Conclusions

45. The CATGs have clearly been an effective way of attracting and prioritising local highways and transport investment. They have facilitated community engagement and helped communities understand the potential for safety

improvements on the highway network and the limitations because of legal, funding or other factors.

46. It is recommended that in view of the high level of interest there has been by members, town and parish councils regarding the previous CATGs. the proposed creation of the LHFIGs should be considered for approval by Cabinet and that the revised Terms of Reference and Guidance Notes be adopted.

Parvis Khansari (Director - Highways and Environment)

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28/3/22

Appendices

Appendix 1 – Terms of Reference and Guidance Notes

Background Papers

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

None

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Appendix 1

LOCAL HIGHWAY & FOOTWAY IMPROVEMENT GROUPS (LHFIG)

TERMS OF REFERENCE

Membership of the LHFIG

The LHFIG will normally be made up of:

- Members of the Area Board
- Town and Parish Council representatives
- Community / Stakeholder representatives

It is recommended that the groups do not normally consist of more than 10 representatives, but for larger community areas this may not always be feasible.

Representatives should act as a conduit between their organisations and the LHFIGs by putting forward the views of the body they represent and providing feedback to its members regarding the work of the LHFIGs. The group members will also need to be mindful of the needs of the community area when making their recommendations, as not all councils and groups may be represented on the LHFIGs.

Recommendations to the Area Board will usually be reached by consensus, but if necessary, these can be agreed by a show of hands by those representatives present at the meeting.

The group will normally be chaired by a Wiltshire councillor. Membership of the LHFIGs will cease when a member ceases to hold the stated office as first appointed, or when a parish/town council or group choose to nominate an alternative representative.

The LHFIGs may invite representatives from local organisations to its meetings to give technical advice or to share pertinent local knowledge on projects in the area.

Appointment of LHFIGs members

Appointment of Wiltshire Council members to the LHFIGs will normally be agreed at a full meeting of the Area Board. Membership may be varied, with the agreement of the Area Board Chairman, subject to approval at the next full Area Board meeting.

Where required for flexibility, the Area Board may appoint an unnamed representative of an organisation to the LHFIGs (e.g. town/parish council or Community Area Partnership) to ensure that the organisation is always represented at meetings. However, it is preferred that the same representative attends if possible to ensure consistency of membership.

Media relations

Members of the LHFIGs must not issue press statements on behalf of the Area Board.

Any press statements about the work of the LHFIGs should be agreed between the Chairman of the LHFIGs and the Chairman of the Area Board, and in consultation with

Wiltshire council's communications team. You can contact the communications team at communications@wiltshire.gov.uk.

Meetings

It is recommended that the LHFIGs meet four times a year. Ideally the meetings should be 2 to 4 weeks in advance of the Area Board meetings. Meetings are intended to be limited to the membership set out above and is open to other members of the Area Board who wish to attend. It can be open to public if the LHFIG chair wishes, and by invitation. It should be noted that LHFIGs are advisory bodies and do not exercise delegated decision-making powers. All decisions are to be ratified by the Area Board.

Officer support

Meetings will be attended by relevant officers from Wiltshire Council, including a Senior Transport Planner, a Senior Traffic Engineer, Local Highway Maintenance Engineer and the local Community Engagement Manager. Attendance by officers of other expert knowledge may be arranged when necessary.

Additional support will be provided outside of the meeting by the Corporate Office Business Support unit as currently for Area Boards, for the purpose of arranging meetings, venues, and the production of meeting action notes.

Terms of reference

The LHFIGs have no formal decision-making authority on operational matters or budget expenditure but act as an informal discussion forum making recommendations to the Area Board. Recommendations must be agreed at a full LHFIG meeting before being brought to the next Area Board for approval.

The LHFIGs terms of reference are set out at Appendix A:

Examples of projects the LHFIGs can and cannot fund are set out in Appendix B:

Terms of Reference

1. Small-scale transport schemes – discretionary funding

To make recommendations to the Area Board to determine priorities and levels of expenditure required for small-scale transport schemes in the community area. A discretionary highways budget has been allocated to the board by the Cabinet Member for Transport, Waste, Street Scene and Flooding. The funding allocation is a mixture of highways and council capital funding and can only be used to provide new and improved highway infrastructure. It is suitable for schemes that improve safety, increase accessibility and sustainability by promoting walking, cycling and public transport and improve traffic management.

