

# AGENDA

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Meeting: **Cabinet**  
Place: **The Kennet Room - County Hall, Trowbridge BA14 8JN**  
Date: **Tuesday 19 July 2016**  
Time: **9.30 am**

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## Membership:

Cllr Baroness Scott of Bybrook OBE	Leader of the Council
Cllr John Thomson	Deputy Leader and Cabinet Member for Communities, Campuses, Area Boards and Broadband
Cllr Fleur de Rhé-Philippe	Cabinet Member for Economic Development, Skills, Strategic Transport and Strategic Property
Cllr Laura Mayes	Cabinet Member for Children's Services
Cllr Jonathon Seed	Cabinet Member for Housing, Leisure, Libraries and Flooding
Cllr Toby Sturgis	Cabinet Member for Strategic Planning, Development Management, Strategic Housing, Operational Property and Waste
Cllr Dick Tonge	Cabinet Member for Finance
Cllr Jerry Wickham	Cabinet Member for Health (including Public Health) and Adult Social Care
Cllr Stuart Wheeler	Cabinet Member for Hubs, Heritage and Arts, Governance and Support Services
Cllr Philip Whitehead	Cabinet Member for Highways and Transport

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Please direct any enquiries on this Agenda to Yamina Rhouati, of Democratic Services, County Hall, Trowbridge, direct line 01225 718024 or email [Yamina.Rhouati@wiltshire.gov.uk](mailto:Yamina.Rhouati@wiltshire.gov.uk)

Press enquiries to Communications on direct lines (01225)713114/713115.

All public reports referred to on this agenda are available on the Council's website at [www.wiltshire.gov.uk](http://www.wiltshire.gov.uk)

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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 - 14*)

To confirm and sign the minutes of the Cabinet meeting held on 14 June 2016.

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 Yamina Rhouati of Democratic Services by 12.00 noon on **Wednesday 13 July 2016**. Anyone wishing to ask a question or make a statement should contact the officer named above.

6 **Annual Governance Statement 2015-16** (*Pages 15 - 44*)

Report by Carolyn Godfrey, Corporate Director.

7 **CSE Action Plan Update** (*Pages 45 - 52*)

Report by Carolyn Godfrey, Corporate Director.

8 **Wiltshire Council Grants Policy** (*Pages 53 - 70*)

 Report by Dr Carlton Brand, Corporate Director.

9 **Wiltshire's Obesity Strategy 2016-2020** (*Pages 71 - 136*)

 Report by Carolyn Godfrey, Corporate Director.

10 **Adult Care Charging Policy** (*Pages 137 - 210*)

 Report by Carolyn Godfrey, Corporate Director.

11 **Adult Care Prevention and Choice Policy** (*Pages 211 - 306*)

 Report by Carolyn Godfrey, Corporate Director.

12 **Wiltshire Council Adoption Service: 2015-16 Year End Report** (*Pages 307 - 328*)

Report by Carolyn Godfrey, Corporate Director.

13 **Adoption West Update** (*Pages 329 - 348*)

Report by Carolyn Godfrey, Corporate Director.

14 **Extension of DCS0518 Call Centre and Response Services (Telecare)**  
(*Pages 349 - 356*)

 Report by Carolyn Godfrey, Corporate Director.

15 **Extension of Integrated Community Equipment Service Contract and Pooled Budget Arrangement** (*Pages 357 - 364*)

 Report by Carolyn Godfrey, Corporate Director.

16 **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

Our vision is to create stronger and more resilient communities. Our priorities are: To protect those who are most vulnerable; to boost the local economy - creating and safeguarding jobs; and to support and empower communities to do more themselves.




## CABINET

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DRAFT MINUTES of a MEETING held in THE KENNET ROOM - COUNTY HALL, TROWBRIDGE BA14 8JN on Tuesday, 14 June 2016.

Cllr Baroness Scott of Bybrook OBE	Leader of the Council
Cllr John Thomson	Deputy Leader and Cabinet Member for Communities, Campuses, Area Boards and Broadband
Cllr Fleur de Rhé-Philipe	Cabinet Member for Economic Development, Skills, Strategic Transport and Strategic Property
Cllr Keith Humphries	Cabinet Member for Health (including Public Health) and Adult Social Care
Cllr Jonathon Seed	Cabinet Member for Housing, Leisure, Libraries and Flooding
Cllr Toby Sturgis	Cabinet Member for Strategic Planning, Development Management, Strategic Housing, Operational Property and Waste
Cllr Dick Tonge	Cabinet Member for Finance
Cllr Philip Whitehead	Cabinet Member for Highways and Transport
Also in Attendance:	Cllr Anna Cuthbert, Cllr Jon Hubbard, Cllr Richard Gamble Cllr Allison Bucknell, Cllr Glenis Ansell, Liberal Democrat Group Cllr Peter Evans, Cllr Alan Hill, Cllr David Jenkins, Cllr Bob Jones MBE, Cllr Simon Killane, Cllr Magnus Macdonald Cllr Bill Moss, Cllr Stephen Oldrieve, Cllr Sheila Parker Cllr Horace Prickett, Cllr Bridget Wayman

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

### 66 **Apologies**

Apologies were received from Councillors Laura Mayes and Stuart Wheeler.

### 67 **Minutes of the previous meeting**

The minutes of the meeting held on 17 May 2016 were presented.

#### **Resolved:**

**To approve as a correct record and sign the minutes of the meeting held on 17 May 2016.**

**68 Minutes - Capital Assets Committee**

The minutes of the meeting held on 17 May 2016 were presented.

**Resolved:**

**To receive and note the minutes of the meeting held on 17 May 2016.**

**69 Declarations of Interest**

There were no declarations of interest.

**70 Leader's announcements**

The Leader made the following announcements:

That 19 more individuals and families had recently been welcomed to Wiltshire as part of the Government Syrian Refugees scheme, and that plans to accept unaccompanied minors were being progressed on a regional basis.

The Leader outlined plans for Thursday afternoon's Queens 90<sup>th</sup> Birthday Party celebrations at County Hall.

**71 Public participation and Questions from Councillors**

There were no public questions or statements.

**72 Performance Management and Risk Outturn Report: Q4 2015/16**

Councillor Dick Tonge presented the report which provided a quarter four update on outturns against the measures and activities compiled and reported through the council's website via the Citizens' Dashboard and other key measures, as well as latest outturns on the council's strategic risk register.

**Resolved**

- 1. To note updates and outturns against the measures and activities ascribed against the council's key outcomes.**
- 2. To note updates and outturns to the strategic risk register.**

*Reason for Decisions*

*The performance framework compiles and monitors outturns in relation to the outcomes laid out in the Business Plan. The framework is distilled from individual services' delivery plans. In doing so, it captures the main focus of activities of the council against each outcome.*

*The strategic risk register captures and monitors significant risks facing the council: in relation to significant in-service risks facing individual areas, in managing its business across the authority generally and in assuring our preparedness should a national risk event occur.*

### 73 **Revenue Outturns 2015/2016**

Councillor Dick Tonge presented the report which advised Cabinet of the (unaudited) General Revenue Fund and Housing Revenue Account outturn positions for financial year 2015/2016. Cabinet also noted the draft Statement of Accounts.

Issues highlighted in the course of the presentation and discussion included: the input of Scrutiny, including the Financial Planning Task Group; the actions taken to address overspends; the process by which the Statement of Accounts would be adopted; and that the Council was earlier than the vast majority of Councils in preparing their accounts for audit.

#### **Resolved**

**That Cabinet note the report showing an outturn for the General Revenue Fund (GRF) and Housing Revenue Account (HRA), subject to external audit, of an underspend of £0.066 million and an underspend of £0.820 million, GRF and HRA respectively. That Cabinet note appropriate transfers to the GRF and Earmarked reserves as set out in Sections 22-25 of the report presented, and return to HRA reserves. Cabinet note the draft Statement of Accounts as presented.**

*Reason for Decision:*

*As part of its role in ensuring sound financial management and financial soundness, Cabinet are required to assess and approve the final revenue outturns for 2015/2016.*

### 74 **Capital Monitoring Outturn 2015/2016**

Councillor Dick Tonge presented the report which informed Cabinet on the final position of the 2015/2016 Capital Programme, including highlighting budget changes.

#### **Resolved**

- 1. To note the budget movements undertaken to the capital programme (shown in appendices A and B of the report presented) and the final outturn position of the Capital Programme shown in appendix A 2015/2016 as presented.**

- 2. To also note the reprogramming of £7.395 million between 2015/2016 and 2016/2017.**

*Reasons for Decision:*

*To inform Cabinet of the position of the 2015/2016 capital programme as at Outturn (31 March 2016), including highlighting any budget changes.*

**75 Annual Report on Treasury Management 2015-16**

Councillor Dick Tonge presented the report which summarised the annual performance against the agreed Treasury Management Strategy. In giving his presentation, Councillor Tonge highlighted the limited exposure of the Council to LOBO loans; and that the Council had made some loans to other local authorities.

In response to a question from Councillor Jon Hubbard, it was confirmed that there had been a delay in some housing works that had led to a delay in drawing down £2m of capital funding.

**Resolved**

**To consider and note:**

- a) The Prudential Indicators, Treasury Indicators and other treasury management strategies set for 2015-16 against actual positions resulting from actions within the year as detailed in Appendix A of the report presented; and**
- b) The investments during the year in the context of the Annual Investment Strategy as detailed in Appendix B of the report presented.**

*Reason for Decision*

*To give members of the Cabinet an opportunity to consider the performance of the Council against the parameters set out in the approved Treasury Management Strategy for 2015-16.*

*This report is required by the Prudential Code for Capital Finance in Local Authorities and the CIPFA Code of Practice for Treasury Management in the Public Services*

**76 Passenger Transport Review**

Councillor Philip Whitehead presented the report which updated members on the results of the public consultation on supported bus service savings options as part of the

review of the Wiltshire Local Transport Plan (LTP) 2011-2026 Public Transport Strategy review.

Issues highlighted in the course of the presentation and discussion included: the remit of the review; the methodology used and the large response; that whilst the review would be considering whether certain services were sustainable, no decision has been made as to a financial savings target; that the consultation sought to measure the impact of possible service changes on the public; the role of scrutiny, and how the conduct of the consultation had been viewed by various third parties; and that it was hoped to bring the final report back to Cabinet in September.

In response to a question from Councillor Jon Hubbard, Councillor Whitehead stated that he would explore the possibility of cashless technology as a way of saving money and assisting passengers.

In response to a question from the Leader, Councillor Whitehead stated that he hoped to publish information about the results in an accessible format as soon as possible.

In response to a question from the Leader, Councillor Whitehead explained that whilst the draft Bus Services Bill would be taken into account, he would not want to delay the review from its stated timetable.


#### **Resolved**

- (i) Notes the results of the public consultation on supported bus service savings options as part of the review of the Wiltshire Local Transport Plan (LTP) 2011-2026 Public Transport Strategy review.**
- (ii) Notes that a report on a proposed way forward for public transport in Wiltshire will be presented to Cabinet at a future meeting.**
- (iii) Notes that over 11,000 individuals and organisations responded to, and took part in, the public consultation.**
- (iv) Notes that due to the volume of consultation responses received only the majority or main consultation points have been outlined at this time; the analysis and consideration of more detailed points will be undertaken if and when changes to individual supported bus services are proposed and consulted upon**
- (v) Note that the Bus Services Bill being considered by Parliament would be taken into account in the review.**

*Reason for Decision:*

*To provide Environment Select Committee and Cabinet with early visibility of the results of the public consultation on supported bus service savings options. A further paper outlining options will be presented to Cabinet in the future.*

## 77 **'Help to Live at Home' service commissioning**

 Councillor Keith Humphries presented the report which provided an update regarding the outcome of the recent 'Help to Live at Home' (HTLAH) tender process; requested approval to award to the preferred provider(s); and sought authorisation to extend two contract lots with an incumbent Provider.

Issues highlighted in the course of the presentation and discussion included: the input of scrutiny members in the overview of the HTLAH service; how local councillors could be appropriately kept informed where a service needed improving; the actions that could be, appropriately taken by the Council where required and the important role of the voluntary sector.

In response to issues raised by Brian Warwick, the Leader asked that officers arrange to meet to discuss the issues raised by Mr Warwick.

As stated in the report, in view of the urgency involved in determining this, it was agreed that it would not be subject to the call-in process. This process had been instigated in accordance with the constitution and following agreement with the Chairman of Council (Part 8 of the Constitution – Overview and Scrutiny Procedure Rules - paragraph 41). It was noted that there had been prior scrutiny engagement on this as referred to in the report. The reason for urgency was to enable the Council to complete the formal award process and allow the preferred provider(s) the maximum transition period for implementation of the contract.

### **Resolved**

- 1. That the contracts with Somerset Care Ltd are extended for the full extension available, West 2 until September 2018 and North 2 until April 2019**
- 2. That following the recent tender process that the contracts currently held by Mihomecare and Leonard Cheshire for HTLAH are awarded to the preferred provider(s) identified through the current tender process.**
- 3. That authority is delegated to the Corporate Director and Associate Director for Adult Services, in consultation with the Cabinet Member for Health (including Public Health and Adult Social Care), to finalise the terms of the contracts and to agree the extension with Somerset Care Ltd.**

*Reasons for Decisions*

*(a) To ensure continued service delivery by Somerset Care within the West 2 and North 2 areas.*

*(b) To progress with awarding the tenders to the preferred provider(s) within the North 1, East 2 and West 1 areas.*

## **78 Actions to recruit and retain social workers - progress update**

Councillor Keith Humphries presented the report which provided a further update on actions carried out during 2015/16 following the Cabinet report on the 21 April 2015 in respect of recruiting and retaining social workers. The report also detailed the significant progress made from the campaign start (August 2014) until March 2016 and identified actions for 2016/2017 to sustain the improvements made. In making his presentation, Councillor Humphries acknowledged that the issues were jointly the responsibility of Councillor Laura Mayes and Councillor Stuart Wheeler.

Issues highlighted in the course of the presentation and discussion included: the involvement of the Staffing Policy Committee in the development of the proposals the progress that had been made in reducing the vacancy rate; the success of using social media in recruitment; how actions, including identifying training and career progression pathways had been taken to attract and retain staff; that the actions taken had reduced the potential additional costs to the council by £600k; that the aim was to have zero staff agency costs within three years; and that the project had been a successful example of cross-departmental working.

### **Resolved**

- 1. To note the progress of the recruitment campaign to recruit social workers and support the further actions being taken and planned to recruit and retain social workers.**
- 2. That the officers involved be congratulated for their continued efforts in making the campaign a success.**

### *Reason for Decisions*

*To improve the recruitment and retention of experienced social workers and social work managers.*

## **79 Military Civilian Integration Update Report**

The Leader presented the report which provided an update of the Military Civilian Integration (MCI) Partnership's work and sought Cabinet's continued support for the partnership and its programme of work. In giving her presentation, the Leader asked Cabinet members to provide further detail about specific projects.

Issues highlighted in the course of the presentation and discussion included: that the last update report had been made to Cabinet in October 2013; the key aspects of the ongoing work, and how Wiltshire Council was working together with MOD (particularly SW Region Brigade, the Defence Infrastructure Organisation - DIO) and partners in bringing forward the Partnership's workstreams; the aims of the MCI Partnership, a key element in the Council's Business Plan; the additional funding that had been secured as part of the funding; how the Council and partners were liaising with families to ensure a smooth transition to Wiltshire from overseas bases; and that a further update should be given to Cabinet in 2-3 years' time following the rebasing programme.

### **Resolved**

- (i) To confirm its support for the MCI Programme, and to endorse the approach being taken to delivering the MCI Workstreams set out by the MCI Board.**
- (ii) To, in particular, note:**
  - a) The progress and way forward on the Army Basing Programme.**
  - b) The Wiltshire's Armed Forces Community Covenant (agreed in August 2011) and the success in drawing down significant grant funding to support local integration projects.**
  - c) The completion of the Defence College of Technical Training at Lyneham.**
  - d) The continued co-operation with the MOD in identifying and progressing the opportunities that military presence can bring to boost the economy of Wiltshire.**

### *Reason for Decision*

*The Military has a significant presence in Wiltshire, and the nature of this presence will change dramatically over the coming years. It is important that the Council recognises the impacts that military presence will have on Wiltshire, both in terms of the opportunities that this will offer for economic growth, and the preparations that the Council is required to make to ensure that the needs of everyone in Wiltshire are met. Cabinet is invited to recognise the achievements that have already been made with the support of the MCI Partnership, such as the progress on a Defence College of Technical Training at the former RAF*



*Lyneham Site, the Army Basing programme and establishment of the Higher Futures programme, while acknowledging that there will be further challenges ahead, whose successful resolution will require the support of the Council working closely with the Ministry of Defence (MOD) and other partners.*

80 **Urgent Items**

There were no urgent items.

81 **Exclusion of the Press and Public**

**Resolved**

**To agree that in accordance with Section 100A(4) of the Local Government Act 1972 to exclude the public from the meeting for the following items of business because it is likely that if members of the public were present there would disclosure to them of exempt information as defined in paragraph 3 of Part I of Schedule 12A to the Act and the public interest in withholding the information outweighs the public interest in disclosing the information to the public.**

*Reason for taking the item in private:*

*Paragraph 3 – information relating to the financial information or business affairs of any particular person (including the authority holding that information)*

*No representations have been received as to why this item should not be held in private*

82 **'Help to Live at Home' service commissioning - Part ii Appendix**

The meeting considered the information in the appendix made exempt from publication and in so doing, confirmed the resolutions agreed under minute number 77 above.

(Duration of meeting: 9.30 - 11.41 am)

These decisions were published on the 21 June 2016 and will come into force on 29 June 2016.
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The Officer who has produced these minutes is Yamina Rhouati, of Democratic Services, direct line 01225 718024 or e-mail [Yamina.Rhouati@wiltshire.gov.uk](mailto:Yamina.Rhouati@wiltshire.gov.uk)  
Press enquiries to Communications, direct line (01225) 713114/713115

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**Wiltshire Council**

**Cabinet**

**19 July 2015**

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**Subject: Draft Annual Governance Statement 2015-16**

**Cabinet Member: Councillor Dick Tonge**  
**Finance, performance, risk, systems thinking,**  
**procurement and welfare reform**

**Key Decision: No**

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## **Executive Summary**

1. The Council is required, as part of its annual review of the effectiveness of its governance arrangements, to produce an Annual Governance Statement (AGS) for 2015-16. This will be signed by the Leader of the Council and the Corporate Directors, after final approval by the Audit Committee on 27 July 2016. The AGS will form part of the Annual Statement of Accounts for 2015-16.
2. Section C of the AGS describes the Council's governance framework for the relevant period. The final version will need to reflect the position up to the date of approval and signature in July 2016.
3. Section D provides a review of the effectiveness of the Council's governance framework. This section has been structured to reflect the key governance principles set out in the Council's Code of Corporate Governance.
4. The Council's internal auditors have given an overall audit opinion of reasonable assurance on the effectiveness of the Council's control environment for 2015-16.
5. The following have been identified as significant governance issues at this stage:
  - Delivery of the Council's Business Plan 2013-17
  - Impact of financial challenges on Procurement of Contracts
  - Information Governance
  - Safeguarding Children and Young People

6. Details of these issues are set out in Section E of the draft AGS.

7. The Council's external auditors, KPMG LLP, have been consulted and their comments are reflected in the draft AGS.

**Proposal(s)**

Cabinet is, therefore, asked:

- a. to consider the draft AGS as set out in Appendix 1 and make any comments or changes as they see fit;
- b. to note that the draft AGS will be revised in the light of any comments by Cabinet and ongoing work by the Governance Assurance Group before final approval by the Audit Committee and publication with the Statement of Accounts at the end of July 2016.

**Reason for Proposal**

To prepare the AGS 2015-16 for publication in accordance with the requirements of the Audit and Accounts Regulations 2011.

**Ian Gibbons**

**Associate Director Legal and Governance and Monitoring Officer**

**Subject: Draft Annual Governance Statement 2015-16**

**Cabinet member: Councillor Dick Tonge**  
**Finance, performance, risk, systems thinking,**  
**procurement and welfare reform**

**Key Decision: No**

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### **Purpose of Report**

1. To ask Cabinet to consider a draft Annual Governance Statement for 2015-16 for comment before final approval is sought from the Audit Committee on 27 July 2016.

### **Background**

2. The Council is required, as part of its annual review of the effectiveness of its governance arrangements, to produce an Annual Governance Statement (AGS) for 2015-16. This will be signed by the Leader of the Council and the Corporate Directors after final approval by the Audit Committee on 27 July 2016. The AGS will form part of the Annual Statement of Accounts for 2015-16.
3. Based on advice from the Chartered Institute of Public Finance and Accountancy (CIPFA), the AGS should include:
  - an acknowledgement of responsibility for ensuring there is a sound system of governance, incorporating the system of internal control;
  - an indication of the level of assurance that the systems and processes that comprise the Council's governance arrangements can provide;
  - a brief description of the key elements of the governance framework, including reference to group activities where those activities are significant;
  - a brief description of the process that has been applied in maintaining and reviewing the effectiveness of the governance arrangements;

- an outline of the actions taken, or proposed, to deal with significant governance issues, including an agreed action plan.
4. The AGS for Wiltshire Council should demonstrate how the Council is meeting the six principles of good governance adopted in its Code of Corporate Governance. These principles are:
- focusing on the purpose of the Council and on outcomes for the community and creating and implementing a vision for the local area;
  - councillors and officers working together to achieve a common purpose with clearly defined functions and roles;
  - promoting values for the council and demonstrating the values of good governance through upholding high standards of conduct and behaviour;
  - taking informed, risk-based and transparent decisions which are subject to effective scrutiny and managing risk;
  - developing the capacity and capability of councillors and officers to be effective;
  - engaging with local people and other stakeholders to ensure robust accountability.
5. The AGS is primarily retrospective. It reports on the assurance framework and measures in place for the financial year 2015-16, but must take account of any significant issues of governance up to the date of publication of the Statement of Accounts in July 2016. The AGS should outline the actions taken or proposed to address any significant governance issues identified.
6. The AGS is drafted by members of the Governance Assurance Group, which comprises senior officers who have lead roles in corporate governance and a member representative from the Audit Committee.
7. The evidence for the AGS comes from a variety of sources, including service plans, relevant lead officers within the organisation, internal and external auditors and inspection agencies.

## **Main Consideration for the Council**

### **Draft AGS - Content**

8. Work on the draft AGS 2015-16 is in progress. A copy of the latest draft is Attached at Appendix 1. The draft will be revised in the light of further work by the Governance Assurance Group and any observations of Cabinet.

9. The draft reflects the elements described in paragraph 3 of this report and has regard to revised guidance from CIPFA.
10. Section C of the AGS describes the Council's governance framework for the relevant period.
11. Section D provides a review of the effectiveness of the Council's governance framework. This section has been structured to reflect the key governance principles set out in the Council's Code of Corporate Governance.
12. The Council's internal auditors have given an overall audit opinion of reasonable assurance on the effectiveness of the Council's control environment for 2015-16.
13. Associate Directors are required to review the effectiveness of the governance arrangements within their directorate as part of the service planning process. Any potential significant governance issues identified will be included in the final version of the AGS.
14. Section E of the draft AGS requires the Council to identify any significant internal control issues affecting the Council during the relevant period.
15. CIPFA guidance suggests that an internal control issue is to be regarded as significant if:
  - the issue has seriously prejudiced or prevented achievement of a principal objective;
  - the issue has resulted in a need to seek additional funding to allow it to be resolved, or has resulted in significant diversion of resources from another aspect of the business;
  - the issue has led to a material impact on the accounts;
  - the audit committee, or equivalent, has advised that it should be considered significant for this purpose;
  - the Head of Internal Audit has reported on it as significant, for this purpose, in the annual opinion on the internal control environment;
  - the issue, or its impact, has attracted significant public interest or has seriously damaged the reputation of the organisation;
  - the issue has resulted in formal action being taken by the Chief Financial Officer and/or the Monitoring Officer.

16. At this stage it is proposed to include the following significant governance issues in this section:

- Delivery of the Council's Business Plan 2013-17
- Impact of financial challenges on procurement of contracts
- Information Governance
- Safeguarding Children and Young People

17. Details on these issues are set out in section E of the draft AGS.

18. The Council's external auditors, KPMG LLP, have been consulted on the draft AGS and their comments are reflected in the final draft.

### **Safeguarding Implications**

19. Safeguarding issues have been highlighted in Section E of the draft AGS.

### **Public Health Implications**

20. There are no public health implications arising directly from this report.

### **Environmental and Climate Change Considerations**

21. There are no environmental or climate change considerations arising directly from this report.

### **Equalities Impact of the Proposal**

22. There is no equalities impact arising from this report.

### **Risk Assessment**

23. Ongoing review of the effectiveness of the Council's governance arrangements is an important part of the Council's risk management strategy.

### **Financial Implications**

24. There are no financial implications arising directly from the issues covered in this report

### **Legal Implications**

25. The production of the AGS is a statutory requirement.



## **Proposal**

26. Cabinet is, therefore, asked:

- a. to consider the draft AGS as set out in Appendix 1 and make any comments or changes as they see fit;
- b. to note that the draft AGS will be revised in the light of any comments by Cabinet and ongoing work by the Governance Assurance Group before final approval by the Audit Committee and publication with the Statement of Accounts at the end of July 2016.

## **Reason for Proposal**

27. To prepare the AGS 2015-16 for publication in accordance with the requirements of the Audit and Accounts Regulations.

**Ian Gibbons**  
**Associate Director Legal and Governance**  
**and Monitoring Officer**

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10 July 2016

## **Background Papers**

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

None

## **Appendices**

Appendix 1 - Draft Annual Governance Statement 2015-16

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# Annual Governance Statement

2015-16



**DRAFT 7 (06.07.16)**

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The Purpose of the Governance Framework

## Section C

The Governance Framework

Purpose and Planning

Policy and Decision-Making Framework

Wiltshire Pension Fund

Regulation of Business

Management of Resources, Performance and Risk

Internal Audit

External Audit and Inspections

Directors' Assurance Statements

Monitoring Officer

## Section D

Review of Effectiveness

Focus on the purpose of the authority and on outcomes for the community, creating and implementing a vision for the local area

Engaging with local people and other stakeholders to ensure robust public accountability

Ensuring that councillors and officers work together to achieve a common purpose with clearly defined functions and roles

Promoting high standards of conduct and behaviour, and establishing and articulating the authority's values to members, staff, the public and other stakeholders

Taking informed, risk based and transparent decisions which are subject to effective scrutiny

Developing the capacity of councillors and officers to be effective in their roles

## Section E

Significant Governance Issues

A. Scope of Responsibility

1. Wiltshire Council is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. The Council also has a duty under the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.
2. In discharging this overall responsibility, the Council is also responsible for putting in place proper arrangements for the governance of its affairs, including the management of risk, and facilitating the effective exercise of its functions.

B. The Purpose of the Governance Framework

3. The governance framework comprises the systems and processes, and culture and values, by which the Council is directed and controlled and the activities through which the Council accounts to, engages with and leads the community. It enables the Council to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost effective services.
4. The system of internal controls are designed to manage risk to a reasonable level. They cannot eliminate all risk of failure to achieve aims and objectives but can only provide reasonable and not absolute assurance of effectiveness. The governance framework is designed to:
  - a. identify and prioritise the risks to the achievement of the Council's policies, aims and objectives;
  - b. evaluate the likelihood of those risks being realised;
  - c. assess the impact of the risks if they are realised;
  - d. manage the risks efficiently, effectively and economically.
5. The framework also provides a mechanism for monitoring and implementing a system of continuous governance improvement.
6. The governance framework has been in place at the Council for the year ended 31 March 2016 and up to the date of approval of the Statement of Accounts for 2015/16.

C. The Governance Framework

7. The Council's governance framework comprises a broad range of strategic and operational controls, which work together to ensure the sound operation of the Council. The key elements are summarised below.
8. Documents referred to are available from the Council or may be viewed on the Council's website ([www.wiltshire.gov.uk](http://www.wiltshire.gov.uk)).

9. The review of the Council's governance arrangements, through the Annual Governance Statement, is in accordance with CIPFA/Solace guidance Delivering Good Governance in Local Government, Delivering Good Governance in Local Government, Addendum 2012.

## **Purpose and Planning**

10. In September 2013 the Council adopted a Business Plan for 2013-17 with the following priorities:
- to protect those who are most vulnerable;
  - to boost the local economy – creating and safeguarding jobs; and,
  - to support and empower communities to do more for themselves.
11. These priorities serve to deliver the council's vision to create stronger and more resilient communities.
12. The Business Plan is supported by a Financial Plan, which demonstrates how it will be funded. The management of the Council's strategic risks helps achieve the Council's objectives.

## **Policy and Decision-Making Framework**

13. The Council's Constitution provides the framework within which the Council operates. It sets out how decisions are made and the procedures which must be followed to ensure that these are efficient, effective, transparent and accountable.
14. The Constitution defines the role and responsibilities of the key bodies in the decision-making process - the Council, Cabinet, and Committees.
15. The Council's Health and Well-being Board is a committee of the council with a strategic leadership role in promoting integrated working between the council and the NHS, and in relation to public health services. It is the key partnership and focal point for strategic decision making about the health and well-being needs of the local community. The terms of reference for the Health and Well-being Board may be found at <http://cms.wiltshire.gov.uk/mgCommitteeDetails.aspx?ID=1163>
16. The Wiltshire Police and Crime Panel reviews and scrutinises decisions of the Police and Crime Commissioner. The Panel is a joint committee with Swindon Borough Council, comprising elected members from both councils and two co-opted voting independent members.
17. The Constitution is reviewed on an ongoing basis by the Monitoring Officer and the Standards Committee through its Constitution Focus Group to ensure that it reflects changes in the law and remains fit for purpose.
18. The Leader and Cabinet are responsible for discharging the executive functions of the Council, within the budget and policy framework set by the Council.
19. The Council publishes a Forward Work Plan once a month giving details of all

matters anticipated to be considered by the Cabinet over the following 4 months, including items which constitute a key decision.<sup>1</sup>

20. Schemes of Delegation are in place for Cabinet Committees, Cabinet Members and Officers to facilitate efficient decision-making.
21. The Council has established 18 area committees known as Area Boards. Each area board exercises local decision making under powers delegated by the Leader.
22. The Council's overview and scrutiny arrangements consist of an Overview and Scrutiny Management Committee supported by 3 select committees:
  - Health (including the NHS, public health and adult social care)
  - Environment (including highways, waste and transportation)
  - Children (including education, vulnerable children, youth services and early years)
23. The management committee co-ordinates the work of the select committees and also covers internal services such as finance, performance, staffing and business planning. Most overview and scrutiny work is done by small groups of elected members who meet to review single issues in detail. Interested parties are often invited to contribute to this work. The group then produces a report presenting their findings and recommendations to the cabinet and others as necessary on how the issue or service could be improved.
24. Rapid scrutiny exercises provide the opportunity to be able to react more readily to issues as they emerge.
25. Scrutiny member representatives can also be appointed to boards of major projects to provide challenge. Partners and contractors also contribute to the scrutiny process.
26. These arrangements serve to hold the Cabinet, its Committees, individual Cabinet Members and officers to public account for their executive policies, decisions and actions and serves to make sure that decisions are taken based on sound evidence and are in the best interests of the people of Wiltshire.
27. The Standards Committee is responsible for:
  - promoting and maintaining high standards of conduct by Members and Officers across the Council;
  - determination of complaints under the Members' Code of Conduct;
  - oversight of the Constitution, overview of corporate complaints handling and Ombudsman investigations, and the whistle blowing policy.

<sup>1</sup> 'Key decisions' are defined in Paragraph 9 of Part 1 of the Constitution. They include any decision that would result in the closure of an amenity or total withdrawal of a service; any restriction of service greater than 5%; any action incurring expenditure or producing savings greater than 20% of a budget service area; any decision involving expenditure of £500,000 or more, (subject to certain exceptions), any proposal to change the policy framework; any proposal that would have a significant effect on communities in an area comprising two or more electoral divisions.

28. The Council has adopted a Code of Conduct for Members and established arrangements for dealing with complaints of under the respective code of conduct for Wiltshire unitary and parish councillors.
29. The Council has in place arrangements for considering complaints made about the conduct of the Police and Crime Commissioner for Wiltshire.
30. The Audit Committee is responsible for:
- monitoring and reviewing the Council's arrangements for corporate governance, risk management and internal control;
  - reviewing the Council's financial management arrangements and approving the annual Statement of Accounts;
  - focusing audit resources;
  - monitoring the effectiveness of the internal and external audit functions;
  - monitoring the implementation of agreed management actions arising from audit reports.
31. The Wiltshire Pension Fund is overseen by the Wiltshire Pension Fund Committee. This Committee has its delegated power from the full Council, rather than the Executive (Cabinet), so as to avoid any conflict of interest (e.g. in relation to the setting of employer contributions).
32. This Committee is responsible for all aspects of the fund, including:
- the maintenance of the fund;
  - preparation and maintenance of policy, including funding and investment policy;
  - management and investment of the fund;
  - appointment and review of investment managers;
  - monitoring of the audit process.
33. The Wiltshire Pension Fund Committee exercises its responsibilities in relation to investment management when it sets investment policy and appoints/monitors external investment managers.
34. The Council has established a Local Pension Board in accordance with new statutory requirements. The purpose of the Board is to assist the Council as the administering authority in its role as scheme manager for the Local Government Pension Scheme and to ensure the effective and efficient governance and administration of the Scheme. The terms of reference for the Local Pension Board may be found at <http://cms.wiltshire.gov.uk/ieListMeetings.aspx?CId=1280&Year=0>
35. The Council appoints an Independent Remuneration Panel when required to advise and make recommendations to the Council on the setting of member allowances in accordance with the Local Authorities (Member Allowances)(England) Regulations 2003.
36. A new governance and assurance framework has been developed to underpin the



delivery of the Wiltshire and Swindon Strategic Economic Plan (SEP) by the Swindon and Wiltshire Local Enterprise Partnership (SWLEP) and to enable Wiltshire Council to fulfil its responsibilities as the Accountable Body. The framework includes an executive Strategic Joint Economic Committee with Swindon Borough Council to provide local democratic accountability for the delivery of the SEP and a Joint Scrutiny Task Group.

## Regulation of Business

37. The Constitution contains detailed rules and procedures which regulate the conduct of the Council's business. These include:
  - Council Rules of Procedure
  - Budget and Policy Framework Procedure
  - Financial Regulations and Procedure Rules
  - Procurement and Contract Rules
  - Members' Code of Conduct
  - Officers' Code of Conduct
  - Corporate Complaints Procedure
38. The statutory officers - the Head of Paid Service (see note <sup>2</sup> below), the Solicitor to the Council/Monitoring Officer and the Chief Finance Officer have a key role in monitoring and ensuring compliance with the Council's regulatory framework and the law. The statutory officers are supported in this role by the Council's HR, legal, governance and democratic services, finance and procurement teams, and also by the internal audit service.
39. Internal Audit services in Wiltshire are provided through a partnership with South West Audit Partnership.
40. The following bodies have an important role in ensuring compliance:
  - Audit Committee
  - Overview and scrutiny management and select committees and task groups
  - Standards Committee
  - Internal Audit
  - External Audit and Inspection Agencies.
41. The Council has a Corporate Fraud Team, which is delivering an ambitious three year plan that underpins the Council's strategic approach to tackling fraud in accordance with the Corporate Fraud Strategy agreed in 2014-15. Key risk areas covered by the plan include housing tenancies; council tax discounts; blue badges; payroll; personal payments and procurement.
42. Criminal prosecutions are an important part of the Council's counter fraud strategy as they serve both to deter offenders and reinforce a culture of zero tolerance to fraud.
43. The Council's Governance Assurance Group comprises senior officers with lead responsibility for key areas of governance, together with an elected member who is a

member of the Audit Committee. Other officers and members attend by invitation to provide the Group with information about issues on which it is seeking assurance. Officers can also bring any concerns about the Council's governance arrangements forward to the Group for consideration.

44. The Governance Assurance Group meets monthly and has a forward work plan. It is responsible for gathering evidence for and drafting the Annual Governance Statement. It identifies any potential significant governance issues throughout the year, and seeks assurance on the effectiveness of measures to address these. It has a key role in promoting and supporting sound governance across the organisation and reports as required to the Corporate Leadership Team.<sup>2</sup>

## **Management of Resources, Performance and Risk**

### ***Financial Management***

45. Financial management and reporting is facilitated by:

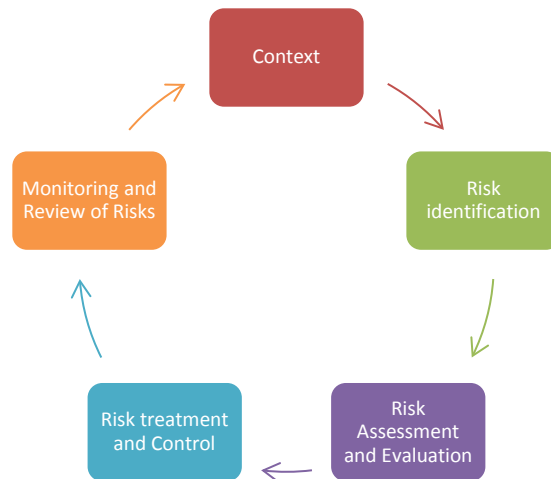
- Regular reports to Cabinet on the Council's Revenue Budget, Housing Revenue Account, Capital Programme and on Treasury Management;
- Regular review by the Corporate Leadership Team;
- Regular consideration of these reports by the Financial Planning Task Group;
- Budget monitoring by Service Managers;
- Compliance with the Council's Budgetary and Policy Framework; Financial Regulations and Financial Procedure Rules;
- Compliance with external requirements, standards and guidance;
- Internal and external audit;
- Publication of Statement of Accounts;
- Overseeing role of the Audit Committee.

46. The Council's financial management arrangements are consistent with the governance requirements of the CIPFA Statement on the Role of the Chief Financial Officer in Local Government, issued in 2010 and revised 2015.

<sup>2</sup>. The Corporate Leadership Team comprises the three Corporate Directors, supported by the Chief Finance Officer / Section 151 Officer, Solicitor to the Council / Monitoring Officer, Associate Director People and Business Services, the Associate Director of Communities and Communications and the Associate Director Corporate Function, Procurement and Programme Office. The statutory role of Head of Paid Service is rotated between the three corporate directors every four months.

## ***Performance and Risk Management Reporting***

47. At the heart of the Business Plan is the vision to *create stronger and more resilient communities*. It sets out how we plan to achieve this and outlines our key priorities:
- Protect those who are most vulnerable;
  - Boost the local economy – creating and safeguarding jobs;
  - Support and empower communities to do more for themselves.
48. Measuring success is about how we will know we are performing well and moving in the right direction to achieve our vision and priorities.
49. Measures and activities captured as part of the strategic performance framework demonstrate progress against the objectives set out in the Business Plan. These are monitored along with the strategic risk register by the Corporate Leadership Team, Cabinet and Overview & Scrutiny on a quarterly basis. The Citizen's Dashboard provides a more engaging and informative means of publishing activity and prevalent metrics and making links with the Business Plan. This may be found on the Council's web site at <http://services.wiltshire.gov.uk/CitzDash/CitizenDashboard/MainReports>  
A copy of the most recent report to Cabinet on this may be found at <http://cms.wiltshire.gov.uk/documents/g10264/Public%20reports%20pack%2014th-Jun-2016%2009.30%20Cabinet.pdf?T=10>
50. This reporting framework is underpinned by the *Strategic Performance and Risk Management Board* which takes the strategic lead on the development and management of the corporate planning cycle, including the organisation's approach to business planning and the monitoring of performance against the objectives outlined in the Business Plan.
51. The Board is supported by the *Operational Performance and Risk Management Group*, which provides the operational perspective in the refining of the performance and risk frameworks and acts as the conduit for embedding the Council's approach to performance and risk within service areas.
52. Risk management is a central component of the Council's governance framework. Whilst risks are identified and monitored at service level, the Strategic Performance and Risk Management Board takes the strategic lead on the development and management of the Council's Risk Management Strategy and ongoing monitoring of key strategic risks. The Board receives quarterly updates on the strategic risk register.
53. The diagram below demonstrates the cycle of managing risk.



54. The risks associated with major projects are managed through project management arrangements with regular reporting to the relevant boards and member bodies.
55. The Council's Business Continuity Policy provides a framework to maintain and develop business continuity arrangements at both corporate and service levels. It sets out the responsibilities of different management levels and groups as part of this process.

### Internal Audit

56. The main role of Internal Audit is to provide an independent and objective opinion on the Council's control environment.
57. Internal Audit has the following additional responsibilities:
- providing support to the Chief Finance Officer in meeting his responsibilities under Section 151 of the Local Government Act 1972, to make arrangements for the proper administration of the Council's financial affairs;
  - investigating any allegations of fraud, corruption or impropriety;
  - advising on the internal control implications of proposed new systems and procedures.
58. The annual Internal Audit Plan is based on an assessment of risk areas, using the most up to date sources of risk information, in particular the Council's Corporate and Service Risk Registers. In addition, publications outlining local government new and emerging risks are also scrutinised. In order to build upon the assurance mapping process undertaken for 2015/16 as part of our Healthy Organisation (HO) Programme, part of the 2016-17 Audit Plan has been

derived from the outcome of our corporate and HO themed reviews. Once drafted, the Audit Plan will be agreed with Corporate Directors, and then presented to the Audit Committee for agreement and final approval. Furthermore, the Audit Committee receive reports of progress against the Audit Plan each quarter. The Internal Audit Annual Report also summarises the results and conclusions of the audit work throughout the year, and provides an audit opinion on the internal control environment for the Council as a whole.

### **External Audit and Inspections**

59. The Council is subject to audit by its external auditors, KPMG LLP, specifically in relation to the Council's financial statements and the arrangements to secure value for money (VFM) in the use of resources. On occasion, it is also subject to reviews by statutory external inspection agencies such as OFSTED, the Care Quality Commission (CQC) and the Information Commissioners Office (ICO). Additionally, the Council seeks to obtain independent overviews on its performance through the peer review process facilitated by the Local Government Association (LGA). The outcomes of external audit work and inspections are used to help strengthen and improve the Council's internal control environment and help secure continuous improvement.

### **Review of Governance Arrangements within Directorates**

60. Associate directors are required to review the governance arrangements within their directorate as part of the service planning process. Any significant governance issues identified are included in Section E of this Statement.

### **Monitoring Officer**

61. The Monitoring Officer has not made any adverse findings in the course of the exercise of his statutory responsibilities.

#### **D. Review of Effectiveness**

62. The Council has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework, including the system of internal control. The review of effectiveness is informed by the work of officers within the Council who have responsibility for the development and maintenance of the governance environment, the Council's internal audit function, and also by reports of external auditors and other review agencies and inspectorates.
63. The key principles of corporate governance are set out in the Council's Code of Corporate Governance as follows:

- Focusing on the purpose of the Council and on outcomes for the community, creating and implementing a vision for the local area;
- Engaging with local people and other stakeholders to ensure robust public accountability;
- Ensuring that members and officers work together to achieve a common purpose with clearly defined functions and roles;
- Promoting high standards of conduct and behaviour, and establishing and articulating the Council's values to members, staff, the public and other stakeholders;
- Taking informed, risk based and transparent decisions which are subject to effective scrutiny; and
- Developing the capacity of members and officers to be effective in their roles.

64. The effectiveness of the Council's corporate governance framework is assessed against these six principles.

**Focus on the purpose of the Council and on outcomes for the community, creating and implementing a vision for the local area**

65. The Council's vision and priorities are set out in its Business Plan 2013-2017. This is consistent with the long term priorities that are set out in the Community Plan 2011-2026.

**Engaging with local people and other stakeholders to ensure robust public accountability**

66. The development of Wiltshire's area boards has played a key role in ensuring robust public accountability and democratic engagement in Wiltshire. The devolved governance arrangements are set out in the Council's Constitution.

67. The Council monitors the performance of the area boards in a number of ways:

- Public reporting on all issues and grant applications referred to the boards through online systems;
- Periodic scrutiny reviews and audit of financial arrangements;
- Feedback received following events;
- An annual satisfaction survey of people attending area board meetings;
- The Area Boards self evaluation process;

68. The Council seeks to align the resources delegated to area boards with the needs of local communities and to assess the impact of its devolved governance arrangements through the Joint Strategic Assessment process.

This involves the prioritisation of issues by the local community, action and resource allocation by the area boards and the use of the boards' collaborative influence to initiate community-led action in the area.

69. Wiltshire's Health and Wellbeing Board continue to build on the findings of the positive peer review conducted in autumn of 2014 and have implemented recommendations to hold a series of informal meetings focusing on tricky issues and to refresh the Joint Health and Wellbeing Strategy. In March 2016, Wiltshire won the Effective Health and Wellbeing Board category at the LGC Awards. The judges commented that the Board "exhibited strong leadership in depth of the health and wellbeing agenda, combining a focus on clear strategic goals and a highly effective front line delivery".

### **Ensuring that councillors and officers work together to achieve a common purpose with clearly defined functions and roles**

70. The Constitution sets out clearly the roles and responsibilities of Councillors and Officers in the decision making process.
71. The Council has adopted a Councillor and Officer Relations Protocol which:
- outlines the essential elements of the relationship between councillors and officers;
  - promotes the highest standards of conduct;
  - clarifies roles and responsibilities;
  - ensures consistency with the law, codes of conduct and the Council's values and practices; and
  - identifies ways of dealing with concerns by councillors or officers.

### **Promoting high standards of conduct and behaviour, and establishing and articulating the authority's values to members, staff, the public and other stakeholders**

72. All staff are required to meet high standards of ethical conduct under the Officers' Code of Conduct.
73. The Council has a Code of Conduct for Officers which is underpinned by a behaviours framework. This framework clearly articulates the behaviours expected of council officers, and is explicitly referred to in recruitment and performance appraisal processes.
74. The Council is reviewing the Code of Conduct for Councillors to ensure that it is effective in promoting high standards of conduct.

### **Internal Audit**

75. Internal Audit represents an important element of the Council's internal control environment, and to be effective it must comply with the International

Professional Practices Framework of the Institute of Internal Auditors, further guided by interpretation provided by the Public Sector Internal Audit Standards which lays down the mandatory professional standards for the internal audit of local authorities.

76. The Internal Audit Annual Report and Opinion 2015 -16 summarises the results and conclusions of the audit work throughout the year, and provides an independent audit opinion on the internal control environment for the Council as a whole. The Council's internal auditors, SWAP, have given an overall audit opinion of reasonable assurance on the adequacy and effective operation of the Council's control environment for 2015-16.

### **External Audit**

77. The Council's external auditors, KPMG LLP, published their annual audit letter 2014-15 in October 2015. To arrive at the conclusion they looked at financial governance, financial planning and financial control as well as prioritisation of resources and improvements in efficiency and productivity.
78. Key findings included an unqualified value for money conclusion for 2014-15 and an unqualified opinion on the Council's financial statements.
79. There were no high priority recommendations arising from their audit work for 2014-15 and the report highlighted the strong financial reporting process.
80. KPMG LLP's report to those charged with governance for 2015-2016 will be tabled at the meeting of the Audit Committee on 27 July 2016. This summarises the key issues arising from the work at Wiltshire Council in relation to the 2015 -16 financial statements and the work to support the 2015-16 value for money conclusions.

### **Taking informed, risk based and transparent decisions which are subject to effective scrutiny**

81. Cabinet Members and Officers exercising delegated powers are required to take decisions in accordance with their respective schemes of delegation. The Leader's protocol for decision-making by Cabinet Members ensures transparency by requiring publication of the intention to make a decision on 5 clear days' notice and the final decision.
82. The Council is signed up to the Wiltshire Compact and is an active member of the Compact Board. The Compact has been reviewed in 2015 and all engagement with Voluntary and Community Sector Enterprise (VCSE) partners is carried out under Compact principles. The Partnership Protocol and Register captures the Council's partnership arrangements. As of February 2016 the number of partnerships in operation is 42. A review of the protocol is



being conducted.

83. All decisions and policies pay due regard to the Council's responsibilities under the Public Sector Equality Duty. Equality Impact Assessments are carried out on key decisions and policies and are given proportionate equality considerations.
84. Cabinet members, scrutiny members and senior management across the council work closely to develop a single work programme of overview and scrutiny aligned to the Business Plan outcomes.
85. Overview and scrutiny is open to improving the way it constructively supports decision-making through effective early engagement and challenge. Recent developments have included a dedicated section in all Cabinet reports, active participation at Cabinet meetings, increased consultation on its work programme, more promotion of its activities and better tracking of its recommendations and impact.
86. It is recognised that for overview and scrutiny to be effective it requires skilled non-executive elected members. As a consequence, the Council has committed itself to a 4-year learning and development programme delivered through the regional associate of the Centre for Public Scrutiny.
87. The work undertaken by the Audit Committee this year has included:
  - review and approval of the Annual Governance Statement for 2014-15;
  - review and approval of the Statement of Accounts for 2014-15;
  - review of the work and findings of Internal Audit, including the Annual Report and audit opinion on the control environment;
  - review of the Council's risk management arrangements;
  - review of the work and findings of external audit, including the Annual Audit Letter and Report to Those Charged with Governance.
88. Public Health has continued to actively increase and embed Emergency Planning Resilience and Response arrangements for the County. As an essential part of Public Health, the new team has continued to strengthen resilience both within the organisation and throughout the community. Full Council and Cabinet have approved a new Integrated Emergency Management Plan, which for the first time clearly sets out the corporate approach to Emergency Planning Policy, Major Incident, Business Continuity and Recovery. Extensive training and exercising has been delivered at all levels, and new simpler, more practical plans have been updated.
89. Substantial improvements have been made to the Council business continuity programme, with 95% of priority services now having updated plans in place. A 3 year programme of community resilience workshops has been completed across the 18 community areas in only 2 years (covering over 150 town and parish communities). These multi-agency workshops have been delivered by representatives from the Council's emergency planning, Public Health, drainage and highways teams, together with the emergency services. Engagement with

voluntary groups has increased, with over 30 organisations now being available to assist during emergencies. The number of emergency evacuation centres has been increased from 30 to over 60, providing greater ability to provide places of safety when required. A full programme of work has been planned for 2016/17 which will concentrate on further strengthening resilience and preparedness based on the risks that face the County.

90. During 2015/16, the Emergency Planning Team put in place a process for refreshing the business continuity of all services. The approach was to concentrate resource on high priority services, and support lower priority services to complete 'light touch' business continuity plans. Additionally, a series of exercises (simulating a severe snow disruption) was run with Heads of Service between November 2015 and January 2016. This approach has resulted in 95% of services completing their business continuity plans, and outstanding plans are being followed up.
91. The Information and Communications Technology (ICT) Disaster Recovery Plan has been developed in conjunction with the review of Business Continuity Plans. The Disaster Recovery Plan sets out the policies and procedures for technology disaster recovery and detailed plans for recovering critical technology platforms and the telecommunications infrastructure.
92. A Corporate Resilience Forum has been set up with all priority services, chaired by the Associate Director for Public Health. The Forum enables priority services to learn from each other and to coordinate areas of common concern.
93. The Emergency Planning Team will refresh the business continuity programme in 2016/17, and look to further embed and improve the process, concentrating particularly on training and exercising, strategic leadership and developing supply chain resilience.

### **Developing the capacity and capability of councillors and officers to be effective in their roles**

94. The Council is committed to improving performance and one of the ways that it will achieve this is through the development of its councillors and officers.
95. The Council's Councillor Development Strategy sets out:
  - The role of the Councillor Development Group in managing the specific councillor development budget and in particular to:
    - respond and determine requests for learning and development from councillors;
    - initiate learning and development opportunities to meet the identified training needs of councillors;
    - ensure that specific committee/statutory/role related training is provided as appropriate;

- How training and development needs are recognised, met and evaluated;
- The responsibility of Councillors for identifying own learning and development needs.

96. The Council's Learning & Development Policy outlines the Council's commitment to developing and supporting staff to achieve the organisation's goals, service strategies and to create a culture of continuous staff development to meet the changing needs of the organisation, and provides a framework for managers and employees to follow when they are involved in identifying and meeting learning and development needs.

97. The "People Strategy" is in place to support delivery of the Business Plan and the identified priorities. Action plans that outline the activities needed to deliver the aims of the People Strategy are reviewed and updated regularly to ensure the actions are aligned with the priorities in the Business Plan, and take account of the changing demands on the business and the workforce. The People Strategy outlines priority areas for action which are critical to the delivery of the Business Plan, ensuring that the Council has the workforce capacity it needs to work in different ways and successfully meet current and future challenges.

#### E) Significant Governance Issues

98. An internal control issue is regarded as significant if:

- the issue has seriously prejudiced or prevented achievement of a principal objective;
- the issue has resulted in a need to seek additional funding to allow it to be resolved, or has resulted in significant diversion of resources from another aspect of the business;
- the issue has led to a material impact on the accounts;
- the audit committee, or equivalent, has advised that it should be considered significant for this purpose;
- the Head of Internal Audit has reported on it as significant, for this purpose, in the annual opinion on the internal control environment;
- the issue, or its impact, has attracted significant public interest or has seriously damaged the reputation of the organisation;
- the issue has resulted in formal action being taken by the Chief Financial Officer and/or the Monitoring Officer.

99. The following have been identified as significant governance issues:

- **Delivery of the Council's Business Plan 2013-17**

Delivering the Council's Business Plan remains a significant challenge given an increasing demand for key services, such as care for vulnerable children and adults, and highways maintenance, as well as rising inflation costs, and less money from central Government. In order to achieve this the Council will continue to embrace change and adopt a transformational and innovative approach, aligning resources to priorities and challenging if or

how services are provided. This will be underpinned by effective performance, financial and workforce information and sound risk management. The Council updates its financial plan annually to reflect current pressures and demands and this targets priorities in the Business Plan.

- **Impact of Financial Challenges on Procurement of Contracts**

The Government's austerity programme has generated significant challenges for public authorities, including this Council, in the procurement of major contracts such as highways, waste, children's and adult health and social care services. These include reduced or insufficient competition in certain markets, increased risk of legal challenges to the procurement process, increased contract management demands and costs and an overall increase in the cost of service provision. The Strategic Procurement Hub is working with services across the Council to mitigate the impact of these challenges.

- **Information Governance**

In March 2015 the Information Commissioner's Office (ICO) were invited to conduct an audit of the Council's arrangements for the processing of personal data. The audit focused on records management; subject access requests and data sharing. The overall conclusion was that there was a limited level of assurance that processes and procedures are in place and delivering data protection compliance and that there is considerable scope for improvement. An information Governance Board was established and an Information Governance Improvement Plan developed to address the areas for improvement.

Good progress has been made in the areas for improvement identified in the ICO's report. An updated action plan was sent to the ICO in March 2016 and notice was received in April that the audit engagement is now complete. Actions have been identified and are in accordance with the requirements of the Information Governance Toolkit.

The ICO provided constructive feedback. Whilst it is acknowledged that some of the timescales have moved from the original plan, the Board feel it is important that the organisation does not have a rapid, quick fix approach to put things right; but that there is the creation of a much more sustainable framework and strategy for Information Governance across the Council.

A further implementation plan is being developed to ensure that all remaining actions are monitored and completed.

Further details of the status of the Information Governance Improvement Programme may be found in the Annual Report to the Senior Information Risk Owner (SIRO) May 2016 [*insert link*]

- **Safeguarding Children and Young People**

Oversight and governance of performance and progress in Children’s Services is maintained by the Wiltshire Council Improvement Board which is chaired by a Corporate Director in her statutory role of Director of Children’s Services (DCS). This Board is serviced by four Improvement Groups chaired by senior managers. Each Group has responsibility for an Improvement Plan and ensuring that there is progression towards the OFSTED criteria of Good and Outstanding. The Cabinet Member for Children and portfolio holders are members of the Improvement Board and the Chair of Children’s Scrutiny is an invited member of the Board. Six weekly reports are provided to Cabinet Liaison by the Cabinet Member for Children.

Oversight and scrutiny is provided by the Children’s Select Scrutiny Committee, the Safeguarding Children’s Task Group and the Corporate Parenting Panel. The Multi- Agency Safeguarding Hub Governance Board meets every six months with a monthly operational board undertaking service delivery improvements. The work of the Council and its partners is scrutinised by the Wiltshire Safeguarding Children Board (WCSB) and its independent chairperson.

Within the last 12 months the Council was subject to a rigorous OFSTED inspection under its Safeguarding Improvement Framework and this evidenced that the Council was continuing to ensure that children were safe and protected. Local Government Association and peer reviews have taken place in respect of the WCSB, the Council and its partners’ work with children. These have concluded that the Council is fulfilling its statutory duties effectively.

The Council will continue to have a relentless focus on safeguarding improvement, and in order to monitor progress safeguarding remains a significant governance issue this year.

Councillor Baroness Scott  
of Bybrook OBE  
Leader of the Council

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Corporate Directors

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Dated



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**Wiltshire Council**

**Cabinet**

**19 July 2016**

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**Subject: Wiltshire Council CSE Action Plan Update**

**Cabinet member: Councillor Laura Mayes – Children’s Services**

**Key Decision: No**

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## **Executive Summary**

Wiltshire’s approach to tackling Child Sexual Exploitation (CSE) has been focussed on three key themes which are set out in the Pan Wiltshire Safeguarding Children Board (WSCB) and Swindon Local Safeguarding Children Board (LSCB) Child Sexual Exploitation Strategy: Prevent Protect and Pursue. The WSCB is responsible for co-ordinating an effective multi-agency response to child sexual exploitation and for monitoring Wiltshire’s strategy.

This report will provide an update of (a) progress made against the CSE action plan since 15 March and (b), report on progress on the considerations of options for the development of electronic communications tools namely the Wiltshire App and council Website. Wiltshire Council contribution to multi agency strategy

## **Proposal(s)**

That Cabinet notes progress on the Council’s CSE Action Plan with specific reference to the Wiltshire App and Website, as agreed in 15 March 2016 Cabinet meeting.

## **Reason for Proposal**

In March 2015 the government announced that the sexual abuse of children is a National Threat.

Monitoring of the plan’s implementation needs to be at the most senior level to ensure that actions are effective in protecting and supporting children.

**Carolyn Godfrey  
Corporate Director**

## **Wiltshire Council**

### **Cabinet**

**19 July 2016**

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**Subject: Wiltshire Council CSE Action Plan Update**

**Cabinet member: Councillor Laura Mayes – Children’s Services**

**Key Decision: No**

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### **Purpose of Report**

1. To provide Cabinet with a review of the Council’s CSE Action Plan with specific reference to the Wiltshire App and Website, as agreed at 15 March 2016 Cabinet meeting

### **Relevance to the Council’s Business Plan**

2. The Wiltshire Council response to child sexual exploitation links to the Council's business plan 2013 to 2017 key priorities 4 and 5; ‘To protect those who are most vulnerable’.
  - 2.1. Provide opportunities for every child and young person to improve their attainment and skills so they can achieve their full potential
  - 2.2. Continue to improve our safeguarding services to protect the most vulnerable in our Communities
3. The objectives are stated in Outcome 6 of the Council’s Business Plan; to reduce levels of crime and to reduce the number of families with complex needs by ensuring prevention of abuse and protection of vulnerable children and young people

### **Main Considerations for the Council**

4. In March 2015 the government announced that the sexual abuse of children is a National Threat. Failure to take comprehensive action to tackle CSE will leave children and young people at risk. Monitoring of the plan’s implementation needs to be at the most senior level to ensure that actions are effective in protecting and supporting children.

### **Background**

5. Child Sexual Exploitation (CSE) is child sexual abuse and it is a crime. . It involves children and young people being tricked, forced or manipulated into sexual activity (this can be physical and/or virtual abuse) in exchange for something. This may be money, alcohol, drugs, gifts or accommodation – or

less tangible goods such as affection or status. CSE can occur through the use of technology without the child's immediate recognition.

6. CSE is not new. However, a number of high-profile cases such as in Rotherham, Rochdale, Oxford and Bristol have focused the attention of the Government, the media and agencies involved in the safeguarding of children on CSE, and the need to do more to protect children and young people at risk.
7. Wiltshire Council's Child Sexual Exploitation (CSE) Action Plan was presented to Cabinet on 19th May 2015 and a progress report presented on 15 March 2016 where it was resolved:
  - a) To note the progress made against the CSE action plan since May 2015.
  - b) To ask officers to consider options for the development of electronic communication tools, and to report progress to the June meeting of Cabinet.
8. This report will provide an update of (a) progress made against the CSE action plan since 15 March and (b), report on progress on the considerations of options for the development of electronic communications tools namely the Wiltshire App and council Website.

#### **Progress since May 2015**

9. In relation to 7 (a) above, the report provided to Cabinet on 15 March 2016 detailed the activities and progress made against the CSE Action Plan; an update in relation the key themes is provided below.
10. Prevent (the abuse from happening)
  - 10.1. The majority of Area Boards have now received briefings about CSE. Blair Keltie, Service , is liaising with democratic services to arrange briefings for the 2 outstanding Area Boards by July 2016. CSE Presentations and Missing Children briefings have been delivered to a number of professional groups across the council and key stakeholder agencies and the WSCB has delivered CSE training to 145 professionals in the last financial year.
  - 10.2. All staff in the Special Educational Needs and Disability (SEND) service have received CSE Awareness Training focusing on the outcomes and recommendations of 'Unprotected, Overprotected: Meeting the needs of young people with learning disabilities who experience, or are at risk of, sexual exploitation' (Barnardos, 2015). The training highlights the particular vulnerabilities of children with SEND to CSE and includes include guidance on the use on of a CSE Screening Tool.
  - 10.3. The West of England CSE Victim Support Project offers Wiltshire Council 20 days advanced CSE practitioner training: working with parents of CSE victims, Legal Processes and SEND, provided by a Barnardos trainer. So far 7 training sessions have been run with 123 of professionals attending.

- 10.4. Discussions are underway with Schools to negotiate and secure funding for a further tour of Chelsea's Choice autumn 2016.
  - 10.5. The 2016 Awareness Day on 18 March 2016 generated interest nationally and for local media which promoted further awareness in the community of the problem and the council's response with having a specialist CSE (Emerald) team.
11. Protect (young people who are victims or at risk of sexual exploitation)
- 11.1. During 2015 the recruitment of a specialist CSE team (known as Emerald Team within children's services has been completed. The Emerald Team has been operational from October 2015 working directly with victims of CSE and in an advisory capacity to support professionals working with children at risk of CSE.
  - 11.2. Victims of of CSE are profoundly affected by the abuse, often in emotional/psychological trauma and require therapeutic support. A child's trauma is also a barrier for victims to disclose abuse. A Child & Adolescent Mental Health practitioner has been seconded to work with the Emerald and Looked After Children (LAC) Teams from 1 June 2016.
  - 11.3. In the last financial year 1415 incidents of Missing/Absent children were referred by the police to the council. Re-deploying existing resources (therefore cost neutral – see finance section) a second Missing Children Coordinator has been appointed starting on 13 June 2016. This additional capacity requirement to meet demand demonstrates our success in highlighting to all agencies and parents/carers the need to report missing children to the Police as this is strong indicator of CSE. The Missing Children Coordinators follow up police reports with Return Interviews and safeguarding measures to reduce children's vulnerabilities/risks. Improvement planning is in place to increase the take up of Return Interviews (currently 31%) by children who have been reported missing.
  - 11.4. At this time Emerald team is supporting 44 children affected by CSE. Of these 25 are victims of CSE and allocated a specialist Emerald Team CSE Worker providing direct work. The remaining 19 children are assessed as 'At Risk' requiring interventions to protect them from becoming victims.
  - 11.5. Eleven cases have been closed since the last report. These are of two types. Firstly where specialist CSE intervention (and pursuing perpetrators) has removed the victim from the abuse and risks have reduced accordingly (9 cases). Secondly, 2 cases where risks have escalated acutely through online grooming leading to a contact offence, but due to protective factors such as vigilant/knowledgeable parents/carers, children have been protected from or removed from abuse and perpetrators pursued.
  - 11.6. Positive feedback has been received on the work of the Emerald Team from the Senior Responsible Officer on the information recently submitted to the West of England CSE Victim Support Service 'This looks really positive; your processes in Wiltshire look like they are starting to have a positive effect in a very tangible way'.
12. Pursue (Perpetrator prosecution and disruption)

Currently nine male perpetrators are being disrupted with the following tactics:

- 5 arrested and on Police Conditional Bail These arrests have been as a direct consequence of victims being protected and given the confidence by the Emerald Team to disclose the abuse
- A Civil Injunction was successfully gained by Wiltshire Council and breaching of the injunction lead to the perpetrator being imprisoned.
- 2 perpetrators have a Civil Injunction gained by housing societies forbidding them having contact with children
- One perpetrator has a Sexual Risk Order
- All 9 perpetrators have Child Abduction Warning Notices serviced against them which makes them arrestable if found with children.

### **Options for the development of electronic communication tools**

13. The Service Manager for CSE and Missing Children (Emerald Team) met with relevant officers to consider options and develop a project plan to progress electronic communications products and align this with a communication strategy.
14. My Wiltshire is a mobile app for reporting issues to Wiltshire Council. Information can be attached such as photos or videos to provide additional information and pinpoint exact locations using the mapping software. When a report is submitted it goes to Wiltshire Council's customer service team for processing and forwarding to the relevant service delivery team.
15. My Wiltshire app has a 'Report it' page to which a CSE concern could be added. However in reporting a concern an understanding of what CSE is would be required to ensure reports are relevant. Therefore a link to Wiltshire Council website CSE section with information suitable for the public could be created. The benefits are that the public, including children and young people, have ready access to information about CSE and the means to report a concern. However, careful consideration is required to ensure filters are in place so that only relevant reports can be made as there is a danger of 'report overload' which could detract from serious child protection concerns and create additional unnecessary work to research low level concerns.
16. Having considered the options available in My Wiltshire app the conclusion has been reached that this would be of great benefit in providing information about CSE and Missing Children to the public, as means to signpost to relevant section of the Wiltshire Council website, and provide guidance about how to report a concern by contacting the MASH. Further My Wiltshire app has a news and events sections which links to the council's news and communication section of the website. Any future CSE awareness raising such as the national CSE Awareness Day can promoted through the app.
17. Wiltshire Council website. It has been agreed that there will be a CSE microsite within the website uploaded to the new Wiltshire Website which will be launched in September 2016. Having researched a number of local authority's websites looking for exemplars it has been agreed that Wiltshire will adopt the layout and style of <http://www.itsnotokay.co.uk/> The site includes a child friendly home page with ready access to easy to understand

information sections on 'What is it?' 'Get Help'; sections for Parents, Professionals and Businesses. This promotes the message that all sections of Wiltshire community have a part to play in combating CSE as a 'Whole Wiltshire' approach.

18. The content will be adapted for Wiltshire and have relevant links to local agencies. The site also includes links to national agencies providing advice and support. Using our own content as relevant there are no copyright issues.
19. The anticipated launch of the new Wiltshire website is September 2016 and a communication strategy is in place which can be a springboard to highlight the new CSE micro site, sections in My Wiltshire app and promote a 'Whole Wiltshire' approach to tackle CSE.

### **Overview & Scrutiny Engagement**

20. A scrutiny task group was formed in April 2015 to look at the CSE action plan.
  - 20.1. At its meeting on Tuesday 26 April the task group considered the implementation of the council's CSE action plan and is now engaging with other local authorities to benchmark their action plans.
  - 20.2. The task group is working towards presenting its final report to the Children's Select Committee on 26 July 2016.

### **Safeguarding Implications**

21. Safeguarding children and young people is the purpose of the CSE Action Plan.
22. Failure to take comprehensive action to tackle CSE will leave children and young people at risk. Monitoring of the plan's implementation needs to be at the most senior level to ensure that actions are effective in protecting and supporting children.

### **Public Health Implications**

23. The impact of child sexual exploitation can be devastating, often proving detrimental to victims' physical, psychological and emotional wellbeing. The signs are often hard to identify and vary from children going missing from their homes or care placements, to experiencing mental health problems, sexually transmitted infections, pregnancy, terminations, misuse of drugs or alcohol, physical injuries and coming into contact with the police.
24. Public Health is concerned with improving the health and wellbeing, including welfare of their local population and has a responsibility to tackle child sexual exploitation. Through commissioning of services which accurately reflect need, public health commissioners can provide services which are accessible, high quality and evidence-based. Ensuring services are delivered through staff that are well informed can contribute to the prevention and

identification of child sexual exploitation. Furthermore, they are able to provide a range of interventions and include signposting to specialist services who can provide longer term support and rehabilitation.

### **Procurement Implications**

25. There may be procurement of training to deliver the strategy, which will be managed through normal procurement practices and governance arrangements.

### **Equalities Impact of the Proposal** (detailing conclusions identified from Equality Analysis, sections 4 and 5)

26. Young people from the LGB&T community may need additional support – we may need to consider how they will be reached specifically. Race & Religion specific – we know that in some areas, (e.g. Rotherham), race has been a factor in CSE. However, overall it is accepted that CSE may affect people of any race or religion.

### **Environmental and Climate Change Considerations**

27. There are no implications of the action plan on Environment and Climate Change

### **Risk Assessment**

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

28. Without a council wide action plan on CSE that is sufficiently monitored, activity is more likely to be done in isolation, would be uncoordinated, may involve duplication of effort and may result in gaps in provision – putting children at risk. Corporate ownership would also be compromised.

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

29. There is a potential risk that the high profile of CSE may take attention away from other safeguarding issues. The WSCB has a sub group dedicated to CSE, but its wider strategic remit ensures that other forms of abuse and risks to children and young people remain priorities. Likewise, the Council has created a new specialist CSE team, but this sits within a structure where there is a strategic overview of all safeguarding issues.

### **Financial Implications**

30. The CSE team comprises staff which are funded in part by base budget diverted from elsewhere within Childrens Services and in part by a two year home Office Innovation Fund.

31. In the third year, this external funding will cease and we would ideally look to apply for alternative external funding. If this was not available, we would look

to the placement strategy to fund. We would need to identify funding from Children's Services

	<b>Year 1 (2015/16)</b>	<b>Year 2 (2016/17)</b>	<b>Year 3 (2017/18)</b>
Estimate of CSE Team Costs	£0.226m	£0.228m	£0.230m
Local Authority Budget	£0.076m	£0.078m	£0.080m
Local Authority Match funding for Home Office Bid	£0.025m	£0.025m	
Home Office Funding	£0.125m	£0.125m	
Alternative External Funding or, funding from within Children's Services			£0.150m

### **Legal Implications**

32. The Council has significant legal obligations for the protection of children, both generally and specifically in relation to CSE. The actions and proposals set out in this report will help the Council meet those obligations

### **Options Considered**

33. See points 13 to 19

### **Conclusions**

34. See points 13 to 19

**Carolyn Godfrey**  
**Corporate Director**

Report Author:

Blair Keltie, Service Manager CSE and Missing Children  
[Blair.keltie@wiltshire.gov.uk](mailto:Blair.keltie@wiltshire.gov.uk)

19 July 2016

### **Background Papers**

The following documents have been relied on in the preparation of this report:  
 None

**Appendices** : None



**Wiltshire Council**

**Cabinet**

**19 July 2016**

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**Subject: Wiltshire Council Grants Expenditure Policy**

**Cabinet member: Cllr Dick Tonge – Cabinet member for Finance**

**Key Decision: No**

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## **Executive Summary**

The Grants Expenditure Policy presented sets out Wiltshire Council's aims, approach and criteria for funding both generally and in respect of specific identified need. It aims to ensure best use of the limited funding to ensure high quality outcomes for Wiltshire residents in accordance with the Council's Business Plan.

