

Wiltshire Council

Cabinet

15 July 2024

Subject: ICB Community Health Service Procurement

Cabinet Member: Cllr Jane Davies – Cabinet Member for Adult Social Care, SEND and Inclusion

Key Decision: Key

Executive Summary

This report has two aims.

It seeks approval to bring the HomeFirst hospital discharge service in-house, removing it from the ICB Community Healthcare Services Contract (ICB contract) as agreed by Wiltshire Locality Commissioning Group on 14 May 2024.

It highlights the impact of the removal of the Wiltshire Health and Care (WHC) element of the HomeFirst service on the Wiltshire Better Care Fund (BCF) contribution to the ICB Community Healthcare Contract (the ICB Contract). The amount differs from that presented to Cabinet on 14 November 2023 when Cabinet approved 'in principle' to dedicate £11,526,211 of Better Care Funds to the ICB contract. This was based on £10,453,157 contribution per annum to the £60,802,388 Wiltshire Health and Care run Community services contract for Wiltshire, plus £1,073,054 for the Access to Care service (Medvivo).

£2,291,088 of BCF contribution to HomeFirst will be removed from the BCF contribution to the ICB Community Health Care contract as per the table below.

	£
WHC	10,453,157
Access to Care (Medvivo)	1,073,054
Total previously agreed to transfer to ICB Contract	11,526,211
Removal of HomeFirst	-2,291,088
Revised Total to ICB Contract	9,235,123

Agreement has been made with the ICB to remove the HomeFirst service from the list of core services in the ICB contract and this reduces the overall amount that is committed from the Wiltshire BCF to the ICB contract, from £11,526,211 to £9,235,123. This is £2,291,088 less than approved 'in principle' by Cabinet on 14 November 2023.

Cabinet is asked to approve the amended financial envelope to be committed from the BCF for the new contract from 1 April 2025, until 31 March 2032, with a possible further 2 year extension.

Proposals

Cabinet agrees:

- 1) To approve the proposal to deliver the HomeFirst service under a single provider – Reablement Wiltshire.
- 2) To give 'in principle' agreement to commit Better Care Funding of £9,235,123 to the ICB Community Health Contract from 2025-2032 (with a potential for a further 2 years to 2034). Formal commitment is dependent on a revised and agreed S.75 Agreement (Health and Social Care Act 2012) that covers the period of the contract, along with a signed Collaborative Commissioning agreement. Formal agreement will be sought when the contract is awarded.
- 3) To delegate authority to Corporate Director People in consultation with the Cabinet Member for Adult Social Care, SEND and Inclusion to approve the revised S.75 agreement that will cover the period of the Community Health Services contract.
- 4) To delegate authority to Corporate Director People in consultation with the Cabinet Member for Adult Social Care, SEND and Inclusion to authorise activities related to the procurement up and until award (when the award decision will return to Cabinet).

Reason for Proposals

- 1) The ICB will be tendering a BSW-Wide Community Services Health contract, to start from 1 April 2025 with a proposed length of 7 plus 2 years. The Integrated Care Board's (ICB) community health contract re-tender will have cost and service implications for Wiltshire Council Social Care and management of the Better Care Fund (BCF).
2. The proposal to deliver the Wiltshire HomeFirst service under one single provider – Reablement Wiltshire, has impacted the proposed contribution to the ICB Community Health Services Contract as reported to Cabinet on 14 November 2023. If approval is given for bringing the HomeFirst service under Reablement Wiltshire, this will remove £2,291,088 of the total WHC funding element of the BCF to the ICB contract. The amount will be £2,291,088 less than reported to Cabinet on 14 November 2023.
3. The proposals require an 'in principle' commitment of a revised amount of £9,235,123 of BCF funding, subject to appropriate S.75 and Collaborative Commissioning agreements.
4. Cabinet will need to be assured that the procurement process is robust and ensures that Wiltshire's contribution from the BCF is spent on Wiltshire residents. Cabinet has a responsibility to ensure the Wiltshire pound is spent on Wiltshire residents.

5. Cabinet will also need to be assured, as per the legal advice, that we will in-source HomeFirst without a procurement process.