It cannot be used to fund revenue functions, such as routine maintenance schemes or the provision of passenger transport services.

A list of schemes which the groups can fund in contained in Appendix B

Schemes considered by the LHFIGs must have first been raised through the highway improvement request system and endorsed by the relevant town or parish council.

The LHFIGs can be directed to look at issues identified by Highways Officers when considered appropriate. For example, when an issue is raised for which other centrally held resource does not exist.

In choosing their local transport schemes, Area Boards will need to be mindful of the priorities of the Local Transport Plan and the likely availability of future funding for implementation.

2. Small scale transport schemes – substantive funding

To submit bids for funding from the centrally held substantive funds. A scheme qualifies as substantive if the estimated cost is more than the total discretionary amount available as part of the group's annual allocation.

Appendix B – Example of projects which can and cannot be funded by LHFIGs

LHFIGs can fund the following:

Pedestrian improvements: including dropped kerbs, new footways, substantive improvements to existing footways, pedestrian crossings (including assessments).

Cycle improvements: new cycle paths, cycle parking / storage.

Bus infrastructure: new and replacement Shelters (subject to agreement on future maintenance liability), bus border kerbs, bus stop road markings.

Traffic signing: new and replacement signs (including signposts), street name plates, village gateways.

New road markings: new and replacement of existing markings.

Speed limits: assessment and implementation.

Waiting restrictions: assessments and implementation.

Footpath improvements: styles, gates, surface improvements to rights of ways (council maintainable only).

Drainage: minor improvements, new gullies.

Street lighting: new installations.

Traffic management measures: including Sockets and posts for SID (Speed Indication Device) equipment.

As a general rule, an asset should exist at the end of the project, i.e. something new that wasn't there beforehand.

LHFIGs cannot fund:

Routine maintenance: such as gully emptying, ditch clearing, hedgerow cutting, pot hole repairs.

Service subsidy: bus services

Promotional campaigns

SID equipment

Improvements for individuals and properties

As a general rule, activities that repair, clean, tidy or remove something that is already present are likely to be considered routine maintenance and cannot be funded by LHFIGs.

Guidance notes for Local Highway & Footway Improvement Groups (LHFIGs)

Attendance

To enable meetings to be conducted efficiently, it is encouraged that participants are limited to those who need to attend and ideally below 10. It is however recognised that in certain community areas this is difficult to achieve due to their geographical size. In these circumstances, multiple attendees from groups or councils are discouraged.

All meetings will be supported by Wiltshire Council officers, with attendance from the relevant Community Engagement Manager, and from the council's Highway service; Traffic Engineering, Area Highway Maintenance, and Sustainable Transport teams. Other service areas may attend depending on the issues raised, including (but not limited to) Passenger Transport and Rights of Way.

Several specific community groups exist with special interest in particular topics such as cycling and walking. At the discretion of each LHFIG chair these groups could be represented at LHFIG meetings, as they may provide access to potential funding opportunities that do not exist elsewhere.

The meetings are not open to members of the public, but where an issue may benefit from further information, the public may be asked to attend by invitation and agreement of the Chair. This should be communicated to the wider group beforehand.

Decision making

The LHFIGs do not have decision-making powers but make recommendations to the relevant Area Board to ratify the decisions taken at the meetings.

Meeting dates and programme

Meetings should ideally take place in the following periods with the intended meeting purpose, as set out below: Ideally the meetings should be 2 to 4 weeks in advance of the Area Board meetings.

April: Budget confirmation and budget allocation to projects.

July: Progress meeting. Budget allocation (note: projects allocated beyond this meeting may not be delivered by the end of March).

October: Progress meeting. Agree projects to be put forward for funding from Substantive bid, ahead of end of November submission deadline. Small scale and low-cost projects at this meeting may be delivered before end of year deadline.

January: Progress meeting. Agreement of any funding to be returned for redistribution. Any projects prioritised at this meeting will not be delivered within this financial year.

Meetings can be held in either in person or online.

The above programme is indicative, and it will be up to individual groups to determine how and when priorities are identified. It should be noted there remains an increased risk to groups who identify schemes later than suggested. Early identification will provide the maximum timescales for delivery and reduce the risk of funds being unspent.