## **Proposal(s)**

Cabinet is asked to:

1. Adopt the grants expenditure policy presented;
2. Delegate to the Cabinet Member responsible for the Finance portfolio, in consultation with the Section 151 officer and the Associate Director for Corporate Function and Procurement responsibility for minor amendments provided that to do so does not alter (but gives further effect to) the executive arrangements or the principles enshrined in this policy; and
3. Delegate to the Section 151 officer in consultation with the Solicitor to the Council responsibility for amending this policy to reflect changes in the law, to correct errors or clarify ambiguities where to do so does not alter (but gives further effect to) the executive arrangements or the principles enshrined in this policy

## **Reason for Proposal**

The adoption of the Grants Expenditure Policy will ensure best use of the limited funding to ensure both high quality outcomes for Wiltshire residents in accordance with the Council's Business Plan and effective, efficient use of council resources.

**Dr Carlton Brand and Carolyn Godfrey**  
**Corporate Directors**

## **Wiltshire Council**

### **Cabinet**

**19 July 2016**

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**Subject: Wiltshire Council Grants Expenditure Policy**

**Cabinet member: Cllr Dick Tonge – Cabinet member for Finance**

**Key Decision: No**

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### **Purpose of Report**

1. The purpose of this report is to present a draft grants expenditure policy to Cabinet for adoption

### **Relevance to the Council's Business Plan**

2. The adoption of the grants policy helps to meet the principles in the Council's Business Plan, including:
  - Principle 2: We are efficient and provide good value for money for our residents
  - Principle 3: We put outcomes for people and places first

### **Main Considerations for the Council**

3. Budget conversations in both 2014 and 2015 have shown that the process for giving and recording grants is inconsistent across the council. A lack of clear guidance has allowed for inconsistencies in the types of funding issued.
4. Events in Tower Hamlets in 2014 highlighted the need for:
  - Robust assessment of applications to meet best value (which should include procurement considerations for projects which require service level agreements (i.e. separate from grants awards but may be financed from grants budgets));
  - Effective evidence of that assessment; and
  - Effective monitoring of the grants process to ensure it is not misused
5. There is a statutory requirement to publish an annual statement of all grants paid to voluntary, community and social enterprise (VCSE) organisations. Out of date codes and a lack of a council wide policy mean that reports to identify this true grant spend are not as accurate as they could be and require excessive resources to produce.

6. The adoption of a grants expenditure policy will benefit the council by reducing inconsistencies within processes, and will make better use of resources to fulfil its statutory duty.

### **Background**

7. A working group was set up consisting of representatives from the Corporate Office, Legal, Procurement, Finance and Community Governance to develop a general grants expenditure policy, containing a clear and unambiguous definition of grants funding.
8. An initial draft has been developed based on existing policies/criteria and a draft VCSE grants policy that was also under development.
9. This was circulated to colleagues involved in grants and their feedback has been considered by the working group and incorporated into the current draft.
10. In addition to the policy there is now an underpinning draft procedure manual. This manual will contain further detail and act as the 'how to' for officers. It is to be read alongside the policy and will be issued in July 2016 on adoption of the policy.
11. Alongside this the working group is reviewing grants GL codes, building a clear costing structure to allow for more accurate reporting of grant spend and enabling efficient compliance with our statutory duty under the transparency code.

### **Overview & Scrutiny Engagement**

12. There has been no overview and scrutiny engagement to date.

### **Safeguarding Implications**

13. There are no direct safeguarding implications arising from this proposal.

### **Public Health Implications**

14. There are no public health implications arising from this proposal

### **Procurement Implications**

15. Whilst there are no direct procurement implications arising from this proposal this policy has been developed alongside the refresh of council's financial and contract regulations (Parts 9 and 11 of the constitution respectively).

**Equalities Impact of the Proposal** (detailing conclusions identified from Equality Analysis, sections 4 and 5)

16. There are no equalities impacts arising from this proposal.

### **Environmental and Climate Change Considerations**

17. There are no environmental and climate change considerations as a result of this proposal

### **Risk Assessment**

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

18. If the council has no clear policy and fails to learn from events at Tower Hamlets there is a risk of poor decision making and of the council not fulfilling its statutory duty under the Local Government Transparency Code 2015.

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

19. There is a risk that the policy will not be adhered to or have a positive impact – this is mitigated by effective monitoring leading to a bi-annual review of the policy.
20. The risk that the policy would not complement existing council regulations has been mitigated by developing the policy in tandem with development of the council's refreshed financial and contract regulations.
21. The risk of 'double-funding' organisations will be mitigated by the establishment of a grant register developed alongside the contracts register.

### **Financial Implications**

22. Whilst there are no direct financial implications arising from this proposal this policy has been developed alongside the refresh of council's financial and contract regulations (Parts 9 and 11 of the constitution respectively).
23. General Ledger codes are currently being reviewed to enable accurate reporting on grants and enable efficient compliance with our statutory duty under the transparency code.
24. These changes reflect changes currently being made to update the financial regulations

### **Legal Implications**

25. The development of a Council wide policy on grant expenditure will assist in ensuring consistency, better understanding of the relationship and distinctions between grants and procurement requirements.

26. It will also assist in ensuring effective reporting to assist the Council to monitor best value is being achieved and to meet the Council's statutory obligations under the Local Government Transparency Code.
27. This policy is being developed in conjunction with a review of the Financial Regulations (part 9) and Contract and procurement Regulations (Part 11) to ensure consistency between this policy and the constitution.

### **Options Considered**

28. There were two options considered:

Option 1 is to do nothing and have no control or clarity when allocating grant funds. Not adopting a policy will allow for existing inconsistencies and inefficiencies to continue.

Option 2 is to adopt a Grant Expenditure Policy.

### **Conclusions**

29. The adoption of a grants expenditure policy will benefit the council by reducing inconsistencies within processes, and will make better use of resources to fulfil its statutory duty.
30. It is the intention following adoption that a communication will go out notifying all council staff to Cabinet's adoption of the policy.
31. Training will be included in procurement training.

**Robin Townsend – Associate Director for Corporate Function and Procurement**

**Michael Hudson – Associate Director for Finance**

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Report Author: Kirsty Butcher  
Senior Corporate Support Officer, email: [kirsty.butcher@wiltshire.gov.uk](mailto:kirsty.butcher@wiltshire.gov.uk) or  
phone: 01225 713948

Date of report: 29 June 2016

### **Background Papers**

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

None

### **Appendices**

Appendix 1 – Draft Wiltshire Council Grants Expenditure Policy

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# WILTSHIRE COUNCIL

## GRANT EXPENDITURE POLICY

2016 – 2020

DRAFT

## Policy Cover Information

Policy number		Version number		Status	Draft
Implementation lead	Corporate Function and Procurement			Implementation date	July 2016
Policy approved by	Cabinet			Date approved	
Next review date	July 2018				

## Policy Control Sheet

Policy title	Grant Expenditure Policy
Purpose of policy	The Grants Expenditure Policy sets out Wiltshire Council's aims, approach and criteria for funding both generally and in respect of specific identified need. It aims to ensure best use of the limited funding to ensure high quality outcomes for Wiltshire residents in accordance with the Council's Business Plan.
Policy author(s)	Kirsty Butcher, Frank Cain, Liz Creedy, Leanne Kendrick, Sarah Newton, Tracey Russell, Stephen Slater, and Victoria Welsh
Lead Director	Robin Townsend, Corporate Function, Procurement and Programme Office
Target audience	Council officers involved in grant expenditure
This policy supersedes	n/a
This policy should be read alongside	Wiltshire Council Constitution <a href="#">Part 11 - Contract regulations</a> Wiltshire Council Constitution <a href="#">Part 9 - Finance Regulations</a> Grants Expenditure Policy Procedure Manual
Related Procedures	
Monitoring and review lead	Procurement Policy Manager
First year review date	July 2018
Subsequent review date	
Internet link	n/a



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## 1. Introduction

- 1.1 This Policy sets out Wiltshire Council's priorities, approach and criteria for funding via grants both generally and in respect of specific identified areas.
- 1.2 The Council recognises the contribution that grants make both towards the quality of life of local people and in ensuring that all members of the community have a voice. Given the pressures on resources, this policy aims to ensure best use of the limited funding available to ensure high quality outcomes for Wiltshire residents in accordance with the Council's Business Plan or any successor.
- 1.3 This policy is concerned with funding by way of Grants. It does not include goods, services or works purchased in accordance with the Council's procurement regulations (see [Part 9](#) and [11](#) Wiltshire Council Constitution and relevant manuals).
- 1.4 This policy should be read in conjunction with the Grants Policy Procedure Manual.

## 2. Definitions

- 2.1 In this document the following words and phrases have the following meaning:

<b>GRANT</b>	A grant is where the Council provides funds to a recipient, or to a mutually collaborative arrangement, to meet a social or economic benefit for the residents of Wiltshire and does not include a contract for the delivery of goods and services to, or on behalf of, the Council.
<b>EXTERNAL GRANTS</b>	There are a number of grants that the Council makes to organisations where the funding originates from external sources, such as DEFRA. In some circumstances the Council acts as an enabling role and passes the funding on, subject to the original funder's requirements. As a result, external funding may be subject to its own restrictions and requirements which are scheme specific.
<b>COMMUNITY AREA GRANTS</b>	Each Area Board has funding to support local community projects in the area. The Council has maintained a capital only budget for the Area Boards, using a formula that takes into account population, rurality and deprivation. Funding is available to help provide facilities, equipment and activities that are important to the local community.
<b>COMMUNITY YOUTH ACTIVITIES</b>	Capital and revenue grants for the provision of positive activities for young people aged 13-19 (up to 25 years of age for young people with special educational needs and/or disabilities).

<b>PROCUREMENT</b>	The acquisition on behalf of the Council of supplies, services or works of any value or type to include the entire process from initial planning to the end of the contract liability period or the end of an item's useful life. For more detailed information consider Part 11 of the Constitution.
<b>COMMISSIONING</b>	The strategic planning process to design how best to use and prioritise the total resources available to deliver better outcomes for Wiltshire in the most efficient, effective, equitable and sustainable way. This includes demand management, providing greater commercial challenge to both internal and external delivered services, exploiting innovation and maximising value through procurement activities
<b>CORE COSTS</b>	Basic 'core' organisational and administrative costs of an organisation, including salaries, facilities, equipment and communications.
<b>STATE AID</b>	State aid is any advantage granted by public authorities through state resources on a selective basis to any organisations that could potentially distort competition and trade in the European Union (EU). The state aid legislation is contained in a number of communications and decisions from the European Commission but the basic prohibition is expressed in Article 107 of the Treaty on the Functioning of the European Union, or any succeeding legislation.
<b>VOLUNTARY, COMMUNITY AND SOCIAL ENTERPRISE SECTOR</b>	<p>The Voluntary, Community and Social Enterprise Sector (VCSE), sometimes referred to as the Third Sector or Social Purpose Sector, is the term used to describe the range of organisations which are neither state nor the private sector. It includes organisations such as associations, self-help and community groups, voluntary organisations, social enterprises, Housing Associations, mutuels and co-operatives. Such organisations are sometimes, but not always, charitable (as defined in law) and may be registered charities.</p> <p>VCSE Organisations are:-</p> <ul style="list-style-type: none"> <li>• Independent of government;</li> <li>• 'Value-driven' – that is, they pursue social, environmental or cultural objectives rather than primarily aiming to make a profit;</li> <li>• Reinvest any surpluses, or in the case of Social Enterprises all surpluses, in the pursuit of their objectives.</li> </ul>

<b>THE WILTSHIRE COMPACT</b>	The <a href="#">Wiltshire Compact</a> is a set of guidelines and principles which help foster better working relationships between the VCSE sector and the public sector.
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### 3. Principles applicable to all grants

3.1 The following principles apply to all grants awarded by the Council:

- a) This policy should be read in conjunction with the Grants Policy Procedure Manual which sets out the detail around consideration and awarding of grants;
- b) The principles in this policy apply to external grants to the extent that they do not conflict with the external grant's own restrictions
- c) When applying this policy the Officer must be satisfied that the Procurement Rules do not apply. If in doubt, Officers should refer to [Part 11](#) of the Constitution in order to consider in more detail the procurement requirements and whether these apply to the proposed funding for grant aid;
- d) Officers shall ensure that when considering awarding grants to VCSE organisations that the proposed recipient does meet the criteria for such an organisation;
- e) Officers must ensure that when determining whether to award a grant, the criteria that have been considered is evidenced and documented for audit purposes;
- f) Officers must consider at the outset whether each and every proposed Grant is likely to constitute State aid;
- g) Where the Council is only providing a proportion of the overall cost of the project, Officers shall ensure that they have considered the risks associated with the obtaining of these "other funds" in making the project viable and the risks of other funds terminating before the term of the grant;
- h) The Council wants to use grant funding efficiently. The Council will aim to get the right balance between the volume of activity and the quality and sustainability of that activity. The Council will also seek to ensure that resources are targeted to areas of most need using clear evidence such as that provided by the Community Area Joint Strategic Assessments;
- i) Any grant aid must be in support of projects or activities that assist the Council in delivering its Business Plan and must be able to demonstrate a contribution to at least one of the Business Plan's outcomes or any successor;
- j) The Cabinet Member responsible for the finance portfolio shall be responsible for monitoring adherence to this policy. The relevant Associate Directors are

responsible for ensuring that grant funding is being used consistently with this policy. The Section 151 Officer is responsible for ensuring the financial aspects of this policy. The Associate Director for Corporate Function and Procurement has the responsibility for ensuring that this policy remains fit for purpose. A report on Wiltshire Council's use of grant funding shall be provided to the Cabinet Member for Finance on an annual basis in line with the transparency code. Any significant amendments to the policy shall be referred to the Cabinet for approval; and

k) The underpinning procedure manual shall be reviewed regularly and at a minimum every two years to ensure it remains fit for purpose.

3.2 In addition to the above principles, grants to VCSE organisations should uphold the promises and undertakings of the [Wiltshire Compact](#), of which Wiltshire Council is a key signatory and supporter.

#### **4. Purpose of Wiltshire Council grant aid**

4.1 Wiltshire Council will use grant aid to meet one or more of the following purposes:

- a) Enable engagement between individuals or organisations and the Council on a wide range of activities which promote fairness and wellbeing in Wiltshire;
- b) Provide pilot funds that may support the residents of Wiltshire;
- c) To reach the most vulnerable and disadvantaged in our communities to enable them to access the support and services they need;
- d) Provide funds for organisations that are in a position to support high quality non Wiltshire Council services that are of benefit to the residents of Wiltshire and would make a significant contribution to resilient communities;
- e) Take advantage of new innovations where a gap has been identified both within the county as a whole or within a particular Community area;
- f) Add value to the outcomes set out in the Council's business plan.

#### **5. Types of Grant**

5.1 The Council will distinguish between Small, Investment and Long-term grants.

5.2 In order to promote stability and certainty the Council will, in certain circumstances, support longer term funding subject to satisfactory annual reviews of progress,

against mutually agreed outcomes which will be negotiated each year, and the availability of resources.

- a) **Small (project based) Grants** – can be revenue or capital. These are typically a gift or token of support covering one-off time limited grants for a piece of equipment or a project that has to be completed within a set time period – usually one year..
- b) **Investment / Longer term Grants** – in the core costs or activities of organisations deemed to ‘add value’ to the Council’s aims and objectives. These could be for one year but may be longer at the discretion of officers in order to provide business continuity and greater financial security. An investment grant may also apply where there may be no natural supply market and therefore used to help develop future supply options. These should not be confused with contracts whereby the organisation provides goods or services on behalf of the council and subject to the council’s contracts regulations.

## 6. State Aid

- 6.1 Council officers must consider at the outset whether each and every proposed Grant is likely to constitute State Aid. If the recipient operates in a market where there is (or could practically be) competition then the assumption is that State Aid rules apply.
- 6.2 There is no exemption from State Aid rules in respect of the VCSE. However the Grant must be for the purpose of aiding undertakings to be involved in some economic activity for the Grant to be considered a State Aid.
- 6.3 EU law regards smaller grants as unlikely to have a significant effect on trade or competition. For this purpose, there is an exemption for cumulative aid to a single organisation amounting to less than €200,000 over three fiscal years (*note: calculate the [official EU exchange rate](#) with the relevant date being the month in which the grant is formally awarded*).
- 6.4 However, it is important that State Aid rules are considered and adhered to because any failure may invalidate the Grant and result in an obligation to repay wrongly granted funding with interest.
- 6.5 All grants involving State Aid shall be dealt with in accordance with the Grants Policy Procedure Manual and [Part 9](#) of the Constitution.

## 7. Eligibility Criteria for grant funding

- 7.1 In order to be considered for grant funding organisations or individuals must meet all of the following criteria:

- a) Be based in the county of Wiltshire or provide services / activities for the benefit of Wiltshire residents for the funding awarded;
- b) In the case of organisations or groups, have a bank account in the name of the organisation or group, which requires at least two joint signatories, who are not related, for all transactions; and
- c) Have the necessary policies and procedures that fulfil legal requirements e.g. accounts, health and safety, equal opportunities, insurance, safeguarding etc.

7.2 Checks against these criteria will need to form part of an initial assessment by the service providing the grant aid.

7.3 In addition to the universal criteria above, certain Council grant schemes have specific eligibility criteria – please refer to the Procedure Manual.

7.4 It is crucial that when grants are being assessed that responsible officers undertake appropriate checks with the Corporate Office and / or relevant commissioners as to whether the potential beneficiary of grant aid is known and already funded by the Council and whether there are any specific concerns that should be taken into account as part of any process of assessment and recommendation. Payments to grant recipients will not be made until all appropriate checks have been completed to the satisfaction of the Council.

## **8. Circumstances in which the Council will not provide grant funding**

8.1 The Council will not fund:

- a) Organisations that have the nature of a political party or political lobbying organisations;
- b) Religious organisations for the promotion of religion;
- c) Services or activities that are the responsibility of other statutory bodies;
- d) The funding of activities that would be the subject of a procurement exercise not grant aid; and
- e) Retrospective funding

## **9. Decision Making**

9.1 Any decision making in respect of grant funding must follow [Part 3](#) and [Part 9](#) of the Constitution.

## 10. Core Costs

- 10.1 The Council understands that it is difficult to secure funding for core costs, particularly in the current economic climate, and that it is not a priority for many funders. At the same time the Council faces a public sector funding challenge which means establishing a clear basis and need for entering funding relationships and achieving better value for money from limited resources.
- 10.2 Funding support needs vary, and as long as organisations can demonstrate that the investment enables them to meet the funding priorities, the Council will be flexible about the costs that are eligible for funding. Organisations need to be clear on how grant money is spent and any agreed outcomes must be related to the Business Plan. They will be required to communicate this to the Council.

## 11. Performance Monitoring & Evaluation

- 11.1 The Council wants best value from its funding and to ensure the financial support that it gives to organisations makes a real difference to the lives of local people. The grant agreement enables the Council to monitor and evaluate to assess whether an organisation is satisfying the terms and conditions of grant aid and is able to manage their financial and legal responsibilities.
- a) **MONITORING** - is the process of gathering and recording information on a regular basis. It keeps account of progress and work undertaken against a set of agreed objectives, targets and indicators. Monitoring is less likely to apply in the case of a small one-off grant, particularly where it is for capital. Depending on whether it is a small or investment grant, organisations may be required to produce monitoring reports on progress which may be used in conjunction with any formal monitoring visits.
- b) **EVALUATION** - is the process of looking at the monitoring information and making a judgement or series of judgements on the quality of the progress and work and its success against expectations and stated aims. It is both quantitative and qualitative, assessing outputs and outcomes in terms of the impact the project or service has made.

## 12. Conditions of Grant

- 12.1 The approval of awarding grants must follow the delegation of authority as detailed in [Part 9](#) of the Council's Constitution.
- 12.2 The approval of any Grant, whether a small Grant such as the Community Area Grants or larger investment grant will be subject to certain conditions that must be satisfied before payment is made.



- 12.3 These conditions will clearly lay out what is expected from the organisation and what the Council will provide. These will be in the form of Standard Conditions, common to all grant agreements and Special Conditions specific to the grant in question.
- 12.4 In the case of larger Investment grants these conditions will be set out in a comprehensive funding agreement which will clearly describe the outcomes the Council is seeking to achieve.
- 12.5 Every recipient will be required, as a term and condition of the Grant, to disclose to the Council full details of any costs covered either in full or in part by the Grant at the outset of any grant request or other negotiations to provide services, goods or works to the Council. This is intended to avoid any duplication of payment from the Council.
- 12.6 The exact nature of agreements will vary from organisation to organisation and will be used to enable the Council to monitor and evaluate success. The Council will also expect the funded organisation to use it for self-evaluation.
- 12.7 If the recipient breaches the terms of the specific grant agreement, for instance by improper use of the funding or by failing to continue to use grant assets for their permitted purpose, the recipient may be required to pay back part, or all of the grant.

## **13. Grant Payments**

- 13.1 Payment of grant funding will be in line with the payment schedule and other relevant clauses contained within the grant agreement and, in the case of grants to VCSE organisations, the public sector undertaking within the funding promise of the Wiltshire Compact.

## **14. Reduction or termination of grant**

- 14.1 Where it becomes necessary to terminate a grant, notice would be in accordance with the terms of the grant agreement and, in the case of grants to VCSE organisations, Compact principles.

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## Wiltshire Council

### Cabinet

19 July 2016

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**Subject:** Wiltshire Obesity Strategy  
**Cabinet member:** Councillor Jerry Wickham – Cabinet member for Adult Care and Public Health  
**Key Decision:** Yes

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#### Executive Summary

1. Our vision is that by 2020 Wiltshire will be a place where all individuals, families and communities are informed, enabled, motivated and empowered to achieve and maintain a healthy weight. At the heart of the strategy is the need to reduce the human and financial costs of obesity to individuals, families, communities, public services and the wider economy.
2. The strategy recognises that no single solution will halt the rise in obesity and so takes a whole system and sustainable approach. The strategy targets action at key points in the life-course. It identifies the need to address variations in access to services; recognizes the importance of communities in the need for individuals to maintain a healthy weight; and focuses on prevention and early intervention, together with the importance of the social and built environments. The strategy's vision will be achieved by working collaboratively across health services, Council services, schools, workplaces, communities and with individuals to maximise opportunities to be physically active and eat a healthy diet.

#### Proposal(s)

That Cabinet:

- Notes the information about consultation responses.
- Approves the final Obesity Strategy (Appendix 1) and the draft implementation plan (Appendix 2) for adoption.
- Delegates authority to the Corporate Director for Public Health, Protection Services, Adult Care and Housing in consultation with the Cabinet Member for Public Health, Protection Services, Adult Care and Housing, to finalise the strategy document for publication and to execute the implementation plan.

**Reason for Proposal**

The draft obesity strategy has already gained approval from the NHS Wiltshire CCG Executive groups, the CCG Clinical Executive, Governing Body and Wiltshire Council's Health Improvement Panel. Approval to go out to public consultation from the Health and Wellbeing Board was also obtained.

The post-consultation finalised strategy and implementation plan requires Cabinet approval for the work to progress.

**Maggie Rae**  
**Corporate Director**

## Wiltshire Council

### Cabinet

Date of meeting 19 July 2016

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**Subject:** Obesity Strategy

**Cabinet member:** Councillor Jerry Wickham – Cabinet member for Adult Care and Public Health

**Key Decision:** Yes

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#### Purpose of Report

1. The purpose of this report is to inform Cabinet of the results of the consultation and to present the final Obesity Strategy (Appendix 1) for approval and adoption together with the draft implementation plan to deliver the strategy.

#### Relevance to the Council's Business Plan

2. The obesity strategy contributes to Wiltshire Council's business plan outcomes:
  - a. Outcome 4: Wiltshire has inclusive communities where everyone can achieve their potential.
  - b. Outcome 5: People in Wiltshire have healthy, active, high quality lives.

#### Main Considerations for the Council

3. The obesity strategy provides direction for Wiltshire Council and NHS Wiltshire Clinical Commissioning Group (CCG) in promoting weight related health and wellbeing over the next 4 years. Our vision for Wiltshire is that by 2020 Wiltshire will be a place where all individuals, families and communities are informed, enabled, motivated and empowered to achieve or maintain a healthy weight. Reducing the human and financial cost of obesity to individuals, families, communities, public services and the wider economy is at the heart of the strategy, particularly at a time of significant pressure on public spending.

## Background

4. The development of the strategy has been informed by an assessment of local needs identified by Wiltshire's Joint Strategic Assessment analysis, together with outcomes from public consultation and professional engagement events. The evidence base for the strategy and the actions includes key government documents, current NICE guidance, and best practice.
5. The consequences of obesity are well documented. People who are overweight and obese have an increased risk of developing a range of chronic diseases that can have a significant impact on health (including increased risk of type 2 diabetes, hypertension and cardiovascular disease, kidney and liver disease and some cancers), lower quality of life and premature mortality. Preventing a 1% prevalence of overweight and obesity could produce savings to NHS Wiltshire of around £1.18 million per year. A 5% reduction in prevalence could lead to a saving of £5.9 million and 10% reduction would lead to £11.8 million.
6. The development of the strategy has been led by Wiltshire Council Public Health in partnership with NHS Wiltshire CCG. A wide range of stakeholders from the voluntary and independent sectors have engaged and been involved in the development of this strategy.

## Engagement and Consultation

7. A Wiltshire Obesity Summit was held in July 2015, which brought together a wide range of professionals including education, health providers (including primary care general practitioners and pharmacies) public health and protection, leisure services, library services, military health, fire services, representatives from academia and third sector organisations. The aim being to identify the key priorities for tackling obesity in Wiltshire and which informed the development of the draft strategy.
8. The draft strategy was subjected to a formal three months consultation process between February and April 2016 which resulted in 188 responses from an online survey. A variety of group engagement events were also facilitated. Obesity working groups for professionals working in the obesity field were established and a disabilities and low income service user focus group workshop, facilitated by Wiltshire Swindon users' group network, was undertaken. There was also engagement with service providers and Health Watch. A report of consultation responses is detailed in Appendix 2.
9. An evaluation of the consultation responses indicated that people are supportive of the strategic direction that is proposed and they agreed with Wiltshire Council's and NHS Wiltshire Clinical Commissioning Group's four strategic priorities (refer to paragraph 10 below). A key finding of the consultation was over half of

respondents indicated the top priority should be action to change our environment. The majority of respondents agreed that priority groups should be children, and people living on a low income.

10. Within each of the four strategic priorities, respondents indicated where action should be focused first.
  - a. Priority one: a focus on prevention for everyone of all ages, particularly focusing on services that support healthy choices and targeting support to disadvantaged groups at high risk of obesity in our communities.
  - b. Priority two: a focus on giving children the best start in life, particularly focusing on providing healthy lifestyle initiatives and maximising the number of children starting school with a healthy weight.
  - c. Priority three: a focus on effective self-care, early intervention and treatment for those who are overweight or obese, providing a range of self-care support for individuals to achieve and maintain a healthy weight.
  - d. Priority four: changing the environment we live in to ensure healthy food and activity choices are the easy and preferred choice.
11. The strategy has been reviewed to ensure the consultation feedback and themes are reflected appropriately. Work is identified in the draft implementation plan to address those themes.

### **Implementation and Delivery**

12. The implementation plan identifies the key actions over the first 2 years of the strategy, some of which are already in progress. This plan is designed to evolve during the life of the strategy to reflect changes in need and priority and therefore it will be subject to change as required. See Appendix 3 for the draft implementation plan.

### **Overview & Scrutiny Engagement**

13. The Council's Children's and Health Select Committees established a joint task group to look specifically at the links between child poverty and obesity. This work took place in parallel with the development of the Obesity Strategy and the task group produced a report including recommendations on how the strategy's implementation could be inclusive of young people living in families on low incomes. Members of the task group also attended the Wiltshire Obesity Summit held in July 2015. A copy of the final report of the task group is at Appendix 4.

14. As well as endorsing the report of the Obesity and Child Poverty Task Group, the Health Select Committee considered the draft obesity strategy as a whole in March 2016.
15. Implementation, development and evaluation of the Obesity Strategy and Action Plan will be driven by the multi-disciplinary Obesity Strategy Steering Group. The Obesity Strategy Steering Group will provide reports on progress to the Health and Wellbeing Board, and also report to the Children's Trust Board and the NHS Wiltshire Clinical Commissioning Group's Governing Body.

### **Safeguarding Implications**

16. Safeguarding is a key priority for Wiltshire Council and NHS Wiltshire CCG, in terms of the services that they deliver and commission and this applies equally to the Obesity Strategy and its implementation.
17. Wiltshire Council and NHS Wiltshire CCG and the organisations that they commission have in place safeguarding policies, procedures and workforce development plans to ensure that safeguarding is and continues to be a key priority.

### **Public Health Implications**

18. Public Health is the lead partner in the development and implementation of the Obesity Strategy. The key outcomes of this are to reduce health inequalities and improve healthy life expectancy for the whole population of Wiltshire. The Wiltshire Obesity Strategy is consistent with and supports the aims of the Wiltshire Health and Wellbeing Board's strategy.

### **Procurement Implications**

19. The implementation plan will involve procurement of services during the lifetime of the strategy. The services identified will be procured in association with corporate procurement regulations and in liaison with the corporate procurement teams of Wiltshire Council and NHS Wiltshire CCG.

### **Equalities Impact of the Proposal**

20. An Equality Impact Assessment was undertaken as part of the governance process of the strategy (see Appendix 5) using the NHS Wiltshire CCG template. The strategy aims to ensure services will be delivered with due regard to equalities legislation and that people wishing to maintain a healthy body weight, or with an unhealthy body weight, will have equitable access to services according to need.
21. The strategic objectives and priorities have most relevance to the NHS Wiltshire CCG and Wiltshire Council's equality duties to



promote equality of opportunity and eliminate unlawful discrimination. A negative impact on any of the protected groups as defined by the Equality Act 2010 is unlikely as the strategy is intended to have a positive impact.

## **Environmental and Climate Change Considerations**

22. The economic, social and physical environments are major determinants of population eating and physical activity behaviour patterns. The implementation of priority four (changing the environment we live in) of the Wiltshire Council's and NHS Wiltshire Clinical Commissioning Group strategic aims, will indirectly influence population behaviours to ensure healthy food and activity choices are the easy and preferred choices. This will include increased active travel (walking, cycling) and decreased car use. The strategy will have a synergistic positive impact on environmental and climate change considerations within Wiltshire.

## **Risk Assessment**

23. There is a risk that there may be raised expectations of what the Obesity Strategy will deliver amongst the general public, customers and partner organisations as a result of the strategy development and implementation plan. This will be addressed by:
  - a. The Obesity Strategy Steering Group mitigating risks associated with reputation via regular monitoring and updates on the strategy's progress.
  - b. The strategy providing clarity around engagement with the general public and partner organisations by delivering appropriate messages regarding strategic priorities and progress.
  - c. Ensuring priorities identified from the Obesity Summit and other planned consultations are balanced within the overall resources available to deliver the strategy.
24. Risks associated with **not** approving the strategy and recommended actions include:
  - a. Increased prevalence of child and adult obesity in Wiltshire.
  - b. Increased health and social care costs.
  - c. Reputational damage to Wiltshire Council and NHS Wiltshire CCG, if the strategy is not implemented following public consultation.
  - d. Damage to relationships with partners with whom the strategy has been formed.
25. The risks above will be mitigated by adoption of the strategy and the recommended action plan.

## **Financial Implications**

26. The strategy recognises the current and future financial and social costs of obesity and that reducing its prevalence will lead to significant savings in the longer term.
27. It is assumed that the strategy will be delivered within organisational budgets as part of normal business and service planning arrangements.

## **Legal Implications**

28. Although no direct legal implications have been identified in relation to the proposal, it will be important take into account and consider the required strategic priorities and actions identified within national policies and evidence based NICE guidance.

## **Options Considered**

29. The strategy and implementation plan are included as appendices to this report, therefore no other options are considered.

**Maggie Rae**  
**Corporate Director**

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Report Author:

John Goodall  
Public Health Consultant  
john.goodall@wiltshire.gov.uk  
01225 716825

21 June 2016

## **Background Papers**

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

None

## **Appendices**

Appendix 1: Draft Wiltshire obesity strategy post consultation version  
Appendix 2: Consultation responses summary  
Appendix 3: Draft Implementation Plan  
Appendix 4: Final Report of the Obesity and Child Poverty Task Group  
Appendix 5: Wiltshire Clinical Commissioning Group Equalities Impact Assessment  
Appendix 6: Further Report of the Obesity and Child Poverty Task Group

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# Wiltshire's Obesity Strategy 2016 to 2020

## Post Consultation Version

### Strategy prepared by:

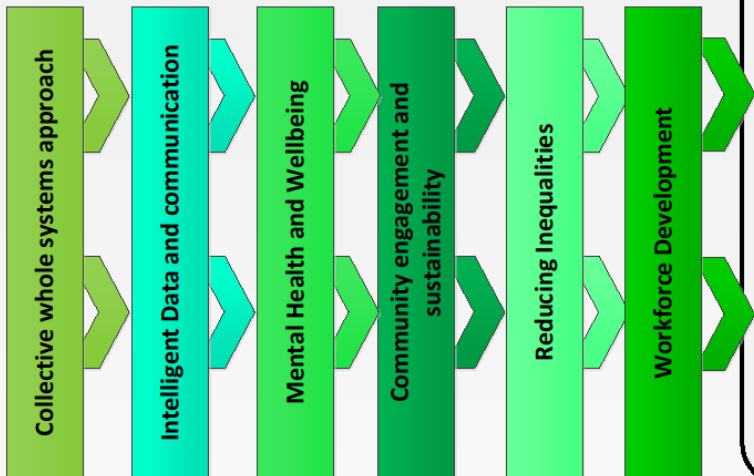
Julie Craig, Public Health Specialist, Wiltshire Council  
Phoebe Kalungi, Public Health Specialist, Wiltshire Council

### Document History

Issue No	Date	Status	Reviewed by
Pre-draft	18/06/2015	Notes- priorities	Joint WC/WCCG steering Gp
Version 1.0	05/08/2015	Draft	Joint WC/WCCG steering Gp
Version 1.1	10/08/2015	Draft	CCG - EMT via L. Sturgess, Commissioning manager
Version 1.2	18/09/2015	Draft	J. Goodall, WC PH Consultant S. Maddern, WC HOS Health Improvement
Version 1.3	19/08/2015	Draft	WC Corporate director M. Rae
Version 1.3	28/08/2015	Outline of Draft	CCG clinical exec groups (SARUM, NEW, and WWYKD)
Version 1.3 revised	10/09/2015	Revised draft	Justine Womack, WC PH Consultant Sarah Heathcote, WC HOS Children's Health improvement
Version 1.3 revised	08/10/2015	Revised draft	WC obesity strategy steering Gp members (JG,JW,SM,SH)
Version 1.4	22/10/2015	Revised draft	WC –Corporate directors (M. Rae)
Version 2.0	27/10/2015	Consultation	CCG clinical exec groups (SARUM, NEW, and WWYKD)
Version 2.0	03/11/2015 papers for 10/11/2015 meeting	Consultation	CCG Clinical Executive
Version 2.0	17/11/2015 papers for 24/11/2015 meeting	Consultation	CCG Governing Body
Version 2.0	18/12/2015	Consultation	Wiltshire Health Improvement Panel
Version 2.0	08/01/2016 papers for 28/01/2016 meeting	Approval for public consultation	Wiltshire Health and Wellbeing Board
Consultation version	01/02/2016 to 30/04/2016	Public consultation	All
Post Consultation Version	18/05/2016	Submission for final sign-off	Wiltshire Council Cabinet CCG Governing Body

Wiltshire's Draft Obesity Strategy on a Page

Cross-cutting themes



**Wiltshire Aim**

To enable everyone to achieve and maintain a healthy weight

- Halt the rise of excess weight in children, by 2020
- Halt the rise of excess weight in adults, by 2020
- Reduce the variation in excess weight in children between the least and most deprived areas by 2% by 2020
- Aspire for a decrease of 1% in the excess weight of children in each community area by 2020
- Achieve an increase of 10% in uptake of NHS Health Checks for eligible adults aged 40 – 74 years

**OUTCOMES**

- More adults and children with a healthy weight
- Fewer people suffering from Type 2 Diabetes
- Fewer people dying from Cardiovascular Disease and cancer
- Fewer people dying early from preventable illnesses
- Fewer mothers and infants dying in childbirth
- Reduction in health inequalities
- More children from deprived communities have improved health outcomes
- More people with improved mental well-being
- More people eating healthily & being active
- More businesses reducing sickness absence levels related to obesity
- Fewer morbidly obese people requiring social care and support
- Fewer children experiencing stigma and isolation

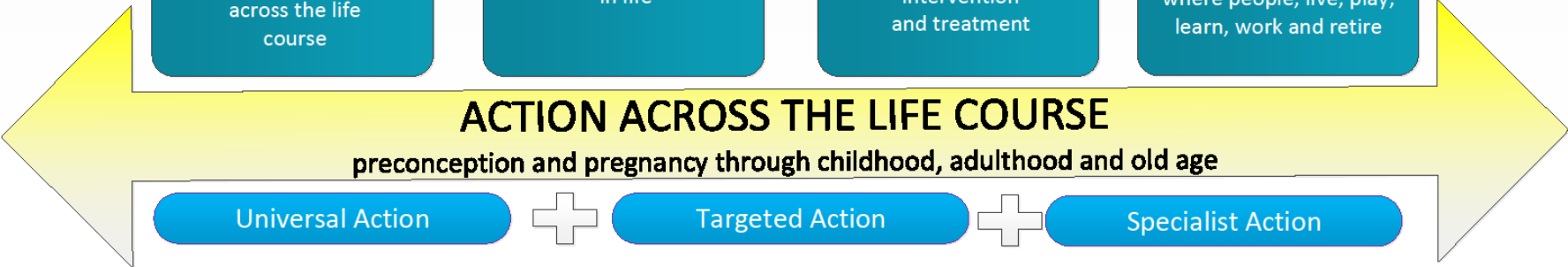
**Strategic Priorities**

Maximise universal preventative initiatives across the life course

Give children the best start in life

Promote effective self care, early intervention and treatment

Take steps towards reversing the 'obesity promoting' environment where people, live, play, learn, work and retire



## **1. Introduction**

Wiltshire's obesity strategy sets out the strategic objectives needed to ensure that everyone in Wiltshire is enabled to achieve and maintain a healthy weight (BMI range 18.5-24.9). Achieving a healthy weight for all in Wiltshire could result in up to 230,000 residents living between three and nine years longer and an annual saving to the taxpayer of more than £118 million<sup>1</sup>.

The strategy provides a framework for working collaboratively across Wiltshire to achieve a downward trend in the levels of obesity in line with the national ambition. It does not consider those who are underweight, or recommend any actions at a national level.

Maintaining a healthy weight is affected by physical, social, emotional and environmental factors requiring a joined up approach from organisations and communities. It affects the health of people of all ages requiring a 'life-course' approach, which recognises that behaviour changes as people move through different life stages and action needs to address that. In order to slow or halt the increase in obesity, we will target the right action in the following four life stages, working across a range of organisations and places to support and enable people to achieve a healthy weight:

- Preconception to early years (aged 0 -4 years)
- Children and Young people (aged 5-17yrs)
- Adults (aged 18-65yrs)
- Older people (aged 66+yrs)

The need for obesity to be everyone's business was highlighted at an obesity summit consultation event held in July 2015, which brought together a wide range of stakeholders to identify the key priorities for tackling obesity in Wiltshire. This consultation event has informed the strategy and how it will be taken forward. These priorities will be discussed in section six.

The strategy is based on an assessment of needs identified by Wiltshire's Joint Strategic Assessment and reflects the strategic direction already set out in the Wiltshire Health and Wellbeing Strategy. It links to a number of other Council and NHS Wiltshire Clinical Commissioning Group (CCG) strategies, particularly those relating to prevention, diabetes, mental health and wellbeing, child health improvement and child poverty. It is built upon the required strategic priorities and actions identified within national policies and evidence based NICE guidance. It has been developed by the multi-disciplinary Obesity Steering Group which reports to the Wiltshire Health and Wellbeing Board through the Health Improvement Panel.

## **2. Defining obesity and assessing its impact**

### **2.1 What do we mean by the term healthy weight and obesity?**

The term 'healthy weight' is used to describe when an individual's body weight is appropriate for their height and benefits their health. Above the healthy weight range there are increasingly adverse effects on health and wellbeing. Obesity is defined as a significant excess of body fat which occurs gradually over time when energy intake from food and drink is greater than energy used through the body's metabolism and physical activity.

## 2.2 Measuring healthy weight, overweight and obesity

The recommended measure of overweight and obesity in adults is body mass index (BMI). BMI is calculated by dividing body weight (kilograms) by height (metres) squared. Although it does not directly measure body fat, having a higher than recommended BMI in adulthood is an indicator of health risk (see table 1)<sup>2</sup>. The adult BMI at which health risks would be of concern are lower for Asian adults and higher for older people up to 65 years old.

Classification	BMI
Underweight	<18.5
Healthy weight	18.5 – 24.9
Overweight	25 – 29.9
Obese	30 – 39.9
Morbidly obese	>40

Whilst BMI is a recognised measure of healthy or unhealthy weight, an adult's waist circumference is a direct measure of abdominal fat and therefore health risk. Adults with a waist measurement greater than 37 inches for men or 31.5 inches for women are at increased risk of type 2 diabetes. Using a combined BMI and waist circumference identifies an individual's risk of obesity related ill health. With a BMI of 35kg/m<sup>2</sup> or more, risks are assumed to be very high regardless of the waist circumference.

In children BMI is adjusted for a child's age and gender against reference charts to give a BMI percentile (or centile). This compares the child's BMI to other children of the same age and gender. For example, if a boy is 8 years old and his BMI falls at the 60<sup>th</sup> percentile, that means that 40% of 8-year old boys have a higher BMI and 60% have a lower BMI than that child. Children with a BMI centile in the overweight and obese range are more likely to become overweight or obese adults (see table 2)<sup>2</sup>.

Classification	BMI Centile
Underweight	<2 <sup>nd</sup> centile
Healthy weight	2 <sup>nd</sup> centile – 84.9 <sup>th</sup> centile
Overweight	85 <sup>th</sup> centile – 94.5 <sup>th</sup> centile
Obese	≥95 <sup>th</sup> centile

The thresholds given in Table 2 are those conventionally used for population monitoring and are not the same as those used in a clinical setting (where overweight is defined as a BMI greater than or equal to the 91<sup>st</sup> but below the 98<sup>th</sup> centile and obese is defined as a BMI greater than or equal to the 98<sup>th</sup> centile).

## 2.3 Causes of obesity

Obesity is the outcome of a complex set of factors acting across many areas of our lives and there is no one single influence that dominates. Factors include societal, psychology, environment, biology (including genetics), food production and consumption and socio-economics.

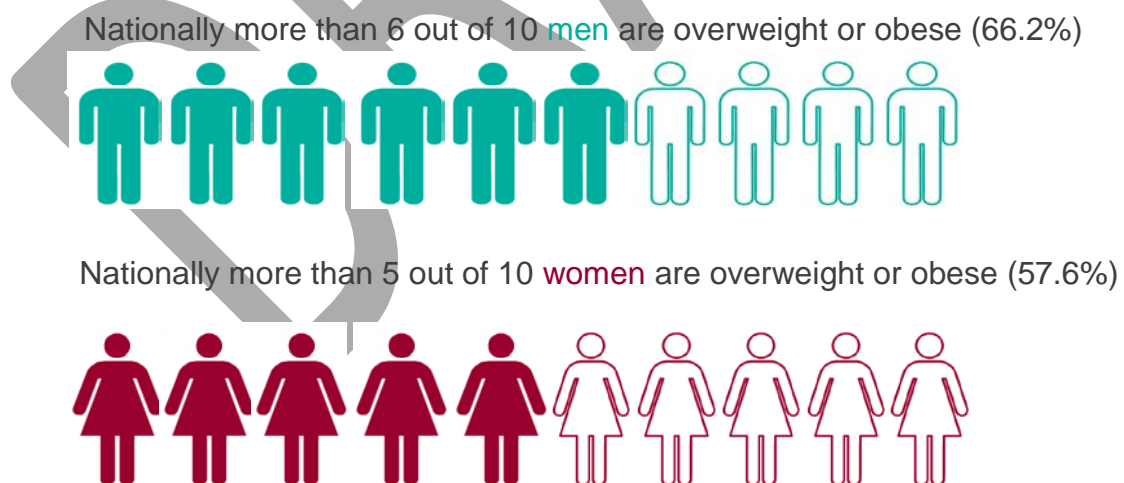
Weight is affected by habits and beliefs, which in turn affect people's behaviour about healthy eating and activity. Culturally 'unhealthy' food and activity behaviours have become the norm in modern Britain meaning that we struggle to identify ourselves as an unhealthy weight or that our obesity has any consequences.

What we choose to eat and drink plays a significant role in causing obesity. The human body is efficient at storing energy from food as fat and has an evolutionary desire for high-energy foods<sup>3</sup>. Whilst this helped hunter gatherers to survive during times of famine, in today's modern societies there is an abundance of cheap, energy dense convenience foods and drinks. Economic factors can influence an individual's ability to choose a lower energy diet or access opportunities to be active. There are also links between low mood<sup>4</sup>, social isolation and people not feeling in control of the food and activity choices they make<sup>3</sup>.

The environment in which people live in has become increasingly 'obesogenic', meaning an environment that promotes gaining weight and discourages weight loss. Environmental factors affecting weight include how local housing estates are designed in terms of whether they encourage and enable people to walk and cycle rather than drive, the accessibility of shops and public services and the availability of good quality leisure and sport opportunities. Recent evidence shows that children living near green spaces are less likely to experience an increase in body mass index (BMI) over time<sup>5</sup>.

## 2.4 Obesity prevalence

Obesity is the biggest public health crisis facing the country today. Nationally 24.2% of adults are classified as obese (with a BMI of 30 kg/m<sup>2</sup> or more) and when combined with overweight figures, 63.8% of adults are either overweight or obese<sup>6</sup>. Among children, a quarter (23.4%) of 2 to 10 year olds and a third (35.2%) of 11 to 15 year olds are overweight or obese<sup>6</sup>. It is predicted that, without clear action, these figures will rise to almost nine in ten adults and two-thirds of children by 2050<sup>3</sup>.



Locally, Wiltshire reflects the national picture with prevalence of unhealthy weight likely to increase in line with national predictions. Surveillance data on adult weight is not routinely collected and therefore we rely on modelled estimates. These indicate adult obesity prevalence is 25.2% which is higher than the national average and prevalence of excess weight (overweight or obese) is 63.6% which is similar to the national average. This equates to approximately **2 in 3** adults or 248,909 people (based on Wiltshire 2014 mid-year population estimates for adults of 391,365)<sup>10</sup>. The national prevalence for morbid

obesity (BMI 40 or over) in adults is currently 2.4% and is much higher for women (3.1%) than men (1.7%) 11. In Wiltshire this level of morbid obesity equates to 9,393 people.

The annual National Child Measurement Programme (NCMP), which measures the height and weight of children in Reception Year, (aged 4 to 5 years) and Year 6 (aged 10 to 11 years) estimates that **1 in 5** (20.3%) Reception and almost **1 in 3** (29.3%) Year 6 children in Wiltshire that attend Wiltshire primary schools are overweight or obese<sup>8</sup> (2014/2015). This equates to 1007 children in Reception Year and 1272 children in Year 6<sup>8</sup>. The prevalence of excess weight in children in Reception Year in Wiltshire has fluctuated between 20-22% over the last five academic years, whilst nationally prevalence has plateaued at approximately 22%. Prevalence of excess weight in Year 6 children in Wiltshire schools has remained stable since 2011/12 (at approximately 29%) and has been lower than national levels over the same time frame.

Table 3, below, shows the prevalence (including numbers and percentages) of excess weight in children living in Wiltshire and attending a Wiltshire primary school in both Reception Year and Year 6 measured as part of the 2014/15 National Child Measurement Programme, by Wiltshire Community Area.

**Table 3: Number and percentage of children with excess weight in Reception Year and Year 6 by Community Area (National Child Measurement Programme 2014/15)**

2014/15 Community Area	Reception Year			Year 6		
	Number of children measured	Number of children with excess weight	Percentage (%) of children with excess weight	Number of children measured	Number of children with excess weight	Percentage (%) of children with excess weight
Amesbury	436	83	19.0%	299	92	30.8%
Bradford on Avon	170	32	18.8%	152	31	20.4%
Calne	279	60	21.5%	238	66	27.7%
Chippenham	422	83	19.7%	475	129	27.2%
Corsham	188	28	14.9%	195	62	31.8%
Devizes	334	73	21.9%	272	62	22.8%
Malmesbury	222	33	14.9%	194	42	21.6%
Marlborough	155	22	14.2%	161	36	22.4%
Melksham	342	73	21.3%	276	78	28.3%
Mere	40	13	32.5%	30	11	36.7%
Pewsey	150	24	16.0%	147	50	34.0%
Salisbury	438	87	19.9%	347	107	30.8%
Southern Wiltshire	206	38	18.4%	176	41	23.3%
Tidworth	214	50	23.4%	119	33	27.7%
Tisbury	47	6	12.8%	57	17	29.8%
Trowbridge	514	128	24.9%	436	171	39.2%
Warminster	217	47	21.7%	224	77	34.4%
Westbury	233	54	23.2%	225	64	28.4%
Wilton	97	16	16.5%	90	28	31.1%
Royal Wootton Bassett	265	57	21.5%	249	75	30.1%
<b>Wiltshire Total</b>	<b>4969</b>	<b>1007</b>	<b>20.3%</b>	<b>4362</b>	<b>1272</b>	<b>29.2%</b>



## **2.5 Inequalities in obesity**

Obesity is linked to social disadvantage across all age groups and is estimated to be over 8% higher for adults in the most deprived areas of Wiltshire compared to the least deprived and is highest amongst women. These differences in levels of obesity are likely to lead to significant differences in health outcomes and life expectancy. Low socioeconomic groups are two times more likely to become obese, putting them at greater risk of type 2 diabetes, heart disease, cancers, stroke and premature mortality<sup>6</sup>.

Among children, aggregated data from the National Child Measurement Programme (2012/13 - 2014/15), found that 24.1% of children resident in the most deprived areas of Wiltshire were of excess weight (equivalent to 742 children), compared to 18.9% of children living in the least deprived areas (equivalent to 527 children). Between 2012/13 - 2014/15, the inequalities gap between the most and least deprived areas for excess weight in Reception Year stood at 5.2%.

In Year 6, aggregated data from the National Child Measurement Programme (2012/13 - 2014/15), highlights 34.3% of children living in the most deprived areas of Wiltshire were of excess weight (equivalent to 899 children), compared to 26.1% of children living in the least deprived areas (equivalent to 702 children). Between 2012/13 - 2014/15, the inequalities gap between the most and least deprived areas for excess weight in Year 6 children stood at 8.2%.

Whilst the prevalence of obesity is increasing in all communities, some sectors of the population are at greater risk of developing obesity and these groups will be priorities for targeted preventative interventions. They include:

- Children
- Individuals from particular Black Minority (BME) groups
- People living on a low income
- Women during and after pregnancy
- Older people
- People with a mental health condition
- People with disabilities

People with disabilities are more likely to be obese and be less physically active than the general population. Obesity rates among adults with a long-term limiting illness or disability (LLTI) are 57% higher than adults without a LLTI<sup>7</sup>. Children aged 2–15 who have a limiting illness are 35% more likely to be obese or overweight<sup>12</sup>. For both adults and children with learning disabilities obesity is a particular issue, it is estimated that 24% of children with learning disabilities are obese.<sup>18</sup>

## **2.6 Cost of obesity**

### **2.6.1 Human cost:**

The consequences of obesity are well documented. People who are overweight and obese have an increased risk of developing a range of chronic diseases that can have a significant impact on health (including increased risk of type 2 diabetes, hypertension and cardiovascular disease, kidney and liver disease and some cancers), lower quality of life and premature mortality. Moderate obesity (BMI 30-35 kg/m<sup>2</sup>) reduces life expectancy by

an average of three years, whilst people with morbid obesity live on average 8–10 years less than people who are a healthy weight (similar to the effects of life-long smoking).<sup>6</sup>

Maternal obesity increases the risk of a number of pregnancy complications, including pre-eclampsia, gestational diabetes mellitus and caesarean delivery. Excessive weight gain during pregnancy and postpartum retention of pregnancy weight gain are significant risk factors for later obesity in women. Maternal health has a significant impact on foetal development and the health of the child later in life.

The increasing prevalence of obesity in childhood is very likely to translate into greater level of obesity among adults. 80% of children who are obese at age 10–14 will become obese adults, particularly if one of their parents is also obese, this increases the risk of chronic disease. Short term consequences of unhealthy weight in children includes emotional and behaviour problems, bullying and low self-esteem, school absence, bone and joint problems and breathing difficulties.<sup>6</sup>

### **2.6.2 Economic cost:**

Overweight and obesity currently cost the NHS £5 billion per year, which is set to rise to £10 billion by 2050. The annual cost of obesity to the wider UK economy and society is estimated at £27 billion. This includes social care costs of £352 million, obesity medication and reduced productivity from 16 million obesity attributed sickness days. All these costs are predicted to rise. Around 34 000 deaths annually are attributable to obesity, one-third of which occur before retirement age. These account for an annual total of 45 000 lost working years.

The groups most likely to require social care services align with those at considerably higher risk of developing obesity with over half (52 per cent) of the expenditure on people aged 65 and over<sup>16</sup> and care of people with long term conditions accounting for 70 per cent of total health and social care spend.<sup>17</sup>

For 2015 the Foresight report estimated annual costs to NHS Wiltshire of diseases related to overweight and obesity to be £118.3 million, inclusive of £68.8 million due to obesity alone.<sup>1</sup>

Preventing a 1% prevalence of overweight and obesity could produce savings to NHS Wiltshire of around £1.18million per year. A 5% reduction in prevalence could lead to a saving of £5.9million and 10% reduction would lead to £11.8million.

### **3. Wiltshire's Strategy**

This strategy has been developed jointly by Wiltshire Council and the NHS Wiltshire Clinical Commissioning Group (CCG). It is driven by an assessment of the needs of people living in Wiltshire set out in the Joint Strategic Assessment, priorities identified in the Wiltshire Health and Wellbeing Strategy, national policy guidance and evidence of the most effective interventions set out in NICE guidance.<sup>(3,2,19,20,21,26)</sup> A national childhood obesity strategy is due to be published in the Spring 2016.

Our vision for Wiltshire is that by 2020 Wiltshire will be a place where all individuals, families and communities are informed, enabled, motivated and empowered to achieve or maintain a healthy weight. Reducing the human and financial cost of obesity to individuals, families, communities, public services and the wider economy is at the heart of the strategy, particularly at a time of significant pressure on public spending. How we define and measure success is explained in section four- strategic targets and measuring our success.

We will achieve this by working collaboratively across health services, Council services, schools, workplaces, communities and with individuals to maximise opportunities to be physically active and eat a healthy diet. We will do this by providing information, advice, services and behaviour change support and influencing the quality of the environment in which people live and where necessary provide the most appropriate treatments.

The strategy reflects the fact that no single solution will halt the rise in obesity. To this end, action is needed to ensure a whole system and sustainable approach, which focuses on reducing health inequalities and improving mental health and wellbeing, engaging effectively with communities and the workforce and using data and intelligence well. It is fundamental to note that there are currently a range of interventions being delivered to address healthy weight in Wiltshire. These include a range of initiatives from population based prevention activity, community based interventions, through to specialist weight management and clinical services. A service mapping exercise was undertaken (see Appendix 1 for detail on these services). We recognise that not all current interventions were represented; however, the mapping provides an overview of the coverage and highlights gaps within the obesity agenda. These interventions are a good foundation to build on.

This obesity strategy will support the intention in Wiltshire to have a renewed focus on prevention whilst also providing support to those children and adults who are above the healthy weight range. The Council and CCG will provide strategic leadership and supporting action at a local level. The strategy contributes to the Wiltshire Council's 2013-2017 Business Plan through its priorities to protect those who are most vulnerable, boost the local economy and bring communities together to enable and support them to do more for themselves.<sup>24</sup> The strategy's priorities have been locally determined as a result of Wiltshire's obesity summit in the summer of 2015. The summit represented a wide range of professionals including school nursing and health visiting, public health and protection, environmental health, leisure services, oral health promoters, library services, military health, general practitioners, pharmacies, education, fire services, representatives from academia and third sector organisations. The evidence-base for the strategy and the actions extend from key government documents<sup>20,21,26,28,29</sup> and the most current NICE guidance<sup>2,25,30,31,32</sup>.

#### **4. Strategic targets and measuring our progress**

Five strategic targets have been set and will be measures of our success. We will contribute to achieving the national ambitions:

- To halt the rise of excess weight in children by 2020 (measure: PHOF 2.06i-ii excess weight in 4-5 and 10-11 year olds)
- To halt the rise of excess weight in adults, by 2020 (measure: PHOF 2.12 excess weight in adults).

We have also set the following Wiltshire ambitions:

- To reduce the variation in excess weight in children between the least and most deprived areas by 2% by 2020 (measure: PHOF 2.06i-ii excess weight in 4-5 and 10-11 year olds).
- To aspire for a decrease of 1% the excess weight of children in each community area by 2020 (measure: PHOF 2.06i-ii excess weight in 4-5 and 10-11 year olds).
- To achieve an increase of 10% in uptake of NHS Health Checks for eligible adults aged 40-74 years.

While Wiltshire has made gains in improved life expectancy over the past 10 years, obesity contributes to premature mortality and the healthy life expectancy gap between different social groups. Achieving these targets will contribute to the following outcomes:

- More adults and children with a healthy weight
- Fewer people dying from cardiovascular disease and cancer
- Fewer mothers and infants dying in childbirth
- Fewer people dying early from preventable illnesses
- More people with improved mental well-being
- More people eating healthily & being active
- Fewer people suffering from Type 2 Diabetes
- More children from deprived communities have improved health outcomes
- Reduction in health inequalities
- Fewer children experiencing stigma and isolation
- Fewer morbidly obese people requiring social care and support
- More businesses reducing sickness absence levels related to obesity

Measuring the success of interventions to prevent or treat obesity can be challenging as many of the benefits may not present for many years to come. However, we will measure our progress against prevalence data and indicators in the national Public Health, Adult Social Care and NHS Outcomes Frameworks. We will also use local outcome measures including indicators on service delivery. We will ensure that all interventions have measurable outcomes, with standardised effective monitoring and evaluation built in to increase the local evidence base.

## **5. How we will deliver our strategy**

Tackling obesity is a complex challenge, the following key priorities have been identified, informed by the evidence base<sup>2,30,31,32</sup> and consultation event, which will achieve improved delivery of services and lives for people living in Wiltshire. The improvement in delivery will be through ensuring targeted action at key points in the life-course, addressing variation in access to services; ensuring communities are engaged in maintaining a healthy weight and ensuring a greater focus on prevention and early intervention.

Our approach will be based on preventing obesity from occurring in the first place, tackling the obesogenic environment and renewing preventative efforts in the early years. Successful delivery of actions against these priorities will enable people to maintain a healthy weight through both self-care and appropriate treatment. A new commitment to take collective responsibility (public, private and voluntary sectors), including at the individual and community level, will be key to our success.

Action will take place at three levels:

### Universal: prevention activity for the whole population

Work collaboratively to create positive environments that actively promote and encourage healthy weight. This involves action on the built environment, parks and open spaces, transport including active travel, and promoting access to affordable healthy food; as well as interventions, advice and support that are available to all.

### Targeted: prevention activity for those at risk of obesity

Work collaboratively to maintain and develop community-based lifestyle interventions to support individuals, families and communities most at risk of obesity, to intervene earlier and reduce inequalities in obesity. This will include interventions to support behaviour change in individuals to adopt healthier lifestyle choices.

### Specialist: weight management support

Work collaboratively to develop interventions to support individuals who are already overweight and obese to achieve and maintain a healthy weight. In addition to conventional lifestyle support, explore need and options for multidisciplinary specialist and clinical treatment for those who are severely obese with additional complex health needs.

A key focus will be on supporting individuals to change behaviour and take responsibility for making better choices for themselves and their families. Specific effort will be made to ensure universal actions are designed with and for the most disadvantaged groups, with targeted support for those who need it. This will enable groups with the highest need to benefit most from the implementation of the strategy.

We will ensure that positive mental health and wellbeing underpins all obesity work plans across the life course, ensuring that people at every stage of life have the confidence and self-worth that permits the achievement and maintenance of a healthy weight.

Stakeholders at the Obesity Summit identified the promotion of consistent health messages relating to healthy weight, diet and physical activity, as being a key priority for tackling obesity. We will ensure consistent messages and effective social marketing campaigns through a communications strategy focused on achieving and maintaining a healthy weight.

We will train professionals across all disciplines to raise the issue of being overweight or obese with families and adults. Professionals across all disciplines including: healthcare providers, teachers, youth workers, social workers, housing officers, job centre staff all have a role to play whether that be providing advice or signposting onto other services. Therefore training of the wider workforce is crucial in ensuring consistency of messaging and that healthy weight becomes an everyday topic of conversation, starting pre-conception with women of childbearing age and continuing into early years, childhood and adulthood. To this end, we will work closely with Health Education England and training providers to ensure those professionals and others working with those overweight and obese have the knowledge and skills needed to support and encourage a healthy weight.

## **6. Strategic Priorities**

### **6.1 Strategic priority 1: Maximise universal preventative initiatives across the life course.**

Preventing people from gaining weight in the first place is the most cost effective strategy for sustained reductions in obesity prevalence that will have the biggest impact on weight related health outcomes, over a lifetime<sup>20</sup>. Action will be taken through a universal approach to reduce inequalities across the life course<sup>26</sup>. We will enhance existing and establish new universal preventative initiatives that support sustainable nutrition and physical activity behaviour change at the individual, family and community level.

#### **What we will do:**

- Provide tailored, clear, accurate and consistent messages about the benefits of maintaining a healthy weight
- Enable people to adopt and sustain healthy behaviours through universal approaches. Providing targeted support and resources to groups at higher risk of becoming overweight
- Develop and deliver a brief 'raise the issue and sign post' training package for frontline staff
- Facilitate joint working with community campuses, area boards and leisure services to create local level action plans for obesity prevention

### **6.2 Strategic priority 2: Give children the best start in life**

In order to give children the best start in life we need to focus on pre-pregnancy, pregnancy, infancy, early childhood to age 5 and families as critical stages for interventions to prevent obesity and weight related health inequalities<sup>26, 29</sup>. It is clearly recognised that children need

to be supported within the context of their families to make and sustain behaviour change, as children have limited control over their own food and activity choice.

**What we will do:**

- Ensure sexual health messages include information on importance of healthy weight
- Support women to achieve and maintain an healthy weight in pregnancy and early parenthood
- Utilise community resources and assets to provide healthy lifestyle initiatives for children, young people and families
- Maximise the number of children starting and leaving school with a healthy weight
- Continue to use data from the Joint Strategic Assessment and the National Child Measurement Programme to identify local need and appropriately target and deliver services
- Monitor and evaluate the effectiveness of existing healthy lifestyle and weight management programmes

**6.3 Strategic priority 3: Promote effective self-care, early intervention and treatment**

Whilst this strategy focuses on prevention it also has to address the increasing number of overweight and obese children and adults who are already at significant health risk. Wiltshire's weight management services at the specialist level of action do not meet current demand. To reduce future demand for these services, preventative support options will be provided to the overweight and obese and those at high risk of developing weight related diseases such as diabetes. Embedding early identification and intervention as part of routine consultations at every stage of the care pathway will be increased.

**What we will do:**

- Develop a holistic integrated weight management pathway which promotes self-care, early intervention and specialist support for families and individuals
- Continue the process of system wide reviews of existing programmes, developing strategies for improving longer term outcomes
- Develop an evidence based, early intervention self-care offer
- Identify and support people at risk of developing type-2 diabetes to prevent or delay the onset of type 2 diabetes

**6.4 Strategic priority 4: Take steps towards reversing the ‘obesity promoting’ environment where people live, play, learn, work and retire.**

The Foresight report<sup>3</sup> has shown individual choices are influenced by the wider built and natural environments. We will take action to help people in Wiltshire make better choices for themselves and their families and ensure healthy food and activity choices are the easy and preferred choice. We will maximise opportunities for participation in healthy behaviours in our local communities, particularly for those most at risk.

Accessibility within the built environment to green space provides the opportunity for a large number of people in their day-to-day lives to undertake physical activity. Supporting access for groups with higher risk of obesity, including people with disabilities, will be important. Wiltshire Council recognises the importance of a healthy environment through the adoption of the Wiltshire Core Strategy in January 2015, which includes policies on design, green infrastructure and active travel (walking and cycling).

**What we will do:**

- Build on the current work of Wiltshire Council, partnerships in working to reverse the factors that contribute to obesogenic environments. developing an environment that promotes physical activity and healthy food choices
- Support and encourage local communities to make changes to their environment to facilitate healthy behaviours
- Champion the use of the principles of Health Impact Assessments (HIA's) in planning for new developments to support provision of high quality green space, active environments, health promoting infrastructure and healthier housing



## **7. Implementation of the strategy**

Implementation, development and evaluation of the obesity strategy and action plan will be driven by an obesity strategy steering group. This group will include members from Wiltshire Council, NHS Wiltshire CCG and key partners. Working in partnership an implementation plan will be developed which will detail specific objectives, timelines and the identified lead organisation. Building on existing work, detailed action plans will be in place for each work area. Various groups, including task and finish groups and local communities will be involved in the implementation of the strategy.

## **8. Governance**

This strategy is governed by the Health and Wellbeing Board through the Health Improvement Panel which will monitor an updated yearly action plan. The obesity steering group will also report to the Children's Trust Board and the NHS Wiltshire Clinical Commissioning Group's Governing Body.

Not all interventions will be directly under the governance of the obesity strategy as they will report through their own governance arrangements. However, bringing the contributions together under the obesity strategy will ensure coherence and progress of action. There will also be a need that the obesity agenda and strategy is linked to other allied strategies and vice versa.

## References:

1. Swanton K. Healthy Weight, Healthy Lives: a toolkit for developing local strategies. London: The National Heart Forum, 2008.  
[http://www.fph.org.uk/uploads/full\\_obesity\\_toolkit-1.pdf](http://www.fph.org.uk/uploads/full_obesity_toolkit-1.pdf) (Accessed 13 August 2015)
2. The National Institute for Health and Care Excellence (2014) Obesity: Identification, assessment and management of overweight and obesity in children, young people and adults. [Online] Available from: <http://www.nice.org.uk/guidance/cg189/resources/guidance-obesity-identification-assessment-and-management-of-overweight-and-obesity-in-children-young-people-and-adults-pdf> [Accessed 27<sup>th</sup> July 2015].
3. Foresight (2007) Tackling obesities: Future Choices- project report. Government Office for Science.
4. Luppino, F. S., de Wit, L. M. Bouvy, P. S. Stijnen, T., Cuijpers, P.; Penninx, B. Zitman, F. (2010). Overweight, Obesity, and Depression. A Systematic Review and Meta-analysis of Longitudinal Studies.
5. Bell, J.F., Wilson, J.S. and Liu, G.C. (2008) Neighbourhood greenness and 2-year changes in body mass index of children and youth. *Am J Prev Med.* 35(6):547-553.
6. For all the national statistics: [https://www.noo.org.uk/securefiles/150818\\_0833//Making\\_the\\_case\\_for\\_tackling\\_obesity\\_reference\\_sheet-230215%20factsheet.pdf](https://www.noo.org.uk/securefiles/150818_0833//Making_the_case_for_tackling_obesity_reference_sheet-230215%20factsheet.pdf) (accessed 27<sup>th</sup> June 2015)
7. Health Survey for England (HSE) show that *Gatineau, M, Hancock C, Dent, M. Adult disability and obesity. Oxford: National Obesity Observatory, 2013.*
8. National Child Measurement Programme 2014-15: <http://www.hscic.gov.uk/catalogue/PUB19109>
9. Health Survey for England 2013: Chapter 11, Children's BMI, overweight and obesity (Dec 2014): <http://www.hscic.gov.uk/catalogue/PUB16076>
10. Active People Survey (Sport England) Mid-Jan 2012 to Mid-Jan 2015: <http://www.noo.org.uk/visualisation>
11. Health Survey for England, 2012 Adult Trend Tables. <http://www.hscic.gov.uk/catalogue/PUB09302>
12. HSE 2006–2010 *Gatineau M. Obesity and disability: children and young people. Oxford: Public Health England Obesity Knowledge and Intelligence, 2014.*
13. Wiltshire's Joint Strategic Assessment for Health and Wellbeing 2013/14 <http://www.intelligence-network.org.uk/health/jsa-health-and-wellbeing/>
14. Reeves G, Balkwill A, Cairns B, Green J, Beral V; Million Women Study Collaborators. Hospital admissions in relation to body mass index in UK women: a prospective cohort study. *BMC Med.* 2014 Mar 15;12:45.  
[http://www.alzheimers.org.uk/site/scripts/news\\_article.php?newsID=2150](http://www.alzheimers.org.uk/site/scripts/news_article.php?newsID=2150)
16. NHS Information Centre (2012) Personal Social Services: Expenditure and Unit Costs, England Edition 2011-12
17. Provisional release. Department of Health (2013) Improving quality of life for people with long term conditions. Public Health England. (2013d)
18. *Obesity and disability.* [Online] Available from: [http://www.noo.org.uk/uploads/doc/vid\\_18474\\_obesity\\_dis.pdf](http://www.noo.org.uk/uploads/doc/vid_18474_obesity_dis.pdf) [Accessed 31st July 2015].
19. National Heart Forum, Department of Health and Faculty of Public Health (2007), *Lightening the Load: Tackling overweight and obesity, a toolkit for developing local strategies to tackle overweight and obesity in children and adults.*

20. Department of Health (2008a) '*Healthy Weight, Healthy Lives: A Cross Government Strategy for England*'. [Online] Available from: <http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/DH-9087.pdf> [Accessed 31st July 2015]
21. Department of Health. (2011) '*Healthy Lives, Healthy People: A call to action on obesity in England*'. [Online] Available from: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213720/dh\\_130487.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213720/dh_130487.pdf) [Accessed 31st July 2015].
22. Wiltshire Council Health and Wellbeing Strategy 2014: <http://www.wiltshire.gov.uk/healthandsocialcare/jointhealthandwellbeingstrategy.htm>
23. Wiltshire CCG Plans and Priorities: <http://www.wiltshireccg.nhs.uk/about-us/our-plans-and-priorities>
24. Wiltshire Council's 2013-2017 Business Plan: <http://www.wiltshire.gov.uk/wiltshire-council-2013-2017-business-plan.pdf>
25. Maintaining a healthy weight and preventing excess weight gain among adults and children NICE guideline Published: 13 March 2015 [nice.org.uk/guidance/ng7](http://nice.org.uk/guidance/ng7)
26. The Marmot Review (2010) Fair Society, Healthy Lives: Strategic review of health inequalities in England post 2010. [Online] Available from: <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review> [Accessed 15<sup>th</sup> July 2015].
27. Johns, David J, Hartmann-Boyce, Jamie, Jebb, Susan A, Aveyard, Paul, Behavioural Weight Management Review Group: Diet or exercise interventions vs combined behavioral weight management programs: a systematic review and meta-analysis of direct comparisons. *Journal of the Academy of Nutrition and Dietetics*, Oct 2014, vol. 114, no. 10, p. 1557-1568, 2212-2672 (October 2014)
28. Gardner DSL, Hosking J, Metcalf BS, Jeffery AN, Voss LD, et al. (2009) Contribution of early weight gain to childhood overweight and metabolic health: A longitudinal study (*EarlyBird 36*). *Pediatrics* 123; e67–73.
29. World Health Organisation (2014) Obesity and Inequalities: Guidance for addressing inequalities in overweight and obesity. [Online] Available from: [http://www.euro.who.int/\\_data/assets/pdf\\_file/0003/247638/obesity-090514.pdf](http://www.euro.who.int/_data/assets/pdf_file/0003/247638/obesity-090514.pdf) [Accessed 27th July 2015]
30. The National Institute for Clinical Excellence (2015) Maintaining a healthy weight and preventing excess weight gain amongst adults and children. [Online] Available from [nice.org.uk/guidance/ng7](http://nice.org.uk/guidance/ng7) [Accessed 07 September 2015]
31. The National Institute for Clinical Excellence (2014) Managing overweight and obesity in adults – lifestyle weight management services. [Online] Available from [guidance.nice.org.uk/ph53](http://guidance.nice.org.uk/ph53) [Accessed 07 September 2015]
32. The National Institute for Clinical Excellence (2015) Obesity: Guidance on the prevention of overweight and obesity in adults and children. [Online] Available from [guidance.nice.org.uk/cg43](http://guidance.nice.org.uk/cg43) [Accessed 07 September 2015]

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## Summary of consultation of Wiltshire's draft obesity strategy

The purpose of the public consultation (01/02/2016 to 30/04/2016) following presentation in January 2016 to the Health and Wellbeing Board was to continue to include the population in decision-making processes regarding their health and wellbeing. We wanted to hear residents and stakeholder's views on the appropriateness and relevance of the strategic priorities, aims and objectives set out in the Wiltshire Council and NHS Wiltshire Clinical Commissioning Group joint draft Wiltshire Obesity Strategy.