Lucy Townsend
Corporate Director, People

Wiltshire Council

Cabinet

15 July 2024

Subject: ICB Community Health Service Procurement

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

Key Decision: Key

Purpose of Report

1. This report has two aims.
 - I. It seeks approval to bring the HomeFirst hospital discharge service in-house, removing it from the ICB Community Healthcare Services Contract (ICB contract).
 - II. It highlights the impact on the Wiltshire Better Care Fund (BCF) contribution to the ICB Community Healthcare Contract (the ICB Contract). The amount differs from that presented to Cabinet on 14 November 2023 when Cabinet approved 'in principle' to dedicate £11,526,211 of Better Care Funds to the ICB contract. This was based on £10,453,157 BCF contribution per annum to the £60,802,388 Wiltshire Health and Care run Community services contract for Wiltshire, plus £1,073,054 for the Access to Care service (Medvivo). Cabinet was asked to consider continued funding, at this level, from the BCF for the new contract from 1 April 2025, until 31 March 2032, with a possible further 2 year extension. Cabinet gave 'in principle' agreement to commit £11,526,211 of Better Care Funding subject to appropriate s.75 and collaborative commissioning agreements.
2. The proposed contribution to the ICB contract has changed due the removal of the HomeFirst Service from the 'core' list.
3. Bringing the HomeFirst service in-house will, in effect, remove it from the list of core services in the ICB contract and reduce the overall amount that is committed from the Wiltshire BCF to the ICB contract.
4. The Council's legal advice is that we can deliver HomeFirst in-house without a procurement exercise as it is a social care service funded via the BCF. The BCF is a pooled budget, overseen by ICB and Council colleagues through the Locality Commissioning Group.

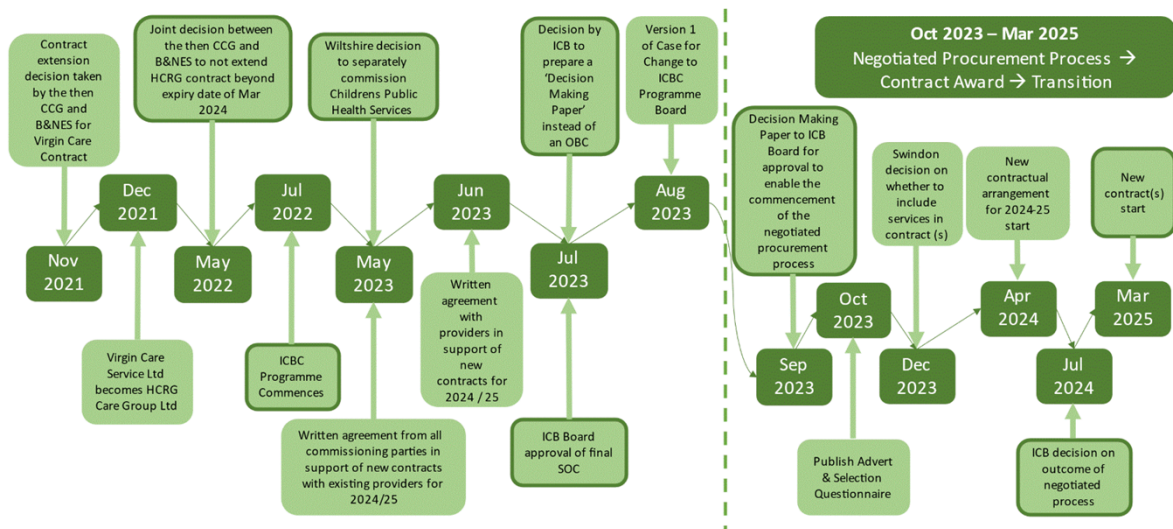
Relevance to the Council's Business Plan

5. Community Health services are key to keeping people safe and well and support our policy to help people remain independent and in their own homes for as long as possible.

6. Thriving Economy - We would expect the ICB to have consulted with providers to ensure that any contractual arrangements meet realistic commercial priorities for the local market while still supporting the Council's requirement to deliver best value.
7. Decisions that are evidence based – We would expect the ICB proposals to be informed by comprehensive supply and demand modelling, spend and activity analysis and further analysis of best practice in managing demand for care services and shaping care markets sustainably.