Early identification of projects will help enable officers to allocate resource, particularly those with a Civil Engineering element. Lower cost, smaller scale projects such as simple road

signing and markings may be prioritised throughout the year, however it needs to be recognised there remains a risk that completion by the end of a year may not be achieved.

Submission of Issues

Issues must be submitted via the Highway Improvement Request Form to the relevant parish/town council, which must give its support. For issues to be given consideration at the relevant meeting, parish/town councils must submit to Wiltshire Council no later than 14 days in advance of the advertised meeting date and must attend the meeting.

Previous guidance for CATGs encouraged a maximum of five active projects at any one time. This is no longer the case, as the LHFIG's priorities will be identified at the April meeting to allow the maximum delivery time.

The LHFIGs can be directed to look at issues identified by Highways Officers when considered appropriate. For example, when a highways issue is raised with the Council for which other centrally held resource does not exist.

Funding

The funding allocation for each group is set out in the following table:

Area Board Name	2021/22 CATG Allocation (£'s)	2022/23 Highway Allocation (£'s)	2022/23 Wiltshire Council Allocation (£'s)	2022/23 LHFIG Allocation Total (£'s)
Bradford on Avon	10,382	10,382	10,382	20,764
Calne	12,396	12,396	12,396	24,792
Chippenham	17,403	17,403	17,403	34,806
Corsham	10,819	10,819	10,819	21,638
Devizes	15,984	15,984	15,984	31,968
Malmesbury	13,255	13,255	13,255	26,510
Marlborough	12,623	12,623	12,623	25,246
Melksham	12,169	12,169	12,169	24,338
Pewsey	13,356	13,356	13,356	26,712
RWB & Cricklade	15,093	15,093	15,093	30,186
Salisbury	14,180	14,180	14,180	28,360
South West Wilts	17,291	17,291	17,291	34,582
Southern Wilts	16,172	16,172	16,172	32,344
Stonehenge	16,803	16,803	16,803	33,606
Tidworth	11,085	11,085	11,085	22,170
Trowbridge	15,629	15,629	15,629	31,258
Warminster	14,905	14,905	14,905	29,812
Westbury	10,455	10,455	10,455	20,910
Total	250,000	250,000	250,000	500,000

At the end of the financial year uncommitted (where no commitment has been placed with a contractor for delivery) Integrated Transport Block (ITB) funding will be removed from the Groups and reallocated within the overall ITB budget. The table below provides an example of this.

Note: Allocations to projects which will take place in a subsequent financial year will only be acceptable where external circumstances do not permit delivery i.e., unable to obtain road space booking, or materials. Final decision on this will remain with the Cabinet Member.

Example

Area Board Name	2022/23 LHFIG Allocation Total (£'s)	2022/23 Expended (£'s)	To be reallocated 2023/24 (£'s)
Group A	20,124	19,675	449
Group B	24,930	21,589	3,341
Group C	36,174	35,666	508
Group D	21,902	21,852	50
Group E	31,502	24,697	6,804
Group F	26,720	25,157	1,563
Group G	27,230	22,587	4,643
Group H	26,450	24,699	1,751
Group I	24,674	18,621	6,053
Group J	28,410	27,958	452
Group K	29,516	27,234	2,282

Group L	34,158	33,201	957
Group M	27,352	26,547	805
Group N	35,462	34,308	1,154
Group O	23,514	25,685	-2,171
Group P	30,708	29,567	1,141
Group Q	30,452	24,685	5,767
Group R	20,640	19,819	821
Total	500,000	463,574	38,541

Commentary on example;

In this scenario, £38,541 would be included in the 2023/24 Integrated Transport Block.

Where a particular group exceed their budget allocation for a year, these funds will not be recouped from underspends from other groups, but the allocation the receive in a future will be deducted. In the example above Group O exceeded its allocation by £2,171 in 2022/23. In 2023/24 its allocation £23,514 would be reduced to £21,343.

Other points to note

There are many reasons why costs exceed the estimated value, including the consequences of weather conditions, additional traffic management and uncharted services and contractual price indices uplifts.

Groups are encouraged to continue to seek additional contributions from third parties towards schemes. Full discretion is given to the LHFIGs in terms of the level of third party funding, but it is suggested this is set at a minimum of 20%.