Over 300 views have been gathered from an online survey (188 responses) and a range of group engagement events with leisure staff, Health Watch, obesity working groups for professionals working in the obesity field and a disabilities and low income service user focus group workshop, facilitated by Wiltshire Swindon users group network (WSUN). Comments were also compiled from the health select committee and the poverty and childhood obesity task group.

The views represent individuals, groups of people with Obesity related issues and organisations that provide services, support and care for overweight and obese people as well as those supporting maintainance of a healthy weight.. Wiltshire Council and NHS Wiltshire Clinical Commissioning Group would like to thank all those who participated.

An evaluation of the responses indicate that people are generally supportive of the Strategic direction that is being set and agree with the approach of Wiltshire Council and NHS Wiltshire Clinical Commissioning Group's four strategic priorities:

1. A focus on prevention for everyone of all ages
2. A focus on giving children the best start in life
3. A focus on effective self-care, getting involved earlier and treatment for those who are overweight or obese.
4. Changing the environment we live in to ensure healthy food and activity choices are the easy and preferred choice

Of these four strategic priorities over half of respondents think the top priority should be priority four, changing our environment and the large majority of respondents agreed that priority groups to work with were Children and people living on a low income.

Looking separately at each priority responses indicated where action should be focused first.

Within Priority one this focus should be in providing services that support healthy choices and targeting support to disadvantaged groups at high risk of obesity in our communities. Key was the consistency of preventative messages.

Within priority two this focus should be in providing healthy lifestyle initiatives and maximising the number of children starting school with a healthy weight.

Within priority three the focus should be in providing a range of self-care support for individuals to achieve and maintain a healthy weight.

Within priority four the focus should be in improving Wiltshire's Food culture – accessibility, affordability and skills and working with communities to support changes to their local food and activity environments.

In identifying comments consultees have made of a strategic nature four main themes arise:

- Universal activity - accessibility and affordability
- Food culture – accessibility, affordability and skills
- Education
- Mental and emotional wellbeing

These comments support the first strategic priority which focuses on maximising universal prevention for everyone, and the fourth strategic priority which focuses on changing the environment to enable healthy choices to become the easy and preferred choice.

Comments relating to the important role education plays in empowering individuals to make healthier lifestyle choices were also highlighted. This related to both educating children, to embed healthy lifestyle choices at the very start of life, as well as supporting adults to make wise food and activity choices.

Comments relating to psychological distress caused by weight related stigma and discrimination were highlighted and this bi-directional association between common mental health disorders and obesity is recognised within the mental and emotional wellbeing cross cutting theme in the strategy. Comments from those with long term limiting illnesses, about the impact of medication on weight status and feeling stigmatized supports the approach of developing an holistic integrated pathway to weight management for individuals.

The strategy has been reviewed to ensure the consultation feedback and themes are reflected and work identified in the draft implementation plan to strengthen them where necessary.

### ***Selected Quotes from comments made by residents-***

***Universal activity - accessibility and affordability:*** “I work full time, and it's very hard to fit any sort of exercise into my commuter lifestyle, especially as, as a woman, I'm reluctant to walk round Trowbridge on my own after dark, making getting to any sort of exercise class in winter pretty much impossible. Boost ways for everyone in the community to have fun being active” - Resident

*“If people felt safer walking and cycling, individuals would obtain healthier lifestyles during the course of their routines. What I would really like to see is significant improvement in cycle paths”- Resident*

***Food culture – accessibility, affordability and skills:*** “Gaining confidence in shopping and cooking is vital to this - and can help keep living costs down”

*“The proliferation of fast/junk food outlets (such as at the Spitfire Park) has surely contributed significantly to the problem, particularly in the young. Could consideration be given to penalising these businesses say through large rate increases unless they can*

*show they have in place programs to reduce sugar and saturated fat content within their products and to actively encourage consumption of healthier products”- Resident*

**Education:** *“I think education is the biggest area that needs to be worked on and really believe that nutrition should be taught in schools so that children grow up equipped with the knowledge they need to make the right choices” – Resident*

*“Need to start early and use education to benefit all as kids (as we have found with recycling) are powerful and perhaps sometimes nagging asset” – Resident*

*“Giving people the power to change includes giving them the right information to make that change” - Resident*

**Mental and emotional health:** *“Find ways of appealing to everyone - don't make overweight people feel like they are part of a category and can only go to groups with other people who are the same as them. I think it can leave a feeling of exclusion from the wider community and will put some people off going to groups and classes”- Resident*

*“People can be very judgemental and always assume a person eats too much and doesn't exercise. There are two sides to a story when talking about obesity; I would love more than anything to be able to walk without getting out of breath and in pain or get into the clothes I have in my wardrobe but steroids are a lifesaver and there can be other reasons than overeating and a lack of exercise that cause someone to be fat”*

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## Obesity strategy draft implementation plan V2 17<sup>th</sup> May 2016

**NOTE**Please note that this document is a working draft and will be subject to further change, as capacity, resources and timescales to deliver are yet to be confirmed within this document. This document has not been formally agreed by either Wiltshire Clinical commissioning group or Wiltshire Council.

Further work is required to:

- Agree all leads and timeframes
- Identify meaningful ways to measure success
- Agree prioritisation of the actions in this plan according to level of importance and impact on the aims of the strategy
- Align with agreed service plans for Public Health and Protection
- Align with Mental Health and Wellbeing Strategy
- Produce a one page summary sheet of key actions
- Develop an engagement plan that will sit alongside the strategy and inform how progress on the strategy will be shared with people with obesity and their carers' and allow for discussions about future work plans

### **2016 -2020 Strategic Targets**

- To halt the rise of excess weight in children by 2020 (measure: PHOF 2.06i-ii excess weight in 4-5 and 10-11 year olds)
- To halt the rise of excess weight in adults, by 2020 (measure: PHOF 2.12 excess weight in adults).
- To reduce the variation in excess weight in children between the least and most deprived areas by 2% by 2020 (measure: PHOF 2.06i-ii excess weight in 4-5 and 10-11 year olds).
- To aspire for a decrease of 1% the excess weight of children in each community area by 2020 (measure: PHOF 2.06i-ii excess weight in 4-5 and 10-11 year olds).
- To achieve an increase of 10% in uptake of NHS Health Checks for eligible adults aged 40-74 years.

Strategic actions for Strategic Priority 1- Maximise universal preventative initiatives across the life course		Life course	Outcome (proxy measures)	Milestones
SP1.1 Provide tailored, clear, accurate and consistent messages about the benefits of maintaining a healthy weight	a) Develop an e- tool kit of resources outlining key healthy weight messages to be used by partners within and outside council -	All	Develop resource  Evaluate website usage  Evaluate behaviour change made	March 2017  January 2018  January 2019
	b) Ensuring Public Health's Annual communication plan includes a programme of social media led messages around healthy weight through the life course	All	Messages incorporated  Quarterly Press releases made  Optimising mediums used to achieve increased reach	January 2017  Starting April 2017  July 2017
SP1.2 Enable people to adopt and sustain healthy behaviours through universal approaches. Providing targeted support and resources to groups at higher risk of becoming overweight.	a) Develop the Eat Out Eat Well targeted programme into a self-sustaining scheme	All	Improve promotion via web activity Review and enhance criteria Develop sustainable model	September 2016  April 2017
	b) Embed nutritional guidelines in adult settings and care plans	Adult and older people	Identify guidelines	TBC
	c) Share evidence based, good practice through wider Public Health communications	All	Deliver quarterly updates	Quarterly starting Dec2016
	d) Incorporate healthy lifestyle message from workplace charter into Council mandatory training	Adults	e- learning developed 85% Staff completion	March 2017  June 2018
	e) Explore adaptation of healthy weight toolkit for children and adults with disabilities	All	Options explored  daptations made	Year 1

Strategic actions for Strategic Priority 1- Maximise universal preventative initiatives across the life course		Life course	Outcome (proxy measures)	Milestones
			Toolkits available  X% Uptake of resource by targeted groups	Year 2  Year 3
	f) Provide a county-wide physical activity offer for all ages and abilities through leisure centres and sports/physical activity programmes. To include concessionary leisure centre memberships for adults and families on low incomes	All	TBC	TBC
	g) Ensure military personnel and their families are considered in implementing obesity work	All		
SP1.3 Develop and deliver a brief 'raise the issue and sign post' training package for frontline staff		All	Develop training  Deliver training primary care (CCGs 100,00 pop groupings)  social care teams	March 2017  September 2017  January 2018
SP1.4 Facilitate joint working with community campuses, area boards and leisure services to create local level action plans for obesity prevention	a) Provide community areas with data on levels of obesity through CAJSA	All	Format data presentation Deliver CJSA roadshows	September 2016 Oct 2016 to March 2017
	b) Explore targeted community development work within deprived communities to develop obesity prevention action plans	All	Steve Milton to advise	Year 3 and 4

<b>Strategic Actions for: Strategic Priority 2 – Giving children the best start in life</b>		Life course	Outcome (proxy measures)	Milestones
SP2.1 Ensure sexual health messages include information on importance of healthy weight		Preconception and Early Years	100% of sexual health educational resources and messages include information on healthy weight	March 2017
SP2. 2 Support women to achieve and maintain an healthy weight in pregnancy and early parenthood	a. Review, redevelop, deliver and evaluate Maternal weight management programme for delivery by maternity services	Preconception and Early Years	Number of women with BMI of $\geq 30$ accessing maternal weight management programme	March 2017
	b. Incorporate healthy weight messages into Mum2Mum Breast Feeding Peer Support scheme	Preconception and Early Years	Identify messages Update training materials	January 2017 July 2017 June 2018
SP2.3 Utilise community resources and assets to provide healthy lifestyle initiatives for children, young people and families	a. Ensure Healthy Schools programme provides signposting to good practice nutrition and physical activity programmes	Children and Young People	Best practice schemes for schools identified 70% of Healthy Schools engaging with approved partners	January 2017 June 2018
	b. Incorporate Oral Health messages in all healthy weight education materials	Preconception and Early Years  Children and Young People	Oral health promotion training delivered to children and family workforce  Healthy weight education materials updated	July 2017  September 2017
	c. Develop a leisure centre youth offer to support children and young people to meet	Preconception and Early	TBC	

<b>Strategic Actions for: Strategic Priority 2 – Giving children the best start in life</b>		Life course	Outcome (proxy measures)	Milestones
	daily physical activity guidelines	Years  Children and Young People		
	d. Maximise the use of Change4Life Sports Clubs	Children and Young People	100% of funded Change4Life Clubs are running	March 2019
SP2. 4 Maximise the number of children starting and leaving school with a healthy weight.	a. Develop life course healthy weight pathways as part of SP3.1 led by J Goodall	Preconception and Early Years  Children and Young People	Pathway developed  Pathway implemented  Pathway adopted by all contributing stakeholders	September 2017  January 2018  September 2018
	b. Children's centres to provide parental healthy eating and cookery skills programme and offer physical activity events for families	Preconception and Early Years	100% Children's Centres deliver healthy eating courses and offer physical activity events for families	March 2017
	c. Deliver a family-based, multi-component weight management programme	Children and Young People	Number of children/families with excess weight accessing weight management programme	September 2016-September 2020
SP2. 5 Continue to use data from the Joint Strategic Assessment and the National Child Measurement Programme to identify local need and appropriately target and deliver services.	a. Commission the National Child Measurement Programme	Children and Young People	≥90% of eligible children participate in the National Child Measurement Programme	September 2016-September 2020
SP2. 6 Monitor and evaluate the effectiveness of existing healthy lifestyle	a. Develop strategies for improving the take up, adherence and outcomes of	Preconception and	Review tier 1 & 2	January 2017

<b>Strategic Actions for: Strategic Priority 2 – Giving children the best start in life</b>		Life course	Outcome (proxy measures)	Milestones
and weight management programmes	programmes across settings	Early Years  Children and Young People	programmes  Pilot and evaluate programme changes  Implement changes	June 2017  January 2018

<b>Strategic actions for Strategic Priority 3- Promote effective self care, early intervention and treatment.</b>		Life course	Outcome (proxy measures)	Milestones
SP3.1 Develop a holistic integrated weight management pathway which promotes self-care, early intervention and specialist support for families and individuals.		All	Pathway developed  Pathway implemented  Pathway adopted by all contributing stakeholders	September 2017 January 2018 September 2018
SP3.2 Continue the process of system wide reviews of existing programmes, developing strategies for improving longer term outcomes.	a) Review tier 1 and 2 adult services developing training and resources for phased delivery by leisure and Health trainers	Adults and older people	Scoping complete  Programme development  Phase one implementation  Evaluate phase one process  Roll out provision to achieve Identified wider coverage	by June 2016  November 2016  Jan 2017  April 2017 to April 2018
	b) Develop a mechanism for service user engagement to inform service development	All	tbc	Year 1
	c) Develop guidelines to ensure psychosocial	All	Guidelines developed	January

Strategic actions for Strategic Priority 3- Promote effective self care, early intervention and treatment.		Life course	Outcome (proxy measures)	Milestones
	element is covered in all programmes		Guidelines reflected in service reviews	2018 January 2019
	d) Plan delivery of targeted Medication reviews to Improve outcomes for obese people on medication for long term limiting illnesses	Adults and older people	TBC	
	e) Support and encourage community teams to champion and provide healthy lifestyle choices and support at every opportunity	Adults and older people	TBC	September 2016
	f) Review Implications of transfer of commissioning responsibility for adult severe and complex obesity services to CCG in 2016/17	Adults and older people	TBC	September 2016
	g) Continue to develop and deliver a tier 3 BMI>35 service	All	TBC	September 2016 to 2020
Sp3.3 Develop an evidence based, early intervention self-care offer	a) Explore adaptation of healthy weight toolkit (SP1.1) to support weight loss	Adults and older people	Adaptations made Toolkits available X% Uptake of resource by target groups	April 2017 February 2018 April 2019
Identify and support people at risk of developing type-2 diabetes to prevent or delay the onset of type 2 diabetes..	a) Work in collaboration with CCG, Wiltshire Council and wider health community to develop DPP bid based on the wider, STP geographic area	Adults and older people	TBC	
	b) Encourage awareness raising with stakeholders of type 2 diabetes in at risk groups in Wiltshire-		TBC	

Strategic actions for Strategic Priority 4- Reversing the 'obesity promoting' environment		Life course	Outcome (proxy measures)	Milestones
SP4.1 Build on the current work of Wiltshire Council, partnerships in working to reverse the factors that contribute to obesogenic environments. developing an environment that promotes physical activity and healthy food choices	a) Establish a steering/task group to identify and align common and synergistic actions across and beyond the environment. E.g climate change, sustainability, congestion reduction	All	Group Established  Aligned actions identified Actions prioritised	by jan 2017 by April 2017  by June 2017
	b) Developing and implementing a Green Infrastructure Strategy to provide for outdoor spaces which enable people to be physically active e.g active travel, grow food food and improve mental wellbeing..	All	Improvements in the obesogenic environment that support individual activity and food behaviour change	Developed by October 2016  Implementation plans by March 2017
	c) Support delivery of active travel promoting environment through the Local Transport Plan, particularly the Cycling, Smarter Choices and Public Transport Strategies; update and publish Town Cycle Networks periodically to show highest priority proposed walking and cycling schemes.	All	TBC	TBC
	d) Review the planning policy framework to ensure health and wellbeing is appropriately incorporated in policies of the Wiltshire Core Strategy	All	New policy formulated <i>Review existing core policies</i>  Existing core policies updated to incorporate health evidence creating less obesogenic environments, promoting sustainable, active travel and connectivity to communities and services	2017  <i>by April 2017</i>  2018 to 2020



Strategic actions for Strategic Priority 4- Reversing the 'obesity promoting' environment		Life course	Outcome (proxy measures)	Milestones
	e) Identify and deliver measures to promote physical activity and healthy food choices where appropriate including supplementary planning guidance when appropriate	All	Develop guidelines produced creating less obesogenic environments, promoting sustainable, active travel and connectivity to communities and services	Six months following health and wellbeing core policy adoption
	f) Provision and increased utilisation of good quality sports and leisure facilities which are accessible to all and which provide a range of universal and targeted programmes E.g through the Playing pitch Strategy	All	TBC	TBC
	g) Encourage adoption of the Wiltshire Council Food policy criteria across public sector settings aiming to improve food and drink provision and access		Improvements identified  Actions embedded in workplans	March 2017  March 2018
SP4.2 Support and encourage local communities to make changes to their environment to facilitate healthy behaviours	a) Identify a sustainable model to facilitate the adoption and management of green and open spaces by local communities for physical activity, growing food and mental wellbeing	All	Options appraisal completed  Develop guidelines and toolkit  Support a pilot project implementation	November 2016  April 2017  January 2018
	b) As part of communityJSA work and local action plans identify opportunities for local	All	TBC	TBC

Strategic actions for Strategic Priority 4- Reversing the 'obesity promoting' environment		Life course	Outcome (proxy measures)	Milestones
	food production and procurement and increased activity opportunities			
	c) Promote the range of formal and informal opportunities' in which people can be physically active within their daily lives	All	TBC	TBC
	Explore opportunities to improve connectivity through support to for deliver of Town Cycle Networks and walking improvements through planning and CATGs	All	TBC	TBC
	Promote voluntary action to maintain and improve rights of way where appropriate	All	TBC	TBC
SP4.3 Champion the use of the principles of Health Impact Assessments (HIA's) in planning for new developments to support provision of high quality green space, active environments, health promoting infrastructure and healthier housing.	a) Define and embed HIA principles into training of officers and the wider planning process	All	TBC	TBC

**Wiltshire Council**

**Health Select Committee  
8 March 2016**

**Children's Select Committee  
22 March 2016**

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## **Final Report of the Obesity and Child Poverty Task Group**

### **Purpose**

1. To present the conclusions and recommendations of the Obesity and Child Poverty Task Group for endorsement and referral to the relevant parties for response.

### **Background**

2. In 2015 Children's Select Committee and Health Select Committee agreed to undertake a joint exercise looking at the links between child poverty and obesity.
3. The task group's terms of reference were:
  - a) To explore and help develop the work already underway in Wiltshire communities to tackle obesity amongst children living in poverty and their families.
  - b) To ensure that healthy lifestyle initiatives in Wiltshire are fully inclusive of children living in poverty and their families.
  - c) To ensure that the Wiltshire Obesity Strategy includes an appropriate focus on children and families living in poverty.
  - d) To explore how Wiltshire public services beyond health and leisure could contribute to tackling obesity amongst children in poverty and their parents.
4. The review linked with the following outcomes stated in the council's Business Plan 2013-17:
  - Outcome 4: Wiltshire has inclusive communities where everyone can achieve their potential
  - Outcome 5: People in Wiltshire have healthy, active and high-quality lives
  - Key action 10: Integrate public health at the heart of all public services
  - We will develop joint action plans with our partners and service plans for all council services that address key issues affecting all public services in Wiltshire, such as...obesity.
  - We will reduce inequalities between the most and least deprived communities

5. The review also linked with the following aim in the Wiltshire Health and Wellbeing Strategy:

“Living fairly – reducing the higher levels of ill health faced by some less well-off communities.”

6. The task group included the following members:

Cllr Pat Aves (Chairman)  
Cllr John Knight  
Cllr David Jenkins  
Cllr Magnus MacDonald  
Cllr Bill Moss

7. The task group met with the following witnesses:

Cllr Laura Mayes	Cabinet Member for Children’s Services
Kate Blackburn	Speciality Registrar – Public Health
Nick Bolton	Personal Development Education Adviser
Frances Chinemana	Associate Director for Public Health
Sarah Heathcote	Head of Service – Children’s Health Improvement, Public Health
Phoebe Kalungi	Public Health Specialist
Rachel Kent	Public Health Specialist
Justine Womack	Public Health Consultant

8. The review was undertaken whilst the council and CCG were developing the joint Wiltshire Obesity Strategy, a draft of which was out for public consultation at the time of this report’s publication. The task group held a special meeting to consider the Strategy with a specific focus on the links between obesity and child poverty.
9. Several members of the task group attended the Wiltshire Obesity Summit held in July 2015, which brought together members, professionals, academics and third sector organisations to identify the key priorities for tackling obesity in Wiltshire, informing the development of the Obesity Strategy.

## **Evidence**

### **Childhood obesity**

10. The recommended measure of obesity in adults is body mass index (BMI). For children BMI is adjusted for a child’s age and gender against reference charts to give a BMI centile. This compares the child’s BMI to other children of the same age and gender. A classification of obese for a child (for the purposes of population monitoring) is to be at or above the 95<sup>th</sup> BMI centile.
11. The World Health Organisation regards childhood obesity as one of the most serious global public health challenges of this century. Among children in

England, a quarter (23.4%) of 2 to 10 year olds and a third (35.2%) of 11 to 15 year olds are overweight or obese<sup>1</sup>. It is predicted that, without action, these figures will rise to almost nine in ten adults and two-thirds of children by 2050. If the proportion of obese children continued to rise, a whole generation could have a shorter average life expectancy than their parents.

12. The annual National Child Measurement Programme (NCMP) measures the height and weight of children in Reception Year, (aged 4 to 5 years) and Year 6 (aged 10 to 11 years). NCMP 2013/14 data estimates that 20.3% of Wiltshire children in Reception and 29.3% of Wiltshire children in Year 6 are overweight or obese<sup>2</sup>.
13. The prevalence of excess weight in children in Reception Year in Wiltshire has fluctuated between 20-22% over the last five academic years, whilst nationally prevalence has plateaued at approximately 22%. Prevalence of excess weight in Year 6 children in Wiltshire schools has remained stable since 2011/12 (at approximately 29%) and has been lower than national levels over the same time frame.
14. The draft Obesity Strategy includes five strategic targets and three of these are directly relevant to obese children and children in poverty:
  - To halt the rise of excess weight in children by 2020 (measure: PHOF 2.06i-ii excess weight in 4-5 and 10-11 year olds)
  - To reduce the variation in excess weight in children between the least and most deprived areas by 2% by 2020 (measure: PHOF 2.06i-ii excess weight in 4-5 and 10-11 year olds).
  - To aspire for a decrease of 1% the excess weight of children in each community area by 2020 (measure: PHOF 2.06i-ii excess weight in 4-5 and 10-11 year olds).

### **The financial cost of obesity**

15. More details of the financial cost of obesity can be found in the Wiltshire Obesity Strategy, but the table below presents some key figures:

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<sup>1</sup> For all the national statistics:

[https://www.noo.org.uk/securefiles/150818\\_0833//Making\\_the\\_case\\_for\\_tackling\\_obesity\\_reference\\_sheet-230215%20factsheet.pdf](https://www.noo.org.uk/securefiles/150818_0833//Making_the_case_for_tackling_obesity_reference_sheet-230215%20factsheet.pdf) (accessed 27th June 2015)

<sup>2</sup> National Child Measurement Programme 2014-15:

<http://www.hscic.gov.uk/catalogue/PUB19109>

<b>Table 1. Financial cost of overweight and obesity (per year)</b>	
To the NHS now	£5 billion
To the NHS in 2050	£10 billion
To the wider UK economy now	£27 billion
To social care, medication and reduced productivity now	£352 million
To NHS Wiltshire now <sup>3</sup>	£118 million
<b>All of these costs are predicted to rise</b>	

16. Preventing the prevalence of overweight and obesity has been predicted to generate the following savings:

<b>Table 2. Potential savings to NHS Wiltshire through preventing overweight and obesity (per year)</b>	
Reduction of 1%	£1.18 million
Reduction of 5%	£5.9 million
Reduction of 10%	£11.8 million

17. The savings shown in Table 2 apply to NHS Wiltshire only, but savings would also be reflected in local authority spend on social care. The groups most likely to require social care services align with those at considerably higher risk of developing obesity with over half (52%) of the expenditure on people aged 65 and over<sup>4</sup> and care of people with long term conditions accounting for 70% of total health and social care spend.<sup>5</sup>

### **The human cost of obesity**

18. The impacts of obesity on people are wide ranging and are described in more detail in the draft Wiltshire Obesity Strategy. In summary, however, adults who are overweight and obese,
- Have an increased risk of developing a range of chronic health disorders
  - Have lower quality of life and premature mortality

<sup>3</sup> For diseases related to overweight and obesity. £68.8 million is due to obesity alone. Foresight (2007) Tackling obesity: Future Choices- project report. Government Office for Science.

<sup>4</sup> NHS Information Centre (2012) Personal Social Services: Expenditure and Unit Costs, England Edition 2011-12

<sup>5</sup> Provisional release. Department of Health (2013) Improving quality of life for people with long term conditions. Public Health England. (2013d)

- For pregnant women, an increased risk of pregnancy complications and an increased risk of impaired foetal development
- Have 25% higher health expenditures than a person of normal weight in any given year
- Earn up to 18% less than non-obese people.

19. The consequences of unhealthy weight in children include:

- emotional and behavioural problems
- bullying, low self-esteem and school absence
- bone and joint problems
- breathing difficulties.

20. The longer term consequences include a very high likelihood of being overweight in adulthood with all of the associated impacts. 80% of children who are obese at age 10–14 will become obese adults, particularly if one of their parents is also obese. Current evidence suggests that around 97% of obese children come from families where at least one parent is obese or overweight.<sup>6</sup>

### **Childhood poverty**

21. Children are said to be living in relative income poverty if their household's income is less than 60 per cent of the median national income. Nationally there has been a discussion of broadening the definition of poverty to include things like educational attainment, but this was met with opposition and dropped. The current measure is considered by some to be crude, but Wiltshire follows the national definition.

22. Children in poverty have a greater risk of having poor health, being exposed to crime and failing to reach their full potential creating a cycle of poverty in the future.

23. In the UK 17% of children, 2.3 million, live in poverty, which is one of the highest rates in the industrialised world. Overall child poverty in Wiltshire is low, but there are pockets of high deprivation. In 2011 11.4% (11,610) of Wiltshire children were living in poverty (source: HMRC). This was an increase of 0.4% (400) in Wiltshire since 2008, which compared well with other local authority areas in the South West of England. However, there is high variability across Wiltshire and significant deprivation across some vulnerable groups.

24. A Reducing Wiltshire Child Poverty Strategy 2014-20 was adopted by Council in 2015. This was a requirement of The Child Poverty Act, which commits this and future governments to eradicating child poverty by 2020. The Child Poverty Strategy has five key objectives:

- i. Provide effective support to vulnerable families with 0-5 year olds
- ii. Narrowing the Educational Attainment Gap

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<sup>6</sup> Strategic High Impact Changes Childhood Obesity National Support Team, March 2011

- iii. Develop an inclusive economy that will enable equality of economic opportunity for all
- iv. Provide locally-focused support based on a thorough understanding of needs
- v. Promote engagement with the Child Poverty Strategy and related implementation plan

### **The links between obesity and poverty**

25. Though not exclusively, obesity is an inequalities issue, with excessive weight adversely affecting people from more deprived communities<sup>7</sup>. Nationally, there is an almost linear relationship between obesity prevalence in children and the Index of Multiple Deprivation score for the area they live in. Child obesity prevalence in the most deprived tenth of local areas (nationally) is almost double that in the least deprived tenth.
26. Nationally, socioeconomic inequalities appear to be widening in both reception and year 6<sup>8</sup>. This is particularly the case in year 6 where obesity prevalence is increasing in the most deprived areas.
27. The link between obesity and poverty amongst children in Wiltshire is clear, with a deprivation gradient across all years and measures of weight. Obesity is estimated to be over 8% higher for adults in the most deprived areas of Wiltshire compared to the least deprived. Those in low socioeconomic groups are two times more likely to become obese. Melksham, Westbury, Trowbridge, Warminster, Chippenham, Devizes and Salisbury have the highest levels of obesity and also come near the top of Wiltshire's Lower Super Output Areas.
28. In terms of children in poverty, aggregated NCMP data (2012/13 to 2013/14) found that:
  - 24.1% of children resident in the most deprived areas of Wiltshire were of excess weight compared to 18.9% of children living in the least deprived areas
  - The inequalities gap between the most and least deprived areas for excess weight in Reception Year stood at 5.2%.
  - In Year 6, 34.3% of children living in the most deprived areas of Wiltshire were of excess weight, compared to 26.1% of children living in the least deprived areas.
  - The inequalities gap between the most and least deprived areas for excess weight in Year 6 children stood at 8.2%.

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<sup>7</sup> Marmot M. Fair Society, Healthy Lives: A Strategic Review of Inequalities in England. London: University College London, 2010

<sup>8</sup> National Obesity Observatory October 2010



## Prevention and early intervention

29. Mary Rudolf, a leading Professor of Child Health, has stated that:

“The case for intervening in the very early years to prevent obesity is compelling... [Evidence] highlights how lifestyle choices – both food preferences and physical activity – have their roots in the very early years. When we consider that young children themselves are likely to be more receptive at this age, it becomes clear that action is needed long before children reach school.”<sup>9</sup>

30. Providing early help can narrow the gap for children who are at risk of poorer outcomes<sup>10</sup>. The Marmot Review is clear that “later interventions are considerably less effective if children have not had good foundations”<sup>11</sup>.

31. The draft Wiltshire Obesity Strategy recognises this, stating that,

“Preventing people from gaining weight in the first place is the most cost effective strategy for sustained reductions in obesity prevalence that will have the biggest impact on weight related health outcomes, over a lifetime<sup>20</sup>. Action will be taken through a universal approach to reduce inequalities across the life course<sup>26</sup>”.

“Our approach will be based on preventing obesity from occurring in the first place ... and renewing preventative efforts in the early years.”

“[We will] Invest in preventative interventions in the early years (0-5 years old) to maximise the number of children starting school with a healthy weight.”

## Schools

32. Schools have a statutory duty to promote health and wellbeing. The Department for Education (DfE) require that all schools deliver a programme of Personal, Social and Health Education (PSHE), which includes a focus on healthy eating, and the current Ofsted Common Assessment Framework expects pupils to gain knowledge of how to “keep themselves healthy and make informed choices about healthy eating and fitness.”

33. There is an evidenced link between pupil health and wellbeing and attainment and attendance (Public Health England, 2014).

34. The national [School Food Plan](#) includes actions and recommendations for schools that aim to improve the health and academic performance of children, by improving nutrition education and cooking skills.

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<sup>9</sup> ‘Tackling obesity through the Healthy Child Programme: a framework for action’ Professor Mary Rudolf, November 2009 (p.7) [http://www.noo.org.uk/uploads/doc/vid\\_4865\\_rudolf\\_TacklingObesity1\\_210110.pdf](http://www.noo.org.uk/uploads/doc/vid_4865_rudolf_TacklingObesity1_210110.pdf)

<sup>10</sup> Waldman, J (2008) *Narrowing the gap – summary of research messages*, NFER: Slough.

<sup>11</sup> Marmot M. Fair Society, Healthy Lives: A Strategic Review of Inequalities in England. London: University College London, 2010

35. The council's Joint Commissioning Team offers a [Wiltshire Healthy Schools \(WHS\) Programme](#), which helps schools to implement a whole school, evidence-based approach to health and wellbeing, focussing on local priorities including obesity. There is evidence from a range of sources that shows that Healthy Schools programmes are effective in promoting healthy lifestyles, especially healthy eating, and ensuring that PSHE matches pupil's needs (Ofsted, 2010).
36. Following reductions in local authority funding Wiltshire's health schools programme transitioned from providing a free and fully-funded programme, to becoming financially self-supporting by trading support with schools. Although the previous approaches were successful, they are not sustainable within current budgets and a number of posts that provided specific support to schools to reduce obesity were reduced to a single post over the past five years. Much of the support now offered is through the use of web-based tools. The current Wiltshire Healthy Schools offer includes:
- a one-day course, focussing on addressing local health priorities
  - a half-day workshop session to enable completion of the online audit
  - access to the online audit and action planning tools
  - telephone and email support

#### School meals

37. Nationally 48% of pupils access school meals and children of school age eat an average of 200 meals at school per year. This represents around 1/5<sup>th</sup> of all of the meals they consume.
38. All maintained schools, and academies founded before 2010 and after June 2014, have to provide meals that meet nutritional standards set out in full in the national [School Food Plan](#). However, there is no mechanism in place to ensure that schools are meeting these nutritional standards.
39. In 2014 central government introduced universal free schools meals for all Key Stage 1 pupils (ages 5 to 7). Beyond Key Stage 1, all pupils in state-funded schools are entitled to receive free schools meals if they or their parents are eligible for certain benefits. To claim them families who meet the criteria have to register via schools or the local authority. The council website includes online forms and paper forms are also available at council hubs.
40. All schools should have mechanisms in place whereby pupils accessing free school meals do so anonymously (often through the use of pre-paid electronic cards), decreasing the risk of embarrassment and stigmatization.
41. Benefits data from Her Majesty's Revenue and Customs (HMRC) suggests that around 1.4 million (21%) of children aged 4-15 in England are entitled to receive FSM. School Census data shows that around 1.2 million (18%) of 4-15 year old pupils in maintained schools are registered to claim FSM. Therefore around 200,000 pupils (3% of all pupils aged 4-15) appear to be entitled but are

not claiming FSM. This means that nationally 14% of pupils entitled to FSM are not claiming them.

42. In the South West region, 17% of pupils entitled to free schools meals are thought to be not claiming them. At the time of publication, the task group had not sourced data establishing what the precise take-up of free school meals in Wiltshire is. However, the map at Appendix 1 gives a graphical representation of Wiltshire's under-registration compared with other local authority areas.
43. A cross-sectional study from 2009 carried out a survey of children's packed lunches at school, and assessed their nutritional value. The study found that only 1% of packed lunches meet the new standards for school meals proposed by the School Meals Review Panel (SMRP), formed in 2005.

#### Wiltshire Food in School Project

44. The council's Public Health team, in partnership with Soil Association's Food For Life, developed a 9 month pilot project to support schools, the wider school community, and caterers to have the opportunity, confidence, and ability to access healthy and sustainable food. The pilot's overall objective was to support 25 target primary schools to improve the health and wellbeing of their school community by making improvements to the school food agenda. This was to be achieved by:
  - a) Providing the skills and knowledge for the school communities to make informed food choices leading to healthy and sustainable food behaviours
  - b) Enabling change in food culture within the settings engaged through a whole setting approach
  - c) Supporting schools to implement and meet the recommendations of the School Food Plan
45. An extension of the project is now being considered for commencement in September and could include:
  - Training packages for school staff – nutrition education; cooking and growing in the curriculum; improving dining room environment; food safety
  - Food safety and food standards audits
  - Targeted healthy cooking classes for parent and children
  - Targeted support to implement breakfast/afterschool clubs, amongst other support.

#### **Targeting local priorities**

46. Following the creation of the Wiltshire Child Poverty Strategy, the council's Public Health team has developed child poverty profiles for each of Wiltshire's 20 community areas. These present a breakdown of each areas' child poverty statistics against other localised data on vectors like employment, educational attainment, gender, housing and health outcomes like obesity. The breakdowns

illustrate where issues lie in each area and in some cases highlight significant correlations or patterns.

47. Using the child poverty profiles effectively could help target local priorities and the allocation of resources to address the factors driving issues like obesity and child poverty.

### **Obesogenic environments**

48. The draft Obesity Strategy includes the following strategic priority,

“6.4 Strategic priority 4: Take steps towards reversing the ‘obesity promoting’ environment where people live, play, learn, work and retire.

We will do this by providing information, advice, services and behaviour change support and influencing the quality of the environment in which people live.”

49. The task group received evidence of how Public Health has begun work across the council to support other services to reduce the prevalence of obesity across Wiltshire. A joint event was held with Spatial Planning, Development Control and Sustainable Transport with lecturers from the Centre for Urban Environment and the University of the West of England (UWE) facilitating the discussions.
50. This cross-team work is at an early stage, but an objective moving forward is to explore how the council and partners can influence the creation of ‘non-obesogenic environments’. Recent evidence shows that children living near green spaces are less likely to experience an increase in BMI over time<sup>5</sup>. The Government’s Foresight obesity report, states that “the top five policy responses assessed as having the greatest average impact on levels of obesity [include] increasing walkability / cyclability of the built environment”<sup>12</sup>.

### Prevalence of fast food outlets

51. The draft Obesity Strategy states that,

“We will take action to help people in Wiltshire make better choices for themselves and their families and ensure healthy food and activity choices are the easy and preferred choice.”

“[We will] Engage and work with local food producers and retailers to encourage an environment that promotes healthy food choices”.

52. One of the dietary trends in recent years has been an increase in the proportion of food eaten outside the home, which is more likely to be high in calories.<sup>4</sup> Hot food takeaways, in particular, tend to sell food that is high in fat and salt, and low in fibre, fruit and vegetables.<sup>13</sup>

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<sup>12</sup> [Government Office for Science \(2007\) Foresight: Tackling obesity – Future Choices](#)

53. Research into the link between food availability and obesity is still quite undeveloped<sup>14</sup> but a US study found evidence of higher levels of obesity in communities with high concentrations of fast food outlets.<sup>15</sup> Data compiled by Public Health England shows a strong association between deprivation and the density of fast food outlets, with more deprived areas having a higher proportion of fast food outlets per head of population than others.
54. The task group therefore wished to explore what powers local authorities have to restrict the proliferation of fast food outlets through the planning and licensing processes, should they wish to:
55. Under the Licensing Act 2003 responsible authorities can only raise valid objections relating to one of the four objectives in the Act:
1. Prevention of crime & disorder
  2. Public safety
  3. Prevention of public nuisance
  4. Protection of children from harm
56. Objective 4: “Protection of children from harm” could theoretically be used to justify refusal of licenses on health grounds but in reality there is no known incidence of this being done. Placing conditions on an individual application or refusing it all together without robust evidence can lead to the decision being successfully challenged in court, with the associated resource and cost implications for the licensing authority.
57. In a recent Association of Directors of Public Health (ADPH) survey<sup>13</sup> on action to improve the public’s health, protect children and young people and reduce health inequalities, 81% of responding highly prioritised the need to amend licensing legislation to empower local authorities to control the total availability of junk food, alcohol, and gambling outlets.
58. In terms of planning, a 2014 study by Public Health England<sup>14</sup> reports that:
- i. The government’s public health strategy ‘Healthy lives, healthy people’, recognises that “health considerations are an important part of planning policy”,<sup>1</sup> and the Department of the Environment 2011 white paper made many connections between planning and health.<sup>9</sup>
  - ii. NICE public health guidance, ‘Prevention of Cardiovascular Disease’,<sup>20</sup> recommends encouraging planning authorities “to restrict planning permission for takeaways and other food retail outlets in specific areas (for example, within walking distance of schools)”.
  - iii. The National Planning Policy Framework (NPPF) requires that “Local plans should “take account of and support local strategies to improve health, social and cultural wellbeing for all”.<sup>8</sup>

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<sup>13</sup> [Association of Directors of Public Health \(ADPH\) survey](#)

<sup>14</sup> ‘Obesity and the environment: regulating the growth of fast food outlets’, Public Health England

- iv. The National Planning Practice Guidance (NPPG) refers to promoting access to healthier food and that a health impact assessment may be a useful tool where significant impact is expected.
- v. A number of local authorities have drawn up supplementary planning documents (SPDs) to restrict the development of new fast food premises near schools, though there are limitations to these.
- vi. It is only in recent years that local authorities have started to use the legal and planning systems to regulate the growth of fast food restaurants, including those near schools, so there is some lack of evidence of their impact.<sup>21</sup>
- vii. A number of authorities have had planning decisions, based partly on health impacts, challenged through the appeals process, but not all have been successful. Healthy eating and proximity to a school have been given substantial weight when there is an adopted local plan policy or SPD in place, local evidence on childhood obesity and healthy eating initiatives, and representations from the relevant school.

## **Conclusions**

### **General**

59. The factors behind obesity are extremely complex, involving physical, social, emotional, biological and environmental factors. Not all of these factors are within the gift of the local authority, partners and the task group to influence directly or as directly as we might like. The current national debate about the merits of introducing a sugar tax is one example of a potentially important influencing factor, not to mention the freedom of individuals to make their own healthy or unhealthy choices.
60. However, meaningful collaboration between local partners and the targeting of resources at the right areas can make a difference to the prevalence of obesity amongst the Wiltshire population. The task group supports the joint development of the first Wiltshire Obesity Strategy by the council and Wiltshire CCG as the first step in doing this. A strong commitment to the delivery of the Strategy, which includes overview and scrutiny's role in ensuring this, is the next step. (**Recommendation 1**)
61. The task group therefore strongly supports the ambitious targets set out in the draft Obesity Strategy to:
  - Halt the rise of excess weight in children by 2020
  - Reduce the variation in excess weight in children between the least and most deprived areas by 2% by 2020
  - Aspire for a decrease of 1% the excess weight of children in each community area by 2020

62. The delivery of these targets will be crucial to the future health and wellbeing of county and indeed the financial health of the council, CCG and other partners. **(Recommendation 2)**

### **The cost of obesity**

63. The cost of obesity to the public purse is huge and growing quickly. It is the task group's view that the scale of the problem and its trajectory in the coming decades has not been fully grasped by society. While levels of child obesity are lower in Wiltshire than the national average it is a concern that its prevalence in the county appears to be increasing while nationally it has plateaued. Approximately 1 in 5 4-5year olds start school already overweight/obese and 1 in 3 of our 10-11 year olds leave primary school overweight or obese.
64. The draft Wiltshire Obesity Strategy sets out the projected financial impact of overweight and obesity on the NHS in Wiltshire were it to go unchecked. However, the real costs go far beyond the NHS, falling across many services such as social care, as well as VCS organisations addressing the more tangential impacts of obesity such as social isolation. The financial cost of obesity means of course that there is the opportunity for significant savings to be made if partners' collaborative efforts are targeted in the right ways. **(Recommendation 3)**

### **The case for prevention and early intervention**

65. Regarding obesity, the case for prevention and early intervention is clear and directing resources at the early life stages should therefore be prioritised. As the draft Wiltshire Obesity Strategy says,

“Preventing people from gaining weight in the first place is the most cost effective strategy for sustained reductions in obesity prevalence that will have the biggest impact on weight related health outcomes, over a lifetime<sup>20</sup>.”

“In order to give children the best start in life we need to focus on pre pregnancy, pregnancy, infancy, early childhood to age 5 and families as critical stages for interventions to prevent obesity and weight related health inequalities.”<sup>26, 29</sup>

66. Decisions about the funding levels for preventative and early intervention programmes should be considered in light of the longer term savings that can and must be achieved. The financial benefit to Wiltshire may not be seen immediately, but a long-term perspective is needed, where all partners consider the impacts of obesity in their full breadth rather than on individual organisations in the short or medium term. For the Obesity Strategy to achieve its potential both the council and Wiltshire CCG will need to prioritise prevention and early intervention and interventions targeted at younger life stages. Some examples of preventative healthy lifestyle initiatives and the value-for-money demonstrated is provided at Appendix 2. **(Recommendation 4)**

## Obesity and child poverty

67. Children, particularly children living in poverty, are demonstrably vulnerable to obesity and all of the associated impacts on their health and ability to achieve their potential. The task group strongly supports the target set out in the draft Obesity Strategy to:
- Reduce the variation in excess weight in children between the least and most deprived areas by 2% by 2020
68. The draft Obesity Strategy recognises that some sectors of the population are at particularly high risk of developing obesity and these include 'Children' and 'People living on a low income'. The task group supports the commitment in the Strategy to making "targeted preventative interventions" and ensuring "targeted action at key points in the life course, addressing variation in access to services".
69. It will be important that the implementation plan behind the Strategy reflects the importance that those living on low incomes, particularly children, face additional challenges in terms of achieving good health outcomes such as issues with access to activities and facilities due to unaffordable costs, a lack of transport or simply not being aware of the opportunities available. **(Recommendations 5 and 6)**

## Schools

70. Schools have almost unique access to hard to reach groups of children, including those who are vulnerable to poor health outcomes due to factors such as living in poverty. Engagement with schools should therefore be given greater emphasis in the Wiltshire Obesity Strategy and the associated implementation plan. **(Recommendation 7)**
71. Access to school meals can ensure that children eat at least one nutritious meal per day and therefore act as a safety net for those who are vulnerable to health inequalities, including those living in poverty. The task group was concerned at the percentage take-up of free school meals amongst eligible pupils in Wiltshire. Eligible pupils who do not access free school meals are presumably either eating,
- a) nothing for lunch;
  - b) a packed lunch, only 1% of which have been shown to meet nutritional guidelines;
  - c) food bought from outside the school, not subject to nutritional guidelines and potentially high-calorie 'fast food';
  - d) paid-for school meals, thereby not accessing their entitlement to free meals, with the associated financial impact on their families.
72. Working with schools to increase the take-up of free school meals amongst eligible families would be a targeted way of supporting families on low incomes, which have been shown to have on average a higher incidence of obesity. It



would also improve those families' financial situation by saving them the cost of a paid-for school lunch. (**Recommendation 8**).

73. The task group welcomes the work undertaken through the Wiltshire Food in School project run by the council's Public Health team, which is helping 25 primary schools improve the health and wellbeing of their school community. The task group particularly supports the approach of targeting schools located in deprived areas as this reflects the strong evidence linking poverty and obesity.
74. The outcomes of the work will need to be analysed, but schools' almost universal access to children and the demonstrable need for early intervention when it comes to obesity suggest that initiatives supporting schools in deprived areas to improve health outcomes of pupils should be sustained and possibly expanded. (**Recommendation 9**)
75. Due to a changed educational landscape local authorities' have a reduced ability to influence schools directly. Reducing resources have also meant that the support for schools to improve pupils' health and wellbeing has been streamlined.
76. The draft Wiltshire Obesity Strategy states that partners will work,  
"collaboratively across health services, Council services, **schools**, workplaces, communities and with individuals to maximise opportunities to be physically active and eat a healthy diet."  
  
"Work collaboratively with children's centres and other early years settings, **schools**, libraries, the local media, professionals and voluntary organisations to actively promote and raise awareness of current programmes for children, young people and their families. This will include providing advice to families on healthy eating and cooking low cost healthy food."
77. Schools are a vital conduit to children and families because they have access to hard to reach groups such as those living in poverty and because healthy lifestyle messages have been shown to travel home with children. Changes in the educational landscape over the past decade mean local authorities have little direct influence over schools and the priority they give to encouraging healthy lifestyles, the latter likely to be more influenced by its prominence in Ofsted's common assessment framework.

### **Targeting Local Priorities**

78. Every area board has now been presented with their community area's child poverty profiles, but key to delivering actual outcomes will be how area boards are supported to address the issues the identified. The commitment to delivering the Obesity Strategy (**Recommendation 10**).

## Obesogenic environments

### Cross-team working

79. There is clear evidence of a link between the prevalence of obesity and environments that discourage people from taking part in healthy activities and making healthy food choices. The task group supports the initial collaborative work being led by Public Health with teams across the council to look at innovative ways of addressing this. Many different services will have a tangential impact on encouraging or discouraging health behaviours. Though small in isolation it is the combination of all services considering what measures they can take to make a difference.
80. A small but telling example of this is a recent amendment to the council's school admissions pack through which parents are asked to indicate their preferred choice of school for their child. Following conversations between Public Health, the Safe Active Travel working group and School Admissions team the application form now asks parents to consider how the child will get to school and the potential financial impact of a commute; a nudge towards considering a school that is close to home, which the child is more likely to be able to reach on foot. **(Recommendation 11)**

### Prevalence of fast food outlets

81. The task group supports the Obesity Strategy's commitment to working with local food producers and retailers to encourage an environment that promotes healthy food choices. It is hoped that retailers likely to be used by children and young people, such as fast food outlets near schools, are given particular emphasis.
82. There appears to be no realistic way of influencing the proliferation of fast food outlets through the licensing process. Denying or adding conditions to a license under the fourth objective in the Licensing Act 2003, "Preventing harm to children" in terms of the outlet's impact on obesity appears to be a difficult argument to make and may not stand up to legal challenge.
83. However, the Public Health England paper, 'Obesity and the environment: regulating the growth of fast food outlets', raises interesting questions about local authorities' potential ability to influence the proliferation of fast food outlets through the planning process and whether this has been exploited hitherto.
84. Further information may be needed in order to establish:
- a) whether the council currently seeks to influence the proliferation of fast food outlets via the planning process;
  - b) if not, whether local evidence suggests there is a **need** to do so;
  - c) if a need is demonstrated, whether this should focus on areas close to schools, which is the approach taken by some other local authorities.

**(Recommendation 12).**

## Recommendations

1. To support the development and implementation of the first Wiltshire Obesity Strategy by the council and CCG as a crucial first step in addressing the prevalence of obesity in Wiltshire.
2. To acknowledge the scale of the obesity epidemic facing the country, the projected financial and human costs within Wiltshire if action is not taken, and the commitment required by the council, CCG and partners to tackle obesity as a joint strategic priority.
3. Children's Select Committee or Health Select Committee to undertake annual monitoring of progress against strategic targets within the Wiltshire Obesity Strategy to ensure that sufficient efforts and resources are directed towards its implementation and, in particular, towards protecting children in poverty from obesity and its associated impacts.
4. The council, CCG and Area Boards to prioritise actions and resources focused on prevention, early intervention and the first two life stages ('Preconception to early years' and 'Children and Young people') and for this to be reflected in how resources are allocated towards implementation of the Obesity Strategy.
5. The council, CCG and Area Boards to prioritise actions and resources targeted at groups vulnerable to obesity, particularly children living in poverty and for this to be reflected in how resources are allocated towards implementation of the Obesity Strategy.
6. When developing the Obesity Strategy's implementation plan, the council, CCG and partners to consider the particular challenges faced by people on low incomes in achieving good health outcomes so that maximum equity of access can be ensured.
7. Schools to be given a greater profile within the Obesity Strategy to reflect the opportunity that schools' unique access to all children and young people presents, including access to 'hard-to-reach' groups such as those living in poverty.
8. Work to be undertaken with schools to increase the take-up of free school meals by eligible families in order that children from families on low incomes reap the associated health benefits, with an update on free school meal take-up to be provided to the Committees in 12 months' time.
9. To support the continuation and/or expansion of the targeted Wiltshire Food in School work supporting schools in deprived areas to improve the health and wellbeing of their school community.

10. Further information to be provided on how Area Boards and communities will be supported to address issues identified in child poverty profiles for their community areas.
11. To support the continuation of cross-team work led by Public Health supporting every council service to consider what it can do to encourage healthy eating and activities.
12. The Cabinet Member for Health and Adult Social Care, and the Cabinet Member for Planning, Property, Waste and Strategic Housing, to advise if the council currently seeks to influence the proliferation of fast food outlets (particularly near schools) through the planning process and, if not, whether they are plans to consider doing so.

## Proposal

85. To endorse the conclusions and recommendations of the task group and refer them to the relevant parties for response.

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## Cllr Pat Aves, Chairman of the Obesity and Child Poverty Task Group

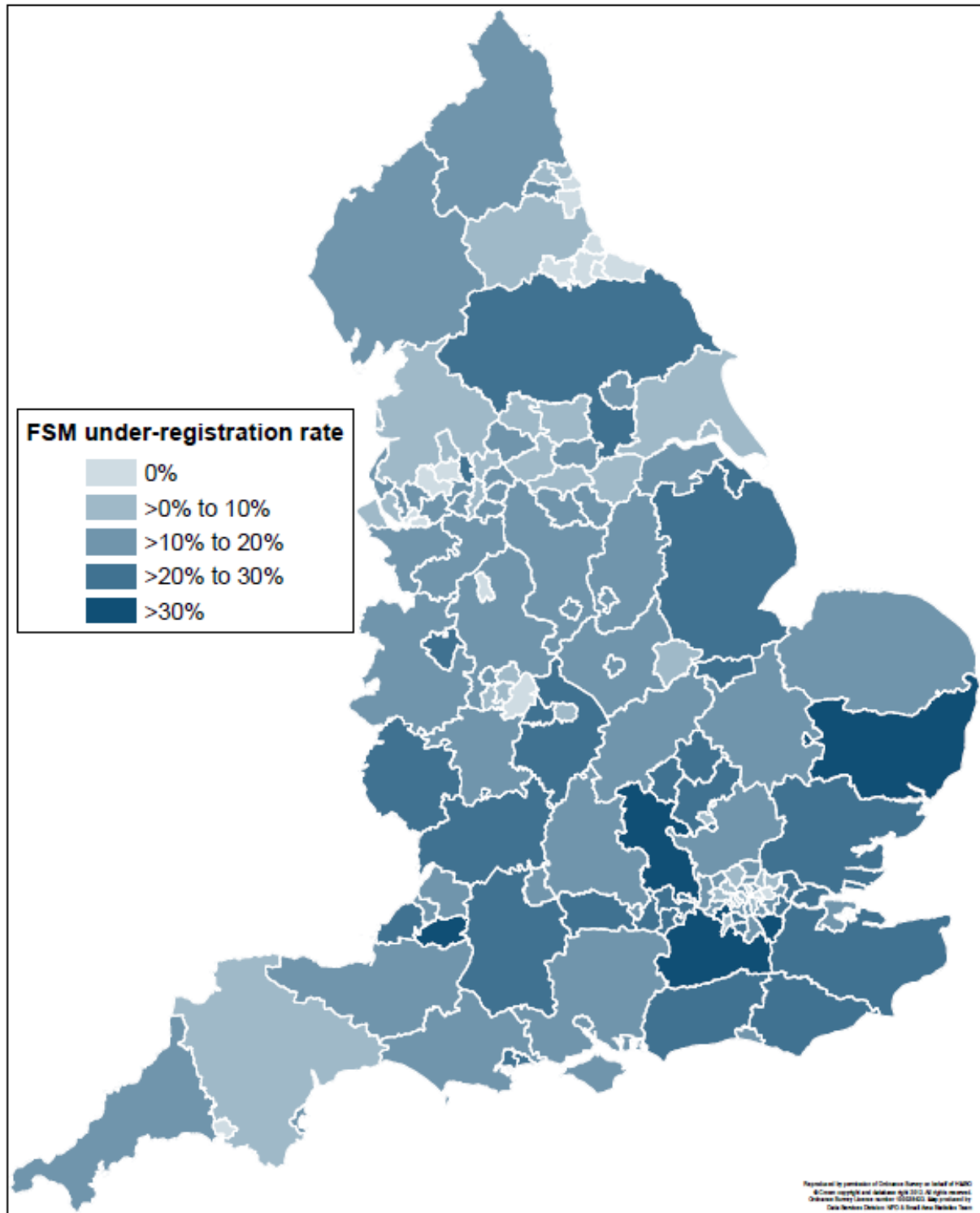
Report author: Henry Powell, Senior Scrutiny Officer, 01225 718052, [henry.powell@wiltshire.gov.uk](mailto:henry.powell@wiltshire.gov.uk)

## Appendices

- Appendix 1 Geographical Distribution of under FSM registration rates by local authority – from [Pupils not claiming free school meals Samaira Iniesta-Martinez & Helen Evans – Department for Education](#)
- Appendix 2 Return on Investment graphic – Public Health England

## Appendix 1

**Map 1: Geographical distribution of under-registration rates (i.e. pupils not claiming FSM as a proportion of those entitled) by local authority.**



Source: HMRC benefits data December 2011 & Schools Census January 2012

## Appendix 2

# Return on investment

In 2011-2012, the Glasgow Health Walks project led to a return on investment of **£8** for every **£1** spent

For every participant on a 12 session commercial weight management programme, the NHS stands to save **£230** over a lifetime.

Birmingham's 'Be Active' programme returned up to **£23** in benefits for every **£1** spent in terms of quality of life, reduced NHS use, productivity and other gains to the local authority



**Equality Impact Analysis – the EIA form**

Title of the paper or Scheme: Wiltshire Obesity Strategy

<b>For the record</b>	
Name of person leading this EIA: Julie Craig /Shelley Watson	Date completed; 04/11/2015
Names of people involved in consideration of impact: Ted Wilson /John Goodall	
Name of director signing EIA Ted Wilson	Date signed 05/11/2015

What is the proposal? What outcomes/benefits are you hoping to achieve?

This draft obesity strategy has been developed jointly by Wiltshire Council and the NHS Wiltshire Clinical Commissioning Group (CCG).

The strategic vision is that by 2020 Wiltshire will be a place where all individuals, families and communities are informed, enabled, motivated and empowered to achieve or maintain a healthy weight. This will be achieved through collaborative working to provide information, advice, services and behaviour change support and influence the quality of the environment in which people live and where necessary provide the most appropriate treatments.

Action will be targeted at key points in the life-course, to deliver improvements in services including equity of access. Specific effort will be made to ensure universal actions are designed with and for the most disadvantaged groups, with targeted support for those who need it. This will enable groups with the highest need to benefit most from the implementation of the strategy.

The strategy reflects the fact that no single solution will halt the rise in obesity. To this end, action is needed to ensure a whole system and sustainable approach, which focuses on reducing health inequalities and improving mental health and wellbeing, engaging effectively with communities and the workforce and using data and intelligence well.

One of the five strategic targets set specifically addresses the obesity related health inequalities linked to social disadvantage; these five targets will be measures of our success.

Who's it for?

All residents of Wiltshire

How will this proposal meet the equality duties?

Wiltshire Clinical commissioning group and Wiltshire Council has a duty to promote equality of opportunity, promote good relations, promote positive attitudes and eliminate unlawful discrimination. An Equality Impact screening has been undertaken for this draft Obesity Strategy version 2. An Equality Impact Assessment is planned for the final document following public consultation. The Priorities and high level actions contained in the strategy will provide the overall strategic direction for the development of an implementation plan

The strategy aims to ensure services will be delivered with due regard to Equalities legislation and that people wishing to maintain a healthy body weight or with an unhealthy body weight will have equitable access to services according to need.

The strategic objectives and priorities have most relevance to the WCCG and Wiltshire Council's equality duties to promote equality of opportunity, and eliminate unlawful discrimination. A negative impact on any of the protected groups as defined by the Equality Act 2010 is unlikely and the Strategy is intended to have a positive impact.

What are the barriers to meeting this potential?

None

What data/evidence do you have about who is or could be affected (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)?

National and local, primary, secondary and community data along with the Wiltshire joint strategic assessment demonstrate who will be affected. All of the protected groups as defined by the Equality Act 2010 could be impacted by the obesity strategy. The protected characteristics that are most likely to be affected are: Age, Disability, Race, Sex and Other, including Military status, rurality, low skilled workers, low income and long term unemployed, those with long-term health conditions.

There is an acknowledgement in the Strategy of a need to use data and intelligence well to improve our understanding of access to obesity services by people from different groups. Some specific actions in the strategy will further this understanding :

- Continue to use data from the Joint Strategic Assessment and the National Child Measurement Programme to identify local need and appropriately target and deliver services.
- Monitor and evaluate the effectiveness of current healthy lifestyle initiatives and weight management programmes for children and adults and develop strategies for improving programme uptake, adherence and outcomes

We will look at improving data to use to examine differences in obesity prevalence and differences by protected characteristic group and by geography. National data shows that there is higher prevalence in certain groups such as Asian, learning disabilities and low socioeconomic groups who generally have poorer health outcomes. These pieces of work will help us to understand differences in the kind of services/locations people might access and how to deliver prevention messages suitable for particular groups.

The Equality Act 2010 places a duty on the Council and CCG to promote Equality of Opportunity, Good Relations and Eliminate Unlawful Discrimination. The Joint obesity strategy and the implementation plan which is being developed to sit beneath it will be fundamentally designed to promote equality of access to all groups. Therefore, it may be possible that the outcomes of the Strategy will affect sections of the community in different ways by specifically targeting particular groups of individuals to overcome disadvantage and inequality.

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How can you involve your customers in developing the proposal?

A multidisciplinary obesity consultation event in July 2015, identified and informed the strategy the and how it will be taken forward.

A period of Public consultation and engagement is planned following approval of this draft strategy and further involvement and engagement from stakeholders will take place as individual service developments and service reviews progress.

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Who is missing? Do you need to fill any gaps in your data? (pause EIA if necessary)

Additional insight could be gained from obtaining and analysing equalities related data to ensure that the services we are providing are indeed accessible to all. Without this data and understanding, there is a risk that services are not being accessed by certain minority or geographical groups. Work on data sharing and generation will be included as an action in the implementation plan.

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### **3 Impact**

Refer to dimensions of equality and equality groups

Show consideration of: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation and if appropriate: financial economic status, homelessness, political view

Using the information in parts 1 & 2 does the proposal:

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**a)** Create an adverse impact which may affect some groups or individuals. Is it clear what this is? How can this be mitigated or justified?



## **Adverse impact**

### **Age**

The strategy holds no adverse impact for different age groups, all ages are targeted through the life course approach.

### **Disability**

The strategy holds no adverse impact for people with a disability. However it is acknowledged that in development of services, care needs to be taken to ensure equity of access for people with disabilities.

### **Ethnicity**

The strategy holds no adverse impact for people from different ethnic groups. However, effort will be made to reach different ethnic groups by targeted public health messages regarding wellbeing and offering translation for any of the information/newsletters.

### **Gender reassignment**

The strategy holds no adverse impact for people who have had, or are undergoing, gender reassignment.

### **Religion or belief**

The strategy holds no adverse impact for people of different religions or beliefs.

### **Sex**

The strategy holds no adverse impact for individuals who are female or male.

### **Marriage and civil partnership**

The strategy holds no adverse impact for individuals who are married or in a civil partnership.

### **Pregnancy and Maternity**

The strategy holds no adverse impact for individuals who are pregnant or taking maternity leave.

### **Sexual Orientation**

The strategy holds no adverse impact for people of different sexual orientations.

### **Socio-economic groups**

The strategy holds no adverse impact for people from different socio-economic groups.

Action will be targeted at key points in the life-course, to deliver improvements in services including equity of access. Specific effort will be made to ensure universal actions are designed with and for the most disadvantaged groups, with targeted support for those who need it. This will enable groups with the highest need to benefit most from the implementation of the strategy. The delivery of the strategy centres around partnership involvement. If within the partnership arena, considerations are made to procure a contracted service, this will be subject to the relevant equalities and procurement guidelines and relevant strategy.

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What can be done to change this impact?

No further action is required

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**b) Create benefit for a particular group. Is it clear what this is? Can you maximise the benefits for other groups?**

The proposal will benefit all Wiltshire residents.

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Does further consultation need to be done? How will assumptions made in this Analysis be

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tested?

On-going engagement with clinicians and service users will take place including a period of Public consultation and engagement planned following approval of this draft strategy. Further involvement and engagement from stakeholders will take place as individual service developments and service reviews progress.

Assumptions made in this analysis will be tested through effective monitoring and evaluation of interventions implemented including service user and patient feedback.

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#### 4 So what?

Link to business planning process

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What changes have you made in the course of this EIA?

None ,

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What will you do now and what will be included in future planning?

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When will this be reviewed?

The Equality Impact Assessment document is a working document which will be updated at various stages of the implementation phase of the strategy. Each version will be version controlled to demonstrate the development in the process and evidence the due regard to the Public Sector Equality Duty.

The implementation of any recommendations as a result of this Impact Assessment will be monitored by the multi-agency steering group who will remain vigilant and alert to new evidence suggesting that discrimination or other prohibited conduct is, or could be, occurring and take appropriate action to prevent this from happening.

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How will success be measured?

We will measure our progress against prevalence data and indicators in the national Public Health, Adult Social Care and NHS Outcomes Frameworks.

We have set the following Wiltshire ambition that specifically addresses the obesity related health inequalities linked to social disadvantage:

- To reduce the variation in excess weight in children between the least and most deprived areas by 2% by 2020 (measure: PHOF 2.06i-ii excess weight in 4-5 and 10-11 year olds).

We will also use local outcome measures including indicators on service delivery and access. We will ensure that all interventions have measurable outcomes, with standardised effective monitoring and evaluation built in including service user and patient feedback to increase the local evidence base.

### Further report of the Obesity and Child Poverty Task Group

29 June 2016

1. On 31 May 2016 Children's Select Committee considered the [executive response](#) to the [Final Report of the Obesity and Child Poverty Task Group](#). (This was also considered by Health Select Committee on 21 June 2016).
2. Children's Select Committee recommended that the Obesity and Child Poverty Task Group reconvene to consider and comment on the Obesity Strategy [implementation plan](#) prior to its final adoption by Cabinet.
3. The Task Group met with officers on 29 June 2016 to consider the implementation plan and referred the following key points to the executive members for consideration:
  - a. That the possibility of linking the e-toolkit with the MyWiltshire App should be considered (SP1.1 (a))
  - b. That the concessionary leisure centre memberships should be offered with proper encouragement to ensure take-up and avoid putting people off (SP1.2 (f))
  - c. That schools with available funding should be encouraged to provide concessions (SP1.2 (f))
  - d. That it was important to provide support for mothers during pregnancy to equip them with skills, knowledge, and awareness (SP2.2 (a))
  - e. That frontline staff are confident enough to inform people of weight problems early-on to improve intervention (SP2.5 (a))
  - f. The task group also stressed the importance of receiving approval from planning to begin the implementation of 400m exclusion zones for fast-food restaurants around schools

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**Cllr Pat Aves, Chairman of the Obesity and Child Poverty Task Group**

Report author: Henry Powell, Senior Scrutiny Officer, 01225 718052,  
[henry.powell@wiltshire.gov.uk](mailto:henry.powell@wiltshire.gov.uk)

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## Wiltshire Council

Cabinet

**19 July 2016**

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**Subject:** Adult Care Charging Policy

**Cabinet Member: Councillor Jerry Wickham Cabinet Member for Health (including public health) and Social Care**

**Key Decision: Yes**

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### **Executive Summary**

This paper builds on the report presented to Cabinet in January 2016, in which it was agreed that the proposal for a new Adult Care Charging Policy should be the subject of consultation. A period has been concluded, and this paper reports on the findings and enables the Cabinet to consider implementation of this new policy.

The document should be read in conjunction with the equalities impact assessment and the report from Healthwatch Wiltshire which summarises the responses to the consultation including feedback gathered at public meetings, and through the survey.

### **Proposal(s)**

1. To adopt the proposed adult care charging policy.
2. To note the resolution of the Health Select Committee as detailed at Para. 10.
3. To take into account 100% of an adult's eligible disposable income when assessing for contributions for care and support at home (Currently 80%)
4. To take into account the full rate of attendance allowance received (Currently only take into account the lower amount regardless of rate received)
5. To update the list of Disability Related Expenses (DRE) (Appendix A) items in accordance with The Care Act (2014). The most significant proposed change is to remove allowances for continence products<sup>1</sup> where these are provided by the NHS continence service.

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<sup>1</sup> This reflects the Guidance at Annex C paragraph 40(13)

**Reason for Proposal(s)**

The proposals have been drafted so as to ensure the Council's charging policy is compliant with the Care Act (2014) and all relevant legislation.

To align the discretionary elements in Wiltshire Council's policy to those of local authorities across the South West.

So that everyone in receipt of care and support who is required to pay contributes what they can afford to pay in accordance with the Care Act guidance.<sup>2</sup>

**Carloyn Godfrey**  
**Corporate Director**

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<sup>2</sup> Care Act statutory guidance paragraph 8.2

## **Wiltshire Council**

### **Cabinet**

**19 July 2016**

---

**Subject: Adult Care Charging Policy**

**Cabinet Member: Councillor Jerry Wickham Cabinet Member for Health (including public health) and Social Care**

**Key Decision: Yes**

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### **Purpose of Report**

1. This report has been produced to build on the paper presented in January 2016; the paper can be accessed in the reports pack via the following link [January Report](#)
2. In order that the Cabinet can consider implementing and adopting the proposed charging policy for adult care.
3. The report provides details of the feedback received during the consultation process and how this feedback has been considered in the proposed policies. This feedback is supplemented by the report provided by Healthwatch Wiltshire which is included at Appendix B.

### **Main Considerations for the Council**

4. To consider implementing and adopting the proposed charging policy to align Wiltshire's approach to that of other local authorities by.
  - a. Taking into account one hundred percent of an adult's disposable income when calculating contributions for care and support.;
  - b. Taking into account the full amount of any attendance allowance received.
  - c. Assessing contributions for respite in the same way as other non residential services; and.
  - d. Updating the list of allowable Disability Related Expenses in accordance with the Care Act.

### **Background**

5. The Care Act 2014 came into force in April 2015 and contained regulations on charging contributions for care and support. The Act was supplemented by guidance produced by the National Association of Finance Officers (NAFO) which set out best practise for collecting contributions in the context of the statutory framework.
6. Based on the Act and the NAFO guidance, commissioners and finance officers have drafted an updated version of the Council's charging policy for

care and support. No changes are proposed to the way contributions for care and support in residential settings are assessed however a number of changes have been made, that if agreed will impact upon adults who receive care and support at home.

7. The Equalities Impact Assessment (EIA) that supplements this paper provides detailed analysis of the number of people who may be impacted by any changes. The numbers of people impacted, will vary based on the number receiving services at home, for which a contribution is applicable. No changes will come into effect for any adults until after a re-assessment of their finances has been completed.
8. The proposal has been developed with extensive support from legal representatives and is compliant with all relevant legislation.
9. A period of public consultation was completed between the 8<sup>th</sup> March and 6<sup>th</sup> June 2016 involving public meetings, a survey and feedback from key stakeholders. This consultation was conducted to assess the impact these proposals could have on people in Wiltshire.