Background

8. Community Health services in Wiltshire are currently provided by Wiltshire Health and Care and Medvivo (Access to Care). The contracts are funded by the ICB and BCF. BCF funding is managed as a pooled budget, with spending agreed between the ICB and Wiltshire Council, the governance of which is defined by national guidelines and supported by a S.75 agreement.
9. Wiltshire Health and Care currently receive £10,453,157 from the BCF. Removing the HomeFirst service budget of £2,291,088 leaves £8,162,069. This totals £9,235,123 (including Access to Care) remaining committed to the ICB contract.
10. To date the ICB has reviewed the services, both in scope and potentially in scope (on reserve list) over the lifetime of the contract, have provided detail for the ambitions for transformation of services and carried out extensive consultation with both service users, providers, acute and primary care and BANES, Swindon, and Wiltshire local authorities. The timeline below (figure 1) shows the programme development as well as key future dates. In 2023/24 the BCF made a direct award to Wiltshire Health and Care Community Services to extend the contract and allow for the recommissioning process.



11. The case for change was set out in the report to Cabinet on 14th November 2023¹.

Scope of Services

12. To support the negotiated procurement process the ICB and Local Authorities have reviewed the scope of the services they wish to procure. This has resulted in the creation of three lists: a core service list, a reserve service list, and an excluded service list.

13. The proposed Core Services are aligned across BSW and must be delivered within the contract. These will cover key elements of community-based health services for adults and children, plus any additional services that the ICB and Local Authorities decide to include in the contracts from 1st April 2025. For services identified within the Core List there is a requirement that these will be harmonised across BSW, ensuring equity of access across all local authority areas. Public Health Nursing falls out of the scope of this service being procured as per the cabinet decision made on the 23 May 2023.

The identification of a Reserve Services list provides the Commissioners with greater flexibility as these services could be introduced into the contract with the selected provider(s) after the date the contract commences. This Reserve Services list includes services that are currently commissioned outside of the five main community services contracts, or where the model of future provision is not yet determined and/or where recurrent funding arrangements are unclear.

14. A set of Excluded Services has also been generated where a decision has already been taken, via an appropriate governance process to exclude them from inclusion in any contracts issued through the ICBC Programme.

15. Wiltshire Council proposes to deliver the Wiltshire HomeFirst service in-house; therefore it was agreed to remove it from the list of core services in the ICB Community Health Services Contract. This was agreed at the Locality Commissioning Group on 14 May 2024. The Wiltshire Locality Commissioning Group is the joint decision-making body that oversees and agrees spend against the Better Care Fund.

16. Home First is a pathway to support discharge home from hospital with additional support and is delivered in Wiltshire by two core providers –Wiltshire Health and Care (WHC) and Wiltshire Council Reablement (WC), working within an aligned delivery pathway. The WHC element of the HomeFirst service had always been within the core community service scope of the ICBC procurement, despite 12 months of negotiation to remove it and place it on the reserve list. It was finally agreed by the ICBC Board (17/02/24) that HomeFirst would be on the reserve list.

17. Wiltshire Councils proposal is to create a single discharge pathway and consolidate the Home First capacity with the Reablement capacity within Wiltshire Council, this would result in removing this service offer from the community health contract.

Why bring the service in-house?