As the funding is classified as capital expenditure, it must be spent on items which result in a new asset to the Council i.e. something exists upon completion of the work. It *cannot* be used to fund activities which are routine, provide betterment to an individual / group or property, or provide a subsidy.

Responsibilities & Types of projects

The following table sets out the types of projects that can be funded through the groups, along with responsibilities of the various attendees to enable the meetings to function and priorities to be delivered. The list is not exhaustive and intended to be a guide, in addition are examples of projects which will not be considered for funding by the group.

Traffic Engineering Team	
Pedestrian Improvements	Substantive Improvements and New Footways Pedestrian Crossing Assessments and Crossing Installation
Cycle Improvements	New Cycle facilities Cycle Parking / storage Cycle Signing
Bus Infrastructure	New Shelters* Bus Boarder Kerbs Bus Stop Road Markings
Traffic Signing	New Traffic Signs Village Gateways
Road Markings	New Road Markings
Speed Limits	Assessments Implementation
Waiting / Parking restrictions	Assessments Implementation
Street Lighting	New installations
Traffic Management	General Traffic Management measures
Local Highways	
Pedestrian Improvements	Dropped Kerbs Improvement to existing footways
Bus Infrastructure	Replacement Shelters*
Traffic Signing	Replacement signs (inc posts) Street Name Plates Sockets & Posts for SID Equipment
Road Markings	Replacement & Minor alterations of existing markings
Rights of Way	
Footpaths	Stiles / Gates Surface Improvements (Council Maintainable paths only)
Drainage	
	Minor Improvements New Gullies
Community Engagement	
	Meeting Booking Venue Action Note recording
Sustainable Transport	
	Advice on Council Policies Local Cycling & Walking infrastructure Plan Highway Developments

*(Subject to agreement on future maintenance liability)

Note;

Footways (commonly referred to as pavements) abut the Highway (road)

Footpaths are routes which are defined as Public Rights of Way and cross land not classified as highway

Example of projects which cannot be funded include;

Routine Maintenance – Gully emptying, Ditch Clearing, Hedgerow cutting, pot hole repairs.

Service subsidy – Bus Services

Promotional Campaigns

SID Equipment

Improvements for Individuals and Properties

Weight Limit (Freight) assessments

Substantive bids

Some of the priorities identified by the groups will exceed their annual financial allocation.

To assist groups in delivering these types of projects, a dedicated, centrally allocated fund will continue to be available to help bridge the funding gap. This will be set at £250,000 for the year 2022/23. As outlined in the funding section, this may also be supplemented in future years by utilising any unspent allocation from across the 18 community areas. For example, if each group underspends by £1,000 in 2022/23, then the substantive allocation for 2023/24 could be £268,000 (£250k + (18 x £1,000)).

The rules associated with applying for funding will remain the same as in previous years i.e. that the cost of the project must exceed the annual allocation for the community area in which the bid is submitted. In addition to this criteria, groups submit a minimum contribution to the application equivalent to a third of their annual allocation.

The substantive bid submission deadline is the end of November each year. This will enable projects to be developed throughout the year and ensure accuracy of submissions (e.g. designs, costs etc), rather than speculative applications where minimal design activities have been undertaken. All applications will be assessed and ranked in accordance with the agreed protocol during the January to March period. Successful bids will then be allocated funding for the following April, to match the level of substantive budget. The outcome of the bid process will be subject to a Cabinet Member decision.

Substantive projects will then be delivered in the April to March period of the following year, so bids submitted by November 2022 and identified as successful will receive funding from the 2022/23 allocation, with delivery anticipated in 2023/24.

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Wiltshire Council

Cabinet

26 April 2022

Subject: **Integrated Urgent Care Review**

Cabinet Member: **Cllr Jane Davies-Cabinet Member for Adult Social Care, SEND, Transition and Inclusion**

Key Decision: **Key**

Executive Summary

The LGA High Impact Change Model and Better Care Fund imperatives require the development of a sustainable model for integrated urgent care and rapid response in crisis in line with the NHS Long Term Plan and NHS operating framework 2020/21.

The model is required to be a form of community care that is available on the same day or within the 2-hour target for a person's assessed through an Integrated Urgent Care Clinical Assessment Service (CAS).