### **Overview and Scrutiny Engagement**

10. The Health Select Committee (HSC) has been engaged throughout the consultation process. The HSC were informed of the proposals to consult on the new policy, received an update during the consultation and have had the opportunity to comment on this paper.
11. Having considered this, the HSC resolved (see Appendix E)
  - To express concern at the reported level of response to the consultation and ask Cabinet to consider whether it provides a sufficient basis from which to implement changes.
  - If Cabinet implement changes to the charges, to receive an update on their impact, six months after implementation.

### **Safeguarding Implications**

12. There are no new immediate safeguarding implications associated with the implementation of this policy. Adult care visiting officers are aware of safeguarding procedures and will continue to raise any concerns with the safeguarding adult's team.
13. The Council will mitigate the risk of people contributing more than they can afford by regularly re assessing people who contribute towards the cost of their care and support.

### **Public Health Implications**

14. If this policy is agreed it is possible adults will have a reduced disposable income due to increased contributions for care and support. In some



instances this may impact on an adult's ability to continue activities that promote wellbeing. This risk will be mitigated by through regular reassessments as set out in paragraph 13, reviews of care and support plans.

15. Adult care commissioners are working closely with public health so as to ensure there are a range of services that will prevent, reduce and delay needs available to people within their local communities. This work is driven by the Better Care Plans Prevention Board. Effective prevention services will reduce the need for people to purchase care and support services.

### **Procurement Implications**

16. There are no immediate procurement considerations. If these policies are agreed future commissioning/procurement activity will consider and take account of this policy.

### **Equalities Impact of the Proposal**

17. A comprehensive equalities impact assessment has been completed as part of this piece of work. (Please see EIA in supporting documents for more information)
18. The consultation was primarily intended to understand if the new policy would impact upon any adults disproportionately. It was also completed to determine if the proposals would have any impact on the people of Wiltshire that differed in comparison with other areas who have already adopted similar policies. A range of views, responses and feedback regarding the possible impact of these proposals were generated. Feedback ranged from full support to concern that any increase in contribution would have a significant impact on wellbeing and in some instances people would cancel or reduce their care package. The impact of the proposed changes will primarily be mitigated through regular re-assessment, which will be of an annual basis or when significant changes in circumstances occur, in order to ensure people are only required to pay what they can afford.
19. Generally people are concerned that having to contribute more for care and support could result in having less funds to do the things that ensure they live the life that they choose to do. This could include attending interest groups, going on short breaks or holidays or attending social events. However, there was no evidence to suggest that any one group would be affected disproportionately to any others. Likewise, there was no evidence to suggest that people in Wiltshire would adversely impacted to persons elsewhere, where this policy had been adopted.
20. Some people felt that proposals, to take all of the attendance allowance, was unfair and should not be taken into account. It has been explained that this benefit is specifically to pay for care and support and that when the Council was exercising its duty to meet needs it was felt the full rate should be taken into account. Other people supported this proposal particularly as people on the lower rate already have the full benefit they receive taken into account.

21. The Council is taking into account relevant Disability Related Benefits (“DRB”) when assessing income and the policy will continue to ensure all applicable Disability Related Expenses (“DRE”) are considered.
22. The proposal to remove continence products from the DRE generated discussion at a number of the consultation meetings. Concerns were also raised about the quality and quantity of these products people could receive. It has been reiterated that the proposals would not impact on the quantity or quality of these products received from the NHS. Wiltshire Council will meet with commissioners at the CCG to discuss this particular issue. The Council will continue to allow DRE items as set out in the Care Act and will consider additional items based on an adult’s circumstances and evidence that DRE expenses are incurred.<sup>3</sup>
23. Taking into account 100% of income will have an impact on all adults with eligible needs. No one will be affected disproportionately, and no one will be expected to pay more than they can afford to pay, regular and proportionate reassessments will ensure nobody pays more than they can afford and contributions are adjusted to reflect an adult’s circumstances. Making this change to Wiltshire’s policy is in accordance (with) the Care Act and reflects common practice across the South West
24. The proposal to take the full rate of attendance allowance is in accordance with the statutory Guidance. However the Council will need to ensure that in accordance with the Care Act, the Council is meeting all eligible care and support needs, including any needs for night care that people may be using the attendance allowance to fund. The Council must also ensure all relevant DRE items are considered.
25. It is proposed that the changes to the DRE items are accepted. However, in response to consultation, it is important that information and advice about how to request an assessment for continence products or request additional products is widely publicised through the Your Care Your Support website and other means<sup>4</sup>. The list of DRE items annexed to the Policy will reflect the statutory Guidance but will not be considered a ‘cap’ as all relevant DRE items must be considered and it is important the service area raises awareness amongst care managers and FAB officers.
26. It is recognised that for adults already receiving a service, higher contributions may have an impact on disposable income which will make a difference to their ability to spend on other things to support general health and wellbeing. Information, advice and support services will be made aware of the changes so that they can work with adults who may be affected to ensure they are accessing the information and community services available that will maintain wellbeing.
27. The Council are also implementing a Preventing, Reducing and Delaying Eligible Needs policy, which will see a renewed focus on the needs of people across Wiltshire’s communities. The Council is committed to maintaining

Comment [01]:

<sup>3</sup> Care Act Statutory guidance Annex C paragraph 40

<sup>4</sup> <https://www.yourcareyoursupportwiltshire.org.uk/home/>

independent living for people, for as long as possible, which will reduce the likelihood people will need to access means tested services.

### **The Healthwatch Report and other consultation reports**

28. Healthwatch Wiltshire facilitated a series of public meetings held during the consultation process and based on these events have produced a summary report (Appendix B)
29. The report highlights what people said about how the proposed changes might impact on them and proposes a number of actions that it is need to be are taken. These are:
  - a. Working with Healthwatch to monitor the impact of these changes on adults and communicate this to community commissioners.
  - b. Ensuring the list of DRE items is well publicised and available to adults via the information portal.
  - c. Work with Healthwatch and the CCG to discuss the issues relating to continence highlighted during this consultation
  - d. Work to ensure information relating to charging for care and DRE items is available in easy read formats.
30. Wiltshire People First is a user led organisation for people with a disability. As part of the consultation they held a 'speaking up' session so that people with learning disabilities could give their views about the proposed changes. This report is included in the documents supporting this paper and a summary of what people said has been included at Appendix D.
31. The report demonstrates that this group of people had mixed responses regarding the proposed changes with some agreeing it is fair people should contribute towards their care and support while others feared that if people were expected to contribute more they would have less money for social activities, travel and other interests.
32. Taking this report into consideration it is clear Adult care staff working with adults with a learning disability must explore creative care and support options that enable people to make the best use of community resources while ensuring people are claiming any benefits they are entitled to.
33. The report recommends that the Council should consider reviewing the list of adults who receive easy read documentation as a number of adults with a disability have stated they received the standard version of the letter that was challenging to understand.

### **Environmental and Climate Change Considerations**

34. None

## **Risk Assessment**

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

35. As set out in the financial implications section below the proposed changes will increase the revenue collected by the Council and will be directly used towards the provision of care and support across the county
36. If this policy is not implemented adult social care will face an additional budget pressure of at least £300k for 2016-17.
37. Wiltshire Council will continue to operate a charging policy based on outdated legislation increasing the risk of legal challenge.

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

38. If the proposals are agreed it will increase the numbers of adults who pay the full cost of their care package. Some adults may choose not to fund the care and support they need, increasing the risk of the need for more acute services at the point of crisis. Adult Care is also introducing a Preventing, Reducing and Delaying Eligible Needs policy, which will see a focus on prevention interventions across communities. Prevention is available to all and it is expected a renewed approach will ensure adults are able to access the support and information they need before a crisis develops.
39. Adults, through regular and proportionate re-assessment will not be required to pay more than they can afford. A range of mechanisms will be explored to facilitate appropriate and proportionate reassessments.
40. By requesting people pay the maximum they can afford to pay some adults may not have sufficient funds to pay for activities that maintain wellbeing including social clubs and events. Over time this may lead to adults who require more intensive health and care services. This risk will be mitigated by the focus on interventions that will prevent, reduce and delay, and will be achieved by regular re-assessments.

## **Financial Implications**

41. The Council already has a charging policy in place and charges for care and support services in accordance with this policy and relevant legislation. The Council does not charge for carers' services or any services prohibited in legislation. Because the Council is exercising the discretionary power to charge for care and support, it will continue to financially assess people so as to ensure people are only asked to pay what they can afford.
42. The proposal will increase the amount some adults, receiving care and support, contribute based on the principle that all adults should contribute an amount that they can afford.

43. The financial assessment team have looked at a sample of recent assessments to apply the new policy and gauge what impact the changes would make. It is important to point out that the impact will be different for each person. Therefore at this point in time, only average increases can be determined resulting from applying the proposed policy.
- a. The change to 100% disposable income could result in a £12-£16 per week increase in what a person would contribute.
  - b. The change in attendance allowance could result in an additional £27 per week being taken into account.
  - c. The impact of changes to DRE could not be established as every person was affected differently.
44. The total potential increase for a person could be between £0 and £43 per week. This assumption is based on limited modelling work completed by the team. The impact on adults will vary based on an individual adult's circumstances and the DRE items being taken into account as income.
45. The actual amount a person would need to pay under the proposed policy will depend on
- a. how much they are already paying
  - b. what the value of their care and support is (nobody will be asked to contribute more than the cost of their care)
46. The full year impact will depend on
- a. the number of new people requiring care and support in the community who are assessed as having to make a contribution
  - b. the number of people currently making a contribution who stop making a contribution
  - c. the number of people currently making a contribution who can be financially re-assessed during the year.
47. Each year the financial assessment team assesses 1340 new people who require support in the community. Typically approximately 50% of those people need to make a contribution towards the cost of their care
48. The estimated minimum full year impact of the proposed policy would lead to an increase in income of £300k- £350k based on applying the proposed changes to assessments. If this policy is adopted and implemented as of the 1<sup>st</sup> of August 2016, the additional contributions will be in excess of £260k.
49. Adults receiving a service will be re assessed before any changes to the way their contribution is calculated come into effect. Re-assessments are likely to generate additional income based on the application of this new policy however these will be based on individual adult's circumstances. The costs of re-assessing people on a regular basis will need to be considered in the context of developing a program of regular and proportionate re assessment.

50. The team will continue to ensure that people being assessed for contributions are receiving all the benefits they are entitled to.
51. The ability to charge for arranging care will not have a financial impact as the Council will only charge on a cost recovery basis in accordance with the regulations. Based on the demand for this service it may become viable to fund additional resources to meet this need.
52. Once the proposed changes are in effect, the team will monitor the actual impact of this policy on a case by case basis. This analysis will be monitored which will provide robust estimates relating to the full year impact of the proposed policy in the context of any costs associated with additional assessment activity.

### **Legal Implications**

53. The draft policy was developed in consultation with legal representatives from Wiltshire Council. It was published as part of the consultation and was reviewed by legal counsel and changes were made based on their recommendations.
54. The draft policy is compliant with the Care Act and all relevant legislation.

### **Options Considered**

55. A number of alternative options have been considered including taking into account:
- less than 100% of disposable income,
  - considering attendance allowance at the higher rate for those with night care needs
  - adding or removing aspects from the list of allowable DRE items.
56. However the proposals put to the Cabinet have been framed in the context of the guidance of the Care Act. It is recognised that the proposed changes have the potential to impact on individual adults' wellbeing but the Council is committed to meeting the duties set out in the Act. It will ensure commissioned services and the voluntary sector, strive to promote wellbeing and personal resilience through an increased focus on preventing needs, information and early intervention.
57. Through regular and proportionate re-assessments, which will be at least on an annual basis or following significant changes in circumstances, the Council will ensure the overarching principle of this policy is applied in that people should only be required to pay what they can afford. By choosing to take into account DRBs, the Council must ensure it considers all relevant DRE items and that information about financial assessments is widely and readily available to people in receipt of care and support.

**James Cawley (Associate Director, Adult Care Commissioning and Housing)**

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Report Author: Sue Geary, Head of Service Community Commissioning, e-mail  
[sue.geary@wiltshire.gov.uk](mailto:sue.geary@wiltshire.gov.uk)

July 2016

### **List of appendices**

**Appendix A- List of Disability Related Expenses (DRE) items.**

**Appendix B- Consultation Summary Report Produced by Healthwatch**

**Appendix C- Summary of Survey Responses**

**Appendix D- Summary of responses from Wiltshire People First**

**Appendix E- Health Select Committee meeting minutes (21<sup>st</sup> June 2016)**

## Appendix A

### Appendix A- Disability Related Expenditure (DRE)

The following items may be disregarded from an adults' income based on the provision of the required evidence. This list is not exhaustive and any reasonable costs directly related to a person's disability will be considered as part of a financial assessment. This list will form staff guidance that will be updated from time to time based on the relevant legislation and best practice.

People will be given information and advice about DRE items on a proactive basis and will be required to provide evidence of any relevant expense before it is disregarded as income for the financial assessment.

Re assessments will be completed in order to ensure DRE items are considered based on an adult's individual circumstances.

The Council will produce guidance for officers or organisations completing financial assessments based on the National Association of Finance Officers guidance as updated from time to time. This guidance will include the amounts the Council would normally expect to consider. The actual rate that will be considered shall be based on adult's individual circumstances.

Item(s)	Evidence Requirements	Notes
Payment for any community alarm system	Social worker confirms requirement as part of care plan, supported Care is reduced accordingly	
costs of any privately arranged care services required, including respite care	Evidence of privately arranged care	
costs of any specialist items needed to meet the person's disability needs, for example:	Evidence of Purchase	Items of specialist equipment are listed below, but if agreed other items can be considered
Day or night care which is not being arranged by the local authority	Evidence that the requirement for day or night care support, included in the costs of supported living accommodation, is required to address eligible needs	
specialist washing powders or laundry	Care plan will have identified incontinence problem. Identify more than four loads per week	
additional costs of special dietary needs due to illness or disability (the person may be	Shopping receipts	



Item(s)	Evidence Requirements	Notes
asked for permission to approach their GP)		
special clothing or footwear, for example, where this needs to be specially made; or additional wear and tear to clothing and footwear caused by disability	Receipt of purchase	
additional costs of bedding, for example, because of incontinence	Evidence of Purchase	Reasonable household expenses related to additional costs incurred due support being provided due to a Person's disability, illness
any heating costs, or metered costs of water, above the average levels for the area and housing type	Evidence of annual heating and water costs	
reasonable costs of basic garden maintenance, cleaning, or domestic help, if necessitated by the individual's disability and not met by social services	Evidence of additional costs including receipts	When not being met as an eligible need, Only included if in support of an assessed eligible need and replaces need for funded support
purchase, maintenance, and repair of disability-related equipment, including equipment or transport needed to enter or remain in work; this may include IT costs, where necessitated by the disability; reasonable hire costs of equipment may be included, if due to waiting for supply of equipment from the local	Evidence and receipts required	

Item(s)	Evidence Requirements	Notes
council		
personal assistance costs, including any household or other necessary costs arising for the person	Evidence of purchase	
internet access for example for blind and partially sighted people	Evidence of purchase	Only when requirement for internet access an expense related to disability or illness
other transport costs necessitated by illness or disability, including costs of transport to day centres, over and above the mobility component of DLA or PIP, if in payment and available for these costs.	Evidence of transport costs for eg fuel receipts	
Medication	Evidence from relevant Medical Professional	

## Appendix B

Please click the Icon below to open up the Healthwatch report. The Document is also included in the supporting documents.



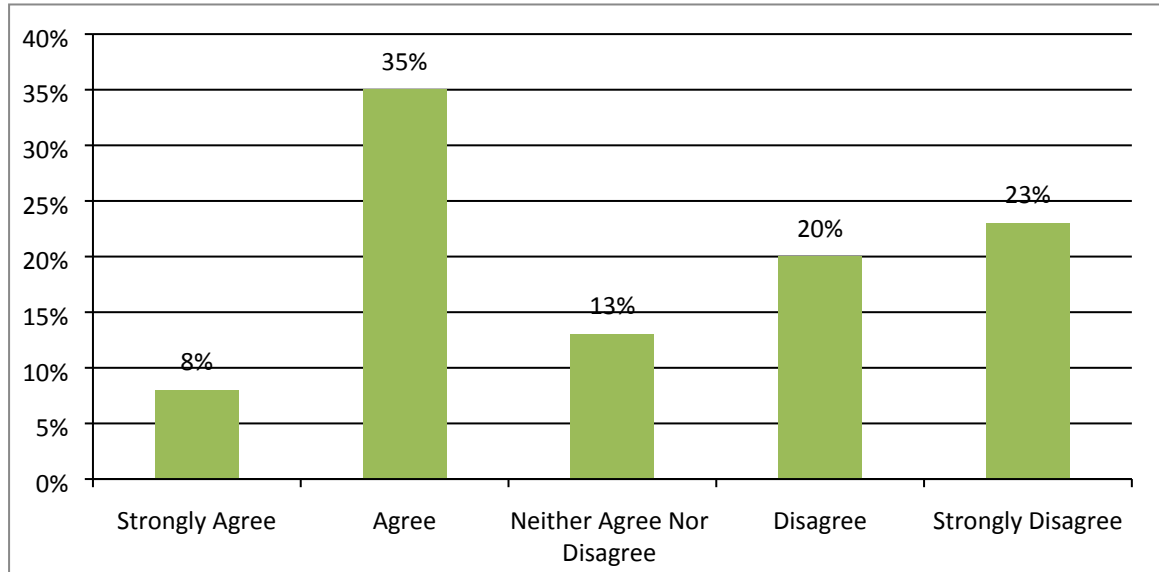
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2016.pdf

## Appendix C- Summary of survey responses

### Question 1

Do you think it is reasonable that those who can afford to pay and who are supported by the Council should make the maximum reasonable contribution for care and support services?

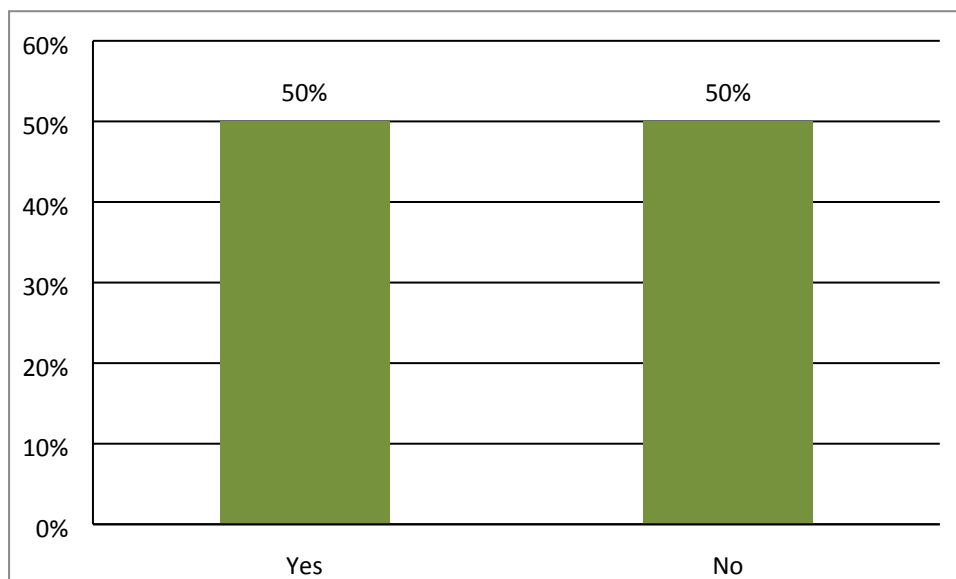
Total Responses 60



### Question 2

Is there anything else the Council should consider adding to the list of Disability Related Expense items?

Total Responses 56



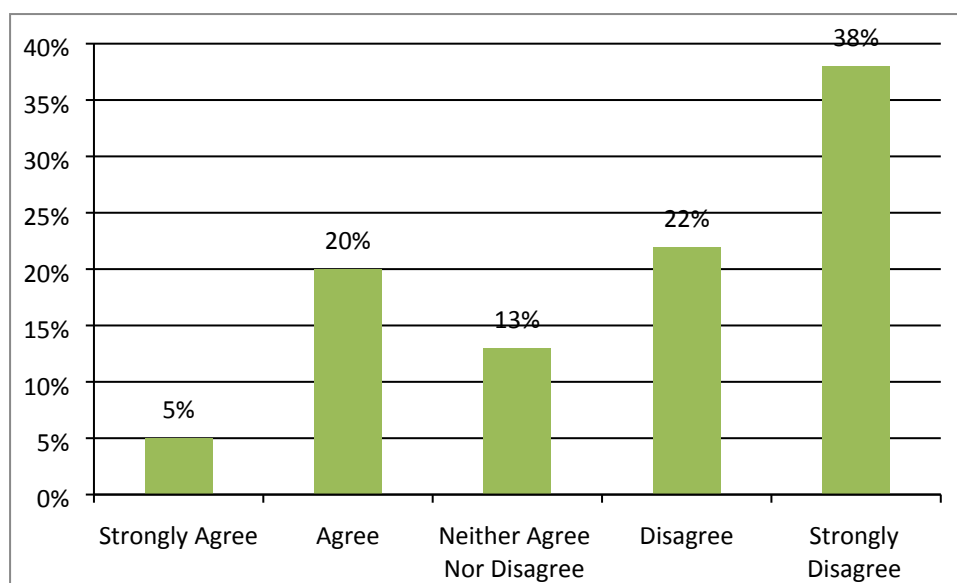
### Suggestions for what else should be included

Item	
Mobility car/ vehicles/ Travel costs	5
Telephone	1
Clubs and activities	1
Aids and equipment for eating	1
Television licence	1
Incontinence pads	4
Housework	1
Alternative therapies	2
Window cleaning	1
Supplements and non prescribed medication	1

### Question 3

**Do you agree it is reasonable that the full level of benefits a person receives should be used to calculate how much income they have, to ensure they pay the maximum amount they can afford?**

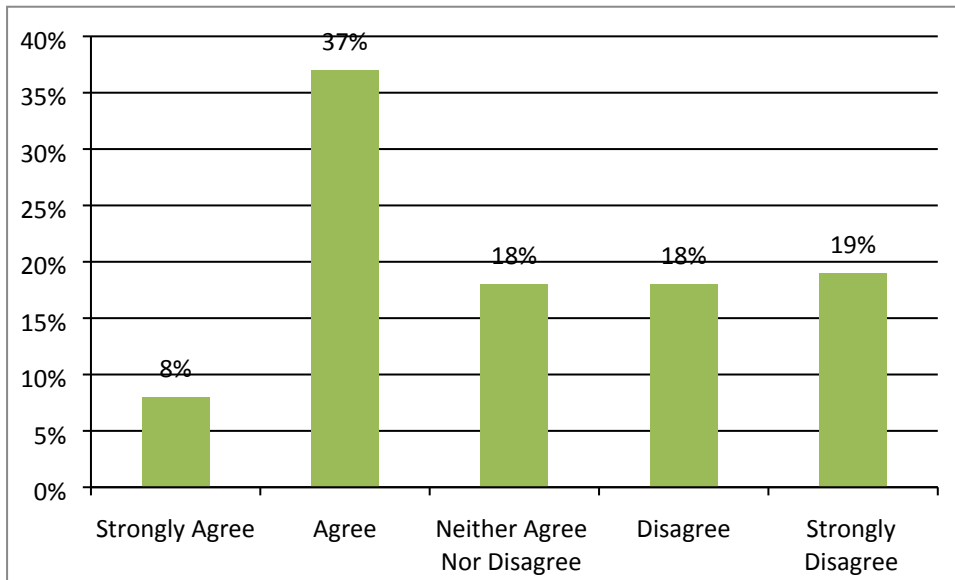
**Total Responses 60**



### Question 4

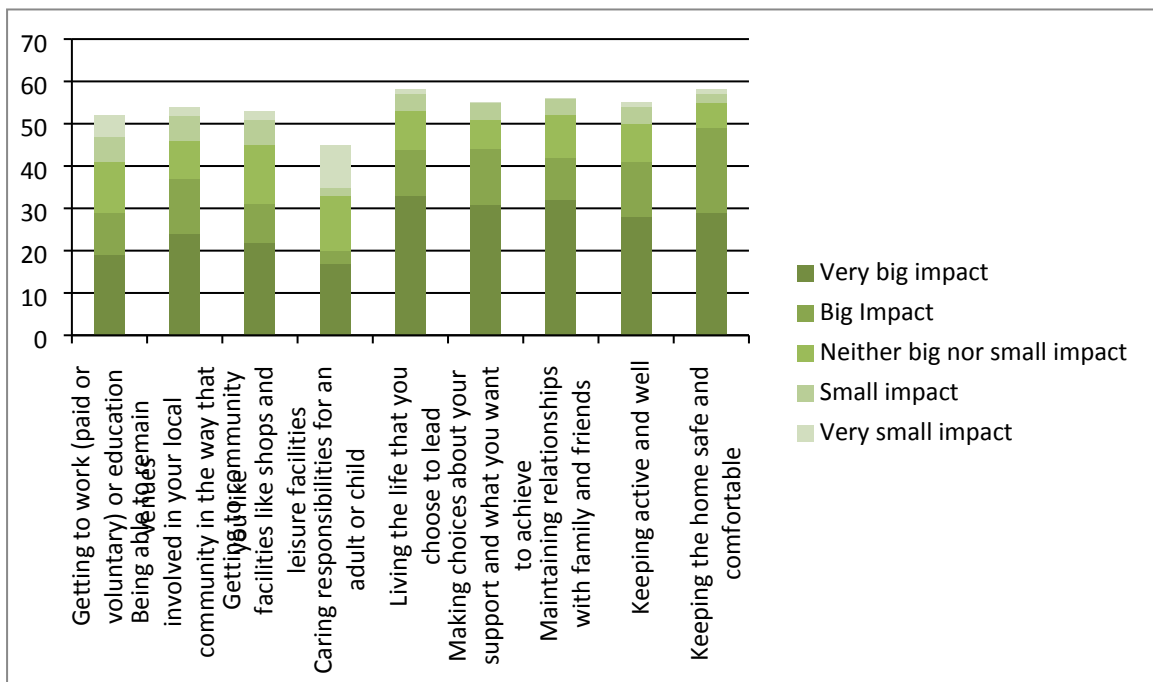
**Do you agree it is reasonable to treat respite care in the same way as other forms of care and support, to ensure people pay what they can reasonably afford to pay?**

**Total Responses 62**



**Question 5**

**If the proposed policy was agreed and you had to pay the maximum amount you could afford to pay based on your disposable income how do you think that would impact on you?**



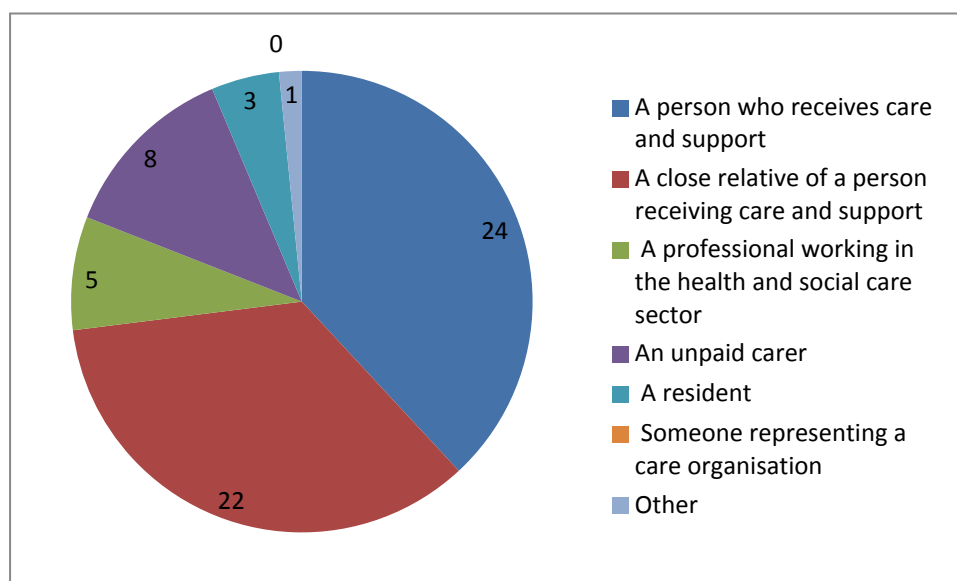
**Impact Areas**

Getting to work (paid or voluntary) or education venues
Being able to remain involved in your local community in the way that you like

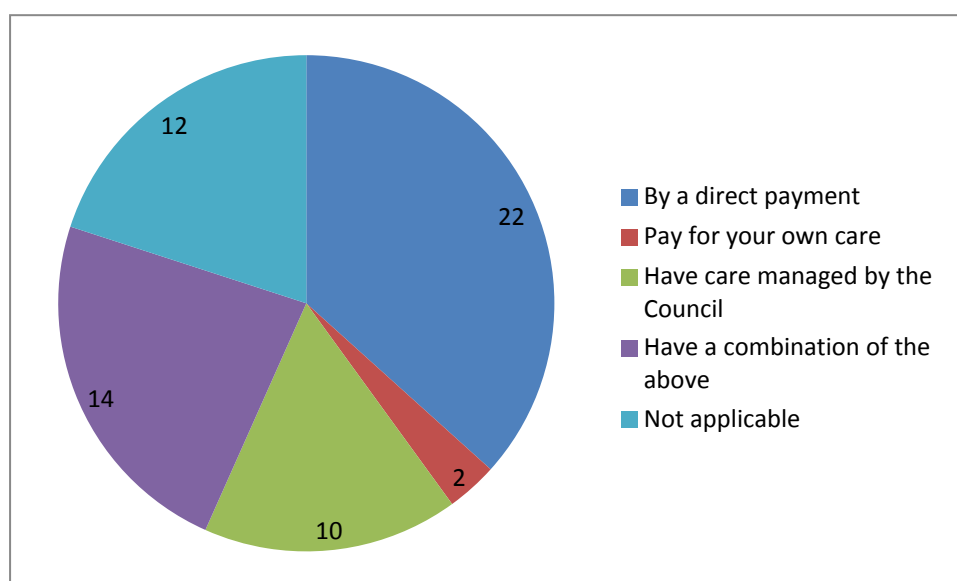
Getting to community facilities like shops and leisure facilities
Caring responsibilities for an adult or child
Living the life that you choose to lead
Making choices about your support and what you want to achieve
Maintaining relationships with family and friends
Keeping active and well
Keeping the home safe and comfortable

## Demographic Information

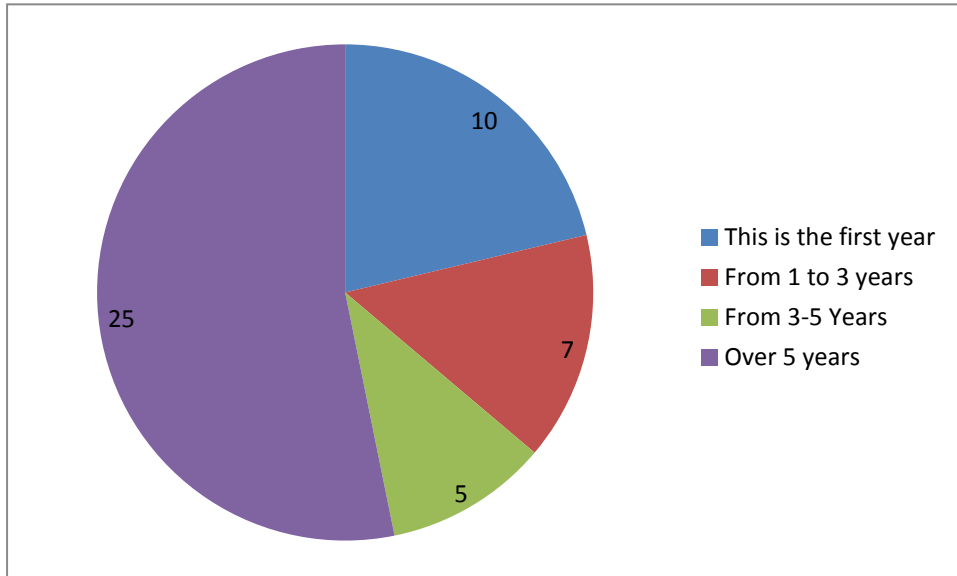
### You are answering this survey as



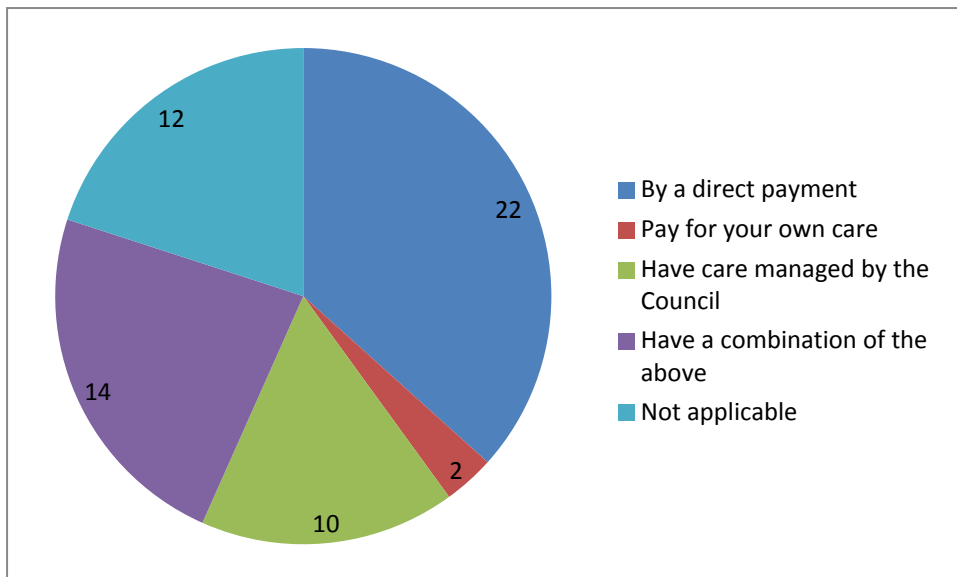
### If you receive care services how is this done;



**If you receive care services how long have you been in receipt of these services**

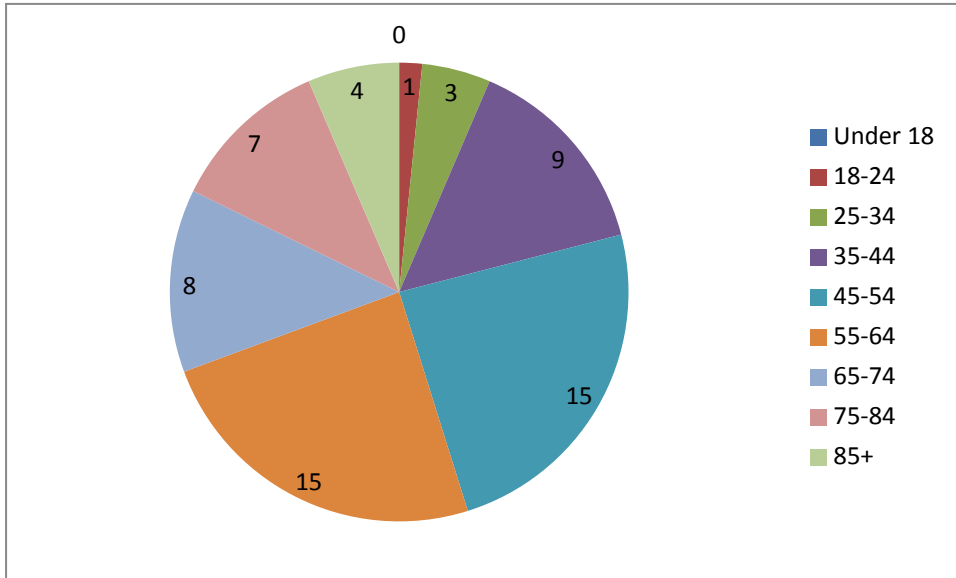


**What type of care service do you receive?**

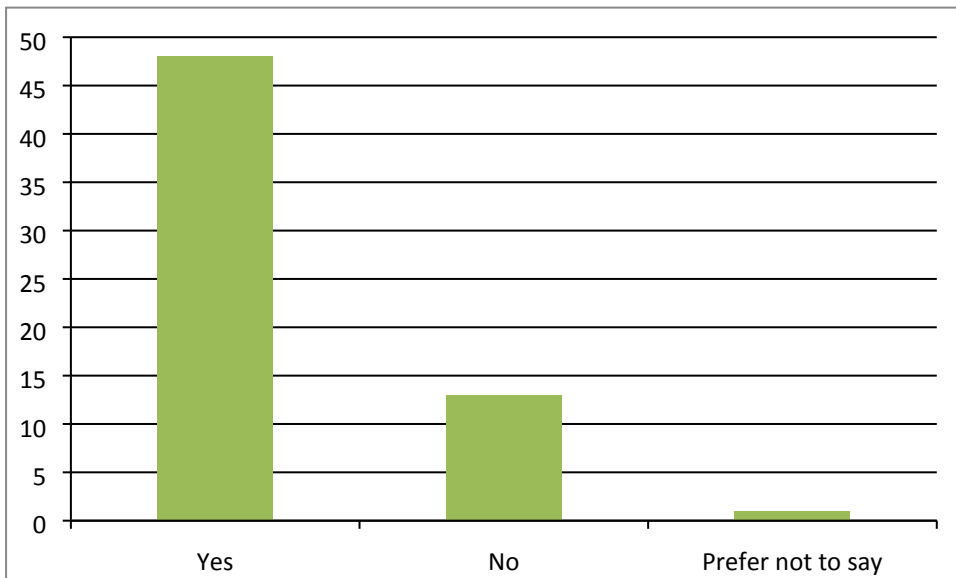


**Age**

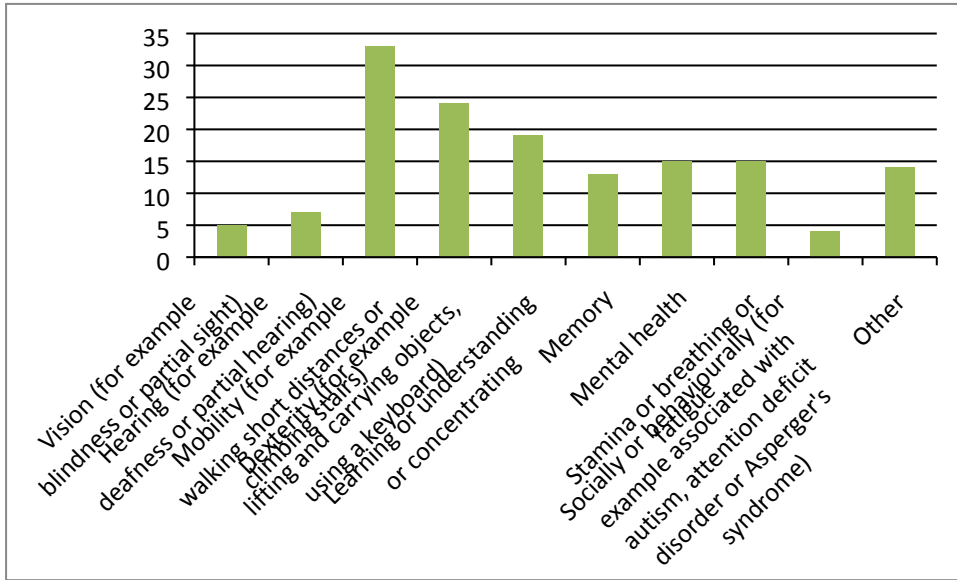




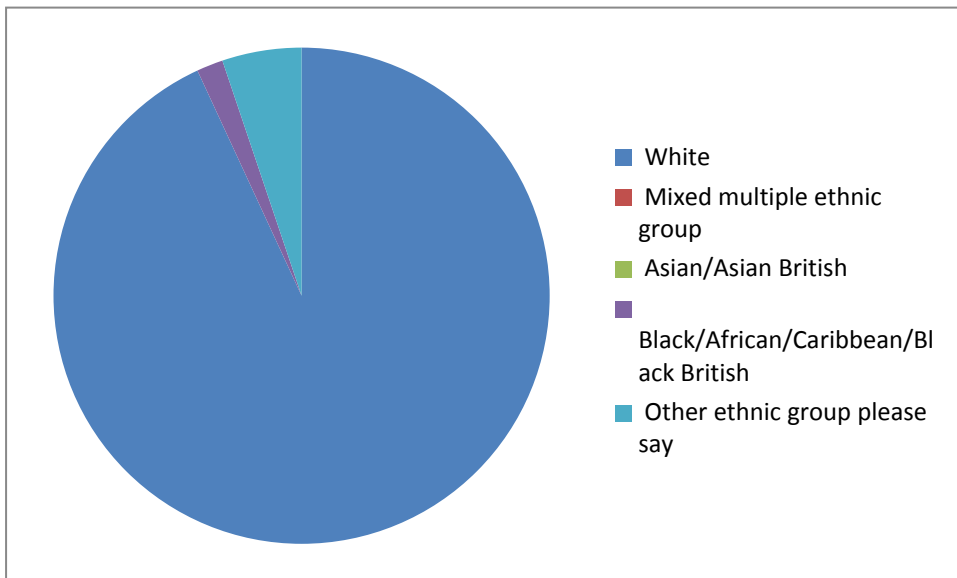
**Do you consider yourself to have a disability?**



**If so what disability do you consider yourself as having**

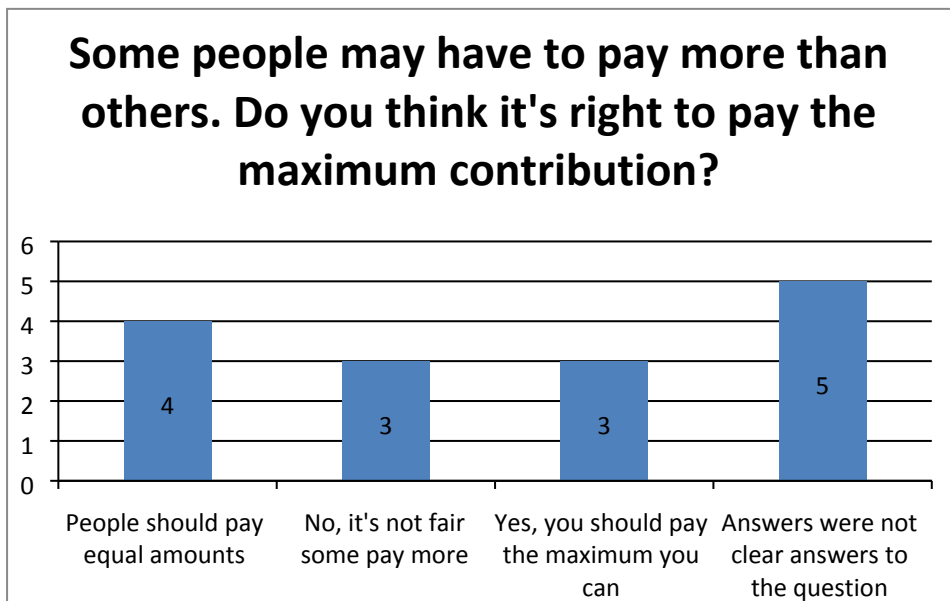
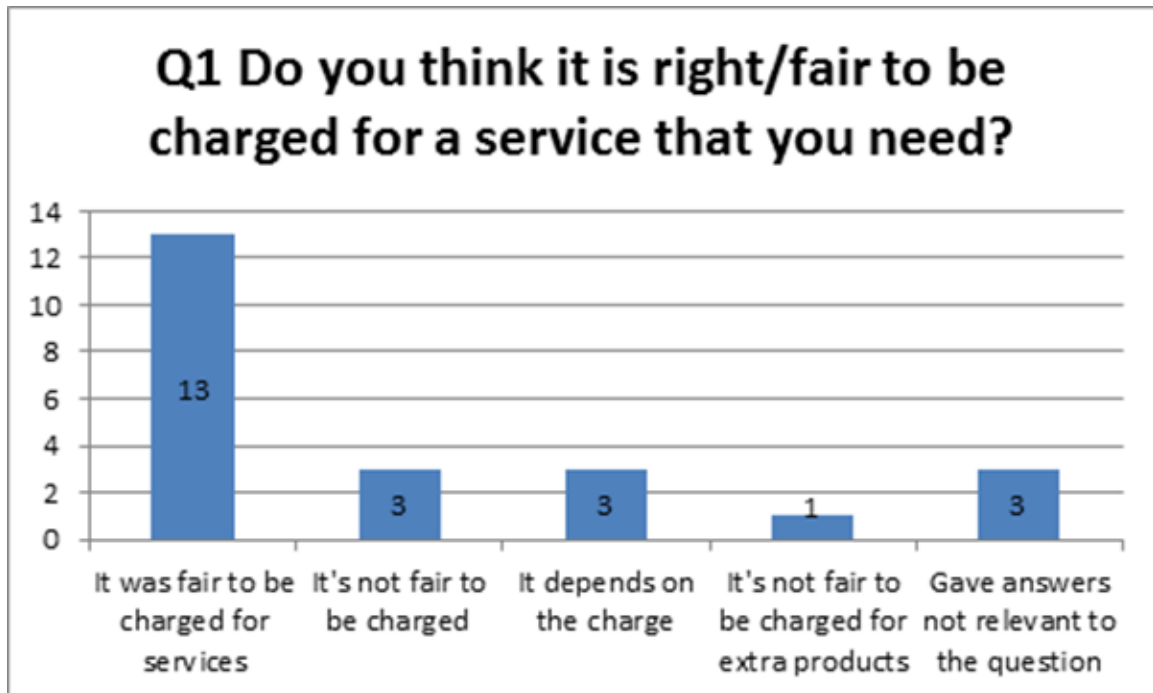


### Ethnic Group

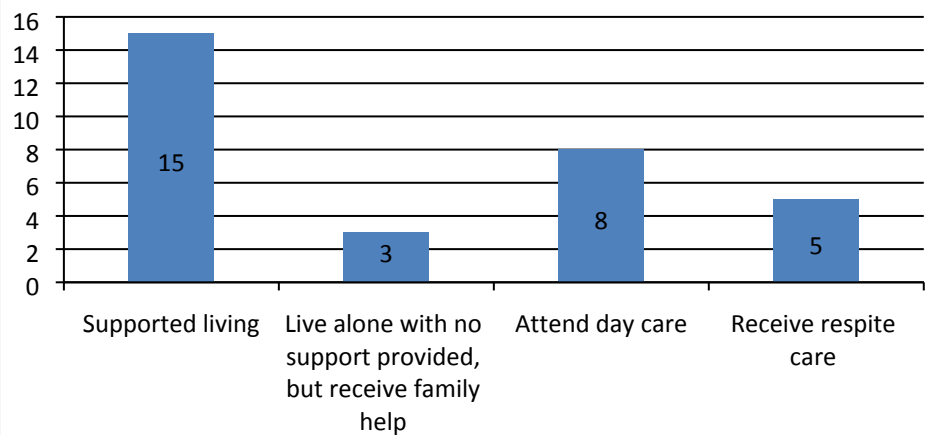


## Appendix D

### Summary of responses from Wiltshire People First



## Q5 What kind of care and support do you have?



### Appendix E

#### **DRAFT minutes taken at the Health Select Committee meeting of the 21<sup>st</sup> June 2016.**

The Chairman invited Sue Geary, Head of Commissioning, Community Services, Adult Care Strategy & Commissioning, to introduce the report. In presenting the report, she tendered the apologies of James Cawley, Associate Director, who was unable to attend due to a personal matter.

Issues highlighted in the course of the presentation included: that Health Select Committee received a report proposing changes to the council's care at home charging policy, pending consultation in April; that Cabinet will receive the results on 19 July and take the final decision; that the Committee had previously expressed some concerns about the number of consultation responses and asked for further details of the consultation responses received at its next meeting; this update included: a summary of the consultation responses received; the results of public engagement by Healthwatch Wiltshire regarding the proposed changes undertaken; and template letters sent to people affected.

In response to a question from Councillor Graham Wright, it was confirmed that around 60 response had been made to the survey, and only one from a voluntary organisation; officer had hoped that a number of advocacy/voluntary groups would have responded, and that they would be contacting these groups to see why.

Councillor Caswill expressed concern that the letters were difficult to follow and did not outline clearly enough the potential impact on individuals. Furthermore, he questioned how much reliance could be given to the consultation data given the low response.

In response to a question from Councillor Mary Douglas, it was suggested that some people may not feel their benefits should be taken into account, as they felt that those benefits should be used to pay for items other than their social care.

Irene Kohler expressed some concern at the suggestion of further consultation after the implementation of the proposals, as respondents may be even less inclined to respond.

Following a debate, the meeting;

### **Resolved**

- 1. To express concern at the reported level of response to the consultation and ask Cabinet to consider whether it provides a sufficient basis from which to implement changes.**
- 2. If Cabinet implement changes to the charges, to receive an update on their impact, six months after implementation.**

### **Background Papers**

**Healthwatch Report  
Wiltshire People First Report  
Equalities Impact Assessment  
Draft Charging Policy**

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# Adult Social Care

Charging Policy

‘Determining Contributions to Personal Budgets’

## Glossary

Policy	A document that explains how Wiltshire Council will make decisions about a particular area or areas. Policies are used to make it clear to everyone what they can expect from Wiltshire Council.
Care Act (2014)	The law that sets out how local authorities must deliver care and support services in England. The policy has been developed so as to comply with the requirements of the Care Act, The Care and Support (Charging and Assessment of Resources) Regulations 2014 and the Care and Support Statutory Guidance.
Wellbeing	<p>This concept is central to the Care Act and must inform all of a Local Authority's activities. There is no one definition of wellbeing and it is a broad concept. Considerations of wellbeing will take the following into account:</p> <ul style="list-style-type: none"> <li>•Personal dignity</li> <li>•Physical and mental health and emotion well-being</li> <li>•Protection from abuse</li> <li>•Control by the adult over day-to-day life</li> <li>•Participation in work, education, training, or recreation</li> <li>•Social and economic well-being</li> <li>•Domestic, family and personal</li> <li>•Suitability of living accommodation</li> <li>•The adult's contribution to society</li> </ul>
Carer	A carer is someone (aged 18 or over) who helps another person in their day to day life, usually a relative or friend, who could not manage without that support. This is not the same as someone who provides care professionally or through a voluntary organisation.
Eligible Needs	Needs that meet the criteria set out in the Care Act and as such must be met by the Council based on your financial situation.
Information	Communication of relevant knowledge and facts regarding care and support.
Advice	Helping you to identify choices and/or providing an opinion or recommendation regarding a course of action in relation to care and support.
Duty	What the Council is legally required to do.
Discretionary Power	Powers Wiltshire Council can exercise but are not legally required to do so.

## Terms included in this Policy

Personal Budget	The agreed amount of funding required to meet an adult's
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	assessed needs. The Council's contribution to this is always paid minus the adult's own contribution.
Financial Assessment (Means Test)	An exchange of information to determine how much (if anything) you will need to pay for care and support services. The purpose is to establish what it is reasonable for a person to pay towards the cost of their support.
Regular Re Assessment	In accordance with Care Act customers in receipt of care and support services will be re assessed at least annually, or more often if required. Re assessments shall be proportionate based on an adults personal circumstances.
Disposable Income	The amount of money you have available to spend once daily living costs have been deducted from your total.
Upper Capital Limit	The maximum amount of capital an adult can have and still receive financial support from Wiltshire Council. Customers with more than the upper capital limit will be required to pay the full cost of their care and support.
Lower Capital Limit	The minimum amount of capital you must have for your savings to be considered in accordance with this policy. If you have assets below the lower capital limit only your income will be taken into account.
12 week property disregard	Available if you have eligible needs with a property valued at above the upper capital limit but with savings below the upper capital limit. For a period of up to 12 weeks the Council will fund care and support services in a care home based on the rate the Council can commission care and support services. If in this period you choose a service that charges more than the Council can buy the care to meet your needs you will be required to pay a top up.
Deferred Payment	A loan from the Council secured against the equity in your home so that you can pay for care and support services without having to sell your home. By entering into a deferred payment agreement, a person can 'defer' or delay paying the costs of their care and support until a later date. The Council will charge an administration fee for setting up the loan and interest will be charged.
Contribution	The amount of money you need to pay for your care and support service based on your assessed income and capital assets.
Indicative Budget	An amount of money the Council expects would be needed to fund the support to meet your eligible needs. You can use this to help create a support plan. Indicative budgets are just an approximate figure and are not a guarantee of funding this is your 'personal budget' (see above)
Welfare Benefits Check	A check completed as part of a financial assessment to make sure you are getting all the benefits you are entitled to.
Income	All of the money you get on a regular basis.
Disability Related Expenses (DRE)	Additional Expenses based on an individual's disability disregarded from your income for the purpose of calculating your contribution.

Arrangement fee	A fee charged by the Council to people with assets above the maximum threshold who ask the Council to arrange care at home on their behalf.
Third Party Top Up	An amount of money paid by a friend, relative or organisation to a care provider that charges more than the Council would reasonably expect to pay based on identified care and support needs. The Council will always offer people a choice of providers including at least one where no top up is required.
Non residential services	Care and support services provided in your own home. This includes sheltered housing and supported living.
Residential services	Services in a care home or care home with nursing.

## Policy Cover Information

Policy number	4	Version number	4	Status	Draft
Implementation lead	All adult social care managers			Implementation date	August 2016
Policy approved by	Officers with delegated authority to approve annual fee charges and uplifts			Date approved	Autumn 2016
Next review date	April 2018				

## Policy Control Sheet

Policy title	Charging Policy
Purpose of policy	To explain how Wiltshire Council works out how much a person should contribute towards the cost of their care and support
Policy author(s)	Olly Spence
Lead Director	James Cawley, Strategy & Commissioning
Target audience	Frontline staff and members of the public
This policy supersedes	Charging Policy for non residential services 2014-15.
This policy should be read alongside	Personalisation Policy Preventing, Reducing and Delaying Eligible Needs Policy Deferred Payment Policy Provision of Social Care Policy
Related Procedures	
Monitoring and review lead	Executive Office
First year review date	April 2018
Subsequent review date	April 2019
Internet link	<a href="http://www.wiltshire.gov.uk">www.wiltshire.gov.uk</a>

**This policy can be made available in a range of accessible formats if required.**

## **Contents**

- A.** The Charging Policy
- B.** Who Does It Cover?
- C.** Key Principles
- D.** National Context
- E.** Charging - the Process in Practice
- F.** Monitoring and evaluation
- G.** Review

## **A. The Charging Policy – ‘Determining Contributions to Personal Budgets’**

Following an assessment of need, Wiltshire Council may agree a care or support plan to address an adult’s unmet eligible needs in accordance with the Care Act 2014 and financial regulations issued annually. The cost of the care in the support plan, forms the basis of an adult’s personal budget which can be used either to pay for Council services commissioned by the Council or managed directly by the adult themselves in the form of a direct payment or a combination of both. From April 2020 it is expected the personal budget will accrue within an adult’s Care Account; which after reaching an upper limit of £72,000, the Council will be responsible for funding in its entirety.

As resources are limited, Wiltshire Council will exercise the discretionary power to charge for meeting an adult’s needs further to section 14(1) Care Act 2014. Because the Council has chosen to exercise this discretionary power it will conduct a financial assessment in accordance with section 17 of the Act so that adults are only asked to contribute what they can afford.

The Council will not exercise the discretionary power to make a charge against services provided to informal carers.

In accordance with the Preventing, Reducing and Delaying Eligible Needs Policy some support services will be provided to reduce, delay or prevent adults developing eligible needs. In these cases, the Council may also conduct a proportionate financial assessment to establish an adults’ ability to pay for preventative services. The decision to charge for services that are intended to prevent, reduce or delay needs arising will be made based on an adult’s ability to pay and the impact charging will have on the take up of services.

**Key Statement- The Care Act requires that all local authorities make sure everyone who gets care and support services are given a personal budget. Personal budgets are the cost of an adult’s care and support service. Personal budgets can be managed by the Council on behalf of a person, provided through direct payments, or a combination of both. The amount an adult needs to contribute to care and support is based on an adult’s personal budget. The policy confirms the Council will exercise its discretionary power to charge a contribution on the basis that people only pay what they can afford.**

## **B. What Does It Cover?**

This policy applies to all adults who have eligible needs. This policy is designed to provide everyone with care and support needs and those without needs with information regarding charging that will help them to make decisions regarding care and support.

**All services will be subject to normal charges in accordance with this policy**

### **Exceptions: Individuals will NOT be charged for:**

1. Assessment of needs and care planning will not be charged for, since these processes do not constitute “meeting needs”
2. Services identified in the Care Act including community equipment aids adaptations under the value of £1000
3. After-care services and support provided under section 117 of the Mental Health Act 1983
4. Care and support provided to people with Creutzfeldt-Jacob Disease.
5. Carers’ services provided after a carer’s assessment has identified eligible needs for support
6. Preventative Services: The Preventing, Reducing and Delaying Eligible Needs Policy outlines preventative services that may not be charged for based on the likelihood a service will prevent the following.
  - a person from being admitted to hospital
  - a person from needing to move into residential care
  - a need from developing and/ or escalating; and so supporting a person to remain independent at home:
7. Intermediate care services will also be provided through the Council’s Preventative approach. These services shall not be means tested and support will be free for a period of up to six weeks. If an adult remains in intermediate care services over six weeks, then a financial assessment may be required to determine charges in accordance with this policy.

### **C. Key Principles**

The principles for this policy sit alongside the overarching principles set out in the Personalisation Policy; this can be accessed via the following link <http://www.yourcareyoursupportwiltshire.org.uk/paying-for-care/personal-budgets.aspx>. The details specific to the Charging Policy are as follows:

The overarching principle is that adults should only be required to pay what they can afford. People will be entitled to financial support based on a means-test and some will be entitled to free care.

Charging for care and support will:

- ensure that adults are not charged more than it is reasonably practicable for them to pay
- be comprehensive, to reduce variation in the way adults are assessed and charged
- be clear and transparent, so adults know what they will be charged
- promote wellbeing, social inclusion, and support the vision of personalisation, independence, choice and control
- support carers to look after their own health and wellbeing and to care effectively

and safely

- be person-focused, reflecting the variety of care and caring journeys and the variety of options available to meet their needs
- apply the charging rules equally so those with similar needs or services are treated the same and minimise anomalies between different care settings
- encourage and enable those who wish to stay in or take up employment, education or training or plan for the future costs of meeting their needs to do so
- be sustainable for Wiltshire Council in the long-term.

The Council will complete financial assessments in order to determine the amount an adult has to contribute. Financial assessments will be completed regularly and proportionately so as to ensure contributions reflect the overarching principles set out above. When determining Contributions Wiltshire Council will ensure that:

- contributions will be calculated openly and transparently with adults treated in a fair and consistent manner
- contributions will not exceed the full cost of the care
- contributions will be calculated on the basis of all applicable income and savings and the charge will initially be based on that amount. If after a welfare benefits check it is identified that the adult may be entitled to more benefits, charges will be recalculated and backdated on the basis of the additional income
- adults will be offered a welfare benefits check to ensure that they are receiving all of the benefits to which they are entitled
- a reassessment of contributions will be carried out annually for residential care or following a request arising from a change of circumstances, such as moving address or significant change in financial circumstances
- a reassessment of contributions will be carried out for adults in receipt of non residential care services on a regular basis so as to ensure the charge is correct. As a minimum re assessments will be completed whenever there is a significant change in financial circumstances, at the request of an adult or at least annually if this is deemed to be appropriate and proportionate.

If an adult does not wish to, or refuses, to disclose financial information they will be required to pay the full cost of the service.

**Key Statement- The overarching principle is that people should only be required to pay what they can afford. People will be entitled to financial support based on a means-test and some will be entitled to free care.**

#### **D. National Context**

This policy is written in accordance with the statutory framework and guidance under the Care Act (2014). The principles behind the legislation have informed the

development of this policy.

Local Authorities have discretionary powers to charge adults who receive care and support services and have been assessed as having capital and /or property assets below the national minimum thresholds.

The Care Act gives Local Authorities the discretionary legal power to charge for care and support services based on an adult's assets and income.

## **E. Charging - the Process in Practice**

Wiltshire Council will exercise the discretionary powers set out in the Care Act and will charge for care and support services (excluding services for carers, some services that prevent, reduce or delay needs, intermediate care services and other exceptions set out above)

The amount Wiltshire Council will charge shall be determined in accordance with this policy and all applicable legislation.

### **1. Information**

Information will be provided to all adults required to pay towards their care and support, explaining this policy. The appropriate rates of contributions and allowances for all adults will be updated annually to reflect changes. Customers who are likely to be asked to make a contribution will receive information about the financial assessment, how the charge is calculated and disability related expenses.

All care and support plans will include details of the cost of care expressed in a personal budget. Adults will be provided with an explanation of personal budgets and the ways in which these can be taken. All adults will be informed that the Council can arrange care on their behalf but that there will be a charge for this service for adults, who are assessed as having eligible unmet needs and assets above the maximum threshold.

After the eligibility determination, people will be given an indicative budget. Indicative budgets are an approximate figure and provide a range within which it is estimated an adult's personal budget is likely to be. An indicative budget is not a guarantee of funding but is intended to help a person plan their care and support in the context of the money that is likely to be available to them.

**Key Statement-** The way in which the Council calculates personal budgets explained in this policy has been agreed in the Council's Personal Budget Policy. This does not constitute a change to current policy. More information about personal budgets and the personal budget policy can be found at

<http://www.yourcareyoursupportwiltshire.org.uk/paying-for-care/personal-budgets.aspx>



## **2. Financial Assessment**

Because the Council is choosing to exercise the power to charge, a financial assessment (means test) will be undertaken for all adults who need care at home or residential care and request financial help or direct payments (when applicable) from Wiltshire Council, or other services to meet that need.

The financial assessment will be carried out by specialist financial assessment officers as soon as possible following the completion of the care and support plan. This will usually be a personal visit if care at home is required, and a provisional indication of the level of contribution will be indicated immediately where possible. This will be confirmed in writing as soon as possible following the completion of the financial assessment and any checks that may be necessary.

Financial assessments will be proportionate and in some instances the Council may complete assessments via telephone or online. Face to face assessments will be completed when this is deemed to be proportionate and the best way of ensuring accurate contributions are calculated.

Wiltshire Council will regularly reassess an adult's ability to meet the cost of any charges and to take account of any changes to resources. Re assessment will be proportionate and based on an adult's circumstances.

For residential care, the financial assessment would normally be completed by post and a provisional contribution will apply until a confirmed contribution is calculated. Face to face assessments will be completed when this is deemed to be proportionate and the best way of ensuring accurate contributions are calculated.

Following completion of the financial assessment, the adult's assessed contribution shall be backdated to the start date of the service or placement.

In assessing what a person can afford to contribute, Wiltshire Council will apply the upper and lower capital limits as set out in the regulations. These limits will change over time in accordance with legislation. In these instances Wiltshire Council will apply the revised lower and upper capital limits.

An adult's contribution can be known as the client contribution and shall mean the amount the person has been assessed as needing to pay for their care and support.

Individuals will be advised that they can be supported by a relative, friend or other representative during any financial assessment.

## **3. Welfare Benefits**

All adults who are subject to a financial assessment will be offered a welfare benefits check and where appropriate will be assisted in completing a claim for benefits to which they appear to be entitled.

A financial re-assessment will be undertaken following the award of benefits to re-

calculate the contribution payable.

If an adult is eligible for additional welfare benefits, there may initially be a provisional charge that will be adjusted to reflect any increase in benefits. The revised contribution would be backdated to the date of the award of the benefits or commencement of service whichever was appropriate. For residential care any charge will apply from the date the placement begins.

#### **4. Date of Commencement of Charges**

For care at home a charge will start from the date of commencement of service, the adult having been informed of the potential full cost beforehand (unless specifically informed that a period of free care applies).

Any subsequent financial assessment that then indicates an adult has assets above the maximum threshold shall mean that the adult will be required to pay the full cost of the care backdated to the commencement of service.

#### **5. Calculating the Charge**

##### **Personal Budgets**

As set out in this policy and the personalisation policy, a personal budget is the cost of support required to meet an adult's assessed needs. The amount an adult has to contribute towards care and support services is based on their personal budget. Personal budgets include the costs of any care and support services that have been agreed to meet an adult's needs including day care, respite and any other services. Personal budgets do not include services that are excluded by this policy such as intermediate care services or services for informal carers.

All contributions are calculated based on an adult's agreed personal budget amount in accordance with this policy.

##### **Direct Payments**

Direct Payments are a way in which an adult can receive their personal budget to arrange care and support services independently. This charging policy will apply to adults who choose to receive a direct payment as well as those that use services commissioned by Wiltshire Council. The adult's contribution will be deducted from the direct payment.

Current legislation does not allow people to use Direct Payments to pay for residential care services. If legislation changes to allow this the Council will apply the same standards set out in this policy for all Direct Payments.

##### **Intermediate Care Services**

This section applies to all bed based and home intermediate care services.

Intermediate Care services are short term periods of support provided to facilitate a quick discharge from hospital.

Intermediate care services are not means tested and no charges shall be made for these services for a period of up to six weeks. If intermediate care services are provided for a period longer than six weeks, Wiltshire Council may exercise discretion to charge for this support. The decision to charge for intermediate care services extending beyond six weeks shall be in accordance with the Preventing, reducing and delaying eligible needs policy. It will be based on the preventative benefits and the likelihood the service will prevent admission to hospital, permanent residential care or significant impact on an adult's independence at home.

### **Residential Services**

In accordance with the Care Act, adults are expected to pay for this type of service (residential care), in line with their ability to pay as determined under Regulations.

The charge that will apply will be for residential services will be as set out below.

### **Savings**

If an adult has more than the upper capital limit defined in the regulations in savings and capital (including the value of their home or other property) they will normally be required to pay the full cost of their care, and will not be entitled to financial assistance from the Council (see below regarding property). Individuals will be advised of the options available for arranging their care including requesting Wiltshire Council to arrange if for them

If an adult has savings/capital below the lower capital limit this will be disregarded (i.e. will be assessed on the basis of income alone) but if someone has savings between the Lower Capital Limit and Upper Capital Limit the Council will add £1.00 per week to income calculations (called tariff income) for each £250.00 or part thereof between these amounts (i.e. £15,000 savings would attract a tariff income of £3.00 per week as this is £750 over the disregarded savings presuming the Lower Capital Limit is £14,250).

Income that accrues to any sum of capital derived from an award of damages for personal injury that is administered by the High Court, a County Court or the Court of Protection or that can only be disposed of by order or direction of any such court and any income that accrues to such capital, shall not be included in tariff income calculations in accordance with the Care Act.

Tariff Income will be revised if there are any changes to the lower or upper capital limits.

### **Income**

All of an adult's income (including benefits) is included in a financial assessment to

determine the contribution they will be asked to make towards their care home fees. Some income is disregarded from the financial assessment including mobility allowance and a figure for their personal allowance, presently £24.90 per week.

**Key Statement- There is no change to the way in which contributions are calculated for adults supported in residential care homes (with or without nursing) on a permanent basis.**

### **Deferred Payments-**

A Deferred Payment is a loan from the Council secured against the equity in an adult's home so that they can pay for care and support services. By entering into a deferred payment agreement, an adult can 'defer' or delay paying the costs of their care and support until a later date.

The Council will offer deferred payments to all eligible adults in accordance with the deferred payments policy. The Council will charge an administration fee for setting up the loan and interest charges will be incurred against the loan as described in the [Deferred Payment Policy](#)

**Key Statement – A right to deferred payments was introduced by the Care Act 2014. The Council has a responsibility to offer deferred payments to everyone who is eligible. The Council has consulted on a separate Deferred Payment Policy, which explains the Council will exercise its power to charge interest on any money borrowed from the Council and an administration fee to cover the costs of setting up the payment.**

### **Temporary Residents**

#### **Respite Care**

Respite care is often provided to allow a carer a break from their caring role. Respite care means that the adult who needs care and support services is supported in a care home or at home for a short period.- The calculations for contributions for respite are based on the cared for adult's personal budget.

**Key Change- The current policy applies a standard contribution for respite care. The revised policy requires contributions for respite care will be based on an adult's personal budget and the calculations based on a full financial assessment.**

### **Temporary Placements**

Temporary placements are short term residential or nursing care home placements.

Adults in receipt of a temporary placement shall be subject to a full assessment and charged in accordance with this policy.

A financial assessment will be undertaken taking an adult's income and savings between the lower capital limit and upper capital limit into account; but allowances to maintain the adult's home will be included in any assessment.

### **Arrangement Fees**

Adults who have capital above the threshold and have assessed eligible needs can ask the Council to arrange their care and support services at home.

Wiltshire Council will arrange care on their behalf but will charge an arrangement fee for doing this. Every time an adult asks the Council to arrange or revise their care and support services the fee will be charged.

**Key Change- The Care Act introduced a legal responsibility for Councils to arrange care and support services for people with assets above the maximum threshold who have care and support needs that meet the national eligibility criteria and want care at home services. The Council in meeting this responsibility will exercise the power to charge an arrangement fee for providing this service. The fee reflects the actual costs the Council would incur in delivering this service. The fee is set at £56.00 and will apply each time an adult asks the Council to arrange a care package for them. The fee will be subject to review based on any changes to costs.**

### **Choice**

If an adult qualifies for financial assistance from the Council they will be given details of care homes that provide care able to meet their needs in order for them to choose a care home that suits them.

Individuals have a right to choose accommodation in line with the Council's policy on the provision of social care. However, if the care home they choose charges a fee above the rate the Council can commission their care and support for, they will need to arrange a top up or deferred payment agreement to meet the shortfall.

Any contribution that an adult is asked to make towards their care will form an aspect of their total personal budget. For example, if their personal budget is £600 per week and they have been assessed to contribute £240 per week, the adult will pay £240 and the Council will pay £360 per week. Any top ups an adult chooses to pay, shall not form a part of their personal budget.

'First party Top ups' where an adult pays additional amount for their care and support fees are currently not allowed under the regulations, apart from for 12 week property disregards. If the regulations in the future change to allow first party top ups, the Council will permit them to be made

## **Property**

If an adult only owns the home they live in, this is normally regarded as an asset but can be disregarded if it is occupied by a:

- spouse
- relative aged over 60
- disabled relative
- dependent child under 16

If an adult owns their home only (or has an interest in it valued at more than the upper capital limit) but they have savings of less than the upper capital limit, they may be entitled to financial assistance from the Council for up to 12 weeks called a '12 week property disregard' to assist with their care home fees. At the end of the 12 weeks, although the adult will then be liable to meet the full cost of their care, they can ask the Council for a deferred payment to help meet care fees pending the sale of their property.

If an adult does not wish to sell their property immediately, the Council can still offer a loan which is termed 'a deferred payment'. This is when the Council will place a legal charge against an adults' property to secure the loan. In both instances they will have to make a contribution towards the full fee based on a financial assessment of their income as indicated under 'INCOME/ SAVINGS' above and the Council will loan the difference to make up the full cost of the care fee

Deferred Payments shall only be offered after a valuation of the property has been completed. An administration charge and interest charges will be made against deferred payment loans.

## **Payment/Contract Arrangements**

Once a care home has been identified, placement date agreed and contributions determined, the Council will draw up a contract for an adult's care with the care home provider. Any third party arrangement will need to be subject to formal agreement between the third party and the Council. The adult's contribution will be paid direct to the care home and the Council will pay its share direct to the care home as well.

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## **Calculating the Charge**

### **Calculating the Charge for Non-Residential Services**

Personal budget amounts will be used as the basis for all calculations of contributions to care and support.