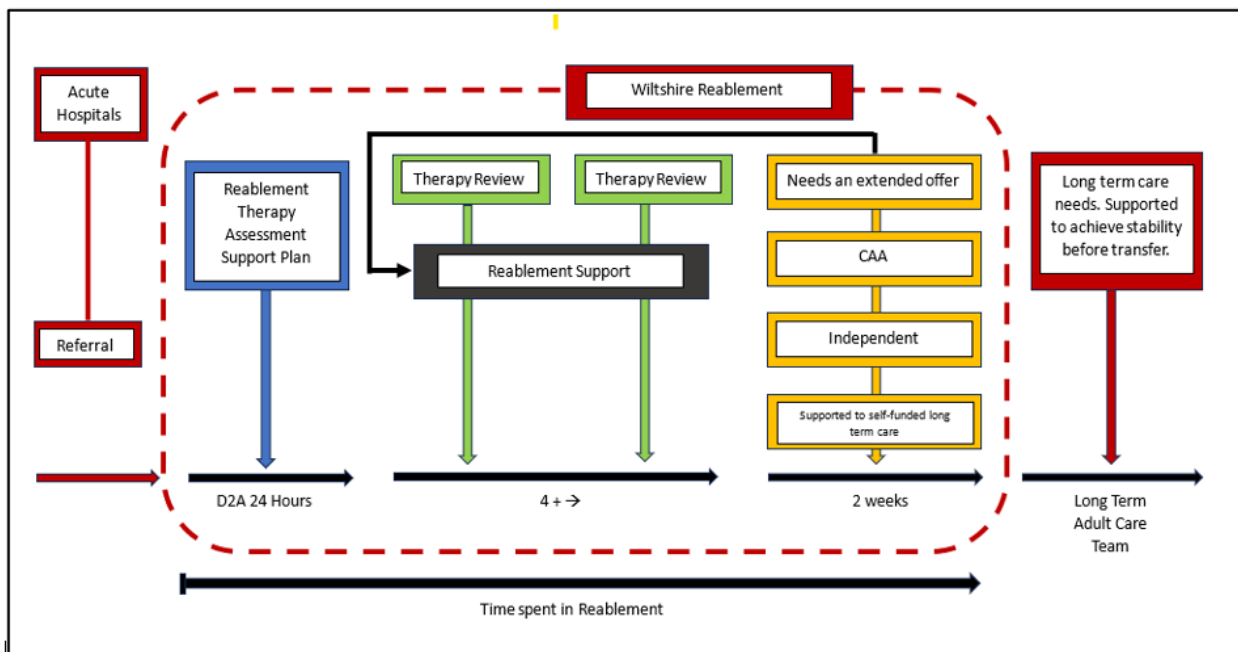
18. The HomeFirst approach promotes that the best place for a person to recover when they are clinically stable is at home. Wiltshire has adopted a HomeFirst approach for over 5 years. When a person is safe to be discharged, they have wraparound support in their own home and an assessment and support plan is created to enable their

¹ Integrated Care Board (ICB) Community Health Contract. 14 November 2023.

recovery to continue. This approach supports people’s independence and long-term outcomes, reduces discharge delays and improves patient flow.

19. HomeFirst in Wiltshire is currently delivered through two providers - Wiltshire Health and Care (WHC), and Wiltshire Council Reablement (WC). Additional care capacity is provided through Wiltshire Support at Home (WSAH) and domiciliary care through the Wiltshire Home Care Flexible Framework.
20. Wiltshire Council’s Wiltshire Support at Home (WSAH) in-house service provides short term domiciliary services to support hospital discharges and people who require support in their own homes as part of a rapid response service. Wiltshire Health and Care HomeFirst currently utilise the majority of WSAH’s capacity. From May 2023 to April 2024 WSAH supported 278 HomeFirst cases (82%) and 63 Reablement cases (18%).
21. The creation of a single service to deliver HomeFirst within Wiltshire offers an opportunity for the implementation of the recommendations identified by an evaluation of the HomeFirst Pathway1 model.
22. The Community services tender provides an opportunity for Wiltshire to adopt a single provider model to support people requiring reablement as part of the hospital discharge process and then enabling them to remain safely at home.
23. Wiltshire Council propose that all HomeFirst services are delivered through its Reablement service, with existing support capacity from Wiltshire Support at Home and commissioned domiciliary care providers remaining the same, using a clear time standard pathway from hospital care to home.

Delivery Model



24. Wiltshire Reablement has a strong model of delivery (see diagram above); the service has increased in capacity and scope since its launch in 2018 and is now providing a community reablement and hospital discharge service across Wiltshire.

25. Table 1 below shows the number of discharges from Hospital provided by Reablement within current funding capacity during the last 3 years.

Table 1: Referrals into Reablement

	2021/2022	2022/2023	2023/2024
Hospital discharges planned	1,219*	987	913
Discharge/referral cancelled	134	258	101
Total	1,085*	729	812
Conversion rate	89%	74%	89%

*Additional Wiltshire Council community resource was used in 21/22 due to Covid

26. In response to the changing presentation of patients receiving pathway 1 support, Reablement staff have undertaken additional training to reduce handover to other services and mitigate potential delays at the end of the reablement period. This has improved efficiency, the customer's experience and outcomes for the customer. The remit of the service has expanded to include staff being able to undertake assessments for long term support sooner in the post discharge period, negating delays within this process and supporting throughput within the service. This facilitates increased access to the service for a wider cohort of customers.