The aim of these services is to help to reduce unnecessary admissions to hospitals and residential care. The Council and BSW CCG have had an Urgent Care contract with Medvivo since April 2018. The total Contract value for the Council is £2,095,303 which is funded through the pooled Better Care Fund budget. The contract is held by the CCG, the co-ordinating commissioner, and not the Council.

Service	BCF lead commissioners	
	BSW CCG	Wiltshire Council
Access to Care	x	
Acute Trust Liaison	x	
Carers Emergency Card		x
Telecare Call Centre		x
Telecare Equipment		x
Urgent Care and Response at Home Service		x

The Council and BSW CCG have undertaken a review of Urgent Care services in Wiltshire due to the fact that the current contract expires in March 2023 with the provision to extend by a further 5 years. A decision to extend until 2028 needs to be made by 30 April 2022.

The review has identified the following:

- 1 For Urgent Care at Home and Telecare response, the service has good outcomes for the customers it is able to reach. Overall, it struggles to deliver maximum value for money due to the burden of its overhead costs and length of stay for 50% of the time over its commissioned 72 hrs. Provider audits show that it is not able to respond to on average 25% of referrals. This is in part due to a lack of capacity caused by lack of community health care or domiciliary care to hand off to. Much of the work is being picked up through Wiltshire Council's in-house Wiltshire Support at Home Service.
- 2 Telecare services are working well and exceed the activity of the contract.

Financial position

The body of the report lays out in detail the costs of this service over the next 2 years. In summary, annual costs on Council services within the overall contract will increase from £2.095m to £2.439m, an increase of £0.344m or 16.4%. A significant proportion of the additional costs is in respect of corporate overheads (predominantly corporate salaries) and premises costs rather than inflationary or other pressures in delivering the services.

The costs are met from the Better Care Fund (BCF) so there is not a direct impact on Council budgets. However, the BCF has its own budgetary constraints and as such any pressure has to be met from reductions in other areas of the BCF which may impact on Council services.

The service does have a preventative impact on Adult Social Care expenditure, and as such it is a service that has value, but this does not of itself necessitate continuing to procure the service from the same provider via the current contract.

Contractual position

The contract is due to expire on 31 March 2023. The contract includes a right for commissioners to extend for a further 5 years. In addition to the contract, in 2018 the Council agreed a Collaborative Commissioning Agreement and Financial Memorandum of Understanding with the CCG which sets out the responsibilities and liabilities of the commissioning bodies. Commissioners need to give notice by 30 April 2022 if a decision is made not to extend the contract for 5 years. If this decision is made, the contract will end on 31 March 2023, with no financial penalties.

If the CCG decides to extend the contract, but the Council decides to serve a notice of termination on some or all services to take effect from 31 March 2023 then the services will be removed from the contract on 31 March 2023 and there will be no termination or exit related costs payable.

If the CCG does not agree to a shorter extension and a termination notice is served at any other point in time, the Council would be liable any for additional costs the other commissioners may incur as result of the termination.

The options to the Council are:

1. Give notice on 30 April 2022 and seek to recommission parts of the service and/or bring some in-house. As the Council has not undertaken any market testing this is a high-risk strategy and the cost implications are unknown
2. Request that the CCG agree for the Council to extend for one year with no penalties thereafter if the CCG wishes to extend. This would enable the Council to undertake an options analysis
3. Extend for one year jointly with the CCG but also
 - negotiate down from 16% increase
 - Agree a clearer unit cost/ activity reporting

Proposal(s)

Cabinet is recommended to:

- Agree that the Council extends for 1 year (until April 2024) jointly with the CCG in addition to negotiating the price with Medvivo. The CCG has agreed to this option and that both parties will work collaboratively to develop options for post April 2024
- Note that officers will bring a report to a future Cabinet meeting for agreement on a future service model

Reason for Proposal(s)

The proposals are following a review of the Urgent Care services which were necessary to make a decision by the 30 April 2022 to establish if the contract would be extended for a further 5 years from April 2023 until March 2028.