If the Council considers an adult can afford to pay in full for these services, it will in general not provide them without charging an arrangement fee as well as the cost of care.

In deciding if you can afford to pay the Council applies the following rules to your capital (including savings) and income:

### **Capital**

The Council will not take into account the value of an adult's interest in their only or principal home – but it will take into account the value of their interest in any other property.

In addition the Council will not take into account:

- capital the total value of which is below the upper capital limit
- any other capital that the Department of Health's guidance on Charging for Residential Accommodation, requires it not to take into account - unless there is good reason to take it into account, for example where you have received personal injury compensation (held now in trust or administered by the courts) for the same services that you ask the Council to provide.

The Council will take into account all other capital.

### **Income and Disability Related Expenses (DRE)**

The Council will, initially, take into account all income, including pension income, and any other income.

The Council will then make deductions from this income and treat the remaining income as disposable income. Disposable income is the amount of money you have available including any tariff income after all deductions for essential living costs and disability related expenditures (DRE) have been deducted.

Adults will be given information and advice about DRE items on a proactive basis and will be required to provide evidence of any relevant expense before it is disregarded as income for the financial assessment.

Proportionate and regular Re assessments will be completed in order to ensure DRE items are considered based on an adult's individual circumstances.

The Council will produce guidance for officers or organisations completing financial assessments based on the National Association of Finance Officers guidance as updated from time to time. This guidance will include the amounts the Council would normally expect to consider. The actual rate that will be considered shall be based on adult's individual circumstances.

Because Wiltshire Council takes relevant Disability Related Benefits into account

when assessing the charge, disability related expenses will also be taken into account where an adult can provide evidence of that expense.

The Council will disregard all income in accordance with paragraph 29 of Annex C of the [Care Act statutory guidance](#)

The Council will take into account one hundred percent of an adult's disposable income when calculating how much they will have to contribute for Care and Support services.

The Council will take into account the full amount of any benefits received when calculating contributions including the full rate of Attendance allowance.

The Council will then take all disposable income as income that you can be expected to use to pay for any services it provides for you, or to use to contribute to their cost.

**Key Change- The Council will take into account 100% of an adult's disposable income when calculating how much people need to pay for care. As described above disposable income is the amount of money left over after all essential living expenses and disability related expenses (DRE) have been paid for.**

**The Council also takes into account the full rate of any attendance allowance received.**

## Savings

If an adult has more than the upper capital limit defined in the regulations in savings, they will normally be required to pay the full cost of their care, and will not be entitled to financial assistance from the Council. Individuals will be advised of the options available to them for their care arrangements, including requesting Wiltshire Council to arrange it on their behalf.

If an adult has savings /capital below the lower capital limit, this will be disregarded (i.e. they will be assessed on the basis of their income alone) but if they have savings between the Lower Capital Limit and Upper Capital Limit the Council will add £1.00 per week to their income (called tariff income) for each £250.00 or part thereof between these amounts (i.e. £15,000 savings would attract a tariff income of £3.00 per week as this is £750 over the disregarded savings presuming the Lower Capital Limit is £14,250).

Income that accrues to any sum of capital derived from an award of damages for personal injury that is administered by the High Court, a County Court or the Court of Protection or that can only be disposed of by order or direction of any such court and any income that accrues to such capital shall not be included in tariff income calculations in accordance with the Care Act.

## Deductions



The following deductions will be made from income.

- For people under 60 years, a sum equal to basic Income Support Personal Allowance plus premiums for age, level of disability or family status (but not Severe Disability Premium) plus 25% buffer. This is the General Living Allowance.
- For people over 60 years a sum equal to the Pension Credit Guaranteed Credit (but not Severe Disability addition) plus 25% buffer. This is the General Living Allowance.
- The Savings Credit Reward.
- Any housing costs such as mortgage and rent that is net of any housing benefit.
- Any Council tax payable net of Council tax benefit.
- Any additional expenditure incurred as a result of a disability (Disability Related Expenditure) NB – appropriate evidence will be required to confirm expenditure and qualify for an allowance. Payments to family members will not be allowed as DRE unless there are exceptional circumstances
- Any support provided by family members to a client in their own home will be expected to be provided free of charge.

**Key statement- this section explains what essential living expenses such as housing costs will be deducted from an adults' income so that they never have to contribute more than they can afford to pay. Contributions will always be calculated so as to leave an individual adult enough income to pay for all their essential items.**

### **Minimum and Maximum Charges**

The minimum charge is £2 a week, i.e. an adult will not have to pay anything unless the Council considers they can afford to pay at least £2 a week.

There is no maximum charge; an adult may be required to pay the full cost of the services provided where the assessed contribution exceeds the cost of the care services. Nobody will ever be asked to contribute more than the cost of their care.

### **Treatment of Couples**

A partner's income/savings does not affect the charge applied to an adult. However the Council does seek information from a partner in order to apportion 'housing costs' incurred by the couple. If a partner chooses not to disclose information, housing costs will not be allowed. If a partner has more than the upper capital limit, no housing costs will be allowed. The Council will also ensure that both adult and their partner have at least the appropriate General Living Allowance rate plus 25%

buffer, before any contributions are applied.

### **Payment/Contract Arrangements**

Any contribution an adult is asked to make should be paid direct to the Provider and the Council will pay its share direct to them as well. If an adult requests a direct payment, any contribution will be deducted from the direct payment and they will be expected to enter into a formal direct payment agreement and pay any assessed contribution into the direct payment account.

In situations when the Council is purchasing services on an adults behalf the fact the adult is paying any contribution directly to the service provider will not impact on the contractual responsibility of the Council with the provider. The Council will ensure contract terms reflect the fact that after fair and reasonable attempts have been made by the service provider to collect any contributions, in the event they have not been collected the Council will take on any debts and pay the provider in full.

### **Intermediate Care/ Reablement**

Charges will not be made for a period of up to 6 weeks or longer in accordance with the Preventing, reducing and delaying eligible needs policy where the specific eligibility criteria are met for intermediate care/ reablement. If an adult remains in a service after intermediate care services have been concluded and an assessment of needs, has identified care and support needs the terms of this policy shall apply in terms of charges and choice.

### **Respite Care**

Contributions for respite care will be based on an adult's personal budget in accordance with the terms described in this policy.

### **Day Care Services**

If an adult has more than the Upper Capital Limit they are expected to meet the full cost of day care. If an adult has assets below the Upper Capital limit, contributions for day care will be based on an adult's agreed personal budget. If transport is arranged and provided by the Council as part of the care and support plan meeting the adult's assessed eligible needs the cost of the transport is calculated on the basis of the cost of travel to the nearest suitable facility. The Council's approach to transport is set out in the General Policy Statement relating to the provision of adult social care. Transport costs can include the costs of any transport assistants. If the day centre provides meals the adult will be asked to make a contribution towards the meal.

### **Pet Care**

The Council will arrange for suitable care for pets if due to an unforeseen event an adult is not able to look after a pet. In the first instance the Council will identify family,

friends or local charities that may be able to care for the animal. If this is not possible or appropriate the Council will arrange for pet care. The adult will be charged for all pet care costs incurred.

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## **F. Monitoring, Evaluation and Review of this Policy**

This is at the centre of everything we do. We will regularly ask people for their views about the services they receive and respond by shaping those services accordingly.

Individuals may wish to challenge various decisions, such as: the amount of their contribution or decisions regarding community or residential care. In such cases, they will be provided with a full and clear audit trail to explain why decisions were made. First of all, adults should discuss and negotiate the decisions with the financial assessment team while the decisions are still being made. If an adult is still unhappy their case can be referred to the team manager for further discussion and negotiation.

Our [complaints procedure](#) can also be used at any time. Advocacy and support on complaints is available from RETHINK advocacy services

Feedback on the Council's policies in general is welcome. Please email the document author.

Together with adult feedback, complaints information and feedback from staff, the information will be used to improve the Council's policies and procedures in future.

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## Wiltshire Council Charging Policy



### Context:

On Tuesday 10<sup>th</sup> May Wiltshire People 1<sup>st</sup> held their monthly Speaking up Group for members. The theme for this meeting was the Charging Policy. 15 of WPF members took part in the consultation session.

In addition, on Tuesday 17<sup>th</sup> May 8 members from WPF's Salisbury Speaking up Group were supported to look at the Easy read charging policy letter and consultation question, using a similar format. The responses from the Salisbury session have been included in the final summary below.

### Method – what we did:

To assist our members to better understand what was being proposed, we spent time reading out the letter WC had sent out to all service users, setting out the proposed changes that the council want to make and the reasons why.

WPF had made an easy read version of this letter for WC, but it appears that only a small number of people with a learning difficulty had received this version. [We would like WC to check their mailing lists and ensure social care databases match up].

Nicky Patrick from the Wiltshire Council Finance and Benefits team was invited to attend to explain in more detail the proposed changes and answer member's questions. Stacey Plumb from Healthwatch Wiltshire also attended the session to take notes for HWW and observe.

Following the presentation from Nicky, the group of 15 WPF members worked in 4 small groups and looked at selected questions from the charging policy consultation.

Wiltshire People First had tried to simplify this complicated subject and prepared some easy read papers containing 5 questions from the consultation. Staff supported members to consider the questions and write their answers onto paper. This is the feedback from that session.

The questions that the members looked at were:

**Q1 Do you think it is right/ fair to be charged for a service that you need?**



- Fair if it's something like a computer or phone
- If it is support for holiday it is fair that you pay for your support
- Yes but there are lots of services
- Depends on which service and if you have to pay
- Shouldn't have to pay extra for products or shoes if you need lots
- Happy to pay for swimming and horse riding
- Yes it is fair to pay as supporters need to be paid
- Yes you do have to be charged for the service
- Yes should pay more if you need more help
- Yes they should pay
- Yes think it is fair as staff are with you all the time
- Right to be charged 4 better service
- Some people don't have a lot of money to pay
- No people have to pay for things they do with support like gardening food tool kitchen equipment
- Yes i think i should pay toward support
- There are some things i should contribute for but not for medication
- I don't think i should pay for a bus pass
- I pay and yes it's fair
- If they charge too much it's not fair but if they don't charge too much it will be fine
- Some people may not tell the truth
- Sometimes things are too expensive
- It's not fair to be charged
- Page 186 be free

- It depends how much it costs

**Q2 The council think that everyone should pay what they can afford, this will depend on how much money you have coming into your house your wages, benefits and savings. Some people will pay more than others if they have more money. Do you think its right to pay the maximum contribution?**



- Everybody should be realistic and budget wisely
- People should be treated equally some people should only pay more for a specific reason
- If you have more money than other people who need extra help
- One person shouldn't have to pay more
- Yes it is fair to pay what you can afford each person is different/ individual
- I think people should pay the same even if they have lots of money
- Pay what you think is right for what you get
- No pay something towards
- Yes people with disability need more support as equipment not included a contribution should be considered
- No pay something toward smaller
- Depends on what i can afford
- I don't think it's fair
- No, because money is needed for other important things as well
- I don't think it's fair to pay more think people should pay the same
- If people pay more it would help others out a bit

**Q3. If the policy was agreed how do you think this might affect you? Work, social, getting about etc.**



- No holidays
- Might get less support or fewer hours
- Might have to use less taxis stop going out
- Having you buy the stuff you need rather than extra for fun
- Might have to give up swimming
- Have to be more careful with money
- They should make sure I still have enough to go out and have a social life
- money Can still travel as have a bus pass
- If i had to pay more I don't think it will change anything as I live with mum and dad
- Still need to be able to have a holiday and have money for social life
- We would still pay for mini bus to gateway and Phab clubs
- Lose money - stop me working volunteering stop me shopping
- Would need to discuss with benefits advisor at the time.. weekly social life and getting out and about it is important to say how you feel
- Won't be going on trips holidays clubs
- If they take a lot more of my money I might not be able to have a holiday
- If I have to pay I might not be able to afford to go to the pub or to the cafe
- You might not be able to afford to go or to do social activities or go on trips and to go shopping for the right things that you need for everyday life
- You might end up stuck (at home)if there isn't a bus and you can't afford a taxi
- You might have less holidays
- It might affect household bills



## Q4. How do you pay for your Care/Support now?



By A Direct Payment

**10** (may be confusion over DP as DWP use this word for paying benefits into account)



Pay for your own care **5**



Care managed by the Council **9**



Have a mixture of above **6**



Other Comments

Rather not say  
Live with parents

## Q5 What kind of care and support do you have?



Home care **1**



Respite care **5**



Day care **8**



Supported living

15

3 people said live alone, have no supporter, but family help shop and budget



Other Comments

1 person lives at home with mum and dad

### Summary:

#### Q1 Do you think it is right/ fair to be charged for a service that you need?



23 people answered this question

13/23 over half people said they felt it was fair to be charged for services.

3/23 said no it's not fair to be charged

3/23 said it depends on the charge

1/23 said it's not fair to be charged for extra products

3/23 gave answers that were not relevant to the question

#### Q2 Some people may have to pay more than others. Do you think it's right to pay the maximum contribution?

15 people answered this question.

4/23 said people should pay equal amounts

3/23 said no it's not fair some pay more

3/23 said yes you should pay the maximum you can

5/23 peoples answers were not clear answers to the question, pay something towards, depends what I can afford



### Q3. If the policy was agreed how do you think this might affect you? Work, social, getting about etc.



The majority of response to this question shows a level of concern that it could impact negatively upon their social life - getting out and about and having a holiday could be affected if they had to pay or pay more.

### Q4. How do you pay for your Care/Support now?

Many members either did not know or were unsure who paid for the support they receive or the amount.



From their answers about half said they paid by direct payment and half were managed by the council. Note of caution – people are often confused over the term Direct Payment as the DWP use this to mean benefits (unrelated to independent living) they pay directly into a person's bank account and many members frequently muddle up the two.

From WPF knowledge of the members who replied to this question, only one person has a DP for personal care.

### Q5 What kind of care and support do you have?



15/23 members were in supported living  
3/23 people said that they live alone in a flat or shared house with no supporter provided, but family help them to shop and budget  
8/23 people attend day care and 5/23 have respite care.

Wiltshire People 1st made the consultation survey into Easy read, organised and supported member of Wiltshire People 1st to take part in this one hour session. If the findings of this survey are reproduced, please acknowledge the source and credit WPF. Thank you.

Please contact Angie Carmichael, Director, Wiltshire People 1st for more information.

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# Results of public engagement about proposed changes to the Wiltshire Council charging policy for adult care

An  
independent voice  
for the  
people of Wiltshire

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# Section 1: Background Information

## What is this report about?

This report will tell you what local people said when they were asked about the proposed changes to Wiltshire Council's Charging for Care policy. This is the means tested financial assessment used to calculate a person's contribution towards their care.

Healthwatch Wiltshire independently facilitated public events between the 11<sup>th</sup> and 22<sup>nd</sup> April 2016 as well as receiving feedback from the public by telephone.

This report was requested by Wiltshire Council adult care commissioners, in order to inform the decision which elected Members must make in relation to the Council's charging policy. Whilst some background information and commentary is included, the majority of the report reflects what people told us.

## What is Healthwatch Wiltshire?

Healthwatch Wiltshire is an independent local organisation which has a statutory duty to speak up for local people about health and social care. You can find out more about Healthwatch Wiltshire on the website: [www.healthwatchwiltshire.co.uk](http://www.healthwatchwiltshire.co.uk)

## What was the public engagement about?

Views from those people directly affected by the proposed changes were considered extremely important by the adult care commissioning staff at Wiltshire Council. They wanted to hear about the expected impact on individuals for each area of proposed change before putting a decision-making paper to Wiltshire Council's Cabinet.

## Why does the charging policy need to change?

Wiltshire Council considered that changes to the charging policy were necessary for a number of reasons:

1. The current policy had been in place since 2003 without material change and needed updating.
2. In April 2015 new legislation, The Care Act, was implemented and was accompanied by guidance for Local Authorities. This guidance outlined some practical changes that Councils either had to, should make, or could make, including some in relation to charging for care and support services.
3. The proposed changes would bring Wiltshire more in line with the charging policies of other Local Authorities in the South West region.
4. Increasing pressure was evident on Council budgets whilst the need for services was increasing.



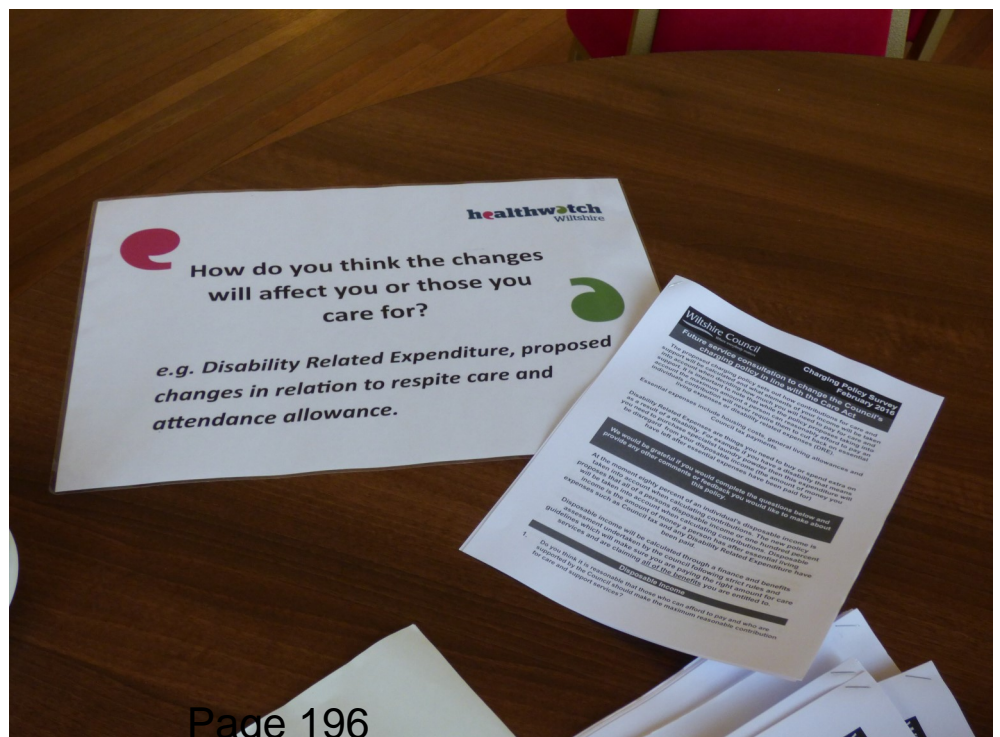
## What are the current charging policy arrangements?

After an assessment of need is completed by the Council, if it is identified someone has eligible needs as set out in the Care Act the Council must support that individual to meet their eligible needs. A financial assessment is done to calculate what the person may be required to contribute to their 'package of care'. Sometimes a person has what is considered sufficient income to pay for all of their care. The financial assessment takes into account essential outgoings such as housing costs, general living allowance, and disability related expenses (DRE). The remaining income is termed 'disposable income' and currently the Council takes 80% of this figure as a person's contribution towards their care.

There may be additional costs for a person as a result of their disability. As part of the financial assessment, these are referred to as 'disability related expenses' (DREs). For example, a person might have additional laundry costs due to their disability and these costs can be regarded as an appropriate expenditure when calculating a financial assessment. Some changes are proposed in the list of disability related expenses.

## What are the proposed changes to the charging policy?

1. The new policy proposes that 100% of an individual's disposable income is taken into account when calculating contributions, rather than the current 80%.
2. Attendance Allowance is a national benefit and where a person is eligible it can be paid at a 'higher' or 'lower' rate depending on the level of personal care that they require. This is often broken down into daytime and night time needs. The current charging policy takes into account only the lower rate of attendance allowance when calculating a person's contribution towards their care. The proposal in the new charging policy is that where the higher rate of attendance allowance is paid to a person, the whole amount is taken into consideration. The difference between the higher and the lower rate for 2016/17 is £27.20 per week.
3. For respite care, (a break for the service user on their own behalf or as relief to their carer), Wiltshire Council currently applies a standard contribution to costs based on an individual's age. The new policy proposes that contributions to respite care will be calculated in line with all other types of care and support .... "to ensure they pay what they can reasonably afford to pay towards the cost of this care"..... (Wiltshire Council consultation paper).
4. Some changes are proposed to the list of 'disability related expenses' (DREs or additional necessary costs). The list of existing and proposed DREs attached at [Appendix 1](#) details which DREs are not proposed to change, new additions to the list as recommended in the Care Act guidance to Local Authorities, and removal of one DRE (for continence products).





## Why consult?

Wiltshire Council wanted to make sure that local people had the chance to find out about the proposed changes to the charging policy and to tell the Council about the impact the changes might have on their lives. In particular, they wanted to know about the 'knock-on' effects of an increase in contributions to care costs. If there was less income what aspects of their lives would be affected? The Council wanted any changes to be applied fairly and to hear about possible problems they might not have considered so far.

It is important to note that Healthwatch Wiltshire does not hold a view on the proposed changes, but reflects in this report the feedback received from those who attended the public events and those who otherwise made contact to make their views known. Its role has been to provide information to people about the proposals and to ask them what they think.

Healthwatch Wiltshire maintains full editorial and publishing rights for this report.

## Will the views of local people make any difference?

Wiltshire Council staff made it very clear to participants in the engagement events that this consultation was a genuine attempt to understand the impact of proposed changes to the charging policy. As well as general discussion and table top exercises at the events, there was an unexpected opportunity for people with personal and specific concerns to speak privately to Council staff. As a facilitating organisation, Healthwatch Wiltshire gained the impression that there was a real will to understand peoples' concerns, to be honest, and to be prepared to outline the whole picture response to elected Members at the Council, even where the messages might be uncomfortable to receive.

## Section 2: What did Healthwatch Wiltshire do?

The public engagement events facilitated by Healthwatch Wiltshire were part of a wider consultation exercise undertaken by Wiltshire Council. As part of the Council consultation an online survey was undertaken, (which was also available in hard copy). The wider consultation ran from 1st March to 30<sup>th</sup> May 2016. The engagement events ran from 11<sup>th</sup> to 22<sup>nd</sup> April 2016 and details of the events are attached at **Appendix 2**.

A total of 103 people attended the seven engagement events across the county; Devizes, Trowbridge, Malmesbury, Salisbury, Chippenham, Marlborough, Warminster and assistance to attend was available. In addition to these events, the Healthwatch Wiltshire and Wiltshire Council websites invited individuals and groups to make contact to give their feedback. Twenty-five people contacted the Healthwatch Wiltshire office and details of this feedback are included in the report.

Letters to all people currently in receipt of Council-funded care had gone out from the Council, including easy-read versions. Healthwatch Wiltshire welcomed a number of people with learning disabilities to the events, usually with their support workers or family members. Healthwatch Wiltshire also attended an event for people with a learning disability that was hosted by Wiltshire People First and their comments have been incorporated into this report. Offers were made to the wider voluntary sector across Wiltshire for Healthwatch to attend relevant meetings or to receive feedback to incorporate into the report. Apart from Wiltshire People First, this offer was not taken up, but the voluntary and community sector were encouraged to make their own submissions to Wiltshire Council as part of the wider consultation. Staff and volunteers from a number of voluntary sector groups and organisations did however attend engagement events in their role as representatives and supporters of older people and people with disabilities.

All of the people who contacted Healthwatch Wiltshire, or attended the events, were encouraged to complete the Council survey either online or through hard copies which were provided. Assistance was also offered to complete surveys.

At the events, an overview presentation of the proposals was made by Wiltshire Council staff (commissioning and finance and benefits team). There were also group discussions facilitated by staff and volunteers from Healthwatch Wiltshire and the outcomes are detailed in Section 3.

## Section 3: What did people say?

Healthwatch Wiltshire has analysed all the responses from the public engagement exercise whether these were made through meetings or by telephone call. There were very diverse views about the impact of the proposed changes and some of the key comments are captured in text boxes throughout this report. The key messages about the proposed changes can be summarised as follows:

### The process

- A significant number of participants, either current service users or carers, said that they had not received the letter that they should have received, detailing the consultation and the proposals for change.
- The online survey was considered to be “buried deep” within the Council’s website necessitating at least nine ‘clicks’. (After overwhelming feedback about this from the first two meetings, this was addressed and rectified).
- There was a particular problem for people with a learning disability, some of whom said they had not received their own letter. It was felt that there may have been an issue about lack of support worker understanding of the implications of the proposals. Some service users affected referred in the meetings to matters not relevant to the policy under discussion. Certainly some individuals struggled to participate in the general public events and a later personalised event took place. Feedback from this meeting is detailed below.
- There was huge support for the informative aspects of the events and in feedback forms many people said that they found the events really helpful and would like more such opportunities. The Council officers in attendance went out of their way to be sensitive, respectful and reassuring even though their messages were not good news for most people present, and this was appreciated by those attending.
- Several comments were made about implications for both health and social care, in particular the issue of continence which is detailed further below.
- Some people expressed a lack of overall confidence in the process, asking “do consultations make any difference at all to the outcome?”



## The proposals

There was plenty of debate and many comments and questions at each of the seven engagement events. Generally, it was felt that proposed changes meant that the most vulnerable (and low income) households were being targeted to make savings for the Council. Several comments were made about this being a political issue with a Conservative Council penalising people for being disabled. Others disagreed and saw the Local Authority as “pretty powerless” in the face of a central government requirement to make local savings.

### 1. 100% of income taken into account during financial assessment

Participants across all the events were generally unhappy about this proposal. They saw it eroding the only freedom they had to spend a small amount of income on social and leisure activities including the transport to access them. However, this did not seem to apply to some of the people who were in supported living accommodation - two participants said they had difficulty in remaining below the threshold at which they would no longer receive financial support for their care.

Several unpaid carers made the point that if contributions go up for their cared-for person, the burden will be for carers to do even more. At every meeting carers made the point that they were ‘on the edge of not coping’ and felt that they were getting closer to having to seek residential care for their loved ones since they could take on no more without the risk of family or personal breakdown.

“Its complicated being disabled”

“If the changes go ahead, I will have to stop the (home) carers. This will mean my mum will stay in bed these mornings—it will be very difficult”.

“I am well past retirement age myself but I can’t possibly retire—I have to work so that she can be cared for in her own home”

“I won’t be able to buy things for the garden (it’s good for my well-being)”

“I have to have care so I just won’t be able to go out. I won’t be able to afford a taxi to my club or ever have a day trip”

## 2. Changes in the amount of Attendance Allowance to be taken into account

As detailed in Section 1, as part of the financial assessment process, those in receipt of Attendance Allowance have this benefit taken into account. There are two rates at which it is paid, according to assessed need. At present only the lower rate is considered, whether someone receives the higher or lower rate. It is proposed that in future the whole of Attendance Allowance is taken into account when assessing a person's contribution to their care costs.

There was some difference of opinion as to the fairness of this proposal. Many of those on the lower rate have felt for some time that it is unjust that people on the higher rate are not assessed on the whole of Attendance Allowance when contributions to care costs are calculated.

Some of those present at the events were carers for a family member. They described the higher rate of Attendance Allowance as an essential component of budgeting, as the money is used to fund extra support from private domestic or personal carers in order that family carers do not carry the total burden of care. Some family members felt that they would struggle without the higher rate of Attendance Allowance to fund "top-up" care and support in challenging family circumstances.

## 3. Disability Related Expenditure Items (DREs)

A significant number of people said that they had never seen the existing list of disability related expenditure items, let alone the proposed changes to it. People did contrast one item with another and found fault. For example, the removal of continence products as a DRE contrasted with internet costs as a newly available DRE. Rational explanations were given for this, (health fund continence services and if people are unhappy with the quality or amount of provision they need to apply for a reassessment; Care Act guidance states that internet usage may be an extremely important communication medium for people with a disability). However, people frequently pointed to these items as contrasting examples of unjust proposed changes.

A number of participants made the point that whilst people should pay a fair contribution to care costs, this proposal needed to be set in the context of other increases in costs, for example Council Tax, charging for garden waste, new charges by social landlords for Lifeline and utilities uplifts.





## 4. Continence

So much concern was expressed about this particular Disability Related Expense that it was felt appropriate to consider it separately. At present whilst the Council does not directly fund continence services, the inclusion of continence on the current DRE list means that where people buy their own products, such costs are excluded from disposable income for the purposes of making a financial contribution to care costs. Reasons given for purchasing own continence products or adding to those provided by the health service include concerns about both quality and amount of product allowed. There is a history in the county of this being a long-standing problem and the current proposal was unanimously disliked.

Generally people accepted the explanation that there is no social need for continence products and a health assessment and provision were required. However historical experience and word-of-mouth feedback mean that the current service is seen as falling short of requirements. People felt that lack of confidence in health continence services would mean some people would not feel secure enough to venture outside the home.

It is not known whether the current service is failing to meet need or whether the fact that the Wiltshire Council assessment has allowed people to fund their own continence costs has meant people have chosen not to apply for health provision.

Healthwatch Wiltshire committed to taking this matter further with Wiltshire Council and more particularly with NHS Wiltshire CCG, separately from the current consultation.

## 5. Respite care

Participants were split about whether the new proposals on charging for respite care were fair or not. Several people made the point that if the cared-for person could not afford respite care or was unwilling to pay any new charges, the knock on effect would be likely to mean more stress for unpaid carers and more admissions to longer term care. Particular examples were given where one partner (the non-service user) had consistently refused to have a financial assessment. The service user, (in these cases people with dementia) will in future be required to use their own resources to fund more expensive respite care whilst still contributing to household expenses. In all three similar cases, if respite were too expensive, additional burdens would fall on daughters who provided a lot of care already to that household. None of them were confident that the new financial assessment could take account of the complicated family circumstances (and the need for documentation to back up current informal in-family financial arrangements), and there was some evidence for this from the responses of Council staff.

One unintended positive consequences of this engagement was that several people who previously had not identified themselves as unpaid carers would now do so and seek a carers assessment in their own right.




## 6. People with a learning disability


As outlined above, people with a learning disability attended each engagement event, often with a parent or support worker. There was considerable anxiety about how much the proposals would curtail what they saw as hard-won freedom to live a more independent life.

Understandably there was a good deal of confusion about what the charging policy proposals actually meant and some people wanted to talk about wider monetary concerns which were not relevant in this forum. It was therefore arranged that a bespoke session would be hosted by Wiltshire People First and that Healthwatch Wiltshire and the Wiltshire Council finance and benefits team leader would attend. This meeting demonstrated a level of anxiety that needed to be addressed and reassurance was offered that levels of care input would be unaffected by the proposals, whilst financial contributions to care would be likely to increase.

Many fears were allayed by a clear explanation about DREs. For example, someone who thought their necessary frequent shoe replacement would no longer be possible or anxiety about extra washing necessary through continence needs.




“This means I might not be able to afford to go swimming anymore”



“it is fair to pay what you can afford....if we get a good service”



“No more fun things”



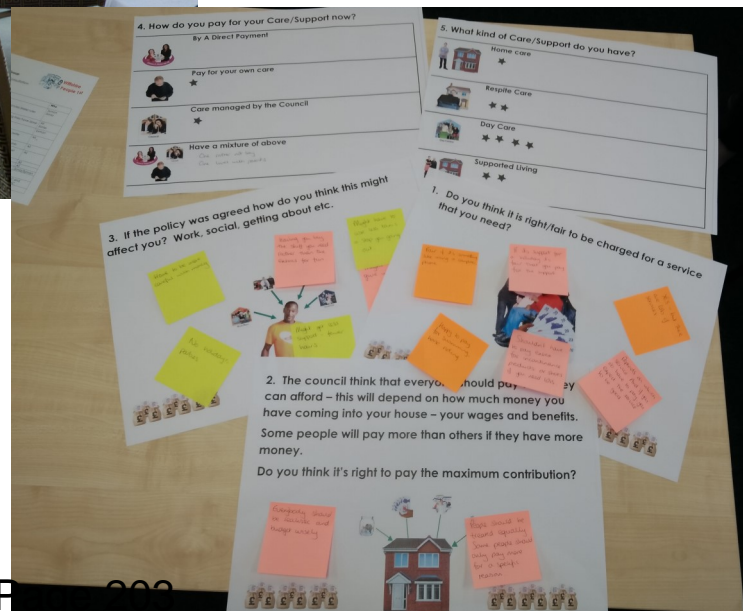
“I won't be able to afford holidays or social activities anymore”

# Section 4: Commentary

Over 3,000 service users may be affected by the proposed changes to the charging policy Letters were sent, by Wiltshire Council, to all its customers of adult social care, to inform them of the engagement events. 107 people attended the seven sessions across the county, with a further 25 phoning Healthwatch Wiltshire with their concerns. We recognise that many people may have been unable or unwilling to attend an engagement event for a variety of reasons. Healthwatch Wiltshire offered to support people to complete the survey, to carry out a telephone interview, or to attend additional meetings or events which were delivered by local voluntary sector organisations.

It is likely that more people will contact the Council (and Healthwatch Wiltshire) once any proposed changes are agreed and sent out again. Whilst people were reassured that no individual changes would take place until a full financial re-assessment had been completed, notice of any agreed changes will likely lead to more questions.


Carers and family members were particularly concerned about the proposals and at every event people asked, “why are the most vulnerable being targeted to provide savings?” This was regardless of whether the saving was to be re-invested in services for older and disabled people. People also asked that the Council be open with everyone in Wiltshire about what the choices are in order to make the necessary savings, rather than making piecemeal decisions. This would mean that people who are affected by a number of savings proposals could judge the impact on the whole of their lives rather than dealing with “one hit at a time”. Clearly the charging policy affects the most vulnerable, since they are the people who receive public funding towards their care costs. However, a number of carers of ‘self-funders’ pointed out complex family circumstances that would leave some frail older people, particularly those with dementia, in quite exposed positions of vulnerability due to proposed changes to respite care costs.



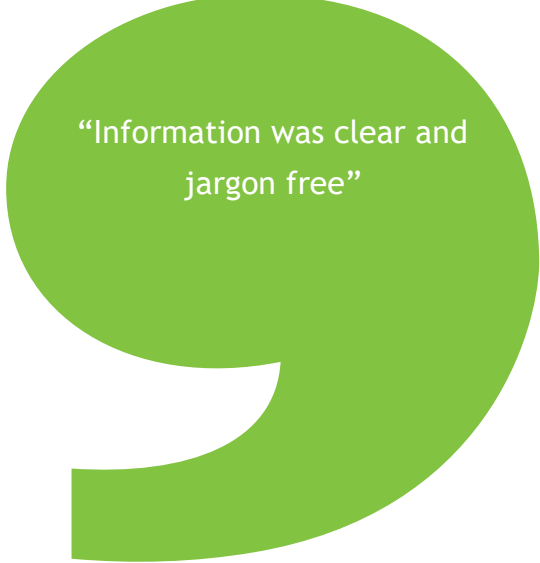
Many people stated clearly that they agreed that people should pay what they can afford towards their care costs. Others added ....” as long as the mechanism for calculating contributions take account of complex family circumstances”. This was particularly so for frail older people and those with dementia type illness.

People across all need groups described participating in the financial assessment process without ever seeing or hearing of Disability Related Expenses. Whilst this is disputed by Council staff and may well simply be a forgotten element of assessments, not a single person who attended events felt that they had seen the list or heard of DREs before. It may be that assessors are explaining the items without overtly sharing the list and its component parts. This means that those being assessed feel that they are not being given the opportunity to increase their disposable income by claiming for items that they did not know were permissible, such as assistance with gardening or laundry costs, where needs were a direct result of disability (or in some cases total frailty). Whatever changes are agreed, if a new charging policy is implemented and new financial assessments are underway, it will be extremely important for the DRE list to be used (and left) during every financial assessment meeting with customers for contribution to care costs.

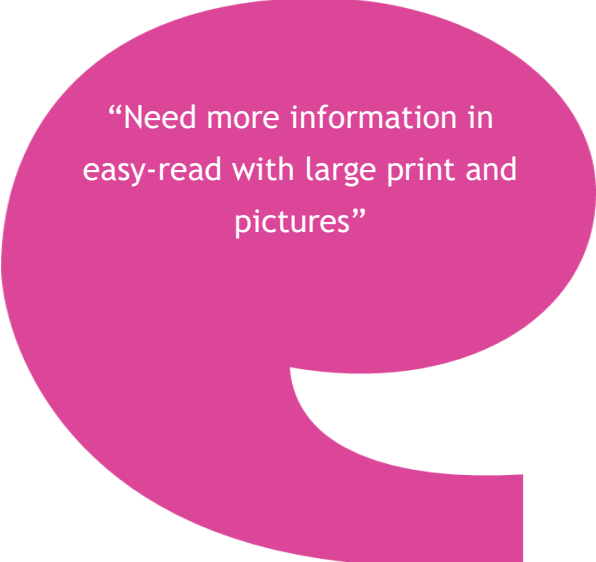
The vast majority of people felt better informed as a result of attending the engagement events. Requests were made that some drop-in events might be made available for people without enough time to attend a two-hour event, although this would require a different format of presentation.



“This event has cleared up a few misconceptions”



“Information was clear and jargon free”



“Need more information in easy-read with large print and pictures”



## Section 5: What next?

Wiltshire Council Cabinet Members will consider a report from Council staff about the proposed new charging policy when it meets on 19th July 2016. This report from Healthwatch Wiltshire will form an appendix to the report prepared by Council staff. When they are published, Cabinet papers will be available on the Council's website: <https://cms.wiltshire.gov.uk/ieListMeetings.aspx?Committeeld=141>

During the events to collect people's views on the charging policy proposals, Healthwatch Wiltshire were given opinions, comments and questions on a number of related topics and agreed to feed these back to the Council and to NHS Wiltshire where relevant, to monitor progress. In particular, Healthwatch Wiltshire will:

- Request a meeting with the Council and NHS Wiltshire CCG to look at concerns about the continence service and products.
- Request that the list of Disability Related Expenditure items, once finalised, is made available to each person as part of their financial assessment for contribution to care costs.
- Request that all information for people with a learning disability is available in easy-read format (this includes the list of disability related expenditure items).
- Should the proposed changes be implemented, monitor any concerns by talking to service users and their unpaid carers.

## Finally, Thank You!

Healthwatch Wiltshire would like to thank every person who took the time to contribute their views to this consultation, including local community groups and charities who supported people to participate in engagement events and those who 'phoned in their views. Please do contact Healthwatch Wiltshire to share your views on any other experience of health and social care services.



Every person counts,  
every person's  
experience counts



## Appendix 1 - Disability Related Expenditure Items

13/11/2015

EXPENSES	MAXIMUM WEEKLY ALLOWANCE	EVIDENCE REQUIRED DURING FINANCIAL ASSESSMENT	CONSIDERATIONS	DECISION
Personal Care arranged privately	£0		Personal care costs to meet eligible needs form part of a personal budget, so are not included in the DRE list. Cost to meet needs not considered eligible are also excluded	Included on list only to make clear that we do not disregard costs on this area.
Domestic help	Actual Cost up to 2 hours	Receipts from provider	No change to current policy – split per household if appropriate	Only included if in support of an assessed eligible need and replaces need for funded support
Day or night care that is part of supported living accommodation	Based on actual but up to £25 per week	Invoices for accommodation	Evidence that the requirement for day or night care support, included in the costs of supported living accommodation, is required to address eligible needs	Inclusion will allow core costs, such as those within sheltered or extra care schemes, to be disregarded
Specialist Items		Evidence of purchase	Items of specialist equipment are listed below, but if agreed other items can be considered	
a) Bed ( Powered)	£4.20	Evidence of Purchase	No change to current policy rates set by Naffao	No Change
b) Turning Bed	£7.20	Evidence of purchase		Addition to DRE list as in national list
c) Hoist	£2.88	Evidence of Purchase	No change to current policy rates set by Naffao	No Change
d) Reclining chair (powered)	£3.30	Evidence of Purchase	No change to current policy rates set by Naffao	No Change
e) Stair lift	£5.88	Evidence of purchase	No change to current policy rates set by Naffao	No Change
f) Wheelchair (Manual)	£3.75	Evidence of purchase	No change to current policy rates set by Naffao	No Change
g) Wheelchair (powered)	£9.12	Evidence of purchase	No change to current policy rates set by Naffao	No Change
Community Alarm system/lifeline	£6.95	Social worker confirms requirement as part of care plan, supported Care is reduced accordingly		Remain in policy but will be capped at £4.20 in line with personal budget policy
Laundry/ Specialist washing powder	£3.61	Care plan will have identified incontinence problem. Identify more than four loads per week	No change to current policy rates set by Naffao	Remain in policy but will be capped at £3.65
Gardening	Actual cost up to £10.00 per household	Signed receipts for at least four weeks.	Naffao states based on individual cost with no cap of £10.00- possibly amend	No Change
Additional household costs related to provision of personal care	Actual costs up to £XX	Evidence of receipts	Reasonable household expenses related to additional costs incurred due support being provided due to a persons disability, illness	Addition to DRE list as in Care Act guidance
Heating- extra heating for medical reasons- check average costs against heating bills	£9.05	Annual fuel bills	Naffao states based on individual cost with no cap of £9.05- possibly amend	Remain in policy but will be capped at £9.10
Medication	Actual Cost- No cap	Letter from doctor confirming	No medication in National Policy- health need	No Change
Food or special diet for medical reasons eg diabetic	Actual cost up to £8.39	Shopping receipts	No food allowed in National policy but rarely included in assessments	No change
Home Maintenance	Up to £5.49	Receipts from contractors	No home maintenance in national policy	No Change
Additional transport costs necessitated by illness or disability	Reasonable cost	Travel Receipts	No travel in national policy	No Change
Clothing( Heavy wear and tear)	Up to £5.57	Receipt of purchase	No wear and tear in national policy	Remain in policy but would be capped at £5.60
Metered Water- above the average for their area and house type	Actual Cost	One years' worth of bills from provider and related to eligible need	No water charge in National Policy- not included in current policy.	Agreed this would be added to policy. We need to establish what is average usage. This will be based on the amount of people per household.
Incontinence pads/ Purchase of additional or new bedding due to incontinence	Actual Cost	Verification that client is not able to receive them from NHS	No incontinence in National Policy or local policy. Health Need	Remove from DRE list
Internet Access	Actual weekly cost	Bills from provider, but only included if supporting well-being and eligible outcomes	No internet in National Policy. Not included in Local Policy	To be added the DRE list
Court of protection fee( In House)	£5.00 for appointee ship £15.00 for deputyship	In house service	No COP fees in National policy not included in current local policy	To be added, but only included if eligible needs identify a requirement for this support



# Appendix 1—Disability Related Expenditure Items

War Pension	This is a benefit paid by Department for Work and Pensions	Customers must have an entitlement prior to 2005. Verification required from Department for Work and Pensions	Currently included in local and National Policy and attracts a £10.00 disregard. There is no change to this in the Care Act	No Change
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## Charging Policy Changes not part of DRE

Attendance Allowance	This is a benefit paid by Department for Work and Pensions	This is not means tested but based on the clients need for help with Personal Care. There is a Higher and Lower rate. The higher rate is payable when the client has night time needs.	Currently included in National and Local Policy. Our local Policy only takes the lower rate into account even if the client is receiving the higher rate. The Care Act suggests that Attendance Allowance of whatever rate should be taken fully into account.	Change to consider higher rates in line with the Care Act
Percentage of disposable income taken into account	Policy currently set at 80%		It could lead to an increased number of complaints or unpaid client contribution. There is also no incentive to claim any benefit entitlement as this will be taken fully into account and not make the client better off in any way  However the general view is that you then need to consider a wider range of Disability Expenditure if you are taking 100% of the income.	Change from 80% to 100%

## Appendix 2—Who did we talk to?

Engagement events across Wiltshire where we talked to people about the proposed new charging policy

Date	Venue	Numbers
11/4/16	Corn Exchange Devizes	14
14/4/16	Civic Centre Trowbridge	16
15/4/16	Corn Exchange Malmesbury	7
18/4/16	Methodist Church Salisbury	28
19/4/16	Needle Hall Chippenham	17
21/4/16	Civic Centre Warminster	7
22/4/16	Town Hall Marlborough	14

### Other people we talked to

Wiltshire People First	Healthwatch Wiltshire attended event 10/5/16
25 calls to Healthwatch Wiltshire received from Individuals	14/3/16 to 3/5/16

## Why not get involved?

**Visit our website:** [www.healthwatchwiltshire.co.uk](http://www.healthwatchwiltshire.co.uk)

**Follow us on Twitter:** @HWWilts

**Email us:** [info@healthwatchwiltshire.co.uk](mailto:info@healthwatchwiltshire.co.uk)

**Phone us:** 01225 434218

**Write to us:** 5 Hampton Park West, Melksham,  
SN12 6LH

June 2016

Healthwatch Wiltshire CIC is a community interest company  
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with company number 08464602

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**Wiltshire Council**

**Cabinet**

**19 July 2016**

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**Subject: Adult Care Prevention and Choice Policy**

**Cabinet Member: Cllr Jerry Wickham (including public health) and Social Care**

**Key Decision: Yes**

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## **Executive Summary**

This paper recommends the Cabinet agrees two new policies for Adult Social Care. The paper contains a summary of the main changes and the responses received during the consultation period. It should be noted that the majority of the proposals reflect existing policy. The Care Act generated a requirement to review and update policies so as to ensure the Council's approach reflects the legislation.

The two policies for consideration are;

**The Preventing, Reducing and Delaying Eligible Needs Policy (PRD)** which has been produced to provide a framework for commissioning and delivering services that will prevent, reduce and delay people living in Wiltshire developing eligible care and support needs. The policy sets out how the Council will deliver the new requirements of the Care Act in broad terms but is not intended to set out specific intentions regarding individual interventions that will prevent the development of eligible need.

**The General Policy Statement** has been produced in order to ensure the Council's policies relating to adult care are compliant with the Care Act and all other relevant legislation. The statement brings together a number of outdated policies and updates them and is intended as the foundation for operational and commissioning practice.

These policies once adopted will be supplemented by operational guidance which will support officers in delivering the policies and ensure the Council's approach is communicated to key stakeholders.

The paper is supplemented by a copy of the proposed policy and a comprehensive Equalities Impact Assessment (EIA).

## **Proposal(s)**

1. To agree the implementation of the Preventing, Reducing and Delaying Eligible Needs Policy.

2. To agree the implementation of the 'General Policy Statement'.

**Reason for Proposal(s)**

3. These policies have been drafted so as to ensure the Council is compliant with all relevant legislation in particular the Care Act (2014) which came in to effect in April 2015.
4. The policies will ensure the Council has published clear guidance that will ensure adults with needs have clear expectations about what to expect from Adult Social Care and provide a framework for decision making and operational guidance.
5. So that social care best practise is reflected in the Council's policies in terms of choice and control, prevention and personalised care and support
6. To update policies based on outdated legislation and practices.

Carolyn Godfrey  
Corporate Director



## **Wiltshire Council**

### **Cabinet**

**19 July 2016**

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**Subject: Adult Care Prevention and Choice Policy**

**Cabinet Member:** Cllr Jerry Wickham

**Key Decision: Yes**

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#### **Purpose of Report**

1. This report has been prepared so the cabinet can consider the implementation of two adult care policies; Preventing, Reducing and Delaying Eligible Needs Policy (PRD) and a General Policy Statement.
2. The report includes details of the public consultation that has been completed and should be read in conjunction with the supporting documents including the Equalities Impact Assessment.

#### **Relevance to the Council's Business Plan**

3. These policies will ensure the Council is compliant with all relevant legislation and published policies reflect best practice.

The PRD policy will provide adult care with a framework to support the development of independent communities, working with partners to improve wellbeing and reduce reliance on statutory services. The policy provides an overarching framework which sets out how adult care will deliver the general duty to prevent reduce and delay needs (Care Act 2014). The policy will be used as the basis for operational guidance for staff delivering care and support services. For example the policy sets out that the Council in accordance with the Care Act may choose to charge for services that will prevent, reduce or delay needs where permitted to do so

4. The General Policy Statement will ensure practice and procedure are compliant with relevant legislation and will protect the most vulnerable living in Wiltshire's communities ensuring people who need care and support have choice about how support needs are met. The current adult care policies are out of date and need to be updated as a result of the Care Act. The statement has been produced in order to simplify adult care policy governance in that it will provide a single document that summarises how the Council will deliver social care legislation.

#### **Main Considerations for the Council**

5. The Cabinet is asked to consider implementing the policies attached to the paper in the context of the feedback received during the public consultation period.

6. The PRD policy sets out how the Council will deliver the statutory duty introduced in the Care Act<sup>1</sup> for local authorities to prevent, reduce and delay eligible care and support needs arising across communities.
7. The Policy sets out how the Council will comply with this general duty setting out that activities that will prevent, reduce and delay the development of eligible needs will be prioritised based on reducing the number of people needing permanent residential/nursing care, reducing the number of hospital admissions and maintaining independence at home. The key points to note are:
  - a. The Council will facilitate a range of services that will prevent, reduce and delay the development of eligible needs
  - b. The Council will prioritise services based on preventing admissions to acute hospital, reducing permanent admissions to residential/nursing care and interventions that maintain independence.
  - c. The Council will not charge for any services where it is precluded from doing so for instance aids and adaptations under £1000, intermediate care for the first six weeks.
  - d. The Council may however charge for services that prevent, reduce or delay needs where it has a discretionary power to charge. The decision to charge shall be based on the person's ability to pay and the anticipated impact of the intervention.
8. The general policy statement sets out how the Council will make decisions about care and support. The proposed changes and key points to note are:
  - a. To charge an administration fee (on a cost recovery basis) for arranging care and support at home for people with assets over the financial threshold.
  - b. To actively consider permanent/nursing care as an option only when the cost of supporting an adult at home exceeds the cost of an comparable package of care to meet the adults assessed eligible needs in a residential/nursing care setting
  - c. That the Council will only fund transport to the nearest appropriate care and support service in accordance with current eligibility criteria.
  - d. A description of how the Council will ensure it complies with the Care Act in terms of assessment, eligibility, personal budgets and other general duties.

## **Background**

9. The Care Act came into force on April 1<sup>st</sup> 2015, the Act introduced a number of new duties for Local Authorities including the new universal duty to prevent, reduce and delay needs arising for everyone living within a Local Authority area.

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<sup>1</sup> Care Act 2014 section 2(1)

10. The policies presented will ensure that the Council's policies reflect the Care Act (2014) and set out how the Council will work to deliver the new general duties relating to Prevention.

### **Overview and Scrutiny Engagement**

11. The Health Select Committee have been made aware of the proposed policy and consultation period.

### **Safeguarding Implications**

12. The policies are compliant with all relevant legislation. The policies will ensure the Council safeguards vulnerable people who need care and support.

### **Public Health Implications**

13. The PRD policy sets out how the Council will deliver the general duty in the Care Act. Adult care commissioners will work closely with public health teams to deliver services that deliver this duty as set out in the proposed policy.

### **Procurement Implications**

14. There are no immediate procurement implications. Any services commissioned in the future will take account of these policies.

### **Equalities Impact of the Proposal**

15. A comprehensive Equalities Impact Assessment has been completed (see supporting documents)
16. The number of survey responses for both the preventing, PRD and general policy statement survey were relatively low. The consultation was publicised through the "Your care your support" information portal, the Council's website and through voluntary sector organisations. It is recommended the community commissioning team explore alternative means of engagement to encourage additional responses regarding subsequent consultations.
17. A summary of the responses received are included in the appendices to this report. Responders to the PRD survey had mixed views about the proposal to consider charging for services that will prevent, reduce and delay needs with some people strongly disagreeing with any proposal to introduce charges for these services. It should be noted that the majority of services intended to prevent, reduce and delay needs are not means tested and the policy sets out that the Council may consider charging in the context of the impact this will have on take up as described in the Care Act. (Appendix A Figure 1.0)
18. All responders agreed with the proposal to prioritise services based on reducing admissions to acute care, reducing admissions to residential settings and maintaining independence in the community. (Appendix A Figure 1.1)
19. Responders had mixed views about the proposal to consider the impact of services intended to prevent, reduce or delay needs with approximately half of

the responders supporting the proposal. It should be noted that people who disagreed commented that the approach should be on a case by case basis, which is the intention in the policy and personal circumstances will always be taken into account. (Appendix A Figure 1.2)

20. Responses to the proposals in the general policy statement show that people are generally supportive of the proposed policy. People supported the proposal to focus on community services but some raised the issue that this should not be at the expense of other care and support services (Appendix A Figure 2.0)
21. The proposal to charge an administration fee for self funding adults was generally supported and the proposed fee of £56.00 was felt to be 'about right'. (Appendix A Figures 2.2 and 2.3)
22. The majority of people who completed the survey supported the proposals to only fund transport to the nearest appropriate service (Appendix A Figure 2.4); and that it was reasonable to ask for top ups where a person chooses a more expensive service, as long as at least one choice has been offered where no top up is required (Appendix A Figure 2.5). The comments from those who disagreed included the fact that in their opinion more needed to be done to support carers. The Council will continue to work across the system to improve the offer for carers.

### **Environmental and Climate Change Considerations**

23. None

### **Risk Assessment**

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

24. The Council's policies will remain out of date and based on outdated legislation.
25. Staff delivering adult care will not have a framework within which to deliver the duties set out in the Care Act.
26. Increased risk of legal challenge due to out of date policies and procedures.

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

27. Self funding adults (people who need care and support who have assets above the maximum threshold) may be less likely to contact the Council for support if a charge is introduced to arrange their care and support. This risk will be mitigated by an increased focus on universal duties including interventions that will prevent, reduce and delay needs arising and the provision of information and advice which are available to all regardless of financial status.

### **Financial Implications**

28. The proposal to charge a fee for arranging care and support for self funding adults will generate income for the Council but will be based only on a cost recovery basis.
29. The PRD policy proposes that the Council may charge for services intended to prevent, reduce or delay needs arising based on an individual's ability to pay, this will minimise the impact.
30. The policies will ensure that the Council's approach to personal budgets, choice and control are compliant with legislation and all adults are offered services that meet their care and support needs. However the proposal will safeguard the Council against excessive care costs based on a consistent approach to choice.

### **Legal Implications**

31. These policies have been proposed based on the statutory framework set out in the 2014 Care Act.
32. The draft policies were developed with support from the Council's legal advisors and have been reviewed by Counsel. The Council's Legal team have been extensively involved in the development and drafting of the policies and papers.

### **Options Considered**

33. Not to introduce a specific Preventing, Reducing and Delaying Needs Policy. As it is a universal duty there is no requirement to introduce a policy. This option was discounted as it was felt the Council should provide adults with needs customers, officers, and stakeholders with a policy that sets out the approach to meeting this duty in the context of Wiltshire.

### **Conclusions**

34. These policies will ensure the Council is compliant with all relevant legislation and will provide a framework for deliver social care services.

**James Cawley (Associate Director, Adult Care Commissioning and Housing)**

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Report Author: Sue Geary Head of Service Community commissioning e-mail [sue.geary@wiltshire.gov.uk](mailto:sue.geary@wiltshire.gov.uk)

July 2016

## Appendix A

### Preventing, Reducing and Delaying eligible Needs Survey

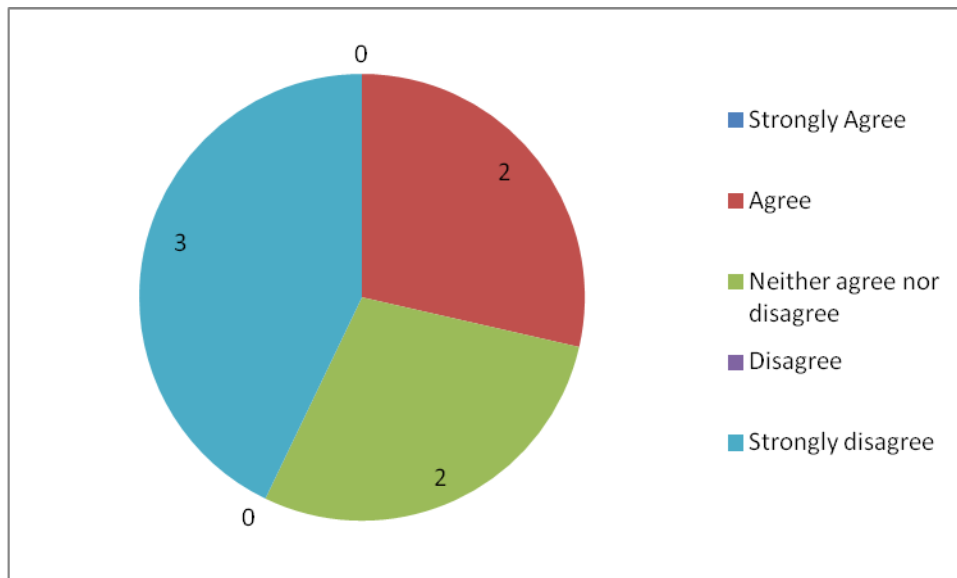
#### Question 1

Wiltshire Council is proposing to charge for prevention services where it is able to do so. The decision whether to charge for a service will be based on an individual's ability to pay and the impact charging may have on the uptake of the service.

Do you agree it is reasonable for Wiltshire Council to charge for certain prevention services based on a person's ability to pay?

Total Responses-7

(Figure 1.0)



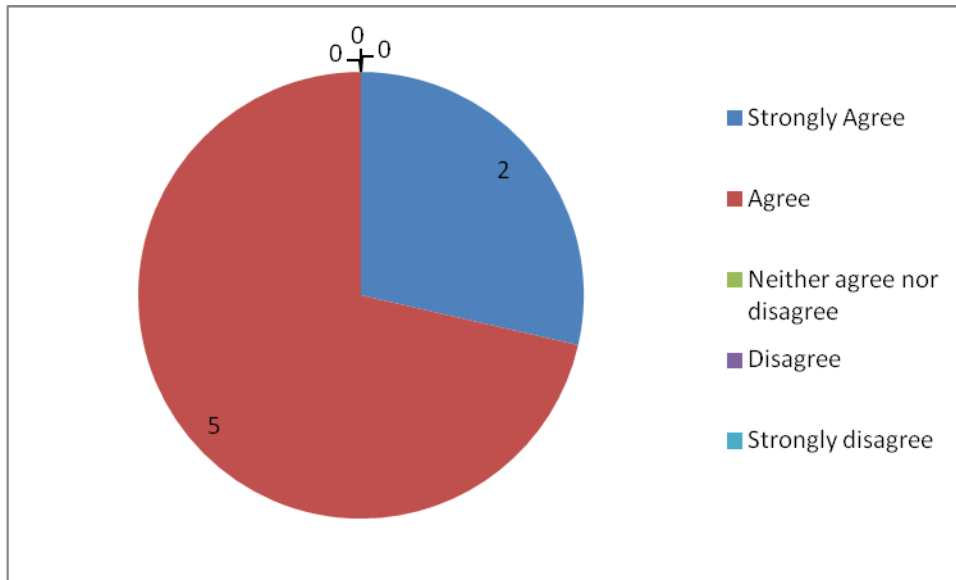
#### Question 2

Wiltshire Council proposes that it will prioritise prevention services where there is a risk to a person's independence.

Do you agree this is a reasonable approach?

Total Responses- 7

(Figure 1.1)

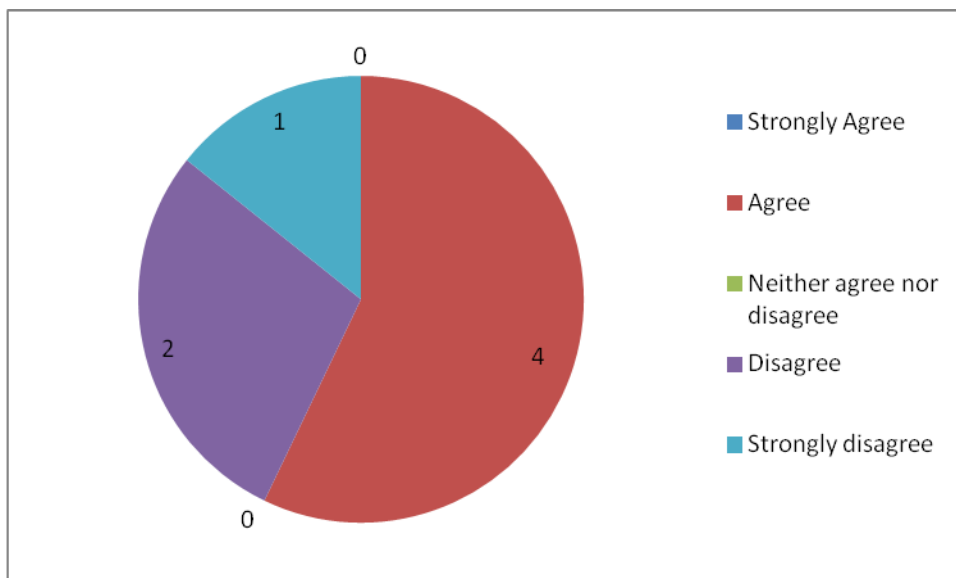


**Question 3**

Is it reasonable to take into account the likely impact of the prevention intervention when deciding if prevention services should be offered? For example if it is very unlikely that a prevention service will reduce the risk that a person will need long term care in a residential care home, prevention will not be offered.

Total Responses- 7

(Figure 1.2)



**Question 4**

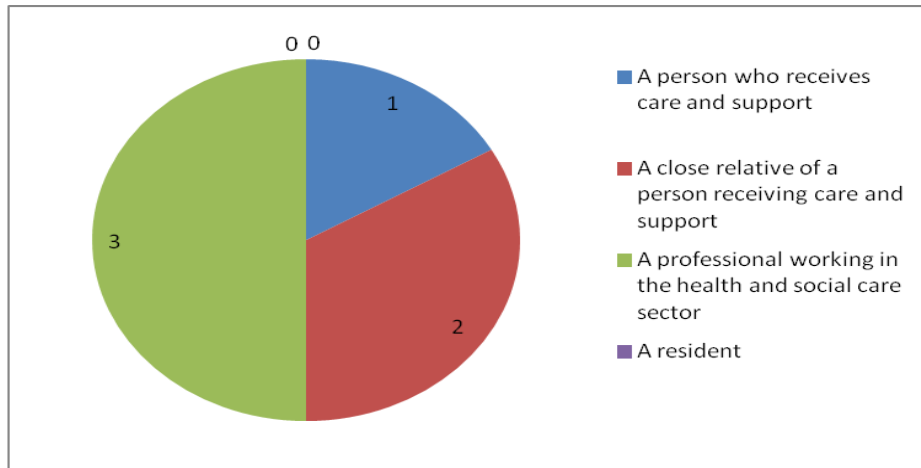
Would you like to make any further comments about anything included in the proposed policy? If so please use the space below to record your views.

Total Responses-2

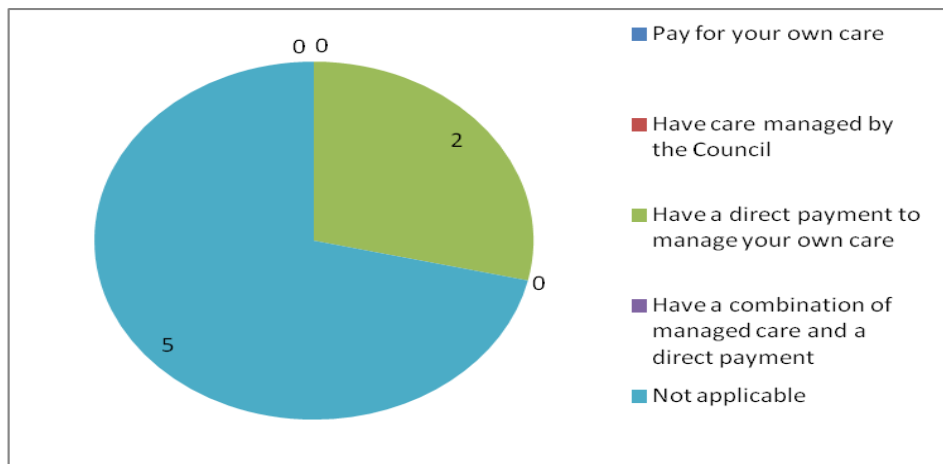
- *I would ask the council to be more specific about what services it would see as "prevention" and how outcomes would be measured.*
- *One individual who identified themselves as a carer felt that withdrawing support might be the only way to highlight the need for prevention and asked the Council to "bear this in mind when determining how much support an individual needs, after all the need has already been agreed"*

## Demographic Information

### Are you answering this survey as? (Figure 1.3)

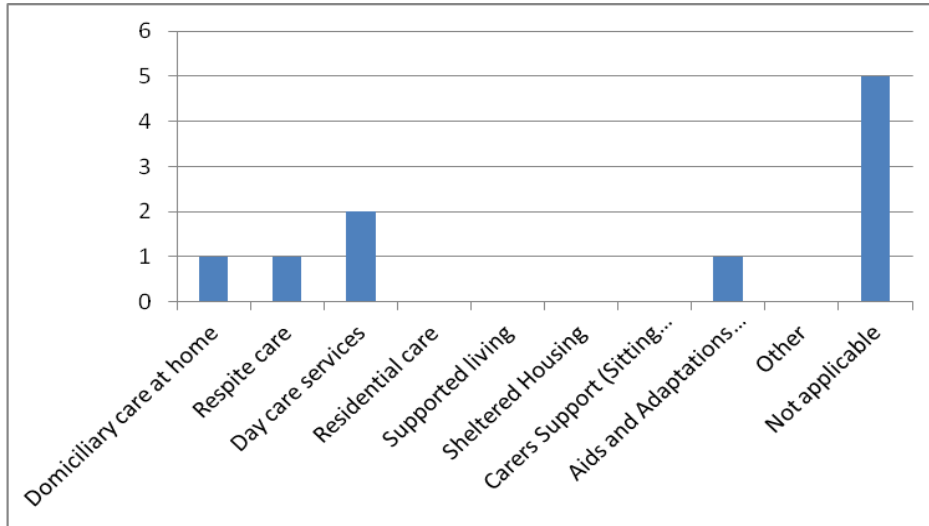


### If you receive care services how is this done? (Figure 1.4)

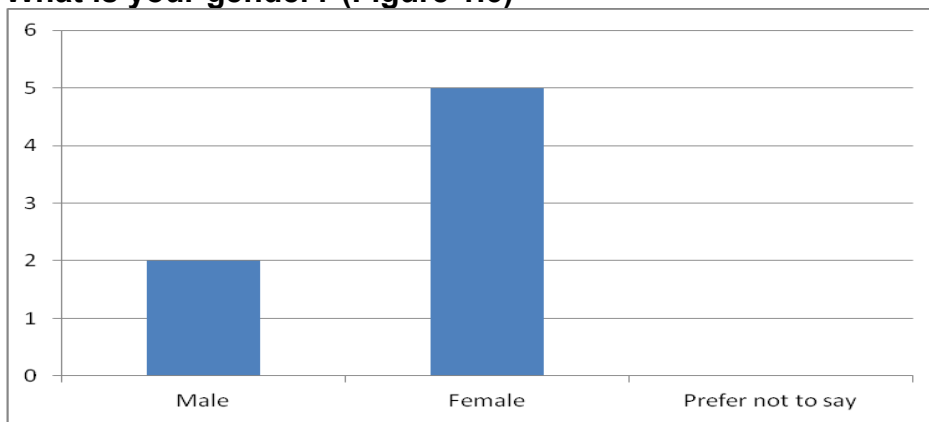


### What type of care services do you receive? (Figure 1.5)

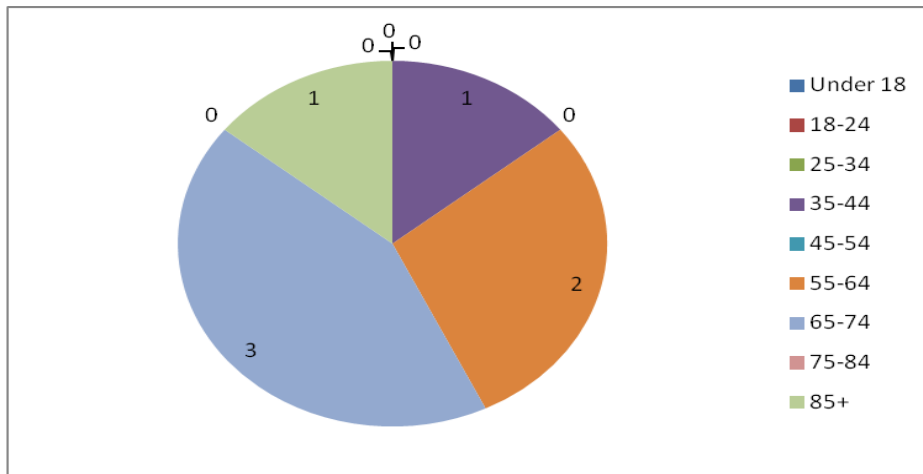




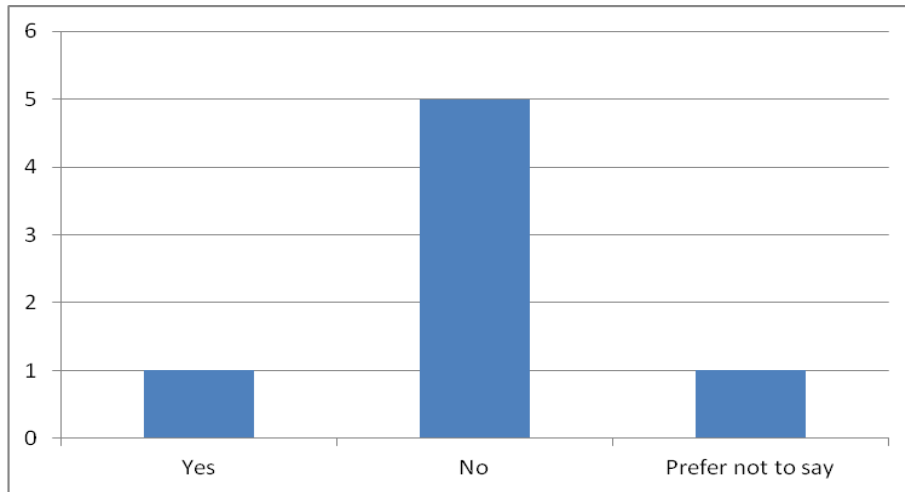
**What is your gender? (Figure 1.6)**



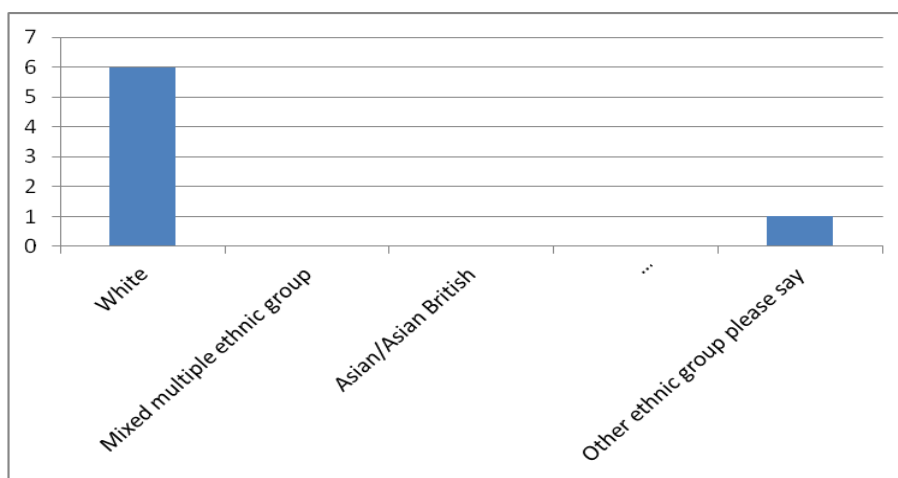
**What is your age range? (Figure 1.7)**



**Do you consider yourself to have a disability or long term illness? (Figure 1.8)**



**What is your ethnic group? (Figure 1.9)**



**Appendix B**

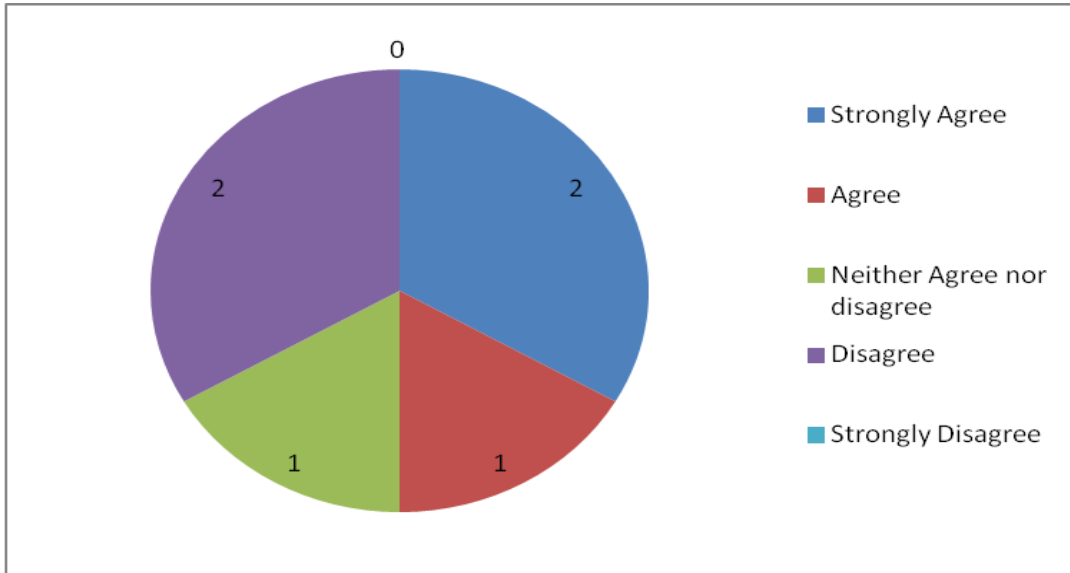
**Adult Care Policy Statement**

**Question 1**

**Do you think that it is reasonable that the Council invests in developing a range of care and support services including community services that are designed to prevent the need for traditional care services?**

**Total Responses-6**

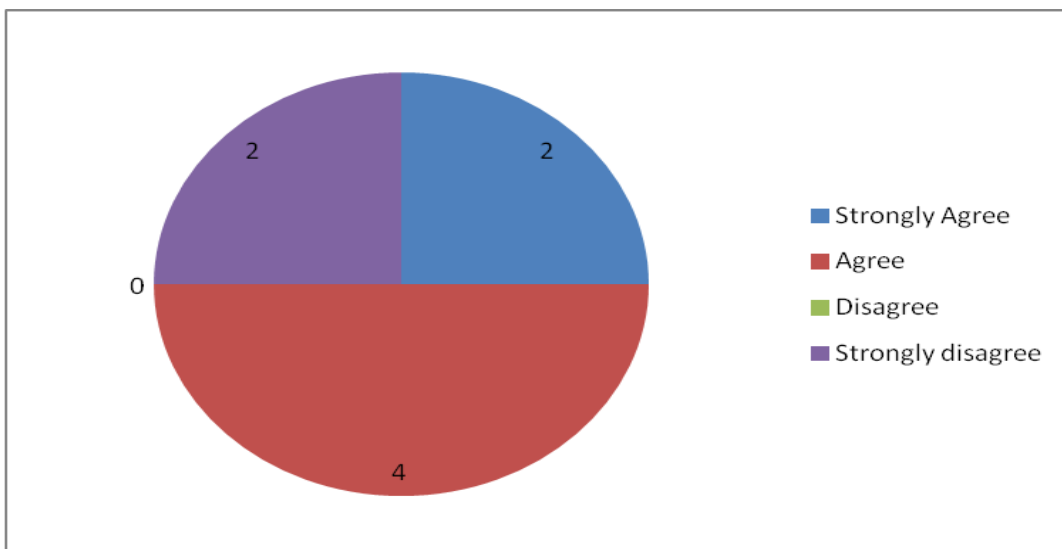
**(Figure 2.0)**



**Question 2**

The policy proposes that the Council will always support customers to live at home in the first instance and that only when the total life cost of a package exceeds that of supporting a customer in residential care will the Council consider a care home placement. Do you agree the Council should support people to live at home for as long as possible?