27. The Reablement service has expert leadership with experienced Occupational Therapists providing management oversight at all levels, including a strategic lead therapist. The day-to-day implementation of reablement is therapy led with all cases either having an allocated Occupational Therapist or their case being overseen by a therapist, ensuring quality and governance is maintained. This results in a clear therapy base that offers innovation, vision, positive risk taking and proactive service development.

28. All customers have an allocated therapist who acts as case manager and holds responsibly for the oversight and progression of the case. The advantages for customers of having an integrated therapy and support service are multi-layered, including clearer communication, responsiveness and governance and these efficiencies ensure valuable time is spent on customer engagement and less on process.

29. Having a single provider offers additional opportunities to deliver on the recommendations in the Pathway 1 and ECIST Reviews. It was identified that Wiltshire residents would benefit from the development of a Discharge Contact Centre as this would provide a Wiltshire focused point of contact for families and include information on discharge; how to access help and support and community resources, including the voluntary sector. This element has not been progressed due to resourcing; however, this could form part of a future delivery model as it is envisaged there would be adequate resource brought about by the achievement of efficiencies.

Costs and Funding

30. The existing financial envelope for HomeFirst, funded by the Better Care Fund is £2,291,088. However, Wiltshire Health and Care confirm that the service costs £3.2m to run. It has been difficult to accurately cost the service and it may be that the £900,000 difference will impact on service delivery, but this is yet unknown. The ICB and the Council will continue to discuss alternative funding streams to bridge the gap.
31. It is difficult to project the costs of delivering HomeFirst in Wiltshire due to the complexity of the funding streams into Wiltshire Health and Care, through the ICB Contract. Reablement deliver 30% of the activity for less than 30% of the funding showing that they are delivering value for money. It is estimated that if Reablement were identified as the single provider delivering HomeFirst the activity could be achieved with the current funding envelope together with a proportion of the Community Services funding (when that has been disaggregated). Reablement would then be able to deliver the service and undertake the investment into the management and therapy workforce that would be required.

Impact on the ICB Contract

32. With the WHC HomeFirst service removed from the core list, the funding required for the ICB contract from the BCF fund would be £9,235,123. In November 2023 we reported to cabinet that the total amount requested from the BCF for the ICB contract was £11,526,211. We would be committing £2,291,088 less to the ICB contract.

	£
WHC	10,453,157
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Main Considerations for the Council

33. Bringing the service in-house is the preferred option for the future delivery of the service. This has been agreed at the Wiltshire Locality Commissioning Group who has delegated powers to approve the spending of BCF funds.
34. The service will continue to be funded through the Better Care Fund and no change to the budget is proposed. The fund is governed by a S.75 agreement between the Council and BSW ICB.
35. Wiltshire Council can evidence its experience in delivering an efficient and cost-effective service that provides optimum outcomes for individuals, meeting the Council's objective to keep people independent and in their own homes for as long as possible. We are confident we can deliver the service as a single provider.

Safeguarding Implications

36. The Wiltshire Reablement Service trains and monitors staff in the use of the Wiltshire Council safeguarding policies and processes. All new staff TUPE'd into the in-house service will undertake training and have regular supervision to assure that they understand their safeguarding duties as relevant to Wiltshire Council processes. Staff

will be monitored in the early transition of the service to ensure the correct safeguarding protocol is followed. Staff will be managed as part of the CQC regulated service and the Registered Manager works closely with Wiltshire Council's established Adult Multi Agency Safeguarding Hub (MASH) team. Procedures and guidance are in place which will ensure that any issues relating to safeguarding children and young people are identified and appropriate referrals made to children's MASH.

Public Health Implications

37. There are no public health concerns arising from the approach but a HomeFirst approach is beneficial to residents health and wellbeing .