Terence Herbert
Chief Executive

Subject: **Integrated Urgent Care Better Care Fund Review**

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

Key Decision: **Key**

Purpose of Report

The Council and BSW CCG has had an Urgent Care contract with Medvivo since April 2018. The contract value is £16,579,830 (the Council contribution is £2,095,303) which is funded through the pooled Better Care Fund budget. The BSW CCG holds the contract. The Council and CCG undertook a review to inform recommendations about the potential extension of the contract. A subsequent request by Medvivo for a 16.4% increase in the cost of the contract and the outcome of the review has brought into question the long-term sustainability and value for money of the contract. Additionally, the development of the Integrated Care System and new services such as Rapid Response and Wiltshire Support at Home requires the health and care system to now look at the future urgent care delivery model to ensure that it is fit for purpose and does not duplicate other services.

Relevance to the Council's Business Plan

Urgent Care services support the business plan aim to enable people to remain independent of formal services and to live and age well in their own homes. By reviewing services in a timely way, the Council is able to make contracting decisions that deliver best value for money and ensure the right services are in place at the right time.

Background

Since March 2020, the Wiltshire health and social care system has been operating within the context of the COVID 19 pandemic and the national DHSC emergency response.

The LGA High Impact Change Model and Better Care Fund imperatives require the development of a sustainable model for integrated urgent care and rapid response in crisis in line with the NHS Long Term Plan and NHS operating framework 2020/21.

The model is required to be a form of community care that is available on the same day or within the 2-hour target for people assessed through the Integrated Urgent Care Clinical Assessment Service (CAS).

Integrated urgent care provides short-term, rapid interventions to assess, plan and treat individuals and focuses on:

- Same day rapid response to sudden deteriorations, carer breakdown, symptom control making sure the individual is assessed, safe and receives support at home or in community settings to prevent further escalation or hospital admission
- Same day response to people who have called 999 or attended Urgent Emergency Care settings, but who are assessed to be best managed at home

- Responding to people assessed to require the 2-hour waiting time standard at home or UEC settings
- Reablement / Intermediate care within two days of referral

The aim of these services is to help to reduce unnecessary admissions to hospitals and residential care.

Outcome of the Review –Council funded service performance

Urgent Care at Home (UC@H)

UC@H provides a physical responder and/or domiciliary care at the point of crisis. Responder and care visits should be delivered 24 hours a day, 7 days a week and be available on a continuous basis for up to 72 hours after the first support is delivered.

The service supports carers who may have reached a point of crisis or may be at risk of reaching a point of crisis. A physical responder or UC@H support enables carers to take time out from their role and reduces the likelihood of carer breakdown.

The indicative activity plan for UC@H from the specification is 729 total referrals per annum. In 2020-21 there were 827.

In the Year 4 report submitted to commissioners, the provider anticipates 13,500 units of activity which includes:

- UC@H (based on referrals + days duration on the service)
- Telecare Responses (based on counts of the records of each 'vehicle' attendance)
- Out Of Hours Responses
- Ambulance Lift and Assist

In relation to UC@H, one unit of referral can equate to a range of resource input: anything from one to four times daily visits to 24/7 support. Importantly, the service was initially commissioned to avoid acute hospital admission, so it is not comparable to standard domiciliary care.

Operating model

Medvivo's single point of access (Access to Care (AtC)) deploys the UC@H team. The responders actively support people in the period immediately after referral whilst the AtC's multidisciplinary clinical team seeks to identify the most suitable care pathway for the individual. AtC clinicians coordinate the UC@H team's response and oversee levels of support to 'hold' the person in the community until standard care can commence. Although commissioned only to provide 72hours support, the service frequently manages very complex people for much longer. This mix of dedicated, on-the-ground support and centralised clinical oversight not only means that increased risk can be managed appropriately in the community but also provides an effective and efficient system that avoids inappropriate admissions and expedites hospital discharges.

UC@H operates on a 24-hour basis, and response times, when there is capacity to accept referrals, are within 2 hours. The service is specified to support referred situations for 72 hours.

The overall outcomes for the people seen are good with 381 admissions potentially avoided between April and September 2021. The benefits are:

- Reduced adverse impact on customers from a hospital stay (preventing escalation to increased social care provision)

- Increased opportunity for reablement at home and delay in requirement of long term package of care or placement
- Support for carer breakdown enabling support to come into the home to prevent further ASC long term support

In terms of efficiency, the service is unable to manage its length of stay activity. This is not solely the responsibility of the provider as reduced capacity elsewhere in the health and care system can impact on the timeliness of transitions. The service is not case managed, it does not offer therapy, social work or ongoing nursing assessment. The responders are not trained in reablement. Additionally, there are other ways of delivering domiciliary care support to people in crisis, for example through Home First services which incorporate rapid response domiciliary care. Models such as this allow for maximised use of workforce capacity, as well as less fragmented service delivery resulting in multiple transitions/hand offs.