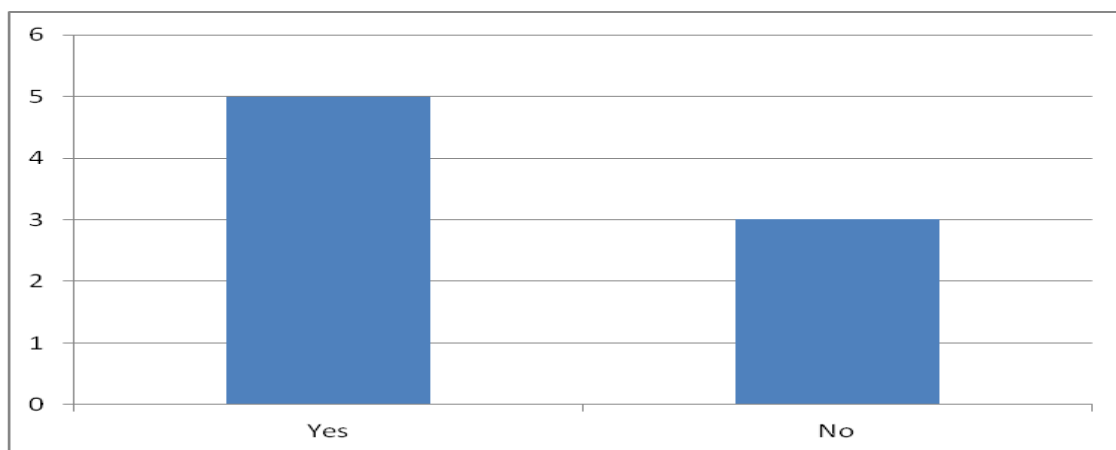
Total Responses- 8 (Figure 2.1)



**Question 3a**

Is it reasonable to ask people who have been assessed as having eligible care needs but have assets above the maximum threshold (currently £23,250) to pay the Council an administration fee for arranging their care and support?

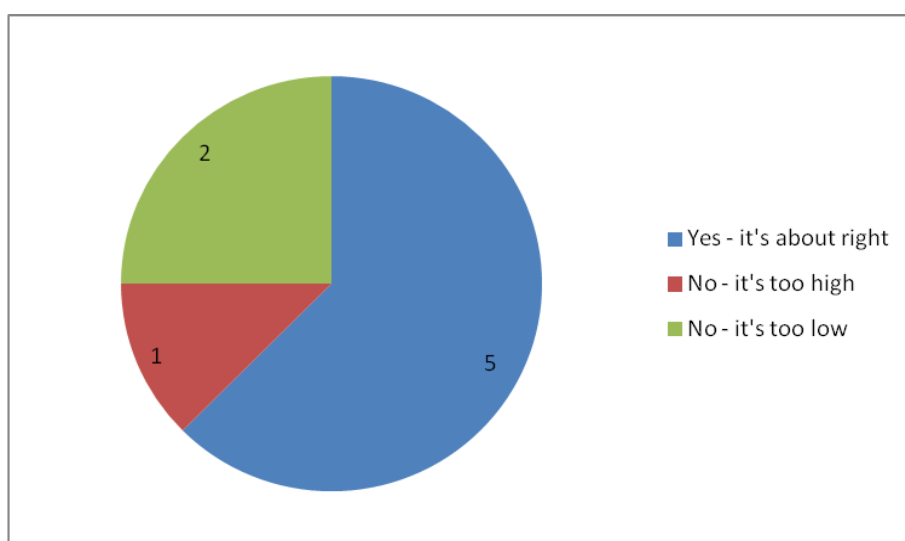
Total Responses- 8 (Figure 2.2)



#### Question 4

Is a fee of £56.00 a fair amount to charge a self-funding customer described above to arrange a care package? Authorities have the discretionary power to charge an administration fee based on what it costs the Council to deliver this service. Costs will be different in each area but the proposed rate is approximately comparable with neighbouring authorities who choose to charge for this service.

Total Responses- 8 (Figure 2.3)

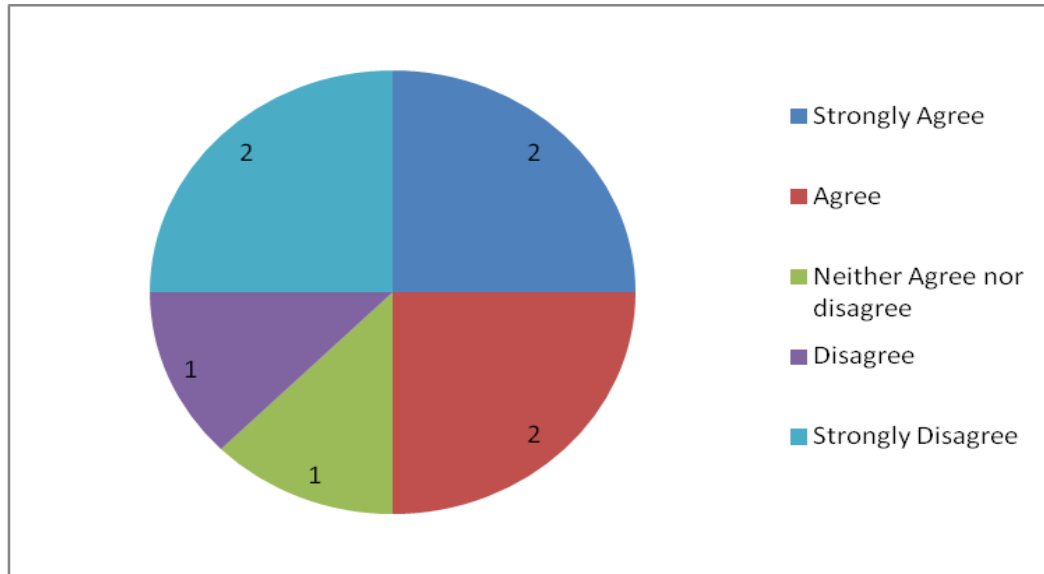


#### Question 5

The Policy states that transport will only be provided as part of a care and support package when it is meeting an eligible care and support need. When transport is provided it will only be provided to the nearest appropriate service, if customers choose an alternative service with additional transport costs the additional element of transport will not be funded.

Do you agree it is reasonable that the Council supports eligible customers to the nearest appropriate service only?

**Total Responses- 8 (Figure 2.4)**

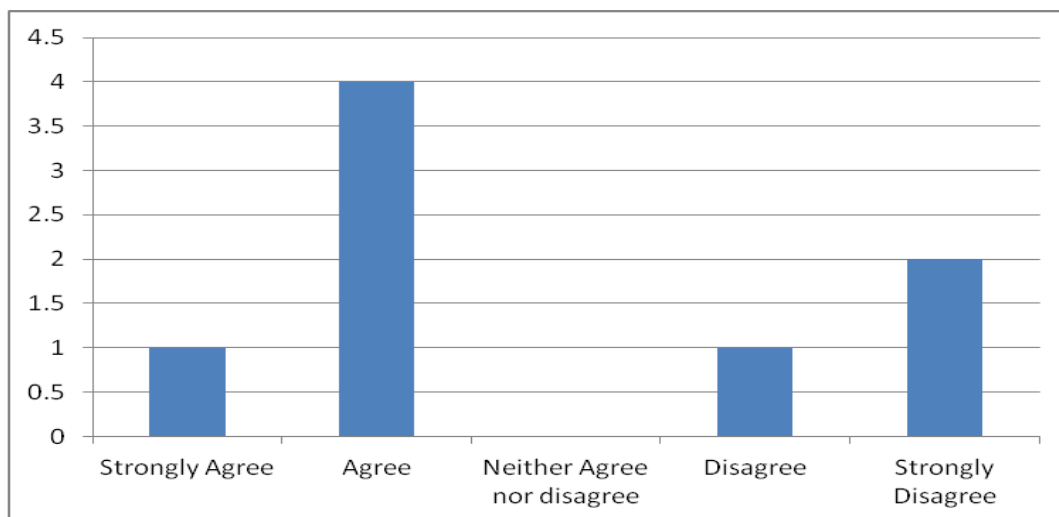


**Question 6**

**Wiltshire Council will always offer at least one service that will meet a person's needs within their personal budget. Customers are able to choose from any appropriate service available. If this service is more expensive than the Council would reasonably expect to pay for a service customers may be asked to fund the difference.**

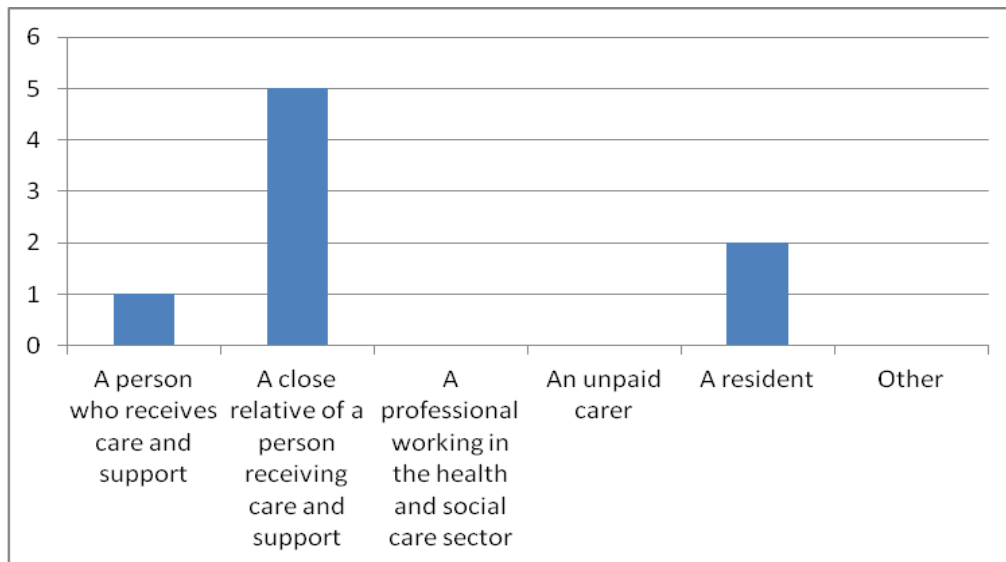
**Do you agree this is a fair approach?**

**Total Responses- 8 (Figure 2.5)**

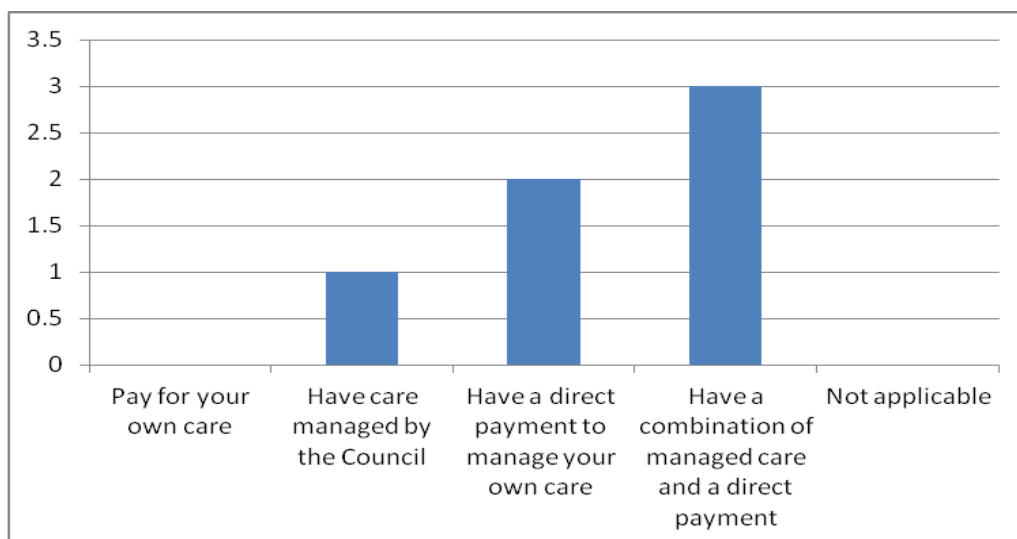


**Demographic Information**

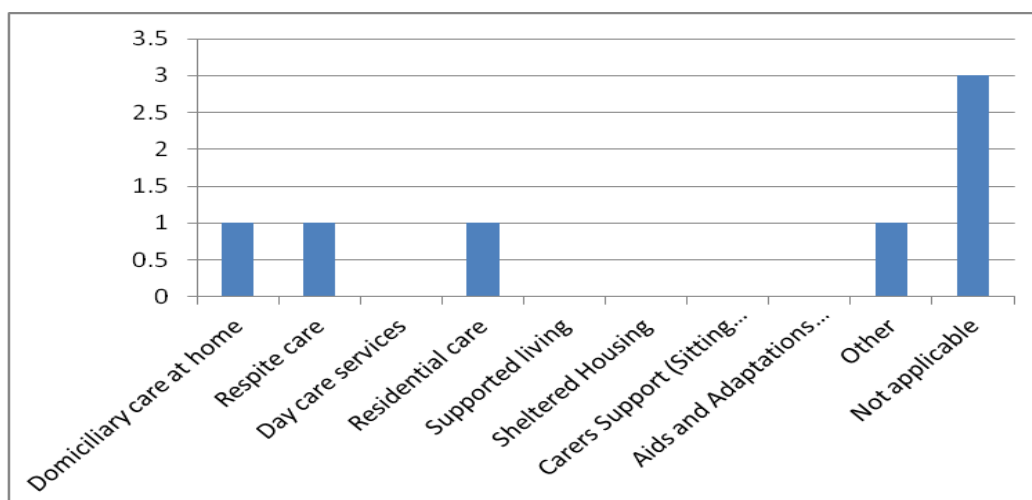
**Are you answering this survey as? (Figure 2.6)**



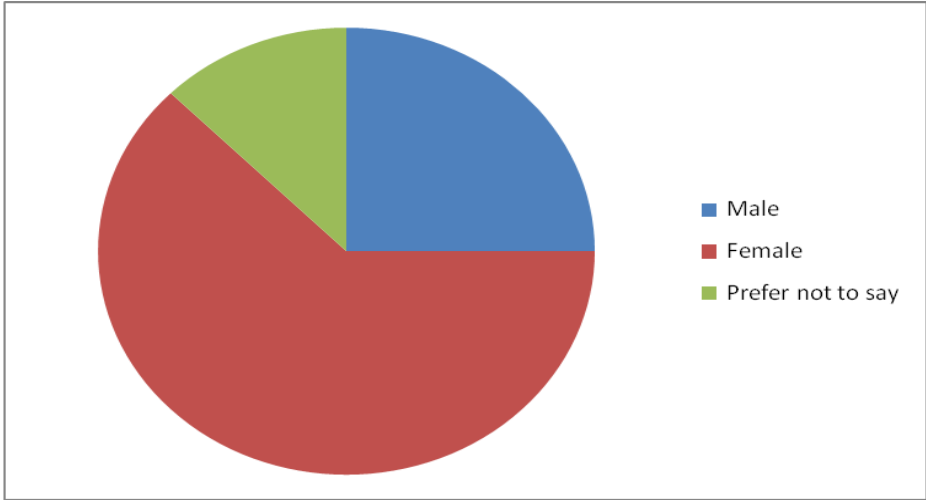
**If you receive care services how is this done? (Figure 2.7)**



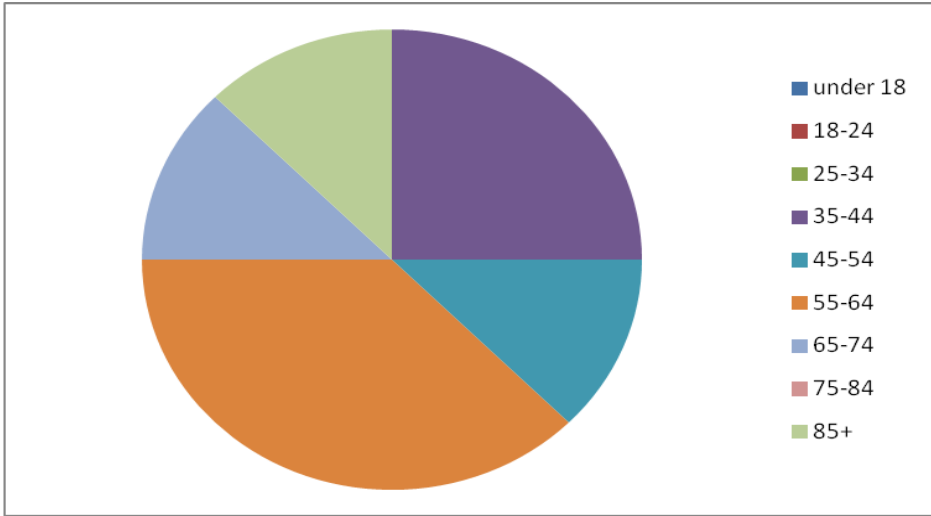
**What type of care services do you receive? (Figure 2.8)**



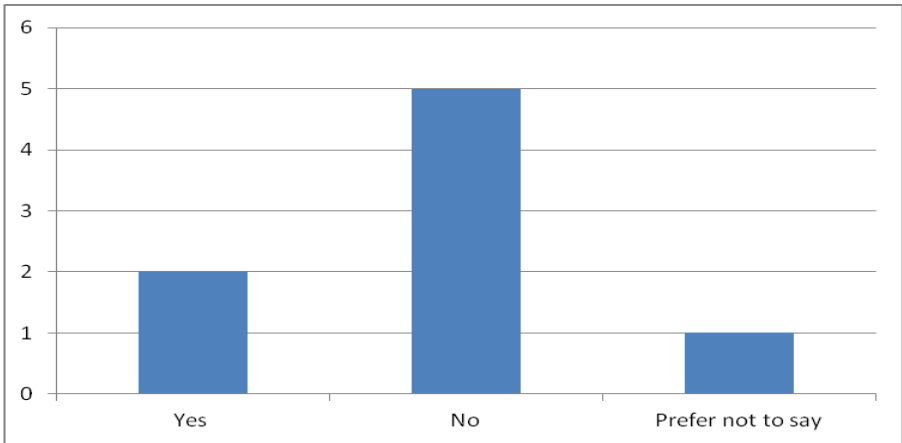
**What is your gender? (Figure 2.9)**



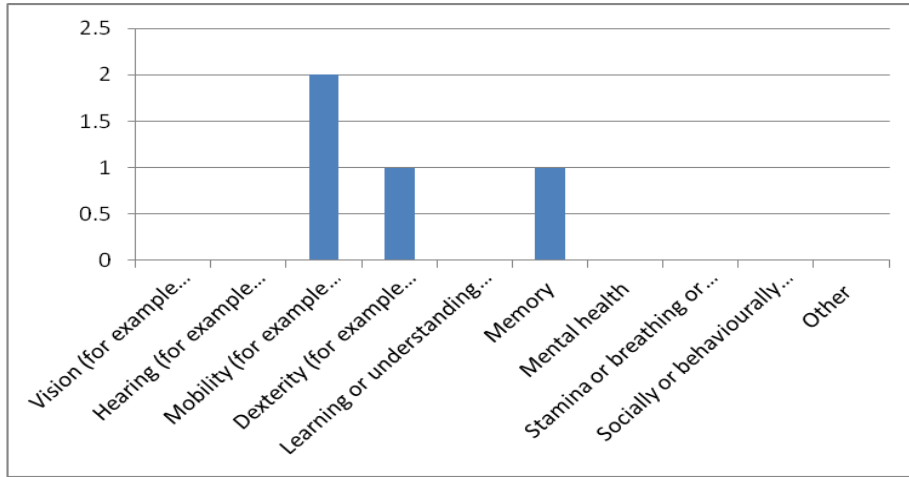
**What is your age range? (Figure 2.10)**



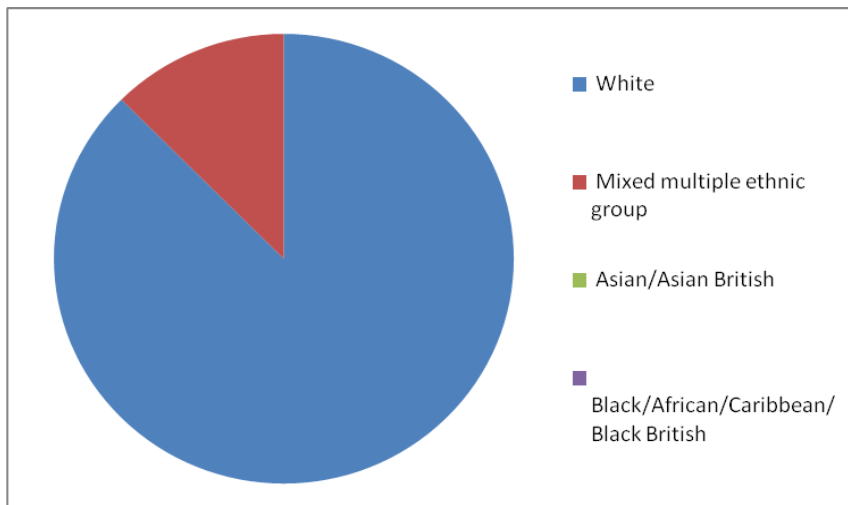
**Do you consider yourself to have a disability or long term illness? (Figure 2.11)**



**If you answered Yes above what is the nature of your disability? (Figure 2.12)**



**What is your ethnic group? (Figure 2.13)**



**Background Papers**

**Equalities Impact Assessment  
 Draft Preventing, Reducing and Delaying Eligible Needs Policy  
 Draft General Policy Statement**



Equality Analysis Evidence Document									
<b>PLEASE NOTE THIS IS A WORKING DRAFT DOCUMENT THAT WILL BE COMPLETED AFTER THE PUBLIC CONSULTATION HAS BEEN CONCLUDED.</b>									
<b>Title: What are you completing an Equality Analysis on?</b>									
<p>This Equalities Impact Assessment has been completed on proposals to change a range of adult social care policies in line with the Care Act (2014) The policies once in effect will provide the Council with a clear framework within which to operate and deliver its statutory functions. There are two individual policies that have been proposed. A separate assessment has been prepared in relation to the charging policy, this document focuses on proposals to implement a prevention policy and policy statement.</p> <p>This Equality Impact Assessment (EIA) is a working document. It details the equality analysis work undertaken so far and identifies the future work needing to be undertaken to ensure that Wiltshire Council meets its statutory obligations under the Public Sector Equality Duty. It is updated at various points as the proposal progresses.</p>									
<b>Why are you completing the Equality Analysis?</b> (please tick any that apply)									
<b>Proposed New Policy or Service</b>	<b>Change to Policy or Service</b>	MTFS (Medium Term Financial Strategy)		Service Review					
<b>Version Control</b>									
Version control number	7	Date	31 <sup>st</sup> May 2016	Reason for review (if appropriate)	Updated based on survey results				
<b>Risk Rating Score</b> (use <a href="#">Equalities Risk Matrix</a> and guidance) <b>**If the Risk Score is 1 or 2, an Impact Assessment does NOT have to be completed. Please check with <a href="mailto:equalities@wiltshire.gov.uk">equalities@wiltshire.gov.uk</a> for advice</b>					<table border="1"> <tr> <td>Inherent risk score on proposal</td> <td style="background-color: yellow;"></td> </tr> <tr> <td>Residual risk score after mitigating actions have been identified</td> <td style="background-color: yellow;"></td> </tr> </table>	Inherent risk score on proposal		Residual risk score after mitigating actions have been identified	
Inherent risk score on proposal									
Residual risk score after mitigating actions have been identified									
<b>Section 1 – Description</b> of what is being analysed									

**a. Introductory note:**

Following the planned consultation this document will be submitted to Wiltshire Councils cabinet with a full version of the proposal as amended based on any considerations made during the consultation phase. Any feedback that is considered but not adopted shall also be summarized in the cabinet proposals. The document will be published as part of the public consultation process.

**b. What is being Impact Assessed:**

This Equality Impact Assessment (EIA) has been produced to review the potential impact that the introduction of a number of new policies may have on people across the County. This statement assesses the combined impact of two policies; Prevention which sets out how the Council will meet the universal duty to reduce delay and prevent people developing needs and a policy statement which provides clarity as to how Wiltshire Council will make decisions about delivering social care in Wiltshire.

The Care Act (2014) introduces a new statutory framework which brings together over fifty pieces of existing legislation and provides the regulations through which social care will be delivered in England. The Act includes some significant changes including the general duty to prevent, reduce and delay needs arising across an entire population. This is a statutory Duty and as such the Council must comply with the regulation. The policies have been revised so as to ensure the Council complies with the Care Act, makes the best possible use of available resources and because a number of existing policies were out of date. The policies has been designed to provide people with clarity about how Wiltshire Council will make decisions about what social care services are used to meet a persons care and support needs.

This assessment will focus on the potential impacts of this compliance on people living within Wiltshire and what mitigating actions can be put in place to limit any adverse impacts.

Key changes in the policy which form the focus of this analysis are

- A clear statement setting out the Councils approach to delivering the Prevention duty based on prioritising activities that will reduce the risk of people going into hospital, needing permanent care home placements or having their independence at home significantly reduced.
- Proposes the Councils approach to calculating personal budgets and the amounts that will be used to establish if a program of activities constitutes a reasonable cost to meet eligible needs.
- A proposal to charge an arrangement fee as permitted under the Care Act to arrange care services for customers with assets above the maximum threshold who have eligible care and support needs.
- Clarifies explicitly the Councils priority to support customers to live independently at home.
- Provides additional clarity regarding the provision of transport including the fact that the Council will only fund customers travel to the nearest appropriate activity based upon their eligibility for transport services.

The changes set out in the draft prevention policy are largely based on existing practice and commissioning principles. The policy clarifies the Councils approach to prevention in particular the Councils decision making process. From this perspective the impact on customers is limited and rather the document provides clarity which will ensure equitable services for everyone living in Wiltshire.

This document has been prepared to consider the impact these changes may have on people if the Council chooses to adopt the proposals contained in these polices. It is important to note the polices will be subject to a period of considered public consultation and the final cabinet proposal shall consider incorporating responses from the public into these proposals.

**c. Background to the decision making process so far:**

The decision to make these proposals about changes to policy is based on the requirement to update Adult Social Care policy to ensure there is clarity about how Wiltshire Council will deliver social care in Wiltshire. Another key driver for the change is to ensure that the Councils policies are compliant with the Care Act (2014) which came into effect in April 2015.

The decisions have been made based on the requirement to make the best use of available resources, to ensure compliance with national legislation and so as to ensure there is clarity for customers and officers who may be affected by care and support services. It is proposed that if the policy statement is adopted commissioners will use the document as a foundation when developing and designing care and support services.

The proposals included in the statement have been approved in principle by the senior adult care boards including the older peoples board and learning disabilities board. Based on this a period of consultation will be carried out in relation to the proposals with a particular focus on the impact these proposals might have on individuals wellbeing. The feedback and comments gathered during this consultation will then be used to consider the proposals further and consider changes to the current proposal. Once feedback and comments have been considered the policy may be revised and a final proposal will be submitted to cabinet for a decision.

The proposals have been discussed in advance of formal public consultation with key representatives of the voluntary community sector. As a result of this engagement a simple document was produced (see appendix one) which highlights the key changes included within each of the policies and is intended to ensure customers are able to engage with the consultation process. An ongoing program of engagement with key stakeholder organisations has been established so as to maintain an effective dialogue with the sector and ensure effective public consultation.

#### **d. Background to the consultation process:**

While not directly related to the proposed changes, Adult Social Care has recently worked with Local Area Boards to facilitate a number of workshops with older people in order to determine what it is older people enjoy doing and what (if anything) prevents them from doing these things. Initial feedback indicates that the primary issues older people are experiencing is accessing the places they want to go, getting the information they need about what's going on and what's available to people and feelings of isolation or loneliness.

The prevention policy and other policies have been developed to ensure as well as focusing on more intensive prevention services there is provision for universal services and a focus on adult care working across the business to ensure the wellbeing of older people is promoted and supported. Specific consultation for this proposed policy will take the form of an open questionnaire asking people to comment on the proposals and more generally on what sorts of services they feel should be made available. Local voluntary sector organisations and user led organisations will be actively informed about the consultation and encouraged to work with members and customer groups to gather responses and feedback on the proposals.

A pre consultation session was held with key stakeholders on Monday the 17<sup>th</sup> of August 2015 in order to assess the impact these proposals could have on customers and communities and to establish how existing support networks can be used to ensure customers who are affected by any changes have support available to them to help them to manage any impact. As a result of this session an ongoing dialogue was established with these stakeholder organisations and a document was produced to supplement the consultation documents setting out the main changes included within each proposal. (document attached at appendix one) A further pre consultation engagement event was held with key partners on Friday the 4<sup>th</sup> of September in order to discuss the proposed documents and how best to engage with customers. Some of the key feedback at this event was that a glossary of terms should be developed so as to help people understand any technical terminology and the 'what's changed' document produced in response to the first session should be combined with the individual policies. It was agreed that the documents would be updated in line with these discussions so that the second drafts could be 'tried' with target customers in order to gather feedback. This engagement was designed to ensure that the consultation is equitable and accessible. The consultation results will be used to target the second phase of this equality impact assessment.

In advance of the consultation phase the draft consultation documents which were developed in partnership with key VCS stakeholders as described above were circulated to partners so that they could make any additional commentary and so they could 'trial' the questions with small groups of customers. The purpose of this exercise was to establish if target customer groups felt as if the questions were engaging, the right questions and accessible in terms of language. This step was taken so as to ensure the

maximum number of customers potentially impacted by these changes could engage effectively with the consultation process.

The consultation period will run for a minimum of 90 days in accordance with the Councils consultation process and will involve a combination of open consultation and more targeted interaction with key stakeholder groups. The Consultation will ensure that Wiltshire Council meet its statutory duties under the Equality Act 2010. Based on this consultation period feedback and comments will be collated and included in this equalities impact assessment. Comments and feedback will be considered and potentially included in the final cabinet proposal. Comments that are considered but do not result in changes to the policy will be summarized in this equality impact assessment and the subsequent proposal.

The consultation will involve a consultation questionnaire that will be available via the consultation portal and through a number of stakeholder and user led organisations which will include but will not be limited to Healthwatch Wiltshire, Wiltshire and Swindon Users network, Wiltshire Centre for Independent living. These key stakeholders will be encouraged to distribute the questionnaire to customers who are likely to be affected by any changes to adult social care policies.

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**e. The proposed changes**

Details of the proposed changes are included in the section above.

OK

**Section 2A – People or communities that are currently targeted or could be affected** by any change (please take note of the Protected Characteristics listed in the action table).

The proposals, if adopted have the potential to impact on people currently in receipt of care and support services or who may need care and support services in the future. A range of information was collected and reviewed so as to identify which groups of people may be effected if the proposed policy changes are adopted.

A large number of people who may be affected by these policies will be older adults and people with a disability. Groups who may be defined in the 'other' protected characteristics include carers, while many of the changes set out in the policy will not directly impact upon carers it is possible the impacts that will be experienced by those who receive care will have consequential impacts on carers. For example the proposals around choice of accommodation are likely to impact on carers who wish to visit a person who is living in a particular service. It is important to note that many aspects of the proposed policies including the proposed regulations around choice reflect current practice and so any impacts will be mitigated. The policies have been drafted to reduce any inequities in terms of interpretation and make it clear to customers what they can expect from the Council and how decisions will be made. Carers representative organisations will be involved in the consultation process and their views will be considered in this equality impact assessment. Consultation questionnaires will be widely advertised to carers organisations.

The tables below set out some of the key figures that were used to assess which groups of customers would be most affected by this policy and if there was any specific impact on any protected characteristic group.<sup>1</sup>

The table below displays all adult care customers and their primary support need<sup>2</sup>

Primary support need	Age		Grand Total
	18 to 64	65+	
Access and mobility only	43	71	114
Asylum seeker support	2		2
Deaf		1	1
Learning disability support	853	82	935
Mental Health support	214	368	582
None entered	48	70	118
Personal care support	470	2133	2603
Substance misuse support	2	4	6
Support for dual impairment	9	18	27
Support for hearing impairment	5	6	11
Support for social isolation / other	56	17	73
Support for visual impairment	15	29	44
Support to carer	25	81	106
Support with memory and cognition	32	295	327
<b>Grand Total</b>	<b>1774</b>	<b>3175</b>	<b>4949</b>

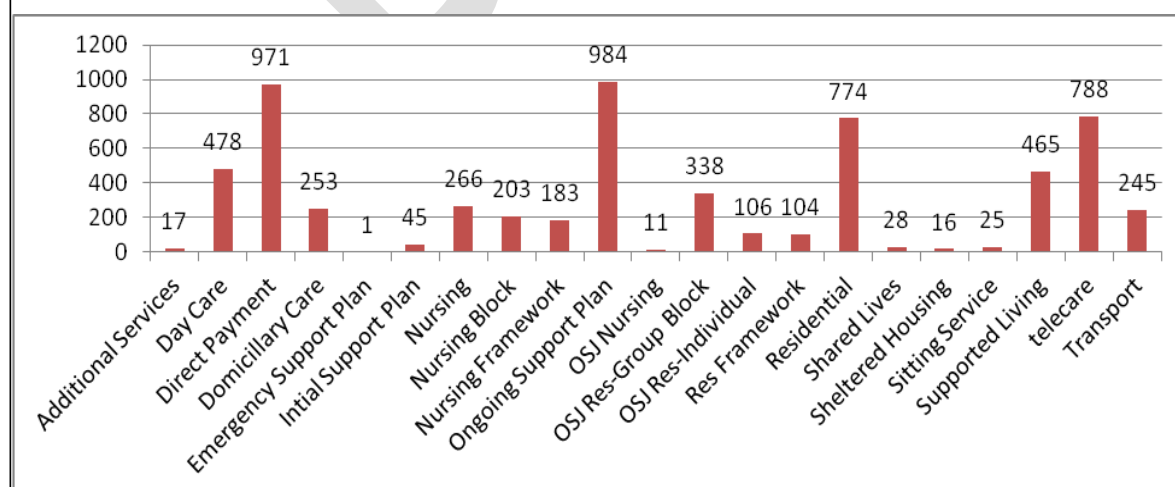
<sup>1</sup> Data accurate as of 30-July 2015 based on Mable reporting data.

<sup>2</sup> This table includes intermediate care customers.  
Version 1: April 2014

The table below lists the ethnicities of all customers who are known to adult social care<sup>3</sup> and the age profile of customers supported by the service area. It is important to note that the changes will predominantly although not exclusively impact upon customers who are receiving care at home services. The ethnographic profile is reflective of the entire Wiltshire Population. As noted the table does indicate that older people are particularly likely to be impacted upon by this policy if it is adopted and as such must be targeted in terms of consultation and mitigating actions.

<b>Ethnicity</b>			
<b>Row Labels</b>	<b>18 to 64</b>	<b>65+</b>	<b>Grand Total</b>
Asian / Brit - Bangladeshi	2		2
Asian / Brit - Indian	6	1	7
Asian / Brit - Pakistani	1		1
Asian / Brit -Other Asian	1		1
Black / Brit - African		3	3
Black / Brit - Caribbean	6	16	22
Black / Brit - Other black	3	1	4
Chinese	1	1	2
Declined to say	8	28	36
Mixed - other	3		3
Mixed - White/ Black African	2	1	3
Mixed - White/Black Carib	2	1	3
NULL	20	26	46
Other ethnic group	9	8	17
Undeclared / Not Recorded	11	11	22
White - Other	31	88	119
White British	1658	2965	4623
White Irish	10	25	35
<b>Grand Total</b>	<b>1774</b>	<b>3175</b>	<b>4949</b>

The data presented in this equalities impact assessment sets out the total number of customers who are likely to be directly impacted on by changes to adult social care policy. Policy changes may also have wider impacts on the general population as the changes have the potential to change the way in which the Council makes decisions about how to meet eligible needs and to deliver the prevention duty.



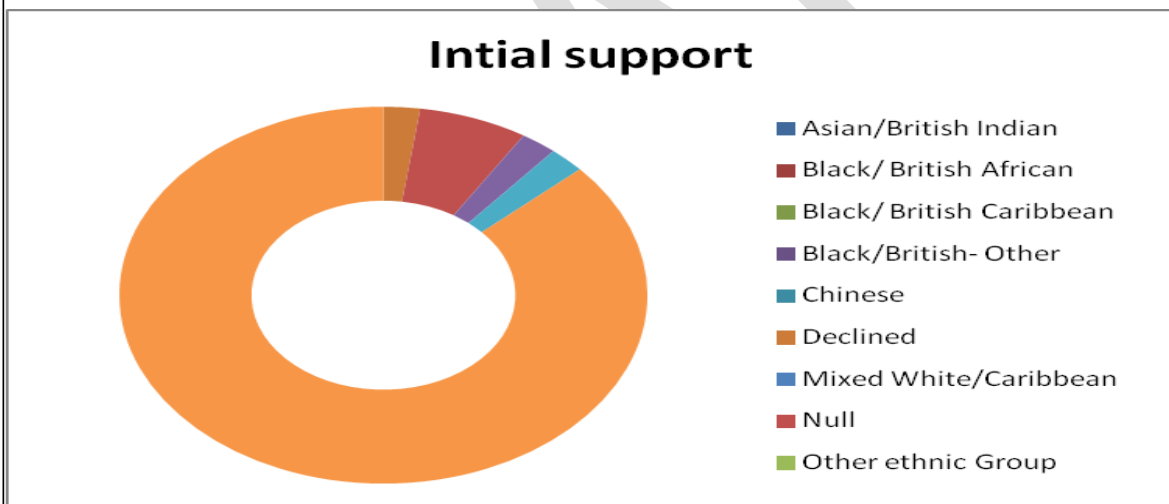
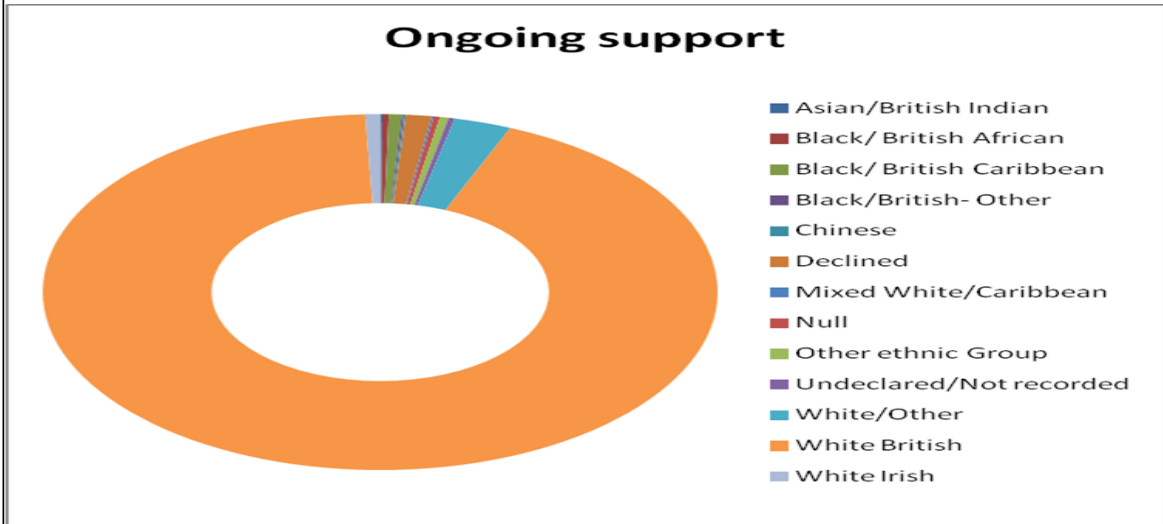
The table above shows the total numbers of customers who are currently in receipt of care and support services commissioned by the Council or provided via a direct payment. The table will be used to target

<sup>3</sup> Data accurate as of 30/07/2015  
Version 1: April 2014

key providers and groups who represent people who are most likely to be effected by this policy. Interestingly the table highlights that approximately 245 customer may be effected by the proposal to change transport policy.

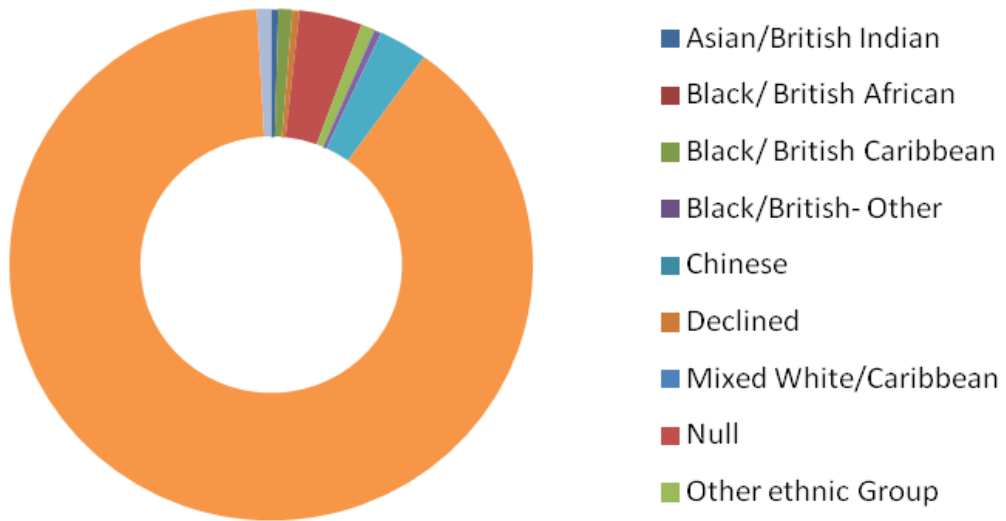
This data will be used to ensure that customers are directly impacted by any proposed changes are involved and considered during the consultation process.

The following charts display the ethnic origin of people who receive care at home and direct payment services



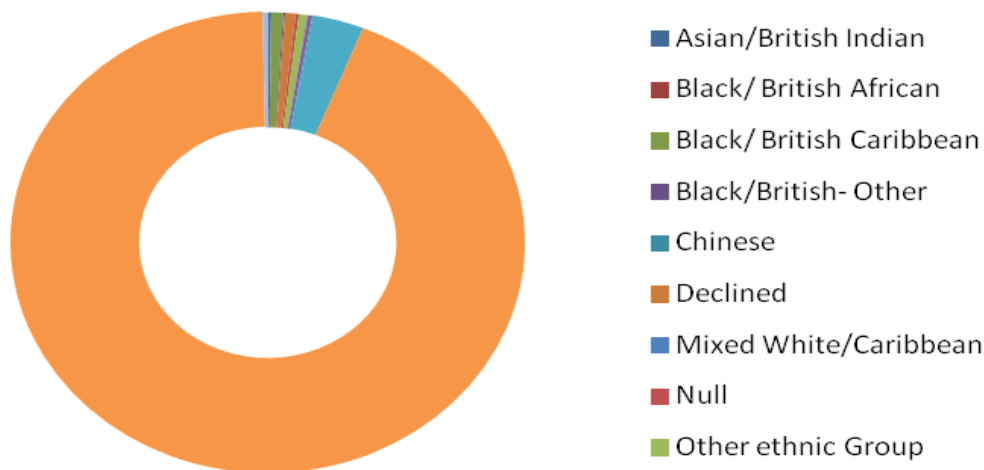


## Dom Care



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## Direct Payment



The charts produced confirm that in line with the demographics of Wiltshire the majority of people impacted on this proposal are White British. It was also clear that other nationalities and ethnicities might also be impacted by the policy and subsequently correspondence will need to be available in a variety of formats on request so as to ensure all groups are able to get involved in the consultation process.

The following information is taken from <http://www.poppi.org.uk> and shows the projected increase in the older age population over the coming years. This data was used to identify the fact that it is likely many more individuals than those currently in receipt of care and support are likely to be affected by prevention services in the future. Subsequently consultation will be broadly targeted both at those in receipt of care and those who may need support in the future.

Show percentage change	2014	2015	2016	2017	2018
People aged 65-69	30,300	30,600	30,800	29,500	28,800
People aged 70-74	22,200	23,300	24,700	27,000	28,500
People aged 75-79	17,700	18,100	18,200	18,800	19,600
People aged 80-84	13,000	13,400	13,700	14,100	14,600
People aged 85-89	8,300	8,600	8,900	9,100	9,400
People aged 90 and over	5,100	5,300	5,600	5,800	6,100
<b>Total population 65 and over</b>	<b>96,600</b>	<b>99,300</b>	<b>101,900</b>	<b>104,300</b>	<b>107,000</b>

Figures may not sum due to rounding  
Crown copyright 2014

**Section 2B** – People who are **delivering** the policy or service that are targeted or could be affected (i.e. staff, commissioned organisations, contractors)

The proposed changes have the potential to impact on a number of commissioned and voluntary sector organisations who work with customers as well as an impact on staff implementing the policy. Organisations working with customers including Council officers are likely to have to support customers who are impacted on by this policy are adopted. This could include increased pressure on information and advice services who receive enquiries regarding the proposed change and its potential impact.

The Council has worked closely with key stakeholder groups including user led organisations throughout the process. This engagement has included a pre consultation workshop to identify how the sector can work together to gather people's views on the proposed changes and ensuring voluntary organisations were supported to facilitate effective consultation with customers. People delivering these policies including those working on behalf of Wiltshire Council through commissioned contracts will need to be aware of the changes in policy if the proposals are adopted. Organisations may experience higher than normal contacts from customers who have been affected by the changes.

The majority of the proposed changes provide clarity and consistency in accordance with National legislation so from that perspective will provide operatives delivering the policy with a clear framework within which to conduct business. The policies if adopted will reduce the risk of individual interpretations of operational procedure and practice and will act as a framework to ensure social care services are delivered equitably to everyone living within Wiltshire and everyone is given the same opportunities in relation to prevention and early help.

In line with the work going on across adult social care increasingly officers working in the sector will need to focus on the provision of high quality information and advice, prevention and a focus on wellbeing so as to help people to help themselves rather than specifying what statutory services should be used.

**Section 3** –The underpinning **evidence and data** used for the analysis (Attach documents where appropriate)

Prompts:

- What data do you collect about your customers/staff?
- What local, regional and national research is there that you could use?
- How do your Governance documents (Terms of Reference, operating procedures) reflect the need to consider the Public Sector Equality Duty?
- What are the issues that you or your partners or stakeholders already know about?
- What engagement, involvement and consultation work have you done? How was this carried out, with whom? Whose voices are missing? What does this tell you about potential take-up and satisfaction with existing services?
- Are there any gaps in your knowledge? If so, do you need to identify how you will collect data to fill the gap (feed this into the action table if necessary)

## **A- Overview**

The core of this equality impact assessment will be based on feedback collated during the period of consultation. Based on previous engagement and consultation we know that people want to be able to remain living at home for as long as possible. We also know that many people find the social care system confusing and are unsure of where to go to get the right support, information or advice. The ongoing focus in social care on the first point of contact and coordinating the information and advice available will be developed based on the feedback of customers and will be supplemented by the overview provided in the prevention policy.

It is also known that many people who both need care and support or who act as carers often delay contacting the local authority until they reach a point of crisis and traditionally councils have not had a legislative duty to prevent needs developing or providing high quality advice. The Care Act gives the council the opportunity to start working with customers before they have acute social care needs which can often be more cost effective and importantly a more customer focused experience.

The consultation will identify which groups are aware of existing services and where there are gaps in terms of provision the impact assessment can then be expanded to include specific actions in response to the items raised. One of the primary challenges associated with prevention interventions is assessing the impact of the services as there is often no certain way of correlating a preventative service with a health or social care event that subsequently does not take place. Going forward the Council will work through the prevention board to consider creative approaches to outcomes measurements including social return on investment. As data regarding prevention services becomes more refined opportunities to assess the impact of this policy more comprehensively may develop.

Going forward a program of ongoing engagement will take place with the voluntary community sector to understand how we can best deliver the principles set out in this policy so as to give customers the best possible opportunities to access the information and advice they need to prevent eligible needs developing and so that people can continue to live independently within their community. All of these approaches will apply to all people living within a community but will be designed with the specific needs of key users including older people, people with a disability and carers taken into account as they are the most likely to use and benefit from the service.

## **B-Detailed data about the people who pay for care services:**

**(More Information regarding the groups of people who may be effected can be found at section 2a)**

Further engagement will be completed through the delivering of an accessible questionnaire asking for people's views on how the changes will affect them and what can be done to mitigate the impact of any changes. This consultation shall give due regard to the target customer group and shall be completed over a reasonable time period so as to give people the opportunity to respond in full. This initial equalities impact assessment shall be updated based on the feedback received from customers and the specific issues that are highlighted.

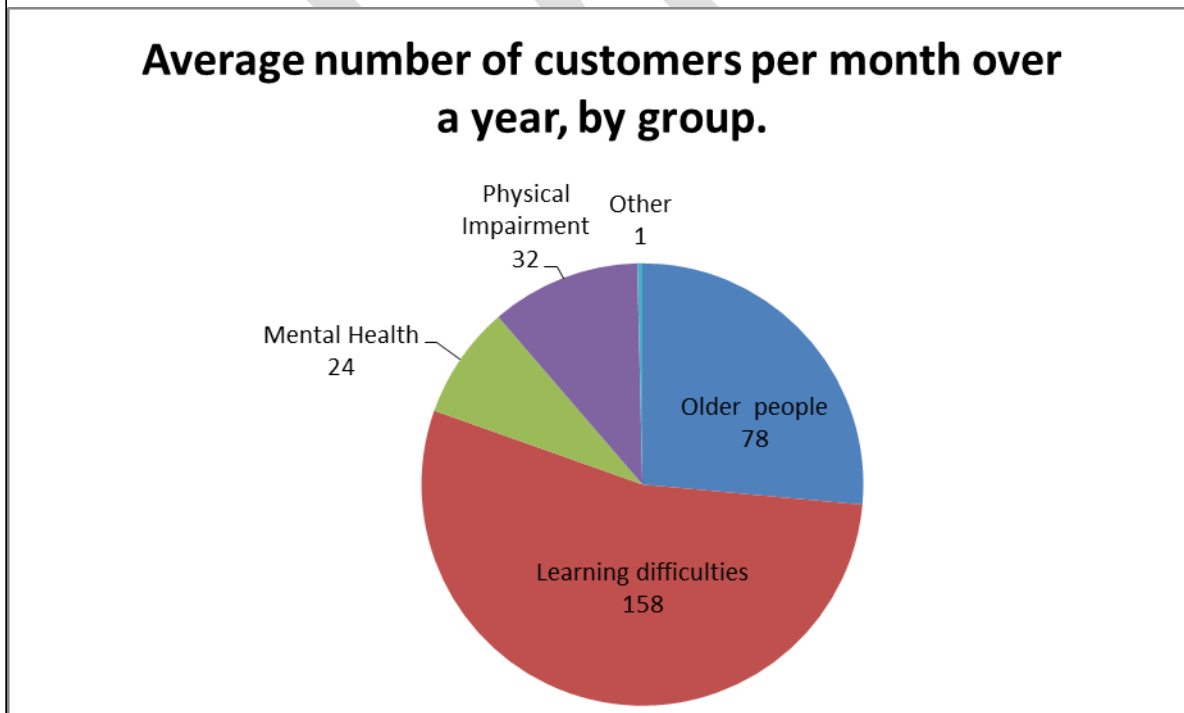
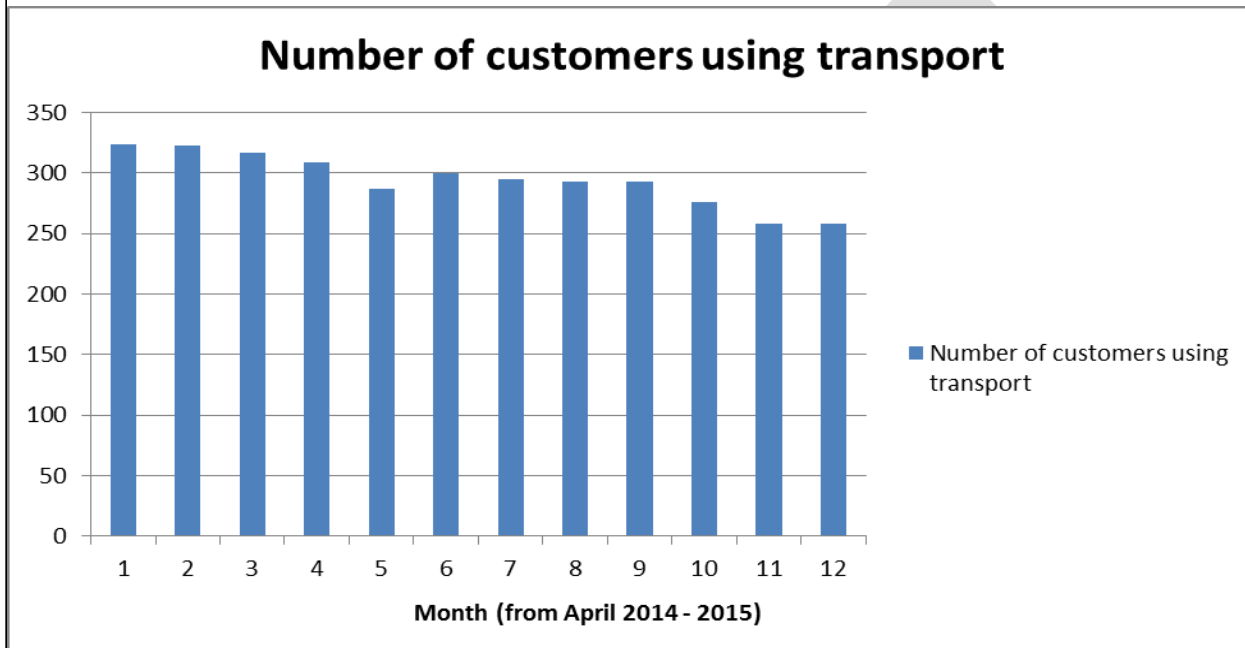
### C-Policy Statement

Adult social care collects a range of information regarding customers in receipt of care or who may require care and support services in the future. This information is collected for local intelligence purposes, national statistics and performance monitoring

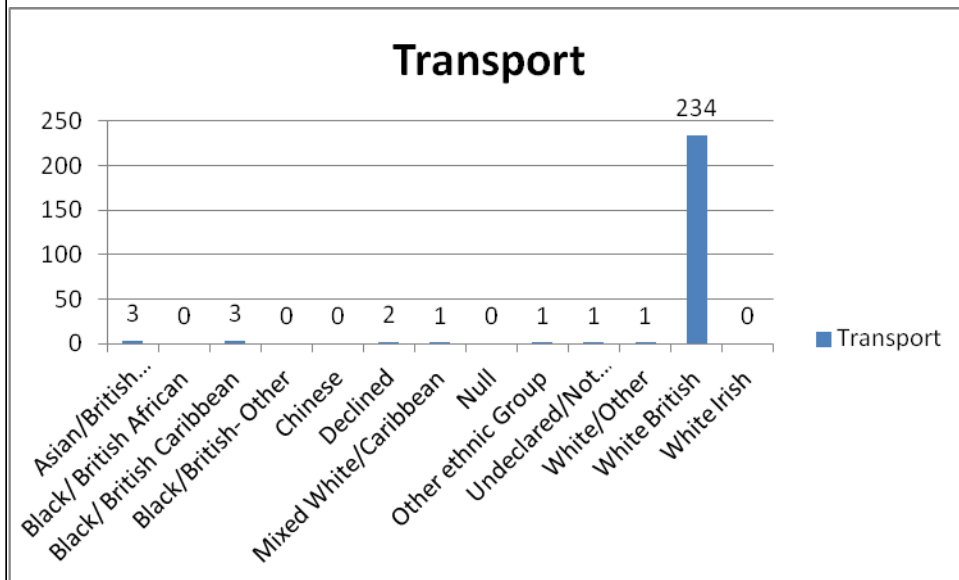
The proposals set out in this policy will impact on all customers who receive care and support equally and will not impact differently on any protected characteristic within this cohort of citizens. The policy provides clarity for staff and customers which will ensure everyone is offered a service in accordance with the policy which will ensure equity and reduce the amount of objectivity associated with interpreting operating procedures.

One of the primary impacts of this change (if adopted) will be on customers who receive transport as part of a funded package of care and support. It is possible that these changes will impact on this group of customers who are likely to be members of the elderly or disabled protected characteristic. Comprehensive data analysis of adult social care users who receive transport has been included below and has been used to determine the impact on this particular group.

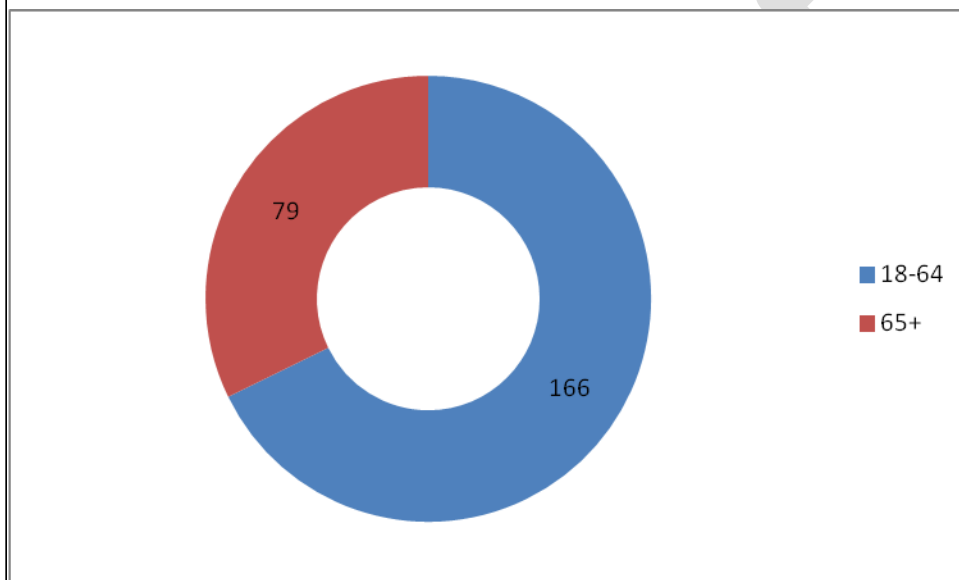
The tables below display the number of customers who use transport who may be effected by this change



The table below displays the ethnicity profile of customers who use transport services<sup>4</sup>



The chart below displays the age profile of customers who use transport



The ethnic and demographic data regarding customers in receipt of funded transport was used to identify the fact that if transport changes are agreed these changes will have the potential to impact on customers from a range of ethnic backgrounds and notably age groups. Consultation for this aspect will need to be made available to all to ensure all age groups are able to participate.

Information about the groups of people who may be effected by this policy are included in section 2A of this equality impact assessment.

There are some gaps in this data in the context of the proposed policy changes which will at least in part be met through the consultation with customers and communities. Notably the proposal to charge an arrangement fee for customers who have assets above the maximum threshold with eligible needs will impact on an unknown amount of customers. The Council is currently arranging a meeting with the local dom care market to discuss how it can work with the market to better understand the needs and wants of customers who fund their own care and indeed how many people pay for care privately in the community. This will help us establish the possible number of people who may require this service and the impact it might have on them.

The suspected financial impact will be limited as the cohort of people impacted by this change has assets above the threshold and can arrange care independently if they choose to do this.

This equality impact assessment is largely based on a period of twelve weeks consultation on the proposed changes which was completed through interaction with key voluntary and customer led organisations and open consultation to gather customers views and opinions about how the proposed changes might impact on them.

The consultation was made available to everyone living in Wiltshire via an online questionnaire and printed document but was proactively targeted at groups who were most likely to be affected including those in receipt of care services and their carers. Based on the responses the Council will be able to fully assess the impact of this proposal and develop a robust action plan that will ensure we can work with groups who may be impacted on to develop support networks which will mitigate these impacts.

Specific consultation activity for this policy will also be supplemented by engagement that has been going on with older people through the Local Area Boards for the past year. This engagement has suggested that older people feel the current system is complex and it can be difficult to find out the information they need easily. The clarity provided in the policy provides officers with a framework with which to begin improving this for older people living in Wiltshire. This engagement has also revealed that people are concerned about how they can remain socially active making use of the available transport networks. The policy will ensure equity in terms of how the Council provides transport for customers where this has been assessed as an eligible need but equally may have an adverse impact on some customers wellbeing. The consultation will include a specific question on this issue and it will form a key aspect of engagement with user led organisations and voluntary groups.

#### D- Consultation Data

A three month consultation was completed in order to gather people's views regarding the proposed policies. The consultation was based on an online survey that was available via the Council's consultation portal. Voluntary sector organisations were contacted to raise awareness of the policy and asked if they would like to produce organisational responses.

The low number of responses particularly in relation to the prevention policy was anticipated. The draft policy sets out how the Council will deliver on a statutory duty that will promote wellbeing and as such the level of public interest was not expected to be high. However it is recommended in the cabinet report that the community commissioning team investigate alternative means of engagement so as to generate interest for future Consultations.

A summary of the consultation responses can be found below;

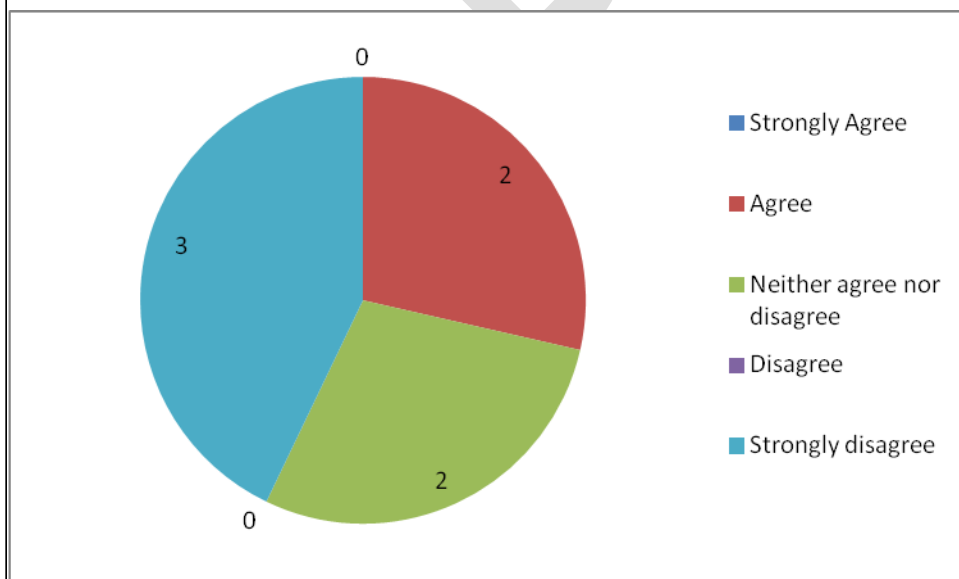
### Prevention Policy

#### Question 1

Wiltshire Council is proposing to charge for prevention services where it is able to do so. The decision whether to charge for a service will be based on an individual's ability to pay and the impact charging may have on the uptake of the service.

Do you agree it is reasonable for Wiltshire Council to charge for certain prevention services based on a person's ability to pay?

Total Responses-7



not be invested in at the cost of other services. The commissioning team is committed to developing an effective evidence base for investment in services and will use this feedback to support the planning of prevention services and those meeting eligible care and support needs.