Procurement Implications

38. The procurement for the ICB Community Health Services contract will be run by the ICB and will include officers of the Council. Their commissioning approach has been informed by the progression of the legislation associated with the Provider Selection Regime (PSR). Working closely with legal advisors the ICB and the local authorities have considered to what extent the PSR is applicable to the circumstances within BSW. Whilst the ICB recognised that PSR could have been applied in certain circumstances across BSW, their conclusion was that this would have perpetuated some of the fragmented and variable approaches to service provision that pre-date the formation of the ICB. In this context they have concluded that, to realise the full potential of community-based services across BSW a whole system approach to procurement of services using the Public Contracts Regulations 2015 (PCR) is needed.
39. To commission the most appropriate provider(s) and services through the framework the ICB have undertaken a negotiated procurement process over an eleven-month period. The use of a negotiated process is different to traditional procurement processes that the NHS and Local Authorities will have participated in, and the approach has necessitated a significant workload for providers and commissioners. The Council has raised its concerns with this approach to the executive board of the ICB, particularly around the open competitive nature and the risk that a future bid may not fit within the financial envelope available. However, the ICB believe that the breadth and complexity of services and the opportunity for co-creation and innovation mean that this upfront investment in developing collective and collaborative thinking, building understanding, and fostering relationships will lead to significant longer-term improvements in the effectiveness and sustainability of services for the local population.
40. It has been established that the removal of HomeFirst does not amount to a material change to the overall service scope and so the risks in doing so are believed to be low.
41. Our legal advice is that there are no procurement implications to the Council with insourcing HomeFirst, however if that position changes, then advice and support will be sought from the procurement team.
42. Further detail on the procurement process for the ICB Community Health Service contract were detailed in the cabinet report on 14 November 2023, appendices B and C.

Equalities Impact of the Proposal

43. The ICB have an EQIA for the Community Healthcare Contract which has been shared with Wiltshire Council. It is expected that the community-based services will provide equitable access to services across BSW and take account of vulnerable groups and those experiencing health inequalities.
44. An EQIA for the bringing in-house of the HomeFirst service has been completed. The service will be accessible to service users irrespective of protected characteristics.

Environmental and Climate Change Considerations

45. The Council will influence the tender evaluation criteria and contract terms and conditions to include sections on environmental and climate change impact to ensure this is appropriately considered. We would expect the new supplier(s) to consider how they will contribute to the Council's Climate Strategy and Business Plan commitments to net zero and to plan for the impacts of climate change.

Workforce Implications

46. Any adverse impact on staffing levels within the community service may adversely impact on demand and ability to deliver for Wiltshire Council services and for Wiltshire residents.
47. Bringing the HomeFirst service in-house will require TUPE transfer of staff from Wiltshire Health and Care's service. At this stage we do not know the number of staff this will be. There will be induction and training for all new staff associated with the transfer to a single provider.

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

48. With a single provider there will be better clarity around capacity, costs and activity going forwards. If we do not choose to provide the service in-house then existing inefficiencies will remain.
49. If the service is not brought in-house then Wiltshire Reablement will need to establish new relationships with the new BSW-wide provider of HomeFirst services. There is a risk of disruption and possible hospital discharge delays as new processes and ways of working are established.

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

50. The ICB has confirmed that removing the HomeFirst service from the overall contract does not present a material change and therefore the risk is low.
51. Risks and mitigations of moving to Wiltshire Reablement as a single provider for HomeFirst are set out in the table below.

Risks	Mitigations
Health staff may not be retained	Terms and conditions would be protected under TUPE arrangements. Wiltshire Council has a proven record of successfully recruiting both qualified and unqualified staff with specialist recruitment consultants. Where required locum therapists have been utilised to ensure continuity of service and this could be used as a contingency
Skill set of LA staff may not meet the needs of the community	Wiltshire Council Reablement have an experienced and skilled staff group. The internal training team have developed a programme to support the delivery of the reablement model and when required external training from a trusted partner has been sourced. If the proposal were successful there could be further investment into the training of staff as a single provider would offer a benefit of scale. Quality assurance and clinical specialist roles could be developed if required to provide appropriate governance and oversight.
Capacity modelling may not be accurate affecting NC2R	The Intermediate Care Guidelines identify that improved Capacity and Demand planning as Priority 1, the ICB have invested significant time and resource in modelling this and it therefore this is a low risk. However, there are advantages to having a single provider as better activity data and projections can be provided through improved data capture and transparency.
Increased use of domiciliary providers, which will reduce outcomes for customers and increase dependency	Oversight by one single service will enable a more consistent approach to working with providers so that trusted relationships can be nurtured. This will bring the benefit of assurance on the model of delivery and timely review of packages. Integration with social care Brokerage and SW teams will ensure that all customers with reablement potential, or where packages have the potential to be better managed through adaptation or equipment, can be optimised as part of the social care offer.
7 day discharges	Discharges in Wiltshire over the weekend are sporadic, this is a current known risk. Work will be undertaken to look at extending the current schemes that are successfully facilitating weekend discharges to extend the cover and scope.