Telecare Calls and Equipment

The Telecare Call Centre service provides a 24/7/365 contact monitoring centre which makes the initial response to Telecare alerts (this includes assessment of the appropriate response) and in most cases this will be via the customer's named key holders. The call centre also makes agreed proactive contact with customers and will discuss and make assessments as to the most appropriate response required. The service forms a core part of the overall service provision to the people of Wiltshire, including those who do not have eligible care needs or are self-funders. It has an important role in enabling people to remain in their own homes, linking with the Help to Live at Home providers.

The Telecare Equipment service provides equipment and services to people to allow them to gain access to the services of the Telecare Call Centre. Telecare (and assistive technology) are valuable resources in enabling individuals to retain their independence. Delivery of Telecare equipment is available 7 days a week with planned deliveries and collections taking place Monday to Friday and urgent and/or emergency service provision only on Saturdays and Sundays. There is an out of hours repair and replacement (including emergency supply in certain circumstances) service for the whole county 7 days per week.

Performance in this service area is good. The target response is 93% answered within 45 mins, and this is exceeded month on month.

Onward referral following responder visit is very low, at an average 10%. This indicates that the service is highly effective at reducing hospital admissions and the requirement for escalation to adult social care. The service is able to offer diverse interventions to support its aim of reducing the need for hospital admission.

Carers Emergency Card

The Carers Emergency Card service aims to give carers peace of mind in knowing that if, due to an emergency, they are unable to provide care to the person or people they usually care for, alternative care will be put in place. A Carers Emergency Card contains an emergency plan that is held on a data base accessible to the service provider's call handlers. The information held is updated as and when required by the service provider at the request of the carer, ensuring that information relating to contact details, deceased notifications or de-registrations from the scheme are kept up to date.

Carers, or another person on their behalf, can use the service if the carer is unable to provide care for the person(s) they usually care for, and need to initiate their emergency plan. On receiving a call requesting the emergency response the service provider will follow the process for emergency alerts. If a carer calls but does not require an

emergency response, they will be signposted appropriately. Carer feedback on this service has been mixed.

Contextual information

Following the review, Medvivo submitted a Change Control Request (CCR) for year 4 of their IUC contract to increase costs. This is the third year in which Medvivo have submitted such a request. Their current contract does not preclude requests, nor specifically back dating these requests.

For the Council, three services (Emergency Card, Telecare Monitoring, Telecare equipment) have relatively low additional costs, however, UC@H would see an increase of approximately £216k (inclusive of VAT) if the uplift request is accepted. Medvivo has requested that this cost is backdated to April 2021.

The majority of these additional costs for the response service are from an increase in corporate overheads. A review of these overheads show that they by and large relate to corporate salaries and premises rental. The CCG and Council are in negotiation on this but remain in dispute with the provider.

Further to this development, Medvivo have set out their Y5 position. It sets out an increase of £344k per annum for the Council from Year 3. Y4 is subject to a contract control notice and is not included below.

Service	Y3	Y5	Variance (increase)
Urgent Care	£1,573,343	£1,883,474	£310,131
Telecare Monitoring	£303,668	£323,669	£20,001
Telecare Equipment	£217,918	£231,306	£13,378
Carers Emergency Care card	£364	£467	£103
Totals	£2,095,293	£2,438,916	£343,613

Main Considerations for the Council

The review looked at the following options:

Option number	Description	Benefit	Risks
1	Continue to commission on same basis and extend the contract by 1 year with the CCG and review the future model	Provides continuity of service whilst future options are developed by the Council and CCG Does not commit the Council to a five-year funding term	Current exit pathways compromise capacity -30% of referrals are unmet and therefore 999 or picked up by brokerage and also WSAH No integration with reablement/Home First resulting

		Will allow sufficient time to consider the contract as part of a wider strategic approach to community health services in the light of the emerging Integrated Care System and Alliance	in continuation of transitions/handoffs
2	Give notice and undertake a competitive tender for all services	Potential to integrate with other services delivering personal care	Complexity of separating Council elements from entire contract Until the market is tested cost is unknown Potentially will have the same number of handoffs
3	Give notice and recommission some services e.g. Telecare and bring domiciliary care in house	Telecare services can be recommissioned with multiple providers in the market currently, allowing for more innovative approaches Potential to integrate with Wiltshire Support at Home, reducing hand off and potentially improving value for money	Complexity of separating Council elements from entire BSW contract Loss of clinical triage support and ambulance lift and support There needs to be price modelling to test whether this is affordable

Overview and Scrutiny Engagement

The review was included within the BCF plan 21/22 presented to Health Select and Health & Wellbeing Board.