**Question 4**

**Would you like to make any further comments about anything included in the proposed policy? If so please use the space below to record your views.**

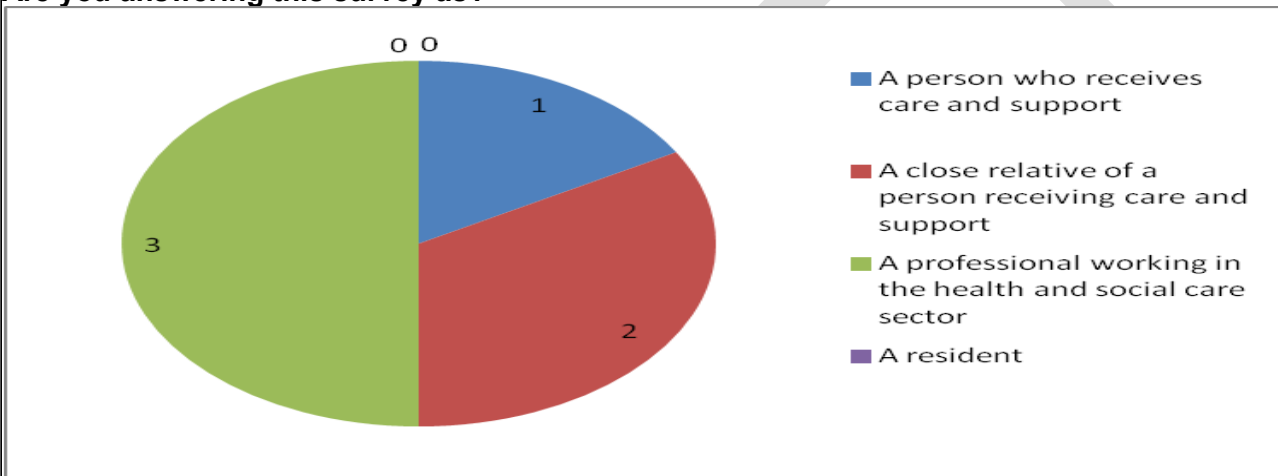
**Total Responses-2**

- I would ask the council to be more specific about what services it would see as "prevention" and how outcomes would be measured.
- One individual who identified themselves as a carer felt that withdrawing support might be the only way to highlight the need for prevention and asked the Council to "bear this in mind when determining how much support an individual needs, after all the need has already been agreed"

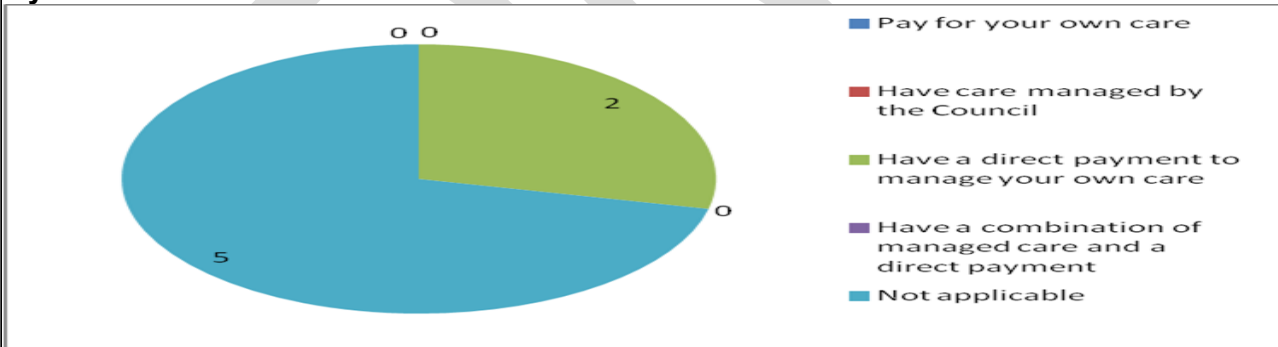
Demographic Information

Based on respondents

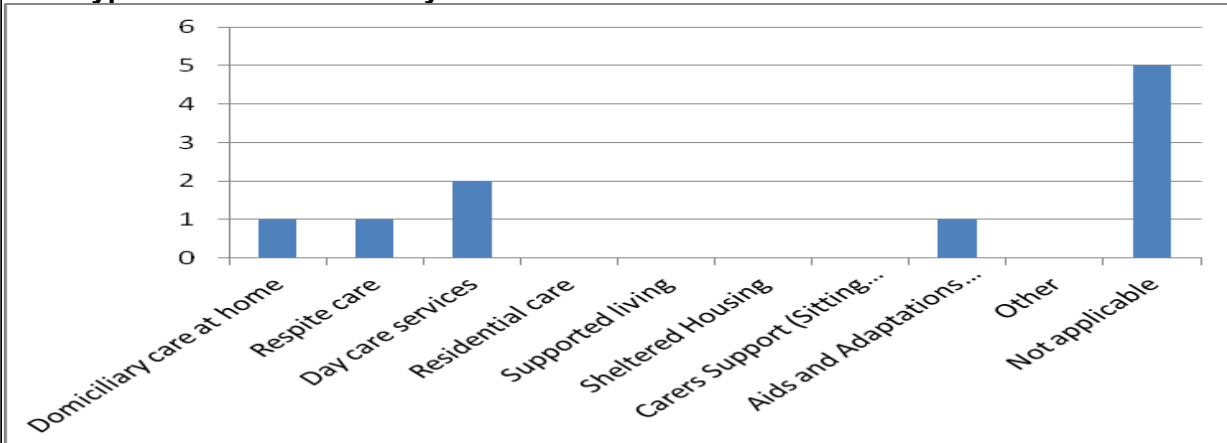
**Are you answering this survey as?**



**If you receive care services how is this done?**

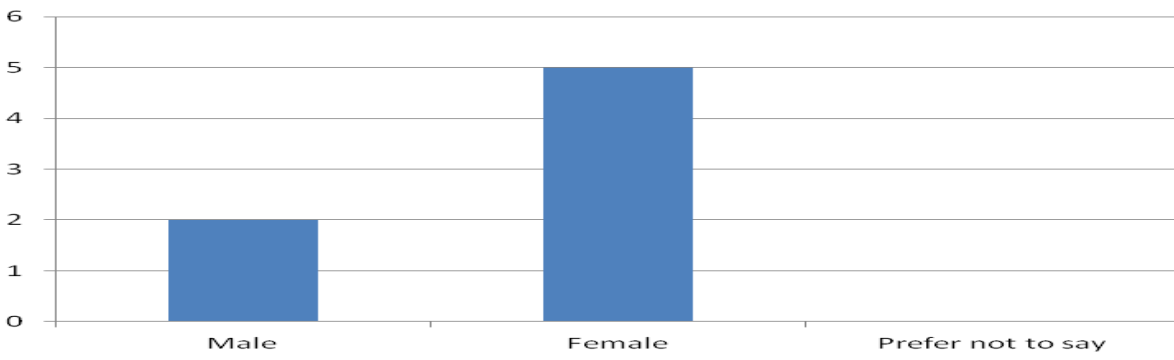


**What type of care services do you receive?**

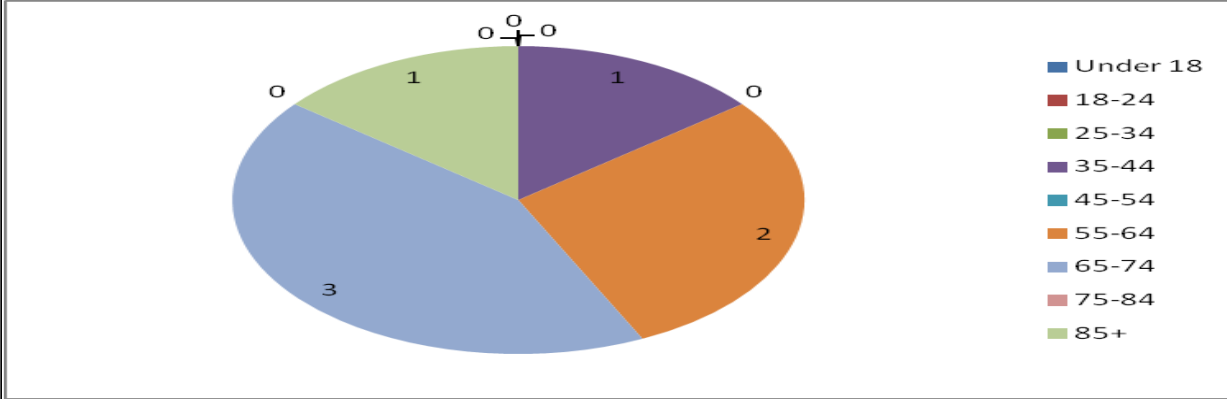


**What is your gender?**

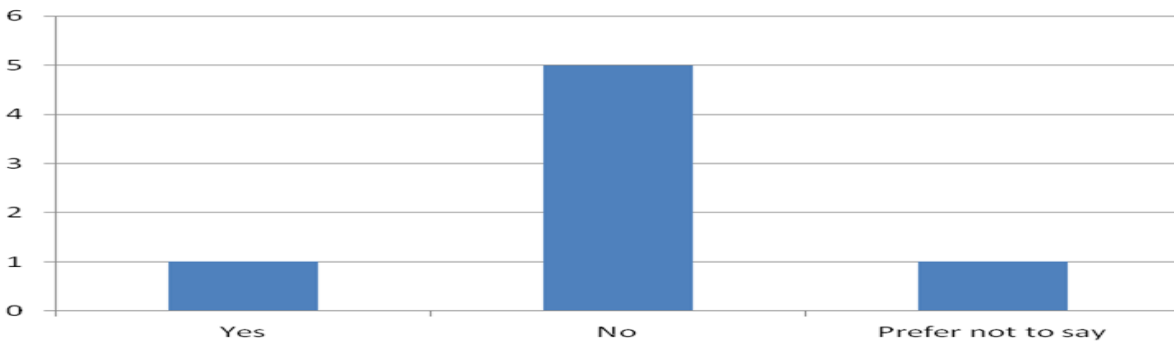




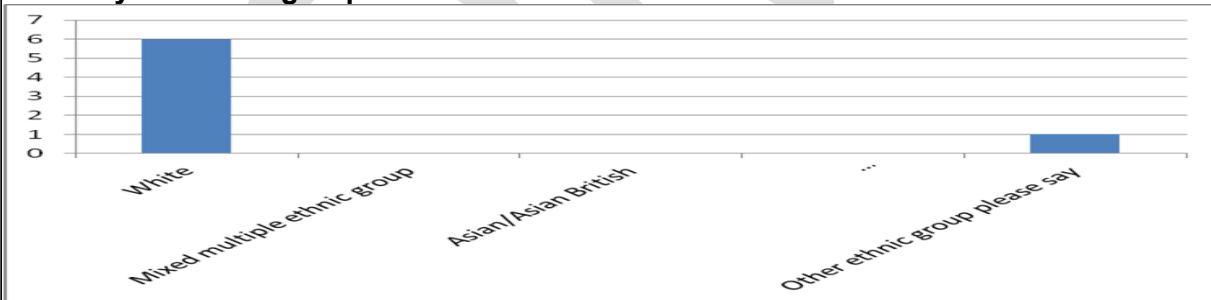
**What is your age range?**



**Do you consider yourself to have a disability or long term illness?**



**What is your ethnic group?**

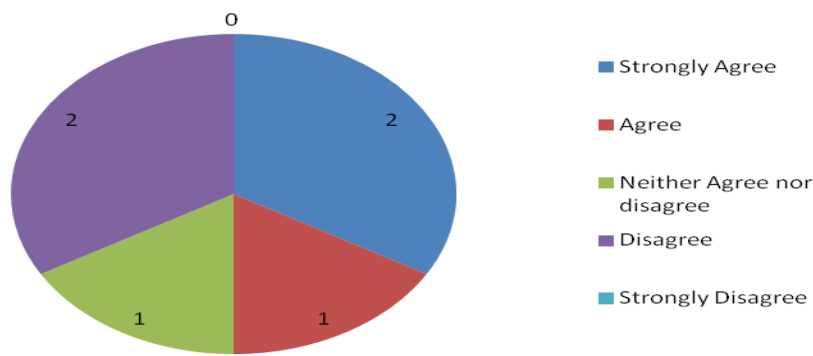


**General Policy Statement**

**Question 1**

**Do you think that it is reasonable that the Council invests in developing a range of care and support services including community services that are designed to prevent the need for traditional care services?**

**Total Responses-6**

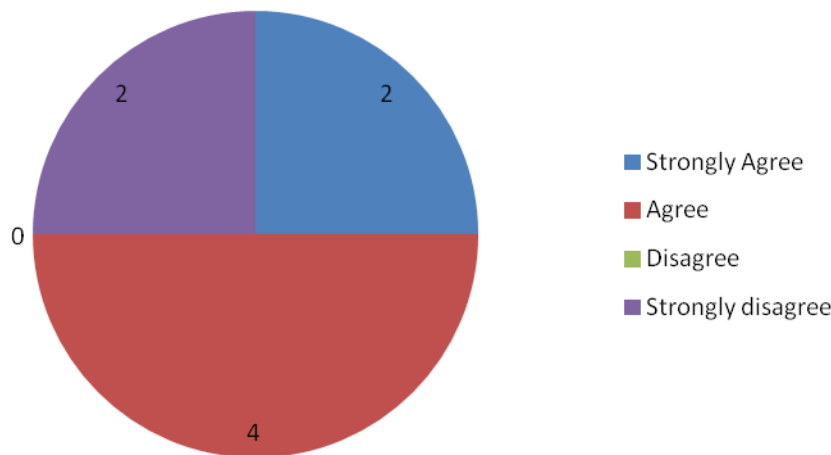


Opinion was split amongst responders, people who disagreed with the proposals commented that investment in prevention services should not be at the expense of other care and support services.

### Question 2

**The policy proposes that the Council will always support customers to live at home in the first instance and that only when the total life cost of a package exceeds that of supporting a customer in residential care will the Council consider a care home placement. Do you agree the Council should support people to live at home for as long as possible?**

**Total Responses- 8**

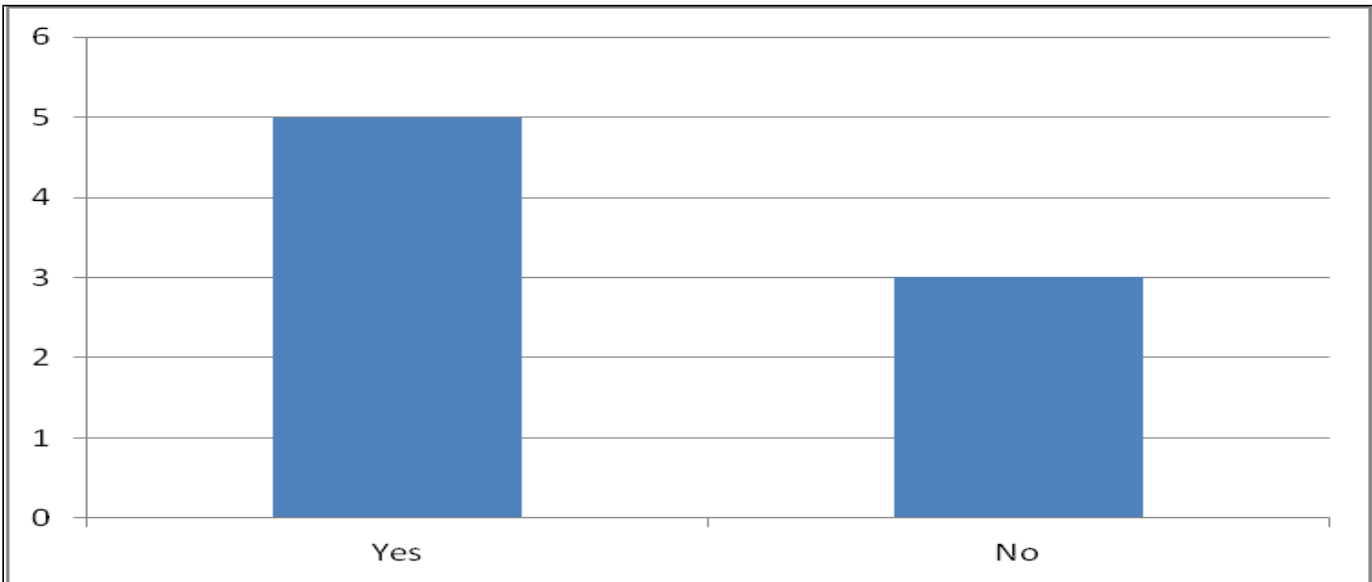


The majority of people supported this proposal, people who disagreed asked the Council to take full consideration of carers when assessing for care and support needs. The Council is committed to supporting carers and is working to ensure a hollistic approach is taken during an assessment of need.

### Question 3a

**Is it reasonable to ask people who have been assessed as having eligible care needs but have assets above the maximum threshold (currently £23,250) to pay the Council an administration fee for arranging their care and support?**

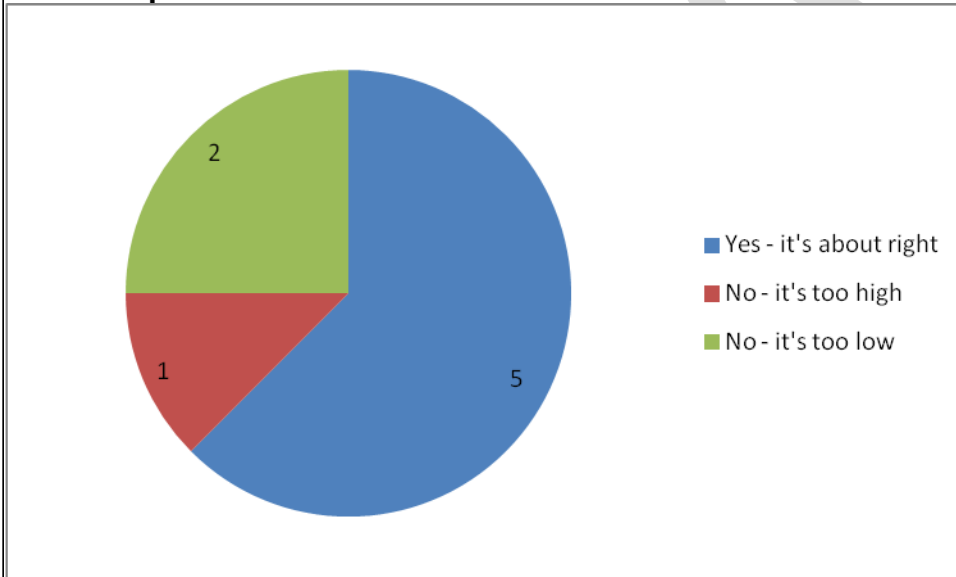
**Total Responses- 8**



**Question 4**

**Is a fee of £56.00 a fair amount to charge a self-funding customer described above to arrange a care package? Authorities have the discretionary power to charge an administration fee based on what it costs the Council to deliver this service. Costs will be different in each area but the proposed rate is approximately comparable with neighboring authorities who choose to charge for this service.**

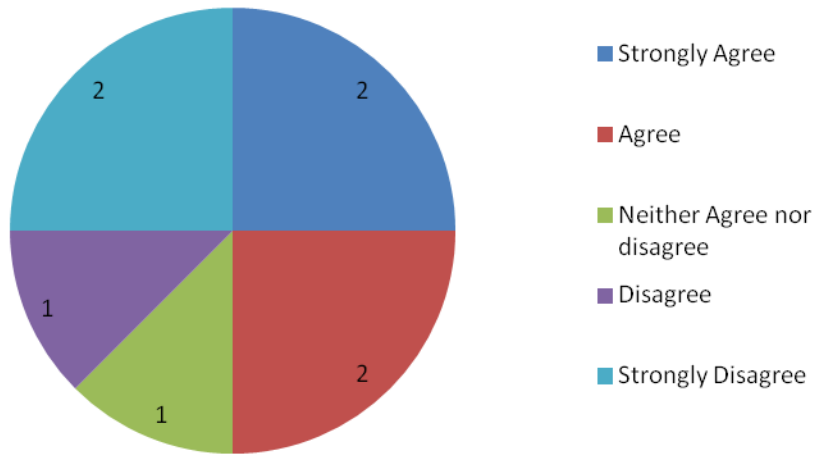
**Total Responses- 8**



**Question 5**

**The Policy states that transport will only be provided as part of a care and support package when it is meeting an eligible care and support need. When transport is provided it will only be provided to the nearest appropriate service, if customers choose an alternative service with additional transport costs the additional element of transport will not be funded. Do you agree it is reasonable that the Council supports eligible customers to the nearest appropriate service only?**

**Total Responses- 8**



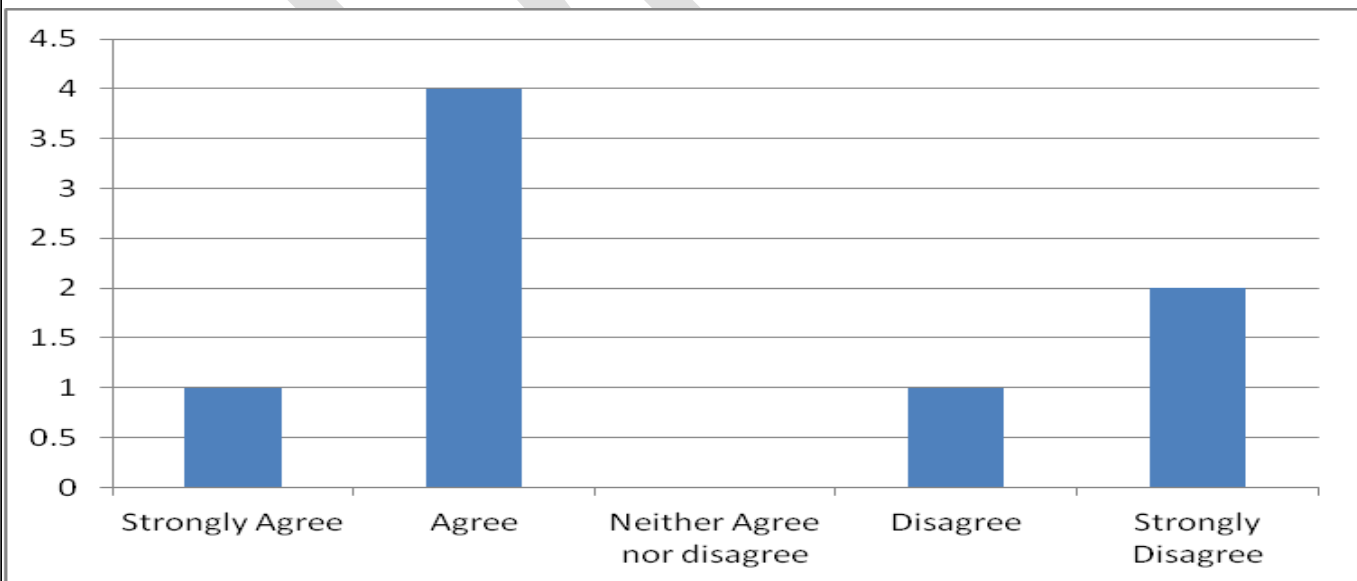
People who disagreed with this proposal suggested that this should only apply to those people in receipt of relevant benefits for instance mobility component of DLA. The policy does state that all relevant benefits would be taken into account and people may be supported to access the closest appropriate service. It is felt the current proposal ensures people use all applicable benefits and this is supplemented by the fact the Council remains committed in the charging policy to maximizing an individual's benefits where they may be entitled to additional support.

### Question 6

**Wiltshire Council will always offer at least one service that will meet a person's needs within their personal budget. Customers are able to choose from any appropriate service available. If this service is more expensive than the Council would reasonably expect to pay for a service customers may be asked to fund the difference.**

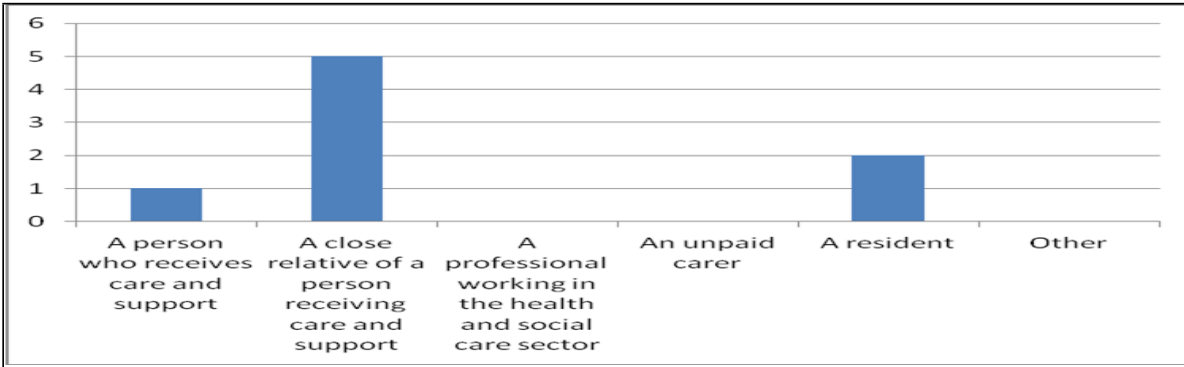
**Do you agree this is a fair approach?**

**Total Responses- 8**

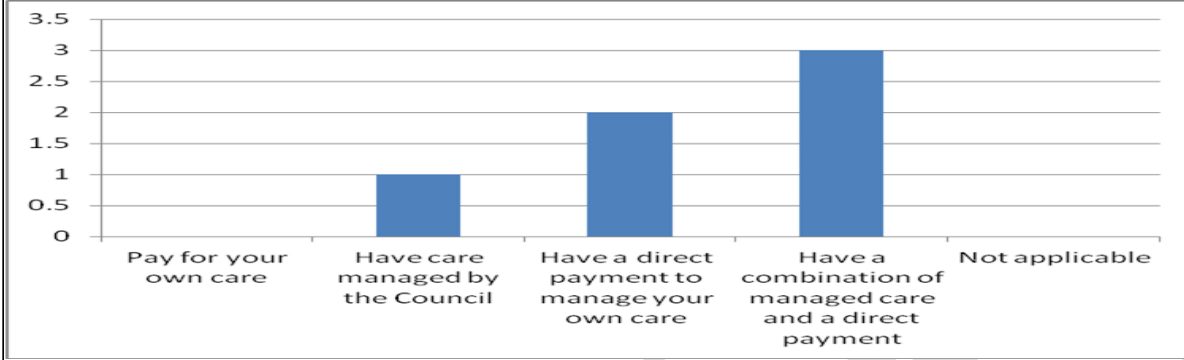


### Demographic Information (Policy Statement Survey)

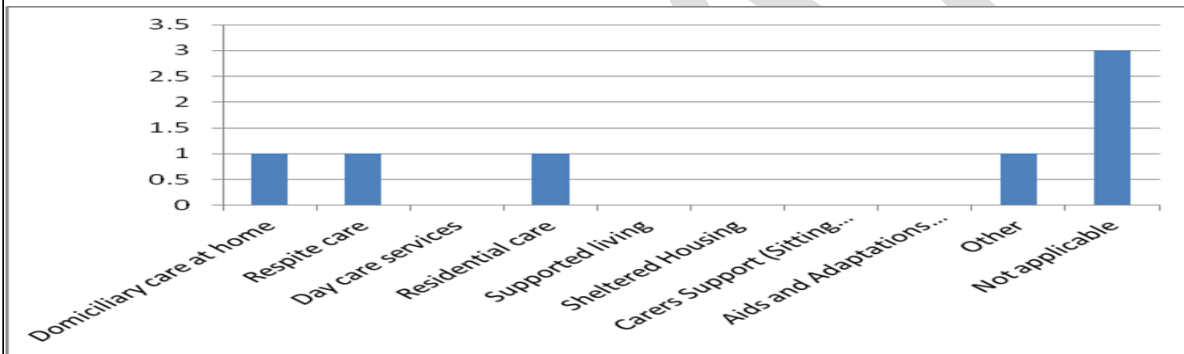
**Are you answering this survey as? (Figure 2.6)**



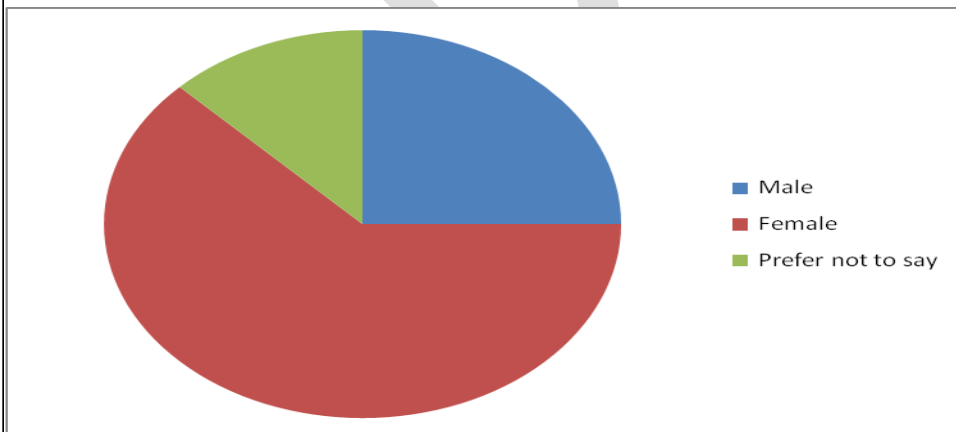
If you receive care services how is this done? (Figure 2.7)



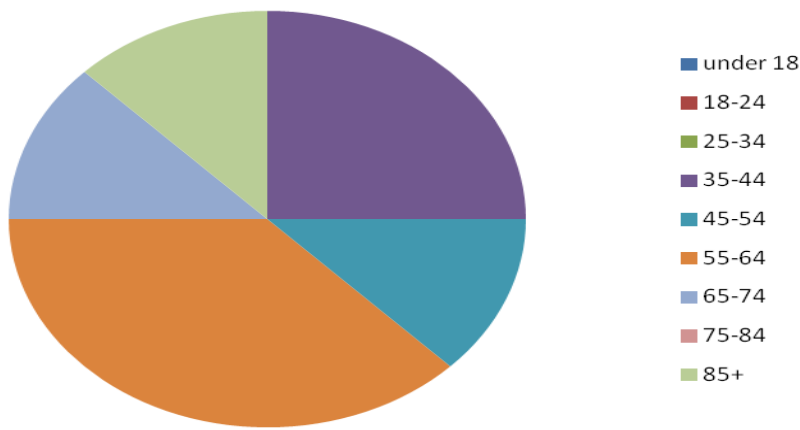
What type of care services do you receive? (Figure 2.8)



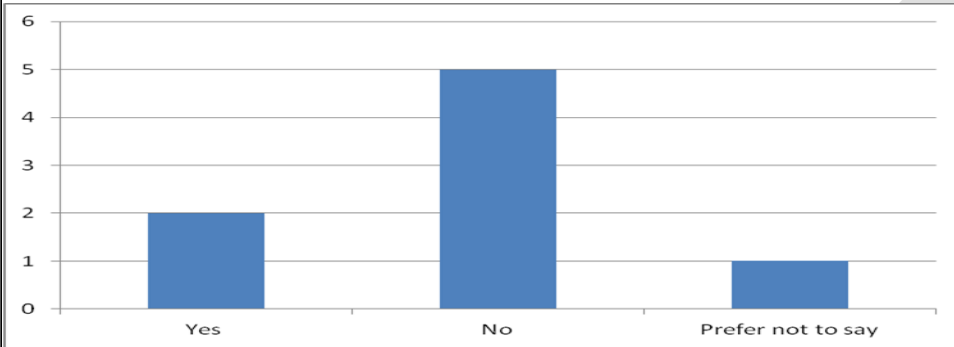
What is your gender? (Figure 2.9)



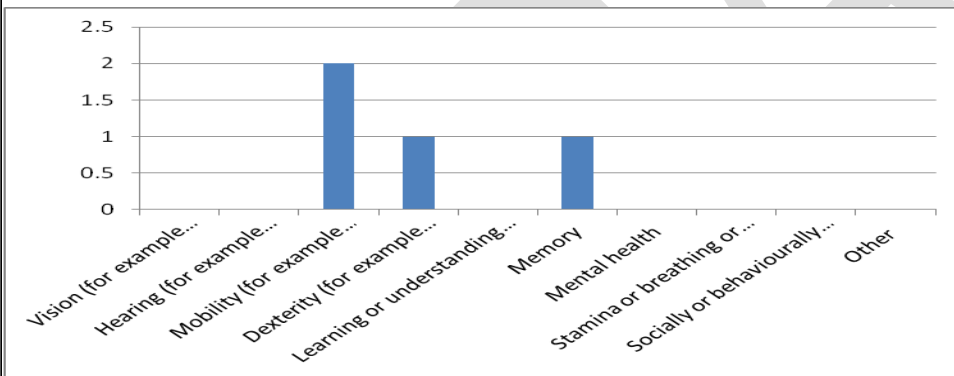
What is your age range? (Figure 2.10)



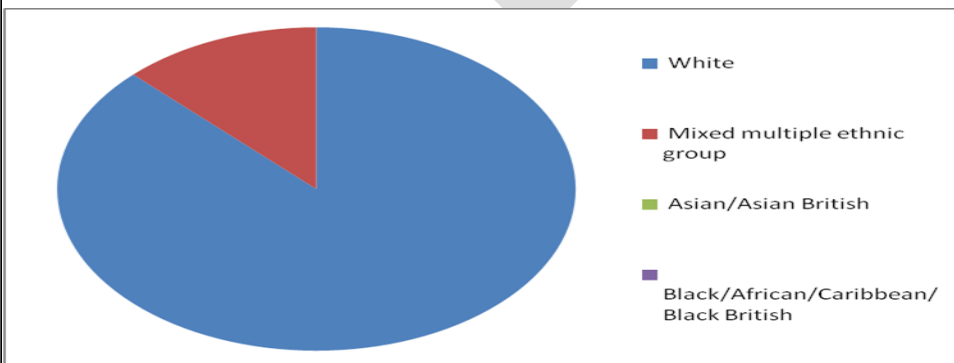
**Do you consider yourself to have a disability or long term illness? (Figure 2.11)**



**If you answered Yes above what is the nature of your disability? (Figure 2.12)**



**What is your ethnic group? (Figure 2.13)**



As noted above the low number of responses makes it challenging to analyse these results and as stated it is recommended the new policy officer explores creative means of engagement so as to encourage greater participation in the future. It is also proposed that work continues to monitor the impact of these policies so as to supplement the survey responses.

Overall the responses suggest the majority of respondents agree with the Councils proposals and that this policy reflects the principles and requirements in the Act. The majority of comments from people who disagreed with a proposal were based on utilizing benefits reasonably and ensuring that investment in one area of service did not generate changes in another.

The community commissioning team is developing a commissioning intentions document that will reiterate the focus on using data and evidence as the foundation for commissioning discussions and decisions. Investment in one service or another will be based on the cost benefit analysis associated with a particular intervention as well as engagement with customers.

DRAFT

DRAFT



DRAFT

DRAFT

#### Section 4 – Conclusions drawn about the impact of the proposed change or new service/policy

##### Prompts:

- What actions do you plan to take as a result of this equality analysis? Please state them and also feed these into the action table
- Be clear and specific about the impacts for each Protected Characteristic group (where relevant)
- Can you also identify positive actions which promote equality of opportunity and foster good relations between groups of people as well as adverse impacts?
- What are the implications for Procurement/Commissioning arrangements that may be happening as a result of your work?
- Do you plan to include equalities aspects into any service agreements and if so, how do you plan to manage these through the life of the service?
- If you have found that the policy or service change might have an adverse impact on a particular group of people and are **not** taking action to mitigate against this, you will need to fully justify your decision and evidence it in this section

DRAFT

As a result of this analysis it is clear a robust period of consultation is required to fully assess the potential impact these proposals will have on the community. The consultation process will be used to gather people's views on the policies which will be considered before the proposals are submitted to cabinet for a decision. This section of the document details some of the key actions that will be taken to fully assess the impact of the proposed changes and to ensure that people living in Wiltshire have the opportunity to have their say.

#### Actions

Action detail	By When	Responsible
VCS pre consultation workshop to identify available support networks	August 17th 2015	Adult Care Commissioning
Second VCS pre consultation workshop to discuss proposed documentation	September 4 <sup>th</sup> 2015	Adult Care Commissioning
Revised documents to be 'tested' with customers to assess accessibility and impact	September 2015	VCS stakeholders
Healthwatch to facilitate a targeted engagement plan for consultation with key stakeholder groups.	January 2015	Adult Care Commissioning
Stakeholder meeting with key partners to continue discussions initiated on the 17 <sup>th</sup> of August and to agree a set of 'key changes document' that will be used to supplement the consultation phase.	September 2015	Adult Care Commissioning
Questionnaire online and in paper format available to the public	March 2016	Commissioning team
Equality impact assessment updated based on consultation	June 2016	Adult Care Commissioning
Cabinet paper submitted	July 2016	Commissioning team
Any changes implemented	August 2016	Commissioning team

#### Impacts on protected groups

Protected Characteristics	
Age	A high percentage of customers who pay for care and support are older people (65 or older) Reducing disposable incomes on this group can have a large impact as few older people work in paid employment and a reduction in disposable income may lead to people not being able to afford activities and items that will have an adverse impact on wellbeing.
Disability	Many customers with eligible social care needs will have a diagnosed disability or will consider themselves to be disabled. This change will increase the amount disabled customers who receives funded care and support services will have to contribute towards care and support services. As with older people this group often has low disposable incomes and reducing this income may have a negative impact on wellbeing.
Gender Reassignment	No additional Impact
Marriage and civil partnership	No additional Impact
Pregnancy and Maternity	No additional Impact
Sex	No additional Impact
Sexual Orientation	No additional Impact
Other	Other groups that are likely to be effected by the proposed changes include carers who will be included in any pre consultation engagement to understand any specific impacts and to

The proposed policy (if adopted) will promote an equitable approach to social care practice by removing any ambiguities. This will ensure that everyone regardless of any protected characteristic contributes fairly for the social care services that they receive.

As a result of the consultation exercise the Council will be able to establish the groups that are likely to be impacted on if this policy is adopted. It may become clear that certain subgroups within cohorts of protected characteristic groups including older people or people with a disability will be particularly impacted upon by individual elements of the change. If impacts are identified targeted actions will be taken to ensure these groups are given every opportunity to comment on the proposed changes and these comments will be taken into consideration when making recommendations to cabinet.

The proposals included within the policy have the potential to impact upon large numbers of customers who receive care and support, their carers and those who may need care in the future. Subsequently the initial consultation will be broad and will comprise a combination of consultation aimed at specific groups as well as the general population. General consultation will include a questionnaire that will be available through the Councils website and in paper format if requested. A range of service providers, organisations and key stakeholders will be informed as to the details of the consultation so that they are given every opportunity to comment and are able to facilitate awareness raising amongst people who may be interested in getting involved.

An engagement workshop was held with key voluntary sector (VCS) and user led organisations (ULOs) with the objective of utilizing existing support networks and working with the Council to establish if any other support opportunities are required. These organisations will be kept fully informed of progress in relation to the policies including but not limited to informing stakeholders when the consultation is publically available so that they can work with their members to encourage people to share their views.

Subsequently a further session was held with key partners. This session generated a range of feedback about the proposed consultation documents. Based on this session further drafts of the documents and questions were produced and provided in draft format to key organisations so that they could be 'tried' with target customer groups. This will allow commissioners to establish if the documents are accessible to customers and ensure the impact of the policies is robustly assessed through the consultation phase.

The responses will be collated and will be included in a proposal to cabinet which will set out what if any aspects of the proposed changes should be taken forward and adopted. The responses of stakeholders and individuals will be considered and included for cabinets consideration. Individual actions may be added to this equalities impact assessment based on the views expressed during the consultation.

The proposed changes will inform commissioning strategy and actions but do not have direct procurement implications at this stage.

In summary this assessment has concluded that if this policy is adopted it will impact upon groups within Wiltshire Community. Mitigating actions have been put in place which will reduce the impact of this proposed change on customers. These mitigating actions will be refined based on feedback from the affected groups and the decision by cabinet to implement all or aspects of the proposed policy.

**\*Section 5 – How will the outcomes from this equality analysis be monitored, reviewed and communicated?**

Prompts:

- Do you need to design performance measures that identify the impact (outcomes) of your policy/strategy/change of service on different protected characteristic groups?
- What stakeholder groups and arrangements for monitoring do you have in place? Is equality a standing agenda item at meetings?
- Who will be the lead officer responsible for ensuring actions that have been identified are monitored and reviewed?
- How will you publish and communicate the outcomes from this equality analysis?
- How will you integrate the outcomes from this equality analysis in any relevant Strategies/Polices?

Engagement with customers who may be effected by the changes will be ongoing and the Council will where appropriate continue to co produce commissioned services will those who will be effected by a particular service this approach will help the Council to monitor the practical implementation of this policy and to ensure it is being applied equitably across all customer groups.

The Community Commissioning team will lead on the implementation and review of these policies although it should be noted that these 'general' policies will impact on customers with specialist needs and as such this monitoring will need to be completed in partnership with representatives from the joint commissioning team. The Community Commissioning team has recently recruited to a policy and performance officer post who will be responsible for working with commissioners so as to ensure these policies generate changes in practice and culture and to develop operational guidance.

Wiltshire Council engages regularly with user led organisations which represent customers from across the groups who are most likely to require care and support. During ongoing engagement officers will monitor the impact of any changes that are taken forward. Bespoke and targeted monitoring may be required based on customers response to the consultation and will be added to this equality impact assessment.

In addition to this VCS partners who have been involved in the development of consultation documents and have will have facilitated the engagement process will be asked to continue to monitor the impact of any changes. It is proposed the dialogue maintained throughout this process is continued after the consultation period so as to establish the impact of any changes if agreed on customers. This information will then be used to ensure existing support networks are mobilized to support customers who may have been impacted by any policy changes.

**\*Copy and paste sections 4 & 5 into any Committee, CLT or Briefing papers as a way of summarising the equality impacts where indicated**

Completed by:	Olly Spence
Date	31 <sup>st</sup> May 2016
Signed off by:	
Date	
To be reviewed by:	
Review date:	

For Corporate Equality Use only	Compliance sign off date:	
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**Equality Impact Issues and Action Table** (for more information on protected characteristics, see [page 7](#))

Identified issue drawn from your conclusions (only use those characteristics that are relevant)	Actions needed – can you mitigate the impacts? If you can how will you mitigate the impacts?	Who is responsible for the actions?	When will the action be completed?	How will it be monitored?	What is the expected outcome from the action?
<b>Age</b>					
A large number of people who receive social care and support are older people, subsequently large numbers of older people living in Wiltshire may be effected by the proposed changes.	A program of engagement with key stakeholders and user led organisations will be completed during the consultation. This will ensure that the maximum numbers of older people possible are supported to engage with the consultation and have their say. The views collected will be considered when making final proposals to cabinet.	Andrew Osborn	October 2015	Number of consultation responses, level of engagement during pre consultation and engagement phase.	Older people who are likely to be effected by the policy shall be given the opportunity to give their views. Feedback gathered during the consultation phase will be considered before the final policy is submitted to cabinet.
It is clear large numbers of customers will be effected by the proposed policy changes. This includes people who are not currently in receipt of care services.	Broad public consultation process aimed at understanding peoples views on the policies and specifically focused on how the changes if agreed will impact on customers now and in the future	Andrew Osborn	September 2015	Number of consultation responses, level of engagement during pre consultation and engagement phase.	People who may be effected by the policies will be given the opportunity to comment and feedback. Views will be considered before final documents are sent to cabinet.
The analysis has made it clear that in addition to older people young people with a disability may also be impacted on by these proposed changes.	Groups which represent users from a range of age groups and disability groups will be involved in the consultation process in advance of the public consultation phase. Healthwatch Wiltshire will work with users from a range of backgrounds so as to help people understand the changes and engage with the consultation process.	Andrew Osborn	October 2015	Age profile of survey respondents	As many people as possible supported to engage with the consultation process including representatives of a range of age groups and disability groups.

<b>Disability</b>					
As above					
<b>Gender Reassignment</b>					
As above					
<b>Marriage and Civil Partnership</b>					
As above					
<b>Pregnancy and Maternity</b>					
<b>Race</b> (including ethnicity or national origin, colour, nationality and Gypsies and Travellers)					
The analysis above has identified that while the demographic profile of customers who will be effected is predominantly white British there are a number of other ethnic groups who may be effected by the change.	All documents will include clear statements setting out that they are available in alternative formats at a customers request.	Andrew Osborn	October 2015	Documents to include option to be made available in alternative formats.	People who are not able to access standard documentation will be given the opportunity to engage with the consultation and give feedback on the proposals.
<b>Religion and Belief</b>					
As above					
<b>Sex</b>					
As above					
<b>Sexual Orientation</b>					
<b>Other</b> (including caring responsibilities, rurality, low income, Military Status etc)					
Carers and the people they care for are likely to be effected by the proposed changes.	Carers support organisations will be actively involved in the consultation process so as to ensure carers views are collated.	Andrew Osborn	September 2015	Number of responses from carers	Carers views will be considered and included.



<p>As a result of the fact that changes to the charging policy may increase the number of people with assets below the financial threshold who contribute one hundred percent of their care package it will be important to ensure clear messages are distributed to staff setting out the fact customers remain local authority funded even if they make a full contribution.</p>	<p>FAQ to be added to the care act intranet page and message to be distributed via operational senior management.</p>	<p>Andrew Osborn</p>	<p>October 2015</p>	<p>Number of questions raised by staff and customers- Number of full cost customers</p>	<p>Customers will still be treated as eligible customers despite the fact a one hundred percent contribution is made.</p>
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**Appendix one**

**Summary of changes**

**Policy change**

1. Prevention
2. Policy Statement
3. Charging

These documents set out clearly what the proposed policies will change if they come into effect. The document should be read with the full policies which provide further detail about how these proposals will work in practice.

It is important to note that these policies are **proposals only** at this stage and no changes will be made until after the consultation process has been completed, feedback has been considered and cabinet have made a decision.

**1. Prevention Policy**

Key Proposal	How (if at all) is this different
The Council will work to prevent reduce and delay needs arising across the population.	Council prevention activity is now a legal requirement.
Wiltshire Council will prioritise prevention activities when it is likely prevention interventions will reduce the likelihood of an admission to hospital, reduce the likelihood of an admission to residential or nursing care or will reduce the likelihood of a person developing needs that will impact on their ability to live independently.	Policy sets out clearly when Wiltshire Council will prioritise prevention
The Council will facilitate universal, secondary and tertiary prevention activities.	The Council already buys or supports activity across all three levels, the policy provides clarity as to what services will be developed at each of the three levels of prevention.
The Council will always consider how prevention might help a customer before an assessment of need	This statement reflects a change in the way the Council will try to work

is completed.	with customers increasingly taking a proactive approach to reducing needs rather than responding at a point of crisis.
The Council will always look to provide information and advice so that people can help themselves before considering other prevention services.	As a result of the Care Act the Council is increasingly developing information and advice for customers that means they can help themselves and do not need Council services.
Information and advice will not be charged for	No Change
The Council may charge for some prevention services (where it is allowed in legislation). The decision to charge for a service will be based on the level of risk to a customer and their ability to pay. Light touch financial assessments will be used to help the Council determine a person's ability to pay (customers will always be offered a full financial assessment if that is their choice)	The Council already charges for some prevention services such as community day care. The policy adds clarity for customers and staff as to when charges for prevention services will be considered.

**2023 Policy Statement**

Key Proposal	How (if at all) is this different
The Council will work to prevent reduce and delay needs arising across the population.	Council prevention activity is now a legal requirement.
Assessments will not be a gateway into services and everyone will receive information, advice and possibly support to help them to achieve their goals.	Makes it clear that the Council will promote wellbeing across the population and not just for those who have care and support needs.
The Council will apply the national minimum eligibility criteria after prevention services have been provided or considered.	The Council previously met the needs of customers who had substantial or critical needs based on the old FACS criteria. The Care Act introduces a new set of eligibility criteria.
The Council will meet people's needs with the minimum appropriate intervention.	No Change

Support does not always mean traditional care and support services and may include information and advice, community organisations or personal resources.	Makes it clear that the Council will work with you to identify how you can use your own strengths to meet eligible needs before organising care services.
Everyone who is eligible will be advised of an indicative personal budget before a support plan is created.	People will be given an estimate of how much it will cost to meet their care and support needs. Previously people were not told how much support would cost until after the plan was agreed.
Everyone will receive a personal budget which is the amount of money needed to pay for care and support needs.	Personal budgets are now a legal requirement for everyone who is eligible.
The policy sets out the amount of money that will be used to calculate the reasonable cost of a care package based on what the Council currently buys similar services for.	The amount of money customers received as a direct payment or for a direct service was based on how the support plan met a customer's assessed needs.
The Council will charge an administration fee for deferred payments (in accordance with previous consultation)	No fee was charged
The Council will exercise its power to charge contributions for people who receive care and support services (not carers)	No Change
The Council will charge an arrangement fee to set up care packages for customers who have eligible needs who live at home but have assets above the maximum financial threshold.	No charge is currently made for this service.
Support Plan Reviews can happen at any time but will always take place at least once a year.	No Change
The Council will only consider meeting needs through residential/nursing care provision once the whole life costing of a care package to support a customer at home exceeds that of residential/nursing care.	No Change, the policy provides more clarity about how this will work in practice.
Equipment under the value of £1000 provided to meet eligible needs will be provided free to customers. If a	No Change

customer does not have eligible needs information and advice will be provided to help the customer find the equipment they need.	
The Council will always ensure that there is at least one reasonable option available to customers to meet their needs before offering services where a third party top up will be required.	No Change
The Council will not fund any services that are required to meet health needs.	No Change
Transport services will only be funded for customers for whom transport is an eligible need in line with the National eligibility criteria.	Transport is funded based on the previous transport policy.
Transport will only be funded for customers to the nearest appropriate service. Customers who choose to use a service that requires a higher transport cost than the nearest appropriate service will be asked to top up.	In some instances the Council funds transport to services other than the nearest appropriate service.

### 3. Charging Policy

Key Proposal	How (if at all) is this different
Financial Assessments will be completed to determine contributions after an individual's eligible care and support needs have been assessed.	No Change
Carers services will not be charged for	No Change
The Council will not charge for any services it is not permitted to charge for under the Care Act or other relevant legislation.	No Change
The Council will ensure it widely publishes information about how contributions are calculated and will keep this information updated as required.	
Customers who have eligible needs will be given an indicative budget before the support planning process is completed.	Customers were previously not made aware of the likely cost of their support plans.
The Council will determine if an individual will need to make a contribution towards care services based on the threshold set nationally.	No Change

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The Council will take into account one hundred percent of a customer's income when establishing contributions for customers whose eligible needs are met in a care home setting.	No Change.
The Council will apply a standard charge for customers going into residential care for a short period (up to eight weeks)	No Change
The Council will charge customers an arrangement fee. This service will be available to customers who have eligible needs and require care at home services but have assets above the maximum threshold.	
Deferred payments shall be offered in accordance with the deferred payment policy. Deferred payments will incur an administration fee, interest fees and valuation fees.	No interest, administration or valuation fee is charged.
The Council will take into account all capital and income when calculating contributions for customers who receive care at home services.	Currently only 80% of a customer's disposable income is taken into account when calculating contributions for customers who live at home.
The Council will continue to allow a range of disability related expenses (DRE) as essential expenditure. This expenditure will not be counted as part of your disposable income.	The list has been revised and is attached below- the following items represent significant changes.
Attendance allowance- the amount taken into account will be the amount received	Previously only the lower rate of attendance allowance was taken into account even if the higher rate was received.
Expenditure on continence products has been removed as a disability related expense	Previously included



## Appendix 4

Document produced by Healthwatch Wiltshire to support engagement with customers to establish the impact of the proposed changes.



**DRAFT** and for discussion on 4 September 2015

### Engagement to support the consultation on Wiltshire Council's Adult Social Care (ASC) policies

#### 1. Background

Wiltshire Council is proposing to make changes to three of its ASC policies:

- Statement of policy on Adult social care and support
- Prevention policy
- Charging policy ('determining contributions to personal budgets')

Wiltshire Council has said that the decisions to update the policies '*... Have been made based on the requirement to make the best use of available resources, to ensure compliance with national legislation and so as to ensure there is clarity for customers and officers who may be effected by care and support services.*'<sup>5</sup>

The Council intends to consult on the revised policies through a period of formal consultation which will run from xxxx to xxxxx.

A 'pre-consultation' workshops was held with a number of voluntary sector organisations on 17 August 2015. The purpose was '*to work with key partners from the voluntary sector and user led organisations to discuss proposed changes to policy and identify how we can work together to ensure existing support networks are available to people who may be affected by the changes*'<sup>6</sup>. Feedback from participants included:

- Provide clear and accessible information to support the consultation
- Promote the consultation widely
- Create opportunities for people to share their views
- Explain clearly what is different about the revised policies and the implications of the changes on a Wiltshire-wide and individual basis
- The importance of ensuring that organisations which provide a service (voluntary or otherwise) are kept well informed about the consultation so that they can respond appropriately to any questions or concerns.

A second 'pre-consultation' workshop is arranged for 4 September 2017 at which a draft Equality Impact Assessment will be discussed. This draft engagement plan will also be discussed.

#### 2. Healthwatch Wiltshire's (HWW) role

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<sup>5</sup> Equality Impact Assessment, Wiltshire Council

<sup>6</sup> Taken from agenda for meeting



HWW is an independent organisation which has a statutory role in speaking up for local people on health and social care issues. HWW is committed to making sure that local people have the information they need to form a view on any proposed changes to health or social care. HWW is also committed to making sure that people have the opportunity to have their say. HWW does not have a corporate view on the proposed changes to the ASC policies. HWW's role, in respect to the consultation, is to:

- Make suggestions about the process to ensure it represents good practice
- Promote the consultation to local people
- Facilitate opportunities for local people to have their say on the proposed changes
- Reflect what people say to HWW (about the consultation) to Wiltshire Council<sup>7</sup>

Wiltshire Council will maintain overall responsibility for the consultation and for the final decision making process.

### **3. Desired outcome**

The desired outcome is that as many people as possible have the opportunity to have their say during the consultation and that Wiltshire Council takes into account what people say when it formulates the final policies.

The effectiveness of the consultation depends on:

- The availability of good quality accessible information.
- Appropriate time for people to give their views (minimum of 12 weeks taking into account any holiday periods)
- The consultation questions must be carefully designed so as not to introduce any bias

HWW expects Wiltshire Council to take responsibility for delivering the elements described above. However, HWW hopes that Wiltshire Council will consult with it (and other voluntary sector partners) on them.

### **4. Approach**

It is important that current and future users of adult social care services have the opportunity to have their say. On this basis it is proposed that HWW convenes and facilitates a number of meetings which are open to the wider public as well as current service users (say 4-6 meetings held in different parts of Wiltshire). Wiltshire Council will need to send an appropriate representative to explain the policies and answer any questions. HWW will facilitate the discussions and record what people say so that this can be reflected in its final report.

Local voluntary sector organisations and user led organisations may want to give their members or service users the opportunity to have their say. These organisations may want to coordinate their own engagement opportunities and make their own responses to the Council on the consultation. However, if a local organisation would like HWW to facilitate a separate opportunity for its members or service users then HWW will do its best to accommodate this.

HWW will, through its regular scheduled engagement, ask people to answer the consultation questions.

The draft Equality Impact Assessment identifies current adult social care customers and their primary support need as well as age (18-64 and over 65s). Current ASC

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<sup>7</sup> HWW has full editorial and publishing rights for the reports it prepares. Its reports are based on what local people say about their experiences of, and views about, health and care in Wiltshire. All reports are in the public domain.

customers can be reached as they are known to Wiltshire Council. The Council is proposing to write to these customers. It is important that the letters are easy to understand and that people have the option to speak to someone directly if they have questions and that they are advised about how they can share their views.

It is important that people who are typically harder to reach have the chance to be informed about the consultation and to have their say. People who are often harder to reach include:

- People who provide unpaid care to family members or friends
- People who fund their own care and support
- People who do not use social care services
- Working people
- Black and minority ethnic people

HWW will promote the consultation through its usual communication channels. There will be a need for Wiltshire Council, and other organisations, to consider how it will promote the consultation.

#### 5. Timeframe

**To be completed and dependent on Council's formal consultation 'window'**

## Calculating the Equalities Risk Score

You will need to calculate a risk score twice:

1. On the inherent risk of the proposal itself (without taking into account any mitigating actions you may identify at the end of the Equality Analysis (EA) process)
2. On the risk that remains (the residual risk) after mitigating actions have been identified

This is necessary at both points to:

- Firstly, identify whether an EA needs to be completed for the proposal and;
- Secondly, to understand what risk would be left if the actions identified to mitigate against any adverse impact are implemented

### **Stage 1 - to get the inherent risk rating:**

1. Use the [Equalities Risk Criteria Table](#) below and score each criteria on a scale of 1 - 4 for the impact and their likelihood of occurrence. Multiply these 2 scores together (Likelihood x Impact) to get an overall score (this will range from 1 – 16)
  2. Consider the scores and if any one aspect scores a 4 then this is likely to outweigh all others. On this basis determine the appropriate score for the risk. (Do not average scores since this will almost always produce a low – average scored risk)
- Assess whether you need to carry out an EA using the guidance box below (stage 2)
- If an EA is needed (i.e. your score is above 3) make a note of your inherent score using the red, amber, green colour rating on the [first page](#) of the EA template

### **Stage 2 - to identify whether an EA needs to be carried out:**

If your inherent risk score is:

**12 – 16 or Red** = High Risk. **An Equality Analysis must be completed.** Significant risks which have to be actively managed; reduce the likelihood and/or impact through control measures.

**6 – 9 or Amber** = Medium Risk. **An Equality Analysis must be completed.** Manageable risks, controls to be put in place; managers should consider the cost of implementing controls against the benefit in the reduction of risk exposure.

**3 – 4 or Green** = Low Risk. **An Equality Analysis must be completed**

**1 – 2 or Green** = Low Risk. **An Equality Analysis does not have to be completed**

**Stage 3 - to get the residual risk rating:**

1. Repeat the process above when mitigating actions have been identified and evidenced in the [table](#) on page 3 to calculate the **residual risk**
2. Make a note of the residual risk score using the red, amber, green colour rating on the [first page](#) of the EA template

Equalities Risk Criteria Table

Impact Criteria	Low 1	Moderate 2	Substantial 3	Critical 4
<b>Legal challenge</b> to the Authority under the Public Sector Equality Duty	Complaint/initial challenge may easily be resolved	Internal investigation following a number of complaints or challenges	Ombudsman complaint following unresolved complaints or challenges	Risk of high level challenge resulting in Judicial Review
<b>Financial costs/implications</b>	Little or no additional financial implication as a result of this decision or proposal	Medium level implication with internal legal costs and internal resources	High financial impact - External legal advice and internal resources	Severe financial impact - legal costs and internal resources
<b>People impacts</b>	No or Low or level of impact on isolation, quality of life, achievement, access to services. Unlikely to result in harm or injury. Mitigating actions are sufficient	Significant quality of life issues i.e. Achievement, access to services. Minor to significant levels of harm, injury, mistreatment or abuse OR, low level of impact that is possible or likely to occur with over 500 people potentially affected	Serious Quality of Life issues i.e. Where isolation increases or vulnerability is greatly affected as a result. Injury and/or serious mistreatment or abuse of an individual for whom the Council has a responsibility OR, a medium level of impact that is likely to occur with over 500 people potentially affected	Death of an individual for whom the Council has a responsibility or serious mistreatment or abuse resulting in criminal charges OR High level of impact that is likely to occur, with potentially over 500 people potentially affected
<b>Reputational damage</b>	Little or no impact outside of the Council	Some negative local media reporting	Significant to high levels of negative front page reports/editorial comment in	National attention and media coverage

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**Equalities Risk Matrix**

		Acceptable		Actively managed	
Impact	Critical (4)	4	8	12 Significant Risk	16 Significant Risk
	Substantial (3)	3	6	9	12 Significant Risk
	Moderate (2)	2	4	6	8
	Low (1)	1	2	3	4
		Very Unlikely (1)	Unlikely (2)	Likely (3)	Very Likely (4)
<b>Likelihood of occurrence</b>					

## **The protected characteristics:**

**Age** - Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds). This includes all ages, including children and young people and older people.

**Disability** - A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

**Gender reassignment** - The process of transitioning from one gender to another.

**Race** - Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

**Religion and belief** - Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

**Marriage and civil partnership** - Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationships legally recognised as 'civil partnerships' and from 29<sup>th</sup> March 2014, same-sex couples can also get married at certain religious venues. Civil partners must be treated the same as married couples on a wide range of legal matters.

**Pregnancy and maternity** - Pregnancy is the condition of being pregnant.

Maternity refers to the period of 26 weeks after the birth, which reflects the period of a woman's ordinary maternity leave entitlement in the employment context.

**Sex (this was previously called 'gender')** - A man or a woman.

**Sexual orientation** - Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

You are also protected if you are discriminated against because you are **perceived** to have, or are **associated** with someone who has, a protected characteristic. For example, the Equality Act will protect people who are caring for a disabled child or relative. They will be protected by virtue of their association to that person (e.g. if the Carer is refused a service because of the person they are caring for, this would amount to discrimination by association and they would be protected under the Equality Act)

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# Adult Social Care

Statement of Policy on Adult Social Care and Support

## Glossary

Policy	A document that explains how Wiltshire Council will make decisions about a particular area or areas. Policies are used to make it clear to everyone what they can expect from Wiltshire Council
Consultation	This is when the Council shares its ideas about a proposal to gather the views of communities and people who may be affected if the changes are agreed. Wiltshire Council will consider feedback gathered during the process and may make changes before submitting the proposal to elected members who make decisions.
Care Act (2014) Regulations Guidance	The law that sets out how local authorities must deliver care and support services in England. The policy has been developed so as to comply with the requirements of the Care Act, The Care and Support (Charging and Assessment of Resources) Regulations 2014 and the Care and Support Statutory Guidance
Wellbeing	This concept is central to the Care Act and must inform all of an local authority's activities. There is no one definition of wellbeing and it is a broad concept. Considerations of wellbeing will take the following into account; <ul style="list-style-type: none"> <li>•Personal dignity</li> <li>•Physical and mental health and emotion well-being</li> <li>•Protection from abuse</li> <li>•Control by the individual over day-to-day life</li> <li>•Participation in work, education, training, or recreation</li> <li>•Social and economic well-being</li> <li>•Domestic, family and personal</li> <li>•Suitability of living accommodation</li> <li>•The individual's contribution to society</li> </ul>
Carer	A carer is someone (aged 18 or over) who helps another person in their day to day life, who could not manage without that support and often is a relative or friend. This is not the same as someone who provides care professionally or through a voluntary organisation
Eligible Needs	Needs that meet the criteria set out in the Care Act and as such must be met by the Council based on your financial situation
Information	Communication of relevant knowledge and facts regarding care and support.
Advice	Helping to identify choices and/or providing an opinion or recommendation regarding a course of action in relation to care and support
Duty	What the Council is legally required to do.
Discretionary Power	Powers Wiltshire Council can exercise but are not legally required to do so

## Terms included in this Policy

Information Portal	<a href="http://www.yourcareyoursupportwiltshire.org.uk">www.yourcareyoursupportwiltshire.org.uk</a> an information and advice website including information about health and social care in Wiltshire
Assessment of Eligibility	A conversation with a individual or carer that is recorded in writing, to establish if they have care and support needs that meet the National eligibility criteria for care and support.
Care and Care and support plan	A document which details how care and support needs will be met and what services an individual will access or will be provided by the Council or other organisation.
Indicative Personal Budget	An amount of money the Council expects would be needed to fund the support, to meet eligible needs and to help create a support plan. Indicative budgets are just a ball park figure and are not a guarantee of funding.
Personal Budget	The agreed amount of funding required to meet an adult's assessed needs. The Council's contribution to this is always paid minus the adult's own contribution.
Help to Live at Home Service ('HTLAH')	A range of services intended to help people to live as independently as possible for as long as possible. Services include care at home services, assistive technology and equipment that will help people to live independently.
Direct Payment	A way in which a personal budget can be provided when the Council gives money to pay for care and support directly. Direct Payments can be used to employ staff directly or buy care from an agency or other organisation.
Commissioned Services	Services arranged and paid for by the Council to meet care and support needs.
Telecare	Any electronic equipment designed to meet care and support needs.
Independent Financial Advice	Advice about funding long term care and support regulated by the Society for Later Life Advisors. The Council works closely with two independent financial advisors.

## Policy Cover Information

Policy number	3	Version number	3	Status	Draft
Implementation lead	All adult social care managers			Implementation date	August 2016
Policy approved by	Adult Leadership Team			Date approved	TBC
Next review date	April 2018				

## Policy Control Sheet

Policy title	Statement of Policy on Adult Social Care and Support
Purpose of policy	To set out Wiltshire Councils approach to delivering social care services
Policy author(s)	Olly Spence
Lead Director	James Cawley, Strategy & Commissioning
Target audience	Frontline staff and members of the public
This policy should be read alongside	Charging Policy <a href="#">Safeguarding Policy</a> Preventing, Reducing and Delaying Eligible Needs Policy Personalisation and Self Directed Support Policy
Monitoring and review lead	Executive Office
First year review date	April 2017
Subsequent review date	April 2018
Internet link	<a href="http://www.wiltshire.gov.uk">www.wiltshire.gov.uk</a>

**This policy can be made available in a range of accessible formats if required.**

## Contents

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  - Preventing, Reducing and Delaying Eligible Needs
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  - Care and support planning
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  - Reviews and re-assessments
  - Services commissioned to meet assessed needs
  - Accommodation services Outside the Home
  - Complaints

DRAFT

## Introduction

This document has been developed in line with the Care Act 2014 (the Act) to set out the approach of Wiltshire Council in implementing this and other relevant legislation for adult social care.

The purpose of this policy document is to set out how Wiltshire Council applies this legislation particularly in areas where it has discretion.

## Background

The Care Act consolidated much of the patchwork of legislation which had built up over the previous 65 years. Many aspects of the legislation are mandatory; however, the Act set out areas where Councils may choose to do things (enabling legislation) and stipulates that government may set guidance for Councils to follow in these areas. The best example of this is in charging (or means testing) for some services, which is not compulsory for Councils but which in practice all Councils choose to do for at least some services. If a Council chooses to charge for a service then it must follow the relevant guidance from the Secretary of State.

Notwithstanding this, there remains considerable scope for discretion in how Wiltshire Council interprets guidance and the approach that it adopts to service provision in key areas.

To provide clarity, this document sets out the policy of Wiltshire Council to service provision in these key areas. This statement of policy has been agreed by Wiltshire Council's Cabinet and is backed by further detailed guidance to operational staff where appropriate and information available to the public on [www.yourcareyoursupportwiltshire.org.uk](http://www.yourcareyoursupportwiltshire.org.uk)

## Policy Areas

### 1. Preventing, Reducing and Delaying Eligible Needs

Wiltshire Council will support people to live independently, with a focus on preventing, reducing and delaying needs and building different types of support in the community.

Wiltshire Council makes available universal support services including information, advice and health promotion. Universal services are available to everyone living within a community and are not dependent on assessed eligible needs. This includes provision for those who do not have any current needs for care and support and for carers.

Wiltshire Council will also undertake activity to identify adults with care and support needs, and carers with support needs whose needs are not being met to promote wellbeing. Information and advice are used together with targeted early interventions to support those identified. **Provision of early intervention and targeted services is dependent on the level of risk to wellbeing:** such support might include provision of equipment and telecare services from Wiltshire Council's equipment service or advice on how individual's can achieve outcomes in different ways or purchase non-standard equipment for themselves.

Where there is a high level of risk to an individual's independence Wiltshire Council will facilitate a range of preventative services to help people regain skills, reduce need and promote independence. This includes time limited interventions in the form of intermediate care. Intermediate care includes our crisis response service (Urgent Care at Home) which provides free short term care (up to 72 hours) at home to prevent a hospital admission (including looking after a cared for person when an informal carer is admitted to hospital and there is no one else to look after them). Another form of intermediate care is a period of initial support of up to six weeks from our Help to Live at Home Service which allows time to support individuals to meet a set of agreed outcomes before a full assessment and longer term support can be put in place when necessary. Intermediate care in a residential or extra care environment can be considered in some more exceptional circumstances (for example, while a house has extensive adaptations undertaken or while a complex package of care at home is being arranged).

Certain services may be charged for, in particular where there is a low level of risk. Further details are set out in our full Preventing Reducing and Delaying Eligible Needs policy.

**Key Change- The Council has always worked to prevent people developing needs. The Care Act, for the first time, introduces a general duty on all local authorities to prevent, reduce and delay needs arising for everyone living in the community.**

### 2. Needs Assessment and Determination of Eligible Needs

Any adult with an appearance of need for care and support, including carers, has the right to an assessment of their needs and the outcomes they wish to achieve.

Needs assessments are not a gateway to services. Those with needs that are deemed 'ineligible' will still be provided with information and advice on how to access support locally to meet those needs and how they can prevent or reduce their needs

Needs assessments must:

- Be appropriate and proportionate to the needs and circumstances of the individual (this can include self-assessment where the adult wishes to and the Council is satisfied the adult has capacity and is capable of fully assessing and reflecting their needs)
- Consider interventions that will prevent, reduce and delay needs
- Consider the impact on carers and the wider family
- Involve the adult and carers and any person whom the adult asks them to involve as appropriate and allow access to information the Council holds on them. If an adult lacks capacity, to ask for appropriate individuals to be involved. Wiltshire Council will involve any persons who appear to be interested in the adult's welfare.
- Involve advocates when people may have substantial difficulty being involved in the process and where there is no one else appropriate or willing to consult or be involved
- Involve specialist assessors when necessary
- Consider fluctuating needs over an appropriate period of time
- Include an assessment of the impact of the adult's need for care and support on matters relating to their 'well-being', the outcomes they wish to achieve and whether the provision of care and support will contribute to the achievement of those outcomes.
- Be set out in a written record and given to the adult

The Care Act 2014 established national minimum criteria to determine social care needs eligible for support. **These are the criteria which Wiltshire Council uses: there is no intention to provide support for needs that do not meet the eligibility threshold.** Wiltshire Council does not apply eligibility criteria until its duty to prevent, reduce and delay needs has been considered.

Although health needs may be recorded as part of an assessment, health needs are not considered as part of the eligibility criteria and people will be referred to NHS services to have these needs met.

**Key Statement - Assessments will be completed for everyone with an appearance of need and eligibility determinations will be based on the statutory framework in the Care Act.**

### 3. Care and Care and support planning

In care and support planning, Wiltshire Council will only make provision for eligible needs which are unmet by other means. Wiltshire Council will ensure people are involved in their care planning and that they are free to choose how their needs are met, whether through local authority or third-party provision, by direct payments, or a combination of the three approaches.

The key factors to consider are:

- What needs will the Council meet?
- What is the most effective way of meeting those needs?
- Which means of provision achieves best value for the Council?

The Council will aim to meet an adult's eligible needs identified with the minimum necessary intervention. The focus of the care or care and support plan will be on the outcomes to be achieved. The starting point is consultation with the adult and carer(s) to maximise their own resources and contributions to their support.

Care and Care and support planning is available from the Council and from our commissioned providers.

We will support adults to plan their support creatively. Support does not always require services commissioned by the Council, and we will regard universal services (services also open to those who may have 'ineligible' needs) as a means by which an adult's eligible needs can be met. Universal



services can include those provided by voluntary organisations, housing related support or other services available within the community. Wiltshire Council will help to identify health needs as part of an assessment and may help meet these needs where these are part of a jointly funded package with health. However, support to meet health care needs cannot be directly funded by the Council.

As part of the care and support plan, it is good practice for all adults to have a crisis plan in place, setting out what services would be put in place in the event of a breakdown of the normal care arrangements and informal support networks.

Support will not always need to directly relate to the outcomes agreed in a care and support plan, but the care and support plan should demonstrate how it will contribute to the achievement of outcomes for the adult. As part of the care and support planning, adults should be given an idea of what their personal budget will be.

Adults receiving support through preventative or intermediate care pathways, including initial support and bed based intermediate care, will not be allocated a personal budget.

### **Personal Budgets**

Following a Needs Assessment, adults will be verbally told at the end of the assessment and in writing of an indicative personal budget based on the needs assessment and professional judgement. This will be used to give the individual adult an idea of the amount of money which may be available to meet their needs.

A personal budget will be developed based on the cost of meeting an adult's needs and is made up of both Council funding and the person's assessed contribution. Individual adults may choose to take all or part of their personal budget as:

- a commissioned service, where the Council holds and manages the personal budget on the person's behalf;
- as a direct payment (an amount of money you can use to meet your needs);
- an Individual Service Fund (ISF)
- or as a combination of all of these.

The personal budget must be used to deliver the outcomes in the care and support plan. The size of a personal budget depends on a 'reasonable price'. The reasonable price is based on a balance of how effective a care and support plan will be; how cost-effective the care and support plan will be based on all the options; the level and complexity of need a person has; and the overall cost of a care and support plan will be based on how much it will cost the Council to commission services to address those needs.

To ensure a fair allocation of funding allocated to a person through direct payments, Wiltshire Council has established a 'reasonable price' for a range of ongoing services. These will be updated as new contractual rates are agreed. The rates for personal budgets will be stored on the Council's information and advice website [www.yourcareyoursupport.org.uk](http://www.yourcareyoursupport.org.uk) the rates are also available in other formats if required by an individual adult.

#### *Services excluded*

The Preventing, Reducing and Delaying Eligible Needs policy describes services that will not be included as part of a personal budget including, prevention services, intermediate care services provided for a period of up to six weeks, services provided under section 117 of the Mental Health Act and aids or adaptations under the value of £1000.

**Key Change-** Personal Budgets were introduced for everyone in the Care Act. A Personal Budget is the amount of money it costs to pay for the care and support you need. The statement sets out how Wiltshire Council will establish how much a person should receive as a personal budget. The table below lists the 'reasonable' rates that will be used to calculate if a programme of activities represents a 'reasonable' cost for care and support.

## **Direct Payments**

If needs for care and support are to be met by Wiltshire Council, adults will be helped to think how best to meet those needs, including how to use their personal budget.

Where the Council is funding elements of the personal budget these may be taken as a direct payment as an alternative to any commissioned services. Direct payments are cash payments to an individual adult or a nominated<sup>1</sup> or authorised<sup>2</sup> person acting on the adult's behalf that can be used to purchase care and support services. Direct payments will be provided in accordance with the personalisation and self directed support policy. This policy can be accessed via the Council's website:

<http://www.wiltshire.gov.uk/personalisation-policy.pdf> or by contacting the Council on 0300 456 0111 to request a copy.

## **Reviews**

Reviews of care and support plans and associated personal budgets must take place periodically, involving the person and agreeing any necessary changes. In most cases an anticipated review date will be included in the plan. In line with the statutory Guidance a light touch review will be conducted after 6-8 weeks and it is expected the care and support plan will be reviewed annually. Reviews will be proportionate to the needs to be met by the plan.

In accordance with the relevant Regulations and Guidance Direct Payments will be reviewed after six months (or sooner if required) to ensure they are providing the level of support the person needs and there are no excessive surpluses or deficits in the bank account. Thereafter reviews of direct payments will be annual and in so far as possible the Council will align annual reviews of direct payments with care and support plan reviews.

## **Individual Service Funds**

This is where all or part of the person's budget is held by a provider of their choice under the terms of a contract held between the Council and the provider.

Adults may choose to take all or part of their personal budget as an Individual Service Fund (ISF). Wiltshire Council is working to develop contracting models that support the effective delivery of ISFs and will develop policy and guidance explaining how they will be promoted across Wiltshire.

## **4. Financial Assessment**

The Council assesses what contribution an adult may make towards their personal budget for a range of services and does this in line with the charging regulations arising from the Care Act.

**Key Change-** Wiltshire Council has introduced a policy detailing its charging policy which

<sup>1</sup> A nominated person is anyone who agrees to manage a direct payment on behalf of the person with care needs.

<sup>2</sup> An authorised person is someone who agrees to manage a direct payment for a person who lacks capacity according to the Mental Capacity Act 2005.

incorporates the way in which it calculates how much people need to pay for care and support services.

**The areas the Council charges for are all those outlined in the personal budget section above (not including the 'services excluded') and:**

- An **administration fee** covering legal work, valuation and land registry fees (which will not exceed the cost of providing the service) **for deferred payment agreements** and an **interest rate** (set in line with the maximum amount set in the deferred payment regulations) for those eligible for this support. These agreements allow adults to meet the cost of residential care without having to sell their home straight away. Further details are set out in the Council's Deferred Payment Agreement Policy at **Appendix 2**;
- An **arrangement fee** (not exceeding the cost of arranging the service) where a self-funder asks the council to arrange their services (currently this does not apply to residential care until 2020). These fees will be regularly reviewed and updated by the Associate Director for Adult Social Care as and when necessary.

**Key Change- Deferred payments are loans for people who want to postpone paying for care and support services in care homes or extra care settings until a later date. Through this policy the Council will exercise its discretionary powers to charge an administration fee for setting up a deferred payment and the loan will accrue interest in accordance with the national guidance**

We will support adults to maximise their income through ensuring they receive all their financial entitlements. We will ensure individual adults are aware of charges before entering into any agreements.

### **Arrangement Fees**

The Council will arrange care and support services for adults with eligible needs who are assessed as having resources above the national maximum threshold, who choose to have care at home arranged by the Council. Arrangement fees will be charged for this service based on a cost recovery basis. Adults with ineligible needs will be given information and advice about what community resources are available.

Adults with eligible needs will be offered brokerage support where the Council will broker care on their behalf with the Help to live at Home Provider or block/framework providers or a provider of their choice. A charge of £56.00 will be charged each time an adult asks the Council to broker care at home services on their behalf. The charge shall be reviewed on an annual basis and shall be updated from time to time based on any changes to internal costs. The Council will make best endeavors to negotiate a reasonable rate with providers on behalf of adults who request this service.

**Key Change- The Council does not currently charge an administration fee to organise care and support on behalf of self-funding adults. The Care Act (2014) introduces a duty on Local Councils to offer arrangement services for adults with eligible needs who have assets above the maximum threshold. The Care Act allows Councils to charge an arrangement fee based on the costs incurred as a result of delivering this service. Through this policy the Council will adopt this discretionary power and will charge individual adults £56.00 per arrangement.**

### **Reviews and re-assessments**

Existing care and support plans will be reviewed at regular intervals and at any time when there is a significant change in circumstance for an individual adult. Dependent on individual need and agreement, reviews can happen at any time after a care and care and support plan is started, but must happen within one year of the service starting.

Reviews will check if there are any problems with support arrangements and whether the outcomes are being met. If there are problems, individual adults can either sort them out directly with the providers involved, or ask Wiltshire Council to help. If this relates to Help to Live at Home, any problem should be raised with the providers first.

A review of individual contributions to care and support needs will also be completed at least annually by the Council or an authorised representative.

Anybody involved with an individual adult's support can ask for a review of need at any time or a reassessment of financial contributions if there is a change of circumstances. The Council will then decide if a review is required, if it does not respond to a request for a Review it will provide the adult with reasons for this decision

## **5. Services Commissioned to meet assessed needs and deliver outcomes**

### **Supporting Independence at Home**

We will always try to enable an adult to return to their own home, as longer term this can help with their independence and in some occasions may even lead to longer term reductions in support required.

If an adult chooses to stay at home in instances when the value of an individual adult's personal budget will significantly exceed the value of support in a care home, the Council will offer the adult the equivalent value minus any funded nursing care and 'hotel costs' so that they can fund care packages at home.

In some instances we will approve high cost care and support plans for a time limited period, to establish whether a care at home package would be a sustainable option for their care and support. These care and support plans must be signed off by a relevant Head of Service and will be reviewed on a regular basis to establish whether the support has achieved the outcomes.

The basis of how these plans are set up will be clearly explained to individual adults so that plans can be ended should it become clear that outcomes will not be achieved.

**Key Statement-** The Council will only consider offering permanent support in a care home if the total cost of care and support at home is likely to exceed the care and support costs of support in a care home. This reflects the Council's current practice and the fact that the Council is committed to supporting as many people as possible to live at home as independently as possible.

### **Ongoing support at home packages**

We will support people to live at home wherever possible and commission a range of services including Help to Live at Home services (HTLAH) to meet an individual adult's eligible needs only. These services are focused on meeting outcomes. Individual adults' outcomes can be met in a variety of ways. Our aim in working with individual adults the Council will always maximise independence, and support individuals to remain in their own home whenever possible.

Wiltshire Council will not provide support services to meet health needs. Where appropriate the Council

may work with healthcare services to create a jointly funded package of care to meet both health and social care needs. The Council will not purchase services solely to support people with medication needs as this is a health need and individual adults will be directed to health services. Support which involves prompting for medication may be offered from time to time but only when this is an ancillary task that can be completed while meeting social care needs.

All services, except for those with complex needs requiring specialist services and agreed by a Head of Service, are commissioned from the identified Help to Live at Home providers.

No services (including care homes), are provided indefinitely. All provision will be regularly monitored and reviewed with an aim to reflect progression as individual adults' independence is supported. Objectives and outcomes for reducing reliance on care will be clearly recorded in the care and support plan.

Adults not eligible for financial support from the Council will be encouraged to access the Help to Live at Home provider services.

## **Equipment**

Provision of equipment will be considered as a way of meeting assessed needs and outcomes in a cost effective way. Equipment provision may also prevent or reduce the need for domiciliary care support, and will help the adult remain independent.

Community equipment (aids and minor adaptations) will be offered free of charge where it is identified that these might prevent, reduce and delay needs arising. Equipment might also be applied after an assessment of need if it is agreed that this will meet or prevent, reduce or delay needs arising. A minor adaptation is one costing £1,000 or less.

If an adult does not have eligible needs or is not thought to be at a high risk of developing an eligible need, they will receive advice and support in the purchasing of the correct equipment to meet any needs.

One-off Direct Payments (covering the cost of equipment, delivery and five years of maintenance costs) are an option for the provision of equipment and may enable an adult to top up or choose non-standard equipment where this will still be suitable for meeting or preventing needs arising.

Where Community Equipment under the value of £1000 is provided for people who meet the eligibility criteria, this will be excluded from an adult's financial assessment. Wiltshire Council will not fund major adaptations to housing unless this can be funded through the eligibility criteria for Disabled Facilities Grants.

Where hoisting is required, as part of an adult's care and support plan, an Occupational Therapy assessment should be agreed with providers to establish the need for any double-up support. The opportunity to provide suitable hoisting equipment should be identified to reduce the need for double-up support.

The provision of a same day, next day or out-of-hours delivery service is expensive and will be avoided wherever possible. If special delivery arrangements are required, the reasons for this will be documented.

Adults who have been provided with equipment by Wiltshire Council, who choose to move to a different local authority area may be allowed if it is practicable (as set out below) to take that equipment with them to the new host authority. The decision to move equipment with the individual adult will be based on the individual adult's preference, the effectiveness of the equipment and if it will still be effective in the new host authority area and the cost effectiveness of the decision.

Consideration will also be given to the contract for maintenance of the equipment and whether the equipment is due to be replaced. The Council will only retain responsibility for maintaining equipment if the adult remains ordinarily resident in Wiltshire.

## **Telecare**

All providers are required to consider how telecare and other equipment can replace the need for direct care. Telecare will not be seen as an additional service people can receive but offered to every adult as an alternative to direct service provision. If a person has a long term package of care, telecare will be a chargeable service.

Prior to a making a residential placement the Council will use telecare (Just Checking) to establish the need for a placement.

## **Accommodation and Services outside the home**

### **Choice of Setting**

Where the care planning process has determined that a person's needs are best met in settings such as a care home, shared lives, supported living or extra care housing, Wiltshire Council will ensure at least one option for providers of the same type is available within a person's personal budget.

An adult has the right to exercise a preference for the care home they wish to live in. An adult must be informed of their rights. Where, for any reason, Wiltshire Council decides not to arrange a place for someone in their preferred accommodation it must have a clear and reasonable justification for that decision which is subject to four considerations:

- (i) **Suitability of accommodation** – which depends upon the individual adult's assessment of need and the compliance of the home with relevant registration regulations
- (ii) **Cost** – the Council is not required to pay more than they would usually expect to pay, having regard to assessed needs. When an adult has expressed a preference for more expensive accommodation than the Council would usually expect to pay to meet the assessed needs, and then they may be asked to pay a top up fee.
- (iii) **Availability** – it is acknowledged that waiting and interim placements are occasionally inevitable. The Council should give adults an indication of the likely duration of any interim arrangement and provide an review (reassessment) after a reasonable time period (e.g. 12 weeks) before a move to different accommodation.
- (iv) **Terms and conditions** – the Council needs to be able to impose certain contractual conditions on the care home.

**A choice of care home places within the block contract will always be offered first where this is reasonable.** Any offer of a Council commissioned care home within Wiltshire will meet the above criteria and will therefore be a suitable option. Wiltshire Council will not cover the cost of transport in such circumstances (where the offer is a suitable option) but will work with families to overcome any transport difficulties that arise (see transport section below).

Where an adult wants a place in a care home, which costs more than the Council's personal budget rates, top-up payments or a deferred payment agreement can also be arranged.

Where an adult wants a place in a care home out of Wiltshire, the personal budget will be set at the same rate that is paid by the host local authority.

Where an adult has already arranged a care home placement, and finds they can no longer afford the fees, the Council will arrange for a needs assessment and financial assessment to take place. In such

circumstances, the Council will not necessarily pay for the current accommodation and may instead pay for eligible needs to be met in another care or nursing home. In deciding how much to pay, the Council will take into account the individual adult's needs and wellbeing, in particular whether it would be proportionate to expect an adult to move into another care or nursing home even though, for example, the current accommodation costs more than it would usually expect to pay. For this purpose the Council will balance the disruption to the individual adult (to include the likely effect of a move on wellbeing and on physical and mental health) with its duty to the community as a whole to achieve best value. Third party top ups and deferred payment agreements would remain an option to avoid any move. Any placements in care homes must also meet the criteria on suitability, availability and the Council's standard terms.

### **Extra care and sheltered housing with care**

Before considering a care home placement, all other options should be explored with the individual adult. The use of extra care housing or sheltered housing with care may give an adult more independence and choice, and may provide a better value option for the Council and more choice for the adult.

### **Care Home Provision**

Where the Council is arranging a care home placement for an individual adult the Council's block contracts for care homes providing personal care will be used. Other placements in care homes providing personal care cannot be used without the specific authorisation of a Head of Service.

### **Nursing Homes**

The Council has purchased further beds from a number of nursing homes in Wiltshire. Framework agreements, with the remaining nursing homes in Wiltshire, have been agreed or are being negotiated with fixed prices. These homes, with the agreed prices in the personal budget table, must be used wherever possible when the Council is arranging care.

Following a nursing needs assessment, completed by a health representative, access to nursing homes and fees for this will be agreed. The Personal Budget rates for this are set out in the reasonable price table which can be accessed via <https://www.yourcareyoursupportwiltshire.org.uk/care-and-support/personal-budgets.aspx>. Personal Health Budgets may also be agreed to cover funded nursing care costs.

### **Interim Placements**

Where an individual adult has been assessed as requiring a long-term care home placement and funding has been agreed, but their chosen care home does not have a suitable vacancy, an interim placement will be offered in another suitable home in Wiltshire. This will ensure that people are not delayed unnecessarily in hospital. Interim placements will be chargeable and adults who are in interim placements will be offered a move to their chosen home once a vacancy has become available.

### **Financial information and advice**

The Council will not normally arrange care home placements for individual adults able to meet the full cost of their care, until April 2020. Instead, the Council will provide the adult and their family with information and guidance to make private arrangements directly with the care home provider. The Council might make a placement for self funders in exceptional circumstances (for example, where the adult has no relatives or is unable to arrange his or her own affairs). All people contacting the Council for information and advice will be informed about the arrangement the Council has with companies offering independent specialist financial advice to people needing long term care.

Where the Council makes a care home placement on behalf of a self funder and the individual adult

wishes to be placed in accommodation that is more expensive than the Council would normally be expected to pay, then a written agreement will be arranged with the adult or his/her representative clarifying that this may mean a move for the adult in the future subject to a needs assessment if:

- The Council has to assist with funding if the individual adult's resources are depleted; and
- The accommodation occupied by the adult still costs more than the rate the Council would pay (the personal budget rate); and
- There is suitable accommodation elsewhere that meets the adult's needs.

A 'care cap' of £72,000 will be introduced from 1 April 2020. This means that everyone, including self-funders, will be provided with a care account demonstrating how their personal budget (comprising Council and individual contributions) is accumulating towards the cap. Once the care cap is reached it becomes the responsibility of the Council to meet the costs of care at the personal budget rate (not including daily living costs or top up payments) and the provisions above will apply in such circumstances. The provisions will also apply where a self-funder has arranged their own care and depleted their resources to the extent they are now reliant on Council support.

### **Continuing Health Care**

In any case where the individual adult has complex health needs, assessments and reviews will consider potential eligibility for NHS Continuing Health Care (CHC). Adults will be made aware of their right to CHC funding and joint assessments and care and support planning will take place wherever possible.

We will seek case-by-case legal advice where individual adults are believed to have health needs and do not wish to pursue CHC funding.

**The Council is not legally able to fund any services that are deemed as health services and which should be met via a health care assessment and provided by appropriately trained staff e.g. nurses.**

### **Day Services**

For some people provision of some type of daytime activity can reduce the need for individual care or placement and can also be a cost effective way of meeting someone's need. The majority of day services are currently provided under contract by Orders of St John and the rates for this are set out in the personal budget table.

If an adult attending day services has personal care needs they are entitled to access the Order of St John Service with the specialist support required.

The Council will also fund a number of community based day opportunities or offer a personal budget to meet individual adults' needs in another way.

### **Transport to services outside the home**

Where an individual adult is assessed as being eligible for any service agreed in a care and support plan, this does not automatically lead to the provision of transport to that service; it should be a separate part of the assessment discussion to ensure that the adult meets the eligibility criteria for transport as well.

All possible options for transport must be discussed with the individual adult such as support from friends and family or the use of universally available services (public transport).

All relevant benefits including but not limited to the disability living allowance mobility component will be taken into account when determining whether the Council should meet any transport costs.



If as a result of assessment, a individual adult is deemed to have an eligible need for transport to access a community based service, then the council will calculate the personal budget for this based on the cost of reaching the nearest suitable activity. Adults are welcome to choose alternative activity centers further away but will be expected to contribute the difference.

**Key Statement-** This reflects the Council's existing transport eligibility criteria. Through this policy, adults who are eligible for funded transport services will only be supported to access the nearest appropriate service. The policy reaffirms that the Council expects adults to make use of public transport where possible and that transport costs will only be funded to meet assessed eligible care and support needs.

## **7. Complaints**

Wiltshire Council's Corporate Complaints Policy applies this can be accesses via <http://www.wiltshire.gov.uk/council/complaints/complaintsmakingacomplaint.htm> or by calling 0300 456

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# Adult Social Care

Preventing, Reducing and Delaying Eligible  
Needs Policy



## Glossary

Policy	Is a document that explains how Wiltshire Council will make decisions about a particular area or areas. Policies are used to make it clear to everyone what they can expect from Wiltshire Council.
Consultation	Is when the Council shares its ideas about a proposal to gather the views of communities and people who may be affected if the changes are agreed. Wiltshire Council will consider feedback gathered during the process and may make changes before submitting the proposal to elected members who make decisions.
Care Act (2014) Regulations and Guidance	This is the law that sets out how local authorities must deliver care and support services in England. The draft policies have been developed so as to comply with the requirements of the Act, The Care and Support (Preventing Needs for Care and Support) Regulations 2014 and the Care and Support Statutory Guidance
Wellbeing	<p>This concept is central to the Care Act and must inform all of a local authority's activities. There is no one definition of wellbeing and it is a broad concept. Considerations of wellbeing will take the following into account;</p> <ul style="list-style-type: none"> <li>•Personal dignity</li> <li>•Physical and mental health and emotion well-being</li> <li>•Protection from abuse</li> <li>•Control by the individual over day-to-day life</li> <li>•Participation in work, education, training, or recreation</li> <li>•Social and economic well-being</li> <li>•Domestic, family and personal</li> <li>•Suitability of living accommodation</li> <li>•The individual's contribution to society</li> </ul>
Carer	A carer is someone (aged 18 or over) who helps another person in their day to day life, usually a relative or friend, who could not manage without that support. This is not the same as someone who provides care professionally or through a voluntary organisation
Eligible Needs	Care and Support needs that meet the criteria set out in the Care Act and as such must be met by the Council based on your financial situation
Information	Means the communication of knowledge and facts regarding care and support and preventative services, facilities and services as described in the Care and Support Statutory Guidance paragraph 2.40
Advice	Means helping a person to identify choices and/or providing an opinion or recommendation regarding a course of action in relation to care and support.
Duty	This means that the Council is legally required to do what it sets

	out in the legislation.
Discretionary Power	These are powers Wiltshire Council can choose to use but are not legally required to do so.

### Terms included in this Policy

Preventing, reducing or delaying needs	Any activity, service or information that reduces or delays a person developing new or further care and support needs. Services range from services available to all such as local leisure facilities to targeted services to reduce the risk that an individual will need acute hospital care.
Intervention	Any activity, resource, service, information or advice that is intended to prevent, reduce or delay an adult developing an eligible care and support need.
Primary interventions	Facilities or resources to help an individual avoid developing needs for care and support, or help a carer avoid developing support needs. Usually universally available to everyone living within a community.
Secondary interventions	Targeted interventions aimed at individuals who have an increased risk of developing needs
Tertiary Interventions	Interventions for people who already have care and support needs designed to reduce the impact those needs will have them.
Intermediate Care	Services delivered by joint health and social care teams that are provided to people, usually older people, after they have left hospital or when they are at risk of being sent to hospital. These services are free for a period of up to six weeks.

## Policy Cover Information

Policy number	2	Version number	3	Status	Draft
Implementation lead	All adult social care commissioners			Implementation date	August 2016
Policy approved by	Joint Commissioning Board			Date approved	tbc
Next review date	April 2018				

## Policy Control Sheet

Policy title	Preventing, Reducing and Delaying Eligible Needs Policy
Purpose of policy	To explain how Wiltshire Council will deliver the duty to prevent, reduce and delay needs set out in the Care Act.
Policy author(s)	Olly Spence
Lead Director	James Cawley, Strategy & Commissioning
Target audience	Frontline staff and members of the public
This policy supersedes	N/A
This policy should be read alongside	Charging Policy <a href="#">Safeguarding Policy</a> Carers Strategy Older Peoples Review (to be published) Statement on Policy on Adult Social Care and Support
Monitoring and review lead	Executive Office
First year review date	April 2017
Subsequent review date	April 2018
Internet link	<a href="http://www.wiltshire.gov.uk">www.wiltshire.gov.uk</a>

This policy can be made available in a range of accessible formats if required.

## **Contents**

- 1- Preventing, Reducing and Delaying Needs**
- 2- The Legal Framework**
- 3- Interventions applicable to this Policy**
- 4- Scope of the Policy**
- 5- Criteria**
- 6- Charging for services that prevent, reduce or delay needs**
- 7- Intermediate Care**
- 8- Who will be involved in this Policy**
- 9- Review**
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## Preventing, Reducing and Delaying Needs Policy

### 1. Introduction

The Care Act 2014 places a duty on local authorities to provide or arrange for the provision of services, facilities or resources, which would contribute towards preventing, delaying or reducing the development of needs for care and support for adults and needs for support for carers. This policy document sets out Wiltshire Council's approach to meet this general duty.

Wiltshire Council (the Council) will work with individuals and families as well as other local organisations and communities to promote wellbeing and independence, build resilience and give people access to the right information, advice and choice and control over the support they may need to prevent, reduce or delay the development of eligible needs. The delivery of this general duty will be an on-going consideration and not a single activity or intervention.

The Council remains committed to preventing and delaying the development of eligible care and support needs and reducing the existing care and support needs for adults and for carers.

The purpose of this policy is to set out how Wiltshire Councils adult care service area will prevent, reduce or delay the development of eligible needs for care and support. Eligible needs are needs that meet the eligibility criteria as described in the Care Act 2014

**Key Statement-** The idea of preventing people developing needs is not new but for the first time the Care Act makes it a legal responsibility that Local Authorities ensure they prevent, reduce and delay people developing care and support needs. The policy sets out the way in which Wiltshire Council adult care will deliver this new general duty.

### 2. Legal framework

The Care Act 2014 imposes a duty on Local Authorities to provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will:

- a. contribute towards preventing or delaying the development by adults in its area of needs for care and support;
- b. contribute towards preventing or delaying the development by carers in its area of needs for support;
- c. reduce the needs for care and support of adults in its area;
- d. reduce the needs for support of carers in its area;

This policy is written in accordance with the statutory framework and guidance.



### 3. Interventions applicable to this Policy

#### a) Prevention Definition

The duty of prevention covers many different types of support, services, facilities or other resources. Although there is no single definition, the statutory guidance makes reference to three general approaches to Interventions (primary, secondary and tertiary) that might prevent, reduce or delay needs arising. Wiltshire Council will ensure that there are a variety of interventions available at all three levels across the County.

#### b) Types of Interventions that will prevent, reduce or delay needs arising

Wiltshire Council will ensure that a range of services, activities and resources are available to people in Wiltshire that will enable them to support themselves; this will include

	Examples of what Wiltshire will do
<p>Primary Interventions generally includes universal services, facilities or resources to help an individual avoid developing needs for care and support, or help a carer avoid developing support needs; by maintaining independence and promoting wellbeing.</p> <p>These services are available without an assessment and are aimed at individuals who are at low risk of developing eligible needs.</p> <p>Primary prevention services will be made available to all those living in the community in Wiltshire including people who are not currently supported by Wiltshire Council or other statutory organisations</p>	Access to good quality information including the information portal
	Services that promote healthy lifestyles, independence and well-being
	Public transport networks
	Housing related support to help people maintain tenancies and live independently.
	Services to reduce loneliness and isolation such as lunch clubs
	Support people to remain active members of their local community
<p>Secondary Interventions (reduce) These are more targeted interventions aimed at individuals who have an increased risk of developing needs. The provision of services, facilities or resources may help slow down or reduce any further deterioration or prevent other needs from developing.</p> <p>Some services such as falls prevention clinics will be jointly delivered with local community health services</p>	Fall prevention clinics
	Adaptations to housing to improve accessibility
	Telecare services
	Services which support people into economic independence through employment, and maintaining appropriate and stable housing
<p>Tertiary Interventions(delay)</p> <p>These are interventions aimed at</p>	Equipment to support independent living
	Intermediate care and reablement services delivered to maintain a customer's independence or prevent

<p>minimising the effect of a disability or deterioration for people and supporting people to regain skills. Tertiary services may also be offered if people are identified as being at high risk of developing eligible needs.</p> <p>Many of these services are delivered through integrated health and social care pathways.</p>	admissions to acute services.
	Services will also support people when they are at risk of being sent to hospital to help them maintain or regain the ability to live independently.
	Services will be delivered when there is a significant risk that without support a customers' ability to live independently will be significantly affected.
	Intermediate care services will include support at a time of unexpected need such as rapid response services and urgent care at home.
	These services will include Home First care at home services, intermediate bed based care and the urgent care at home service

**Key Statement-** The list above has been provided to give people an idea of the types of services available in Wiltshire that are designed to prevent, reduce and delay needs arising and is not an exhaustive list.

#### 4 Scope of policy

a) To whom does this policy apply.

The duty to prevent needs for care and support applies to all adults in Wiltshire, including:

- i. people who do not have any current needs for care and support;
- ii. adults with needs for care and support, whether their needs are eligible and/or met by the local authority or not;
- iii. carers, including those who may be about to take on a caring role or who do not currently have any needs for support, and those with needs for support which may not be being met by the local authority or other organisation

b) What we will do

Wiltshire Council will arrange or provide services, facilities or resources which would prevent delay or reduce individuals' needs for care and support, or the needs for support of carers. Interventions aimed at preventing, reducing and delaying the development of eligible needs shall be promised based on interventions that will;

- a. Reduce the likelihood a person will need to be admitted to hospital or acute care settings
- b. Reduce the likelihood that a person's care and support needs will need to be met in a residential care setting on a permanent basis

- c. Prevent a need from developing and/ or escalating and support a person to remain independent at home

Wiltshire Council will take into account the impact a service will have on preventing, reducing or delaying an eligible need when determining if a intervention intended to prevent, reduce or delay needs will be offered. If the intervention is very likely to prevent, reduce or delay the development of eligible needs that will mean the situations above are likely to occur the relevant interventions will be offered in accordance with this policy.

Wiltshire Council will work in partnership with other statutory organisations including the Clinical Commissioning Group to facilitate services for all adults that will support people to retain and develop independence including support to access education, employment and training and to maintain stable housing. This will include offering appropriate intervention services with the CCG for customers supported through general practitioners or community mental health services.

Wiltshire Council will consider what services, information or activities might reduce the prevent, reduce or delay the risk of a customer developing eligible needs before an Assessment of Needs is completed and will ensure services, information and activity that will prevent, reduce and delay needs arising is considered throughout all care management activities.

**Key Statement-** The Council has proposed a series of situations in which it will prioritize services that will prevent, reduce or delay needs arising. This does not mean these services or resources will not be considered in other situations.

## 5. Criteria

- a. Wiltshire Council will arrange or provide services, resources or facilities that maximize independence for those with needs to help reduce the impact of those needs.
- b. The Council will always establish if universal/primary services are sufficient to prevent a person developing eligible needs. Other interventions will only be considered after it has been determined that the risk a person will develop eligible needs will not be sufficiently reduced through universal services such as information and advice or universal community resources.
- c. The criteria for deciding if the Council will provide support intended to prevent, reduce or delay needs will be based on (i) the level of risk a person has around the likelihood of situations occurring as set out in section 4b and (ii) the likelihood interventions will reduce the likelihood of any or all of those situations occurring. If there is a very high risk of the situation occurring appropriate support will be put in place (early help/ targeted intervention). Lower levels of risk will mean the person can be supported to access services through appropriate information and advice and community resources.

## 6. Charging for Services that will Prevent, Reduce or Delay Needs arising

- a) There will be a charge against some services intended to prevent, reduce or delay eligible needs based on a person's ability to pay. When deciding whether to charge for a particular service, the Council will weigh up the outcomes of the relevant needs, financial assessment, affordability and viability of the activity against the likely impact that charging may have on uptake. The Councils Charging Policy provides more information about how

charges will be calculated and can be accessed via the Councils website. *(hyperlink will be added when policy live)*

- b) Information and advice will not be charged for.
- c) Secondary and Tertiary interventions to prevent, reduce or delay needs services may be charged for. Customers will always be offered the choice of a full financial assessment instead of a light touch assessment.
- d) The exception to this will be those services that the Council is not allowed to charge for:
  - i. Equipment
  - ii. Minor Adaptations under £1,000
  - iii. Intermediate Care services
  - iv. Services provided under section 117 aftercare of the Mental Health Act
- e) Wiltshire Council will not charge Carers for services provided to meet their identified eligible needs

**Key Statement-** The care act gives Councils the discretionary power to charge for some services that will prevent, reduce or delay needs. This section explains that Wiltshire Council may charge people for services based on their ability to pay and the likelihood a preventative service will reduce the risk of somebody needing care in hospital, a residential care home or will lose independence at home. As stated above the Council will not charge for information and advice or other services that are excluded from charging in the Care Act regulations.

## 7. Intermediate Care

Wiltshire Council will ensure that appropriate Intermediate Care services are provided to patients, usually but not exclusively older people, after leaving hospital or when they are at risk of being sent to hospital. These services will offer a link between hospitals and where people normally live, and between different areas of the health and social care system, community services, hospitals, GPs and social care.

The Council will provide intermediate care for people where the support will;

- a. Help people avoid going into hospital unnecessarily
- b. Help people be as independent as possible after a stay in hospital
- c. Prevent people from having to move into residential care home until they really need to

Intermediate care services will not be means tested and will be free to the customer usually for a period of up to six weeks. From time to time intermediate care services will be provided free of charge for a period extending beyond six weeks if additional support is very likely to prevent a customer developing eligible needs as described above.

## **8. Who will be Involved**

The Council will aim to ensure that these services are developed and co-produced as appropriate with individuals, families, friends, carers, the community and voluntary groups. In delivering this aim, the Council will engage local communities and facilitate an open conversation about how we can best deliver prevention services within our communities.

The Council already has a range of services, facilities and resources in place to prevent reduce and delay the development of eligible needs that it will continue to build upon based on this engagement (Please see the table at section 3 paragraph b) the Council will carefully consider the breadth of local resources that are already available in order to identify what further steps to take to ensure preventative services are available across Wiltshire's communities.

## **9. Review of Policy**

This Preventing, Reducing and Delaying Eligible Needs Policy will be reviewed annually or earlier as required by policy or legislation

## **10. Contact information / further guidance**

Further advice and guidance is available from the Care Act Team via [careactissues@wiltshire.gov.uk](mailto:careactissues@wiltshire.gov.uk), Wiltshire Council customer advisors: 0300 456 0111 and Wiltshire Council Information Portal [www.yourcareyoursupportwiltshire.org.uk](http://www.yourcareyoursupportwiltshire.org.uk)

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**Wiltshire Council**

**Cabinet**

**19 July 2016**

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**Subject: Wiltshire Council Adoption Service: 2015-16 Year End Report**

**Cabinet member: Councillor Laura Mayes – Children’s Services**

**Key Decision: No**

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## **Executive Summary**

This report should be read in conjunction with the Adoption West Cabinet Report which is also being considered at the Cabinet meeting on 19 July 2016.

It is a statutory requirement that the Adoption Service provides a year-end report to the Council. It describes the management arrangements, outcomes, priorities and finances of the Agency for the period 1 April 2015 to 31 March 2016.

In March 2013, Wiltshire Council’s Adoption Service was inspected by Ofsted with the overall effectiveness of the service being judged as Adequate. In July 2015, Children’s Services were inspected by Ofsted with the overall judgement being Requires Improvement (RI). As stated in the six month Adoption Report, Children’s Services is not complacent or satisfied with this; however, the grade criteria changed between 2013 and 2015 with RI being broadly equivalent to Adequate. Two main areas for improvement were indicated regarding the Adoption Service:

- The need for timeliness of the assessment of adopters and their match with a child to be adopted, and
- The need for timeliness of the adoption of children with complex needs.

In 2014/15, 27 adoption orders were granted and 35 families were approved as suitable to adopt. For the year 2015/16, 22 adoption orders were granted and 13 families were approved as suitable to adopt. Of note, is that the number of newly approved adopters is low. This was because the number of children requiring adoption decreased and the pool of available adopters was adequate. Looking ahead, it is anticipated that 35-40 children will require orders in the full year (an approximate benchmark is 10% of the care population) and the Adoption Service now aims to recruit 30 adoptive families through targeted and general recruitment in order to meet anticipated needs. Recruitment activity is in place and initial indications are positive.

The national improvement of adoption performance has received considerable attention over the last two years, largely driven by the Government’s commitment to improving adoption services in terms of numbers of children

being adopted and the timeliness of matches for children requiring adoptive placements. Comparative performance is measured using the Adoption Scorecard which, for Wiltshire, shows overall continued improvement. It is recognised that further acceleration of improvement is needed although the overall trajectory is positive.

In spring 2015, the Government made it an expectation that local authorities were to develop collaborative arrangements to further improve adoption performance. The regional response to this was to further develop and invigorate the Adoption West initiative, now comprising of six local authorities working together to deliver joint adoption (and, currently proposed, permanence) arrangements. Wiltshire Council Adoption Agency is a member of Adoption West.

Alongside Adoption West, there are a number of internal changes and developments within the Adoption Service, arising from inspection, ongoing review of the effectiveness of the Service and the need for continual improvement. These will build upon the progress reported to Cabinet in November 2015 and further accelerate the pace of improvement in the local authority.

#### **Proposal(s)**

It is recommended that the contents of this report are noted and accepted.

#### **Reason for Proposal**

Wiltshire Council is an Adoption Agency registered with Ofsted. The 2014 Adoption Minimum Standards (25.6) and 2013 Statutory Guidance (3.93 and 5.39) describe the information that is required to be reported to the executive side of the local authority every six months in order to provide assurance that the adoption agency is complying with the conditions of registration whilst being effective and achieving good outcomes for children and service users.

**Carolyn Godfrey**  
**Corporate Director**



## **Wiltshire Council**

### **Cabinet**

**19 July 2016**

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**Subject: Wiltshire Council Adoption Service: 2015-16 Year End Report**

**Cabinet member: Councillor Laura Mayes – Children’s Services**

**Key Decision: No**

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### **Purpose of Report**

1. This report provides a year-end report to Cabinet regarding the performance of the Adoption Service within Wiltshire Council. It is a requirement of the condition of registration as described in 2014 Adoption Minimum Standards and 2013 Statutory Guidance that Cabinet is satisfied that the Adoption Agency complies with the conditions of registration, is effective and is achieving good outcomes for children.
2. Cabinet last received a report regarding the Adoption Service in November 2015, covering the period from 1 April 2015 to 30 September 2015 (Q1-2). This report relates to the full year 2015/16 reporting period (Q1-4).
3. Following the Ofsted inspection of Children’s Services in July 2015, (arriving at the judgement of Requires Improvement) which included the Adoption Service, a number of strengths were noted (see below) alongside two main issues that required further attention:
  - The timeliness of the assessment of adopters and their match with a child to be adopted, and
  - The timeliness of the adoption of children with complex needs.
4. This report includes information regarding the management of the Adoption Service, the Adoption Scorecard, children who require adoptive placements and those who are placed, the recruitment and approval of adopters, the disruption of placements, children where the plan for adoption changes and the work of the Adoption Panel.
5. It is recommended that the contents of this report are noted and accepted.

### **Relevance to the Council’s Business Plan**

6. The Wiltshire Council Adoption Service is a central priority as set out in the Wiltshire Council Business Plan 2013-2017 as part of the key priority to protect those who are most vulnerable. Two specific actions in the Plan are:

- To develop an outstanding Adoption Service for all children for whom adoption is in their best interest, and
- To work with voluntary sector partners to ensure that we offer and deliver a comprehensive array of adoption support services.

### **Main Considerations for the Council**

7. The main consideration for the Council is to be assured about statutory compliance and the effectiveness of the Adoption Service. In 2013/14, 40 children were adopted. In 2014/15 27 children were adopted and in 2015/16 this number was 22. Of these 21 (96%) were placed within 12 months of the decision that adoption was in their best interest being made. This will reflect positively in the A2 measure going forward. In 2013/14, 40 adoptive families were approved, in 2014/15, 35 families were approved. In 2015/16 13 adoptive families were approved as suitable to adopt. This number needs to increase in the current year and initial indications are positive; there has been an increase in the number of applications to become adopters from 17 in 2014/15 to 29 in 2015/16 with a further increase anticipated on 2016/17.
8. Wiltshire's current Adoption Scorecard (most recently published performance to March 2015) shows overall continued improvement. There are three key measures that are included:

#### **A1: the average time between a child entering care and moving in with its adoptive family, for children who have been adopted:**

- The local authority three year average (2012-15) is 610 days. This is shorter than the 1 year and 3 year trends from 2014 and 2011-14 and slightly higher than the England 3 year average of 593 days. The national target for 2013-16 is 426 days. The Scorecard shows steady improvement over time.
- Excluding 8 legacy cases this figure becomes 567 for 2012-15.
- Including Fostering for Adoption placements and legacy cases, unverified Wiltshire data (predicted data based on current management information used to forecast performance) estimates the figure for 2013-16 as 529 days, a marked improvement on 610 days and less than the England average.

#### **A2: the average time between a local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family:**

- The local authority three year average (2015-16) is 161 days. This is longer than the 1 year trend in 2014 and shorter than the 3 year trend (2012-15). It is shorter than the England 3 year average of 223 days.
- Excluding 8 legacy cases this figure becomes 146 for 2012-15
- Including legacy cases where they remain in the three year period, unverified Wiltshire data estimates the figure for 2013-16 as 154 days. The national target for 2013-16 is 121 days

(Legacy cases include children over 4 years old by the time a Should Be Placed for Adoption decision was made, children with complex behavioural, health or development needs and part of a large sibling group where there have been complex care proceedings. Of these all but two were adopted in the three year period, with the anticipation that the remaining 2 will be adopted 2016/17. This means that over time, A1 and A2 will continue to improve as these children will not be in the cohort.)

**A3: the number of children who waited less than 18 months between entering care and moving in with their adoptive family:**

- There were 55 (48%) children who waited less than 18 months between entering care and moving in with their adoptive family. The England three year average (2012-15) is 47%. Unverified Wiltshire data estimates the figure for 2013-16 as 78 children (57%).
9. It should be noted that the most recent Scorecard three year averages relate to 2012-15, therefore there has been a further year of work taking place in Wiltshire which has produced the unverified averages described above. This data indicates that, in addition to the improvement shown in the Scorecard, the three key measures have continued to improve this year, with the overall pace and trajectory of improvement being positive. The most significant improvement in indicator A1 which is showing an improvement of approximately 10%, meaning that more children are being placed in their adoptive placements in a shorter time after being received into care. Although this is good progress, further attention needs to be paid to this to close the gap with the national target.
  10. A2 is also showing improvement although the pace has slowed and so particular attention is being given to the process of identifying an appropriate, matched placement for a child. Changes have been made to the process to ensure that home finding starts at the earliest opportunity and that all activities are monitored and completed in a timely fashion. This work will continue in the coming year.
  11. The full Scorecard is as follows:

# Adoption Scorecard

Choose Local Authority:

See methodology and guidance document for further information

Children				Average time indicators									
	A1: Average time between a child entering care and moving in with its adoptive family (days)	A2: Average time between a local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family (days)	A3: Children who wait less than 18 months between entering care and moving in with their adoptive family (number and %)	<p>A1: Average time between a child entering care and moving in with its adoptive family</p> <p>A2: Average time between a local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family</p> <p>--- thresholds</p>		<p>A1: Average time between a child entering care and moving in with its adoptive family, 2012-15</p> <p>England average 593 days</p>							
LA's 3 year average (2012-15)	610	161	55 (48%)										
Distance from 2012-15 performance threshold (487 and 121 days)	123 days	40 days											
1 year trend - Improvement from 2014 to 2015	Average time in 2015 was shorter than in 2014	Average time in 2015 was longer than in 2014											
3 year trend - Improvement from 2011-14 to 2012-15	Average time in 2012-15 was shorter than in 2011-14	Average time in 2012-15 was shorter than in 2011-14											
Latest quarterly data (April to September 2015)	395	156	35 (75%)										
England 3 year average (2012-15)	593	223	10510 (47%)			<p>A2: Average time between a local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family, 2012-15</p> <p>England average 223 days</p>							
Adopters				Related information									
	Number of approved adoptive families as at 31 March 2015	Number of applications to become an adoptive family still being assessed (not yet approved or rejected) as at 31 March 2015	Proportion of adoptive families who were matched to a child during 2014-15 who waited more than 3 months from approval to being matched to a child	<p>New ADM decisions</p> <p>New placement orders granted</p>	Adoptions from care during 2012-15 (% leaving care who are adopted)	Children for whom the permanence decision has changed away from adoption during 2012-15 (number and %)	Number of children waiting to be placed for adoption (as at 31 March 2015)	Number of children waiting to be placed for adoption with a placement order (as at 31 March 2015)	A1 indicator where times for children who are adopted by their foster family are stopped at the date the child moved in with the foster family (days) (2012-15)	Adoptions of children from ethnic minority backgrounds during 2012-15 (number adopted and % of BME children leaving care who are adopted)	Adoptions of children aged five or over during 2012-15 (number adopted and % of children aged 5 or over leaving care who are adopted)	Average length of care proceedings locally during 2012-15 (weeks)	
LA	30	10	70%	2014: 40, 2015: 30	2014: 25, 2015: 20	80 (14%)	25 (17%)	20	10	545	10 (15%)	15 (4%)	41
England	2,780	2,660	63%	LA % change National % change: -20%, -30%	LA % change National % change: -23%, -34%	14390 (16%)	3780 (14%)	4,600	3,060	490	2230 (9%)	3010 (5%)	39

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Following the Prime Minister's announcement in November 2015 of plans to increase the number of children in Fostering for Adoption (FFA) placements, future scorecards will include an indicator that highlights the number of children in these placements in each local authority. This has not been included this year due to the low numbers involved: 1% of foster placements were FFA or concurrent planning placements at 31 March 2015. Only 34 authorities have a proportion higher than this and 68 local authorities (excluding Isles of Scilly) reported no children in FFA or concurrent placements.

12. Management arrangements and staffing are compliant with regulation in terms of qualification and experience. The Corporate Director (with the responsibility of Director of Children's Services) has overall responsibility for the Adoption Service. Reporting to the DCS is the Associate Director with responsibility for Children's Services, a permanent Head of Service – Care and Placement Services was secured in post in March 2015 and has day-to-day operational responsibility for the Service. In addition there is a permanently appointed Service Manager and an Acting Adoption Team Manager in post. This has brought strength and capacity to the Service with an opportunity to develop the strategy for improvement, ensure appropriate line management arrangements in the Service, provide operational accountability and maintain the important contribution to the regional Adoption West project.
13. The core task of the Adoption Service is to provide secure and stable adoptive placements for children who require legal permanence and are no longer able to remain living safely with their parents or other family members. Services provided are broadly delivered by two teams:
- The Adoption Recruitment and Assessment Team: provides permanency for children through the recruitment, assessment and preparation of prospective adopters. Recommended for approval by the Adoption Panel and endorsed by the Agency Decision Maker, adopters are then matched with children through the home finding process.
  - The Adoption Support Team: supports adoptive families and their children to ensure placement stability. It also provides support to Special Guardians. Services include therapeutic support, counselling, training, family days, newsletters and a link to Child and Adolescent Mental Health Services (CAMHS). This team is also responsible for managing referrals to the Adoption Support Fund which increases adopters' access to specific services for adoption support.
  - In addition, the Adoption Service is responsible for providing an intermediary service adopted adults and birth relatives wishing to trace family members, for those wishing to trace adopted children, support for non-agency adoptions (typically step-parents wishing to adopt), and those wishing to adopt children from overseas.
14. The establishment operational staffing of the Service (Recruitment and Assessment and Adoption Support) comprises one full-time equivalent Team Manager (currently covered in an acting capacity due to long term sickness and phased return of the substantive post holder) and one full time equivalent Assistant Team Manager (this post is currently not actively filled due to the implications of the phased return to work). There are 7.5 full time equivalent qualified social work posts of which, one is currently vacant. There are three full time equivalent Adoption Support Workers who, between them, have responsibilities across the full range of work within the Adoption Service. This is a small team with county-wide responsibilities. The demands upon the team are growing with the increase of Special Guardianship Orders in Wiltshire and the work

generated by adoption breakdowns that can occur at any time post-Adoption Order. Most commonly, these involve adolescents who are challenging and can be hard to place if they are unable to remain with their adoptive families.

15. A development plan, supported by an adopter recruitment strategy, was published in autumn 2015. This reflects the priorities of the Service and the areas of improvement indicated in the Ofsted inspection of 2015. Within the overarching Children's Improvement Plan, the Looked After Children Improvement Plan includes the following priorities directly relevant to the Adoption Service:

- Design and implement adoption team performance measures to enable SMT to monitor and hold the service to account (2.1.4). Whilst a formal set of Key Performance Indicators has not been agreed, there is better monitoring and reporting of performance through monthly management reports, performance review and reporting to cabinet.
- Develop and deliver an effective adoption team development plan and recruitment strategy through to transfer to Adoption West (2.1.15). These are now in place and in addition to continual review will be formally reviewed in Autumn 2016.
- Clarify the Adoption and Special Guardianship support offer using the Adoption Passport and the creation of a customer-focused Adoption Charter (2.2.8). The Passport is agreed and in place and includes all aspects of support that would be described as part of an Adoption Charter.

16. The priorities of the Adoption Service Development Plan include:

- Suitable adoptive families will be identified without delay for children for whom adoption is in their best interest
- Adopter recruitment and retention
- Provide an effective and efficient home finding service
- Develop and implement an adopters' training pathway
- Promote the concepts of concurrency and Fostering to Adopt
- Provide an Adoption Service that is responsive to the needs of adopters, special guardians, adopted children and their families
- Ensure that the Adoption Panel is effective
- Ensure that the Adoption Service is integral to the development of Adoption West

17. As indicated, the Ofsted Inspection of Children's Services carried out in July 2015 graded the Service as Requires Improvement. A culture of continuous improvement was noted with a positive trajectory towards Good. Children and young people were considered to enter Care when they needed to and the timeliness of care proceedings had improved. Inspectors identified an Adoption Service that "made well informed and well matched placements supported by effective family finding". There was evidence that good performance information was used to inform practice and service development. Adopters were considered to be prepared and assessed well and the Adoption Support Team was seen to be effective, innovative and forward looking. The Adoption Panel and Agency Decision

Maker (ADM) ensured that children were effectively matched with the most appropriate families.

18. As described in the previous report to Cabinet, in early 2015, the Government stated that local authorities (and Voluntary Adoption Agencies) should work collaboratively to ensure more effective arrangements were in place to deliver adoption where it was considered to be in a child's best interest. Adoption West was already in development and, with added impetus, it is now the regional response to this initiative. Now comprising of six local authorities and locally operating Voluntary Adoption Agencies, Adoption West is shaping a response which is currently based on a collaborative model of service delivery, which will be expected to improve the timeliness of adoption and other permanence options such as Special Guardianship. A service specification is being developed with support and some initial project funding from the Department for Education.
19. There are potentially significant implications for the Adoption Service and staff in Wiltshire which will become more apparent as the detailed project proposal is developed. It is anticipated that Adoption West will deliver significant economies arising from the removal of local authority based teams to be replaced by a single organisation, operating as a regional Adoption Agency. The final shape of this service is not yet determined but will be expected to ensure parity of access to services across the Adoption West area. The scope will include administration, direct services pre and post approval, Special Guardianship and Adoption Panel function.
20. The project is managed through the Governance Group which consists of the Associate Directors from each authority who in turn report to their DCS who meet when required. The Governance group is supported by a Service Leads group. The task is to ensure that the new service is robust and can deliver and sustain improvement, meeting the particular needs of the region, each of the six local authorities and the Voluntary Adoption Agencies. It is anticipated that there will be benefits to be gained in terms of the recruitment and sharing of a pool of adopters across the area who can best meet the needs of children requiring adoptive placements and therefore increased opportunity for timely matching of children with adoptive families, particularly those who may be considered harder to place.
21. Pending the publication of a detailed implementation plan, the first stage of implementation is currently anticipated for spring 2017. Following this, development will continue to ensure the agreed core functions of Adoption West are delivered with the new service becoming fully operational in April 2018. Clear management, regulatory and accountability arrangements will need to be in place. It is not clear what the demands placed upon this local authority in terms of resourcing and finance are likely to be. A local group is in place to monitor the impact of the development of Adoption West upon Wiltshire as it progresses. This includes consideration of human resource, ICT, legal and budgetary issues.

22.As required to be provided to Cabinet, this report also provides performance information relating to the period 1 April 2015 to 31 March 2016.



### 23. Profile of children waiting for an adoptive placement

Legal status	2013/14	2014/15	2015/16
Section 20	20	1	0
Interim Care Order	19	11	7
Care Order	1	4	5
None	0	0	1
<b>Total</b>	<b>40</b>	<b>16</b>	<b>13</b>

Ethnic Origin	2013/14	2014/15	2015/16
White British	35	14	7
Mixed/Other	5	2	2
White Irish			1
Other Ethnic Group			3
<b>Total</b>	<b>40</b>	<b>16</b>	<b>13</b>

Age	2013/14	2014/15	2015/16
0-11 months	6	5	1
12-23 months	13	2	7
2-4 years	12	4	3
5-10 years	9	5	2
11 and over	0	0	0
<b>Total</b>	<b>40</b>	<b>16</b>	<b>13</b>

### 24. Children adopted

Age	2013/14	2014/15	2015/16
0-11 months	1	0	0
12-23 months	5	8	7
2-4 years	20	13	7
5-10 years	13	6	8
11 and over	1	0	0
<b>Total</b>	<b>40</b>	<b>27</b>	<b>22</b>

Children matched out of county	2013/14	2014/15	2015/16
	5 children in 4 placements	6 children in 5 placements	4 children in 3 placements

Out of county children matched with Wiltshire adopters	2013/14	2014/15	2015/16
	16 children in	11 children in	7 children in 5

	11 placements	9 placements	placements
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## 25. Rescissions of Placement Orders and Disruptions

25.1 In the three year period 2012-15 the permanence decision for 25 children (17% of all children for whom an initial decision was made that adoption was in their best interest) moved away from adoption leading to the rescission of Adoption and Placement Orders. The England figure for this period was 14 %. Of these 25, 7 rescissions were made in 2015-16. There are a further 5 children who are currently in this rescission process. This indicates that there is effective permanence planning for children in care in Wiltshire and plans are scrutinised robustly to ensure that they are in the best interest of the child.

- 25.2 During 2015-16, there has been one adoption placement disruption notified to the Adoption Service before an Adoption Order was made. A formal disruption meeting was held and learning points identified. A number of these were case specific and others related to the need to restate best practice: for example, ensuring the effectiveness of transition plans to introduce children to adopters and ensuring that the day-to-day and more complex needs of a child are fully understood. There have been three placement breakdowns that occurred post-order, when children return to being looked after. The average age of the children was 15. None of the children had been placed by Wiltshire but one was with a Wiltshire adopter and two with non-Wiltshire adopters.

## 26. Prospective adopters

	2013/14	2014/15	2015/16
<b>Enquiries to be an adopter</b>	137	20	147
<b>Applications to be an adopter</b>	67	17	29
<b>Number of newly approved adopters</b>	40	35	13
<b>Application to approval: 0-3 months</b>	4	1	0
<b>4-6 months</b>	17	4	4
<b>7-12 months</b>	18	27	7
<b>Over 12 months</b>	1	3	2
<b>Number approved adopters unmatched</b>	24	31	21
<b>Number approved adopters matched</b>	26	20	17

Of the 21 adopters unmatched and “waiting”, 2 were linked and waiting to go to Adoption Panel for a match and 4 had withdrawn from wanting to adopt and required deregistration, leaving 15 families actively looking to be matched with children. There were 13 children who were waiting for placements at the year end. Although it is anticipated that these children will be placed with Wiltshire adopters, it is nationally recognised that it remains more challenging to find placements for children with complex needs, older children and sibling groups.

## 27. Statistical Neighbours

The following table provides comparative information relating to Wiltshire's Statistical neighbours.

Local Authority	A1 (days)	A2 (days)	A3 (%)
<b>Wiltshire</b>	610	161	48
<b>Unverified Wiltshire 13/16</b>	529	154	57
Gloucestershire	527	104	40
Shropshire	391	66	71
Cambridgeshire	482	114	50
Dorset	498	128	55
Bath & NE Somerset	455	167	59
Devon	514	167	51
Worcestershire	649	289	48
Hampshire	573	214	46
West Sussex	509	167	57
Oxfordshire	436	133	73

## 28. Financial summary of the agency

28.1 The tables below indicate the budget, actual and predicted expenditure for the financial years 2013/14 to 2016/17. Of particular note is the increase of expenditure for Special Guardianship Allowances, leading to a budget overspend. In addition, there is a reducing number of adoptive placements being provided (at cost) to other local authorities as the overall number of children requiring adoption nationally declines.

2013/14	Budget (£)*	Actual Expenditure
<b>Salaries and team running costs</b>	600,230	737,716
<b>Adopter recruitment and training</b>	17,000	7,332
<b>Adoption allowances (all types)</b>	742,500	668,965
<b>Special Guardianship Allowances</b>	127,400	490,076
<b>Adoption income</b>	0	-365,016
<b>Total</b>	<b>1,487,130</b>	<b>1,539,073</b>
2014/15	Budget (£)*	Actual Expenditure
<b>Salaries and team running costs</b>	534,900	534,478
<b>Adopter recruitment and training</b>	17,000	16,979
<b>Adoption allowances (all types)</b>	642,500	667,443
<b>Special Guardianship Allowances</b>	227,400	655,490

<b>Adoption income</b>	-60,000	-258,247
<b>Total</b>	<b>1,361,800</b>	<b>1,616,143</b>
<b>2015/16</b>	<b>Budget (£)*</b>	<b>Provisional Outturn</b>
<b>Salaries and team running costs</b>	524,500	540,648
<b>Adopter recruitment and training</b>	17,000	15,881
<b>Adoption allowances (all types)</b>	501,500	705,041
<b>Special Guardianship Allowances</b>	510,000	1,085,678
<b>Adoption income</b>	-200,000	-165,287
<b>Total</b>	<b>1,353,000</b>	<b>2,181,961</b>
<b>2016/17</b>	<b>Budget (£)*</b>	
<b>Salaries and team running costs</b>	552,200	
<b>Adopter recruitment and training</b>	17,000	
<b>Adoption allowances (all types)</b>	501,500	
<b>Special Guardianship Allowances</b>	1,175,000	
<b>Adoption income</b>	-200,000	
<b>Total</b>	<b>2,045,700</b>	

28.2 There has continued to be a number of adoptive families who are financially supported, as follows:

	<b>At 31 March 2014 Children/Carers</b>	<b>At 31 March 2015 Children/Carers</b>	<b>At 31 March 2016 Children/Carers</b>
<b>RO Allowance</b>	20/15	20/15	20/16
<b>Adoption Allowance</b>	63/44	63/52	50/40
<b>Other</b>	0	0	0
<b>Total</b>	<b>83/59</b>	<b>83/67</b>	<b>70/56</b>

28.3 In addition the local authority has received monies from the Adoption Reform Grant and the Adoption Support Grant.

28.4 In addition:

	<b>2013/14 Actual Expenditure</b>	<b>2014/15 Actual Expenditure</b>	<b>2015/16 Provisional Outturn</b>
<b>RO Allowance</b>	99,426	96,978	110,980

<b>Adoption Allowance</b>	327,313	369,196	392,080
<b>Other</b>	242,226	201,269	166,940
<b>TOTAL</b>	668,965	667,443	670,000

28.5 The provisional outturn budget for Adoption Allowances has risen, despite the number of children attracting these allowances decreasing. This reflects more “complex” adoptions being supported (often in adolescence and to prevent placement breakdown). In addition, the limitations of the Adoption Support Fund only financing therapy for children, means that some adoptive placements require additional financial support to maintain stability.

### 29. Adoption Panel

	2013/14	2014/15	2015/16
<b>No. Panels held</b>	24	25	21
<b>Adoptive families considered</b>	41	36	14 (including one deferred and not reconsidered)
<b>Matches considered</b>	26	27	28
<b>Relinquished Children</b>	Not available	0	2
<b>Reviews of Adopters notified</b>	Not available	0	0

29.1 The Adoption Panel complies with Regulation. It is chaired by a suitably skilled and experienced Independent Chair who ensures that the functions of panel are delivered effectively. This was confirmed in the outcome of the Ofsted inspection. There is an Agency Panel Adviser in place to ensure that the panel is adequately supported at all times. To ensure that panels are quorate, there is a central pool of panel members established which includes members with direct experience of adoption. There is a dedicated Administration Team in place to support the work of the Adoption Panel.

29.2 All Panel members, including the Chair, receive annual appraisals which consider their effectiveness as panel members and any areas for development. There is an annual training day, the most recent taking place in May 2016, which ensures that panel members are updated regarding statutory and legislation changes along with Agency developments and improvements to practice. Panel members have an opportunity to consider how well the Panel is operating and what could be done better. The Chair meets regularly with the Panel Adviser and Head of Service to discuss operational or developmental issues relating to the panel’s work, making and changes and improvements as required.

29.3 The arrangement for Panel recommendations being considered by the Agency Decision Maker (ADM) is considered to be robust, as endorsed by Ofsted. In order to ensure capacity and availability, there are three senior

managers who take the ADM responsibility on a rota basis within the organisation, with administrative support and a clear process in place to make sure that ADM decisions are made within timescale. This means that adopters are informed of decisions promptly following Panel recommendations.

### **30. Commentary**

30.1 The main externally reported performance information is included in the Adoption Scorecard and is summarised above. It can be seen that there has been steady improvement in performance over the three year rolling period. Although it is not directly reflected in the actual Scorecard, the impact upon reported performance should be noted where legacy cases are taken into account.

30.2 Although year on year improvement is evident when considering the two aspects of the service that Ofsted indicated as needing attention: the time between assessment of adopters and matching and the timeliness of the adoption of children where it was considered to be in their best interest, including those with complex needs, it is clear that the pace of improvement requires further acceleration to bring about greater improvement although the overall trajectory is positive. Starting from a poor position in 2008-11, practice has improved year on year as a result of improved planning that is focussed on outcomes for children and is part of the wider Looked After Children improvement agenda. Robust management arrangements are in place, providing a solid foundation for continued improvement.

30.3 Improved performance at **A1** requires the permanence planning to be timely and responsive to a child's needs. The second review (held about four months after a child becomes looked after) has to identify an appropriate plan where the decision is that permanence is the preferred option. In order to ensure timely planning and decision making, the role of the Reviewing Officer, working alongside the child's Social Worker, has been strengthened to provide challenge and oversight to a case. This is checked through audit. The revised terms of reference of the monthly Permanence Panel ensures that children have an appropriate plan for permanence, including adoption, at the right time in their care pathway. In addition, the pace at which matters proceed through the legal process has improved. The average time between the initiation and conclusion of care proceedings has shortened from 28.5 weeks at the end of June 2014 to 24.6 weeks at the end of June 2015 to 23.6 weeks in March 2016.

30.4 Cabinet will be concerned about the number of adopters recommended for approval in 2015-16. In previous years, Adoption recruitment had focused on increasing the pool of adopters, almost regardless of specific matching considerations. This achieved a net increase in adopters; however, it left a number of children with specific needs ("harder to place") waiting and also a number of adopters who had very specific ideas about the profile of children that they wanted to adopt. Due to this, the number of adopters "waiting" rose to over 30 by the end of 2014/15 and the decision was made during the course of that year to largely "close the door" to recruitment. This is reflected in the number of adopters approved at panel in 2015/16. However, this meant that the pool of adopters was gradually being matched with children requiring adoption; a number of adopters remained unmatched but with very precise requirements that

did not match the children who needed placement and the overall pool of “active” adopters was dwindling without replacement.

30.5 In autumn 2015 the decision was made to return to a general recruitment approach, augmented by targeted recruitment regarding specific children, if required. Numbers of families entering the recruitment and assessment process are beginning to grow again with approximately 20 Initial Enquiries at year end and 18 in the assessment process. It is anticipated that this will lead to an improved A1 measure. There may be a risk that some adopters have to wait to be matched with a child and so the balance of recruitment needs is important. Adopters may be recruited either locally or via another adoption agency for specific children waiting, including national searches for children considered ‘hard to place’. This strategy will result in less children waiting while adopters are found as it will provide families for children across the range of needs, including those who are considered harder to place. The development of Adoption West will have an impact here.

30.6 The Adoption Service is working to recruit adopters who can act as foster carers for children who do not yet have a Placement Order, but for whom the long-term plan is adoption – Fostering for Adoption. Alongside this, adopters who can offer concurrent placements are required. Potential adopters need to be able to manage the uncertainties of these arrangements and the local authority should be confident in presenting the legal case to court and being assertive in matching children with adopters where it is in their best interest to do so. This will improve timeliness and, therefore, Scorecard performance

30.7 Ensuring ADM capacity, the Agency Decision Maker (ADM) process is designed to meet statutory requirements and not bring undue delay into the system. By ensuring that home finding and matching work can begin at the earliest opportunity, this reduces the time that children wait to be matched. The ADM process relating to “Should be Placed for Adoption” decisions has been reviewed so that they are timetabled to be made 10 weeks before the Placement Order hearing is anticipated at court. ADM decisions regarding recommendations made by adoption panel for matches are made within ten working days of panel minutes being received, in line with requirements. This activity, linked to the development of Fostering for Adoption and concurrent planning, will allow placements to be made and matches agreed through Panel quickly and without reducing the rigour applied to ensuring that all decisions are in the child’s best interest. All of this activity will support improvement of **A2**.

30.8 It is anticipated that **A3** performance will continue to significantly improve as the scrutiny and challenge provided by the Independent Reviewing Service and the work of Permanence Panel take effect. The emphasis placed on effective planning means that a number of children, where adoption was identified as being in the child’s best interest, have had the ADM decision reversed and the Placement Order rescinded, with an alternative permanence plan agreed. Current care planning practice and robust challenge will not allow cases to drift, thus securing permanence for children.

30.8 The Adoption Service has considered performance against statistical neighbours. The table above (paragraph 27) provides comparative data. It is important to note that, as described in previous Cabinet reports, although Wiltshire is still behind some Statistical Neighbours and national targets, the local

authority began its significant improvement from a “lower base” of performance, therefore the overall gap has narrowed and the trajectory of improvement is on course to reach the performance of others. In terms of the unverified performance anticipated for 2013/16 it can be seen that this will be likely to enhance the position of Wiltshire Adoption Service in the Statistical Neighbour group.

### **31. Next Steps**

To continue to improve the effectiveness of the Adoption Service, within the Looked After Children Improvement Plan, the Local Authority will need to:

- Continue to work with the local judiciary in order to further improve the way that the courts deal with care cases in a timely manner and understand the potential delays for children where additional family members may be considered as carers late in proceedings or where additional assessments are indicated:
- Develop the potential of placing children at the earliest possibility with adoptive parents under Fostering for Adoption and Concurrency arrangements.
- Use positive Home Finding practice to ensure the effectiveness of process to bring about timely identification of potential matches for children who require adoption.
- Ensure a sufficiency of adopters who are able to meet the diverse needs of the population of children requiring adoption in Wiltshire. A suitably diverse pool of approved adopters allows matching to begin early in the process, often before a Placement Order is made.
- In cases where it is recognised that the agency may struggle to match children with in-house prospective adopters, request Court consent to feature the children’s profiles beyond Wiltshire’s boundaries and be proactive in referring children to regional and national placement finding services once a Placement Order has been granted (sooner with the consent of the court).
- Ensure that formal Disruption Meetings take place where adoption placements breakdown before Adoption Orders are made in order to consider key learning in to inform whole service improvement.
- Work with the developing Adoption West consortium, identifying opportunities to lead developments and initiatives in order to improve adoption outcomes in the region.

### **Background**

32. The Adoption Service provides permanency for children who are no longer able to live safely with their parents or other family members. This is achieved through the provision of quality adoptive placements for children who live in Wiltshire and where a decision has been made that adoption is in their best interest.



33. The fundamental requirement of the Service is that children are placed with families who have been assessed as being suitable to adopt. A recommendation of suitability is made by the Adoption Panel and this is ratified as a decision by the Agency Decision Maker (ADM). Through this process, there is rigorous assurance that approved adopters can provide safe, secure and enduring family placements for this vulnerable group of children. This allows them to grow, develop and thrive in a nurturing, supportive and loving family environment, removed from the stigma of being Looked After by the local authority.
34. In order to do this, there must be an appropriate range of enduring adoption placements to meet the assessed needs of children who need permanent adoptive families. These families must promote stability, safety and positive outcomes for children by working in partnership with all agencies as required.
35. The legislative basis of this work is the Adoption and Children Act 2002 and the accompanying 2005 Regulations. As indicated, Ofsted inspected the Service in March 2013 and it was inspected again as part of the wider Ofsted inspection of Children's Services in July 2015.
36. The local authority, through reporting to Cabinet, must be assured of regulatory compliance and effectiveness through performance monitoring, challenge and improvement planning. The Looked After Children (LAC) Improvement Plan is the focus of this and it, in turn, reports to the over-arching Children's Services Improvement Board.
37. The Adoption Service continues to be able to recruit adopters for infants and younger children. Through a programme of general and targeted recruitment, this will be maintained and the pool of adopters will be expanded to include those who are able to provide permanence for children who may be considered "harder to place". This group includes older children, sibling groups and children with disabilities. The Service is part of the South West Adoption Consortium (SWAC) which works regionally to identify matches for children across the area. Where necessary, children are also referred to the National Adoption Register (NAR) which provides national opportunity to identify adopters for children who cannot be placed locally.
38. Adoption West is a regional development involving six local authorities and a small number of locally operating Voluntary Adoption Agencies. The aim is to provide a single Adoption Agency for the region in line with government requirement – from the point of expression of interest to adopt, through to assessment and approval at panel and beyond, to Adoption Support. It is also likely to include other routes to permanence, for example, Special Guardianship. Adoption West is intended to have significant impact on outcomes for children as it will deliver a more effective regional response to

adoption and the needs of children. However, the final “shape” of the service is not yet clear and nor are the implications for the Adoption Service and staff in Wiltshire. It is anticipated that all functions will be delivered by the new agency and no longer remain with the local authority.

### **Safeguarding Implications**

39. Wiltshire Council Adoption Service is part of Children’s Services, all of which are delivered in accordance with Wiltshire Children’s Services Policy and Procedures, overseen by the Wiltshire Safeguarding Children Board. The local authority has clear and effective safeguarding procedures in place for children and vulnerable adults.

40. This report is for note by Wiltshire Council Cabinet.

### **Public Health Implications**

41. Not applicable - for note by Wiltshire Council Cabinet.

### **Corporate Procurement Implications**

42. Not applicable - for note by Wiltshire Council Cabinet.

### **Equalities Impact of the Proposal** (detailing conclusions identified from Equality Analysis, sections 4 and 5)

43. Not applicable - for note by Wiltshire Council Cabinet.

### **Environmental and Climate Change Considerations**

44. Not applicable - for note by Wiltshire Council Cabinet.

### **Risk Assessment**

45. Risks that may arise if the performance and management of the Adoption Service is not effective and it does not achieve good outcomes for children:

- Safeguarding risk to looked after children if they are placed with adopters who have not been fully assessed, prepared and supported. Safeguarding is considered a high level risk within the corporate risk register
- An inadequate supply of adopters to meet the needs of children requiring permanence through adoption
- Reputational risk if the Agency is not effective and does not achieve good outcomes for children who require adoption
- Reputational risk if statutory timescales are not meet regarding adoption
- Reputational risk if the Agency is rated as Inadequate through inspection
- Financial risk if placements are made, are unstable and subsequently breakdown leading to children returning to local authority care

- Looking ahead, there are risks associated with the safety and effectiveness of service delivery should the development of the commissioned Adoption West service not be robust.

Effective delivery of the Service, improvement plan, reporting and challenge will mitigate these risks.

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

46. See above. Not applicable - for note by Wiltshire Council Cabinet.

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

47. See above. Not applicable - for note by Wiltshire Council Cabinet.

### **Financial Implications**

48. The budget for the Adoption Service is indicated, in summary, above. Over recent years, the Government has provided additional money over the base budget through the Adoption Reform Grant, the Adoption Support Grant and, more recently, to Adoption West in order to promote regional collaboration. The Service has been managing within budget due to external incomes collected. The cost of supporting an adopted child is less than the average cost of looking after a child in the care system and is often time limited as opposed to costs of care which extend to 18 years old and beyond. It is noted that the development of Adoption West may result in financial implications in the future. However, at this stage of development there is no information available to indicate what these may be.

### **Legal Implications**

49. It is a requirement of registration as an Adoption Agency that the Executive side of the Council receive written reports every six months regarding the effectiveness, compliance and management of the Agency. This report ensures that legal requirements are met. There are no additional legal implications arising.

### **Options Considered**

50. Not applicable - for note by Wiltshire Council Cabinet.

### **Conclusion**

51. Recent years have seen considerable change within the world of adoption and a focus on improving adoption performance. This has led to the need to review and develop services, amend policy and practice and so increase the effectiveness of the Adoption Service. At

the heart of this is the belief that, for some children, adoption is the best route to legal permanence, security and the opportunity to achieve their potential. Wiltshire Council's Adoption Service is committed to improving service delivery and, therefore, outcomes for children. (It is anticipated that Adoption West will bring further significant change and improvement in coming years.) The Adoption Service works collaboratively within the Council area and regionally to ensure a whole service approach to prevent delay in securing appropriate adoptive placements in a timely way.

52. Building upon the performance and improvement of recent years and using the impetus and direction provided by the Ofsted inspection of July 2015, the rate of improvement for the Adoption Service will continue to increase and better outcomes will be achieved for children.

**Carolyn Godfrey**  
**Corporate Director**

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Report Author: Martin Davis  
Head of Service: EDS and Placement Services  
Contact Details: [Martin.Davis@Wiltshire.gov.uk](mailto:Martin.Davis@Wiltshire.gov.uk)  
01225 712590

July 2016

### **Background Papers**

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

None

### **Appendices**

None

**Wiltshire Council**

**Cabinet**

**19 July 2016**

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**Subject: Adoption West Proposals and Engagement (All Wards)**

**Cabinet member: Councillor Laura Mayes – Children’s Services**

**Key Decision: Yes**

## **Executive Summary**

The development of Regional Adoption Agency (RAA) proposals is part of the national regionalising adoption agenda as set out in ‘Regionalising Adoption’ (July 2015), and further developed in ‘Adoption; A Vision for Change’ (March 2016). Proposals are also informed by the Education and Adoption Act 2016.

Through collaboration with five other local authorities and the voluntary sector Wiltshire Council has embarked upon developing a RAA which is currently known as Adoption West. An expression of interest was submitted in September 2015 to DfE and funding secured in November 2015. This funding has provided resources to support the project including project management, professional leadership and independent specialist legal, financial and technical advice.

Through development of an RAA we aim to:

- To improve adopter recruitment and adoption support
- To speed up matching and improve the life chances of neglected children
- To reduce costs

A range of operating models has been considered and a preferred option identified; a joint venture local authority owned entity. This option is preferred because it will allow us to deliver better outcomes for children, affording greater flexibility and independence to pursue innovation and enterprise.

The high level plan is to engage and gather feedback on outline proposals in order to develop a full business case for decision making by the end of 2016. This will be followed by a period of workforce change processes, infrastructure set up and other implementation activity.

## **Proposal(s)**

That Cabinet endorses the outline proposals for the development of a Regional Adoption Agency (RAA) and agree public engagement