Financial Implications

52. Section 75 of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS commissioners to commission social care. It enables joint commissioning and commissioning of integrated services.
53. The costs of this service and contract are met from the Better Care Fund (BCF) as part of the section 75 agreement and managed through the BCF, this means that any impact from over or underspends on this funding are agreed as a part of the section 75 agreement where over and underspends are covered either through the BCF or by partners.
54. There is a risk that the financial envelope that the ICB Contract has agreed may not be sufficient and there may be further requests for additional funding.
55. The change to the service will not deliver savings in the Adult Social Care budget.

Legal Implications

56. The Home First Service has been determined to be a “social care function” by reference to paragraphs 5 and 6 of the NHS Bodies and Local Authorities Partnership

Arrangement Regulations 2000, which means that, by law, the Council can take the Home First Service back in-house.

57. It should be noted that there would be no procurement implications and no need to run a procurement exercise when in-sourcing the Home First Service. However, there will be other legal and commercial considerations for the Council to carefully review including but not limited to TUPE, transfers of equipment/assets/buildings – this is not an exhaustive list.
58. Careful consideration needs to be given to how the Home First Service will be funded in the future. If the Home First Service is or will be in part or whole funded by the Better Care Fund then the arrangements will need to be set out in the s75 Agreement (in accordance with the requirements of the Better Care Policy Framework²)
59. The use of the Better Care Fund is subject to the terms of the Section 75 Agreement between the ICB and the Council. A renewed Section 75 Agreement is in the process of being drafted and shall be shared with the ICB. Should the Home First Service be funded in whole or in part by the Better Care Fund going forwards, the arrangements will need to be agreed between the Council and the ICB in the s75 Agreement in accordance with the Better Care Policy Framework – and the “social function” element of the Home First Service will need to be clearly set out in Section 75 Agreement.
60. Legal advice will be sought on the in-sourcing, ending the current service contract, the commissioning arrangements for the Home First Service, any Better Care Fund funding and the Section 75 Agreement with the ICB.
61. These are the statutory services therefore the delivery of the service will need to be achieved through these arrangements or other arrangements.

Overview and Scrutiny Engagement

62. Both the Chair and Vice Chair of Health Select have been briefed on this proposal by Emma Legg, Director of Adult Social Services.

Options Considered

63. The option to retain the WH&C HomeFirst Service within the ICB Community Health Services contract was considered and this was the preferred option for the ICB.
64. However, given this would have required significant work to establish new working practices with a new provider and given that the Council already operates a highly performing Reablement service this option would disadvantage Wiltshire residents.

Conclusions

65. Cabinet is recommended to:
Give agreement to in-source HomeFirst to provide a single Council run Reablement service.

² [2023 to 2025 Better Care Fund policy framework - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/policies/better-care-fund)).

- Give 'in principle' agreement to commit Better Care Funding to the ICB Community Health Contract from 2025 to 2032 (with potential for a further 2 years to 2034). Wiltshire BCF provides £10,453,157 per annum to the £60,802,388 Wiltshire Health and Care run Community services contract for Wiltshire, plus £1,073,054 for the Access to Care service (Medvivo). We will be committing £2,291,088 less to the ICB contract, the total contribution is £9,235,123. Formal commitment is dependent on a revised and agreed S.75 Agreement that covers the period of the contract, along with a signed Collaborative Commissioning agreement.
- Approve delegated authority to Corporate Director People in consultation with the Cabinet Member for Adult Social Care, SEND and Inclusion to approve the revised S.75 agreement that will cover the period of the Community Health Services contract.
- Approve delegated authority to the Corporate Director People in consultation with the Cabinet Member for Adult Social Care, SEND and Inclusion to authorise activities related to the procurement up and until award (when the award decision will return to Cabinet).

Emma Legg (Director - Adult Social Care)

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Appendices

None

Background Papers

None