Equalities Impact of the Proposal

An Equality Impact Assessment was not undertaken by BSW CCG as the lead commissioners of this contract to review the potential impact on: (1) the suppliers of the service provision who currently support people referred to IUC services; and (2) to evaluate the potential impact on those people currently receiving a service.

We have reviewed an assessment of Medvivo's 111 service which identified a positive impact on the nine protected characteristic groups. The service is offered to all individuals regardless of their personal and social circumstances. We believe there is no risk to equality of access in the IUC service.

Environmental and Climate Change Considerations

The CCG is the lead commissioner for this contact. In the event that the Council decides to not extend and commission its own provision, an assessment against the Wiltshire Council climate strategy would be completed and an action plan for mitigations agreed.

If the contract is extended with the CCG, officers will request the provider to assess their carbon footprint from their utility bills, and in addition, in the commissioning process for the next contract, a requirement of the supplier to work towards our 2030 carbon neutral target will be included.

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

Post-pandemic, the state of the market is uncertain. Both parties need sufficient time to understand and evaluate alternative providers.

The costs of recommissioning are at this stage unknown.

Extending for five years will commit the Council to an unaffordable contract.

Risks

The risk to the Council of the recommendation is that negotiations with Medvivo for the price of Year 5 are still ongoing. Extending for only a year may not incentivise the provider to agree to the reduction of overheads

Financial Implications

In summary, annual costs on Council services within the overall contract will increase from £2.095m to £2.439m, an increase of £0.344m, or 16.4%. A significant proportion of the additional costs are in respect of corporate overheads (predominantly corporate salaries) and premises costs rather than inflationary or other pressures in delivering the services, although it is noted that in common with many health and social care providers insurance costs have also risen considerably

The costs are met from the Better Care Fund (BCF) so there is not a direct impact on Council budgets. However, the BCF has its own budgetary constraints and as such any pressure has to be met from reductions in other areas of the BCF which could impact on Council services.

The service does have a preventative impact on Adult Social Care expenditure, and as such it is a service that has value, but this does not of itself necessitate continuing to procure the service from the same provider via the current contract.

Legal Implications

The contract is due to expire 31 March 2023. The contract includes a right for all commissioners to extend the contract. There is also a right for any commissioner to give 12 months' notice to terminate any services under the contract at any time (although this incurs financial penalties). In addition to the contract, the Council agreed a Collaborative Commissioning Agreement and Financial MoU with the other Commissioners which sets out the responsibilities and liabilities of the Commissioners.

Commissioners are working towards making a decision before 30 April 2022. If notice were to be served if a decision is made not to extend the contract for 5 years, the contract will end on 31 March 2023 with no financial penalties. If the CCG decides to extend the contract, but the Council decides to serve a notice of termination on some or all Services to take effect from 31 March 2023 then the services will be removed from the contract on 31 March 2023 and there will be no termination or exit related costs payable. If a termination notice is served at any other point in time without the

agreement of the CCG, the Council would be liable any for additional costs the other commissioners may incur as result of the termination. The option to extend by one year is subject to the agreement of all commissioners and the Provider and the associated implications would need to be discussed and a variation to the Financial MOU may be required.

Workforce Implications

None if recommendation to extend for one year.

Recommendations

Cabinet is recommended to:

- Agree that the Council extends for 1 year (until April 2024) jointly with the CCG in additional to negotiating the price with Medvivo. The CCG has agreed to this option and that both parties will work collaboratively to develop options for post April 2024
- Note that officers will bring a report to a future Cabinet meeting for agreement on a future service model

Helen Jones (Director - Joint Commissioning)

Report Author: Melanie Nicolaou, Head of Resources Commissioning

Date of report March 2022

Background Papers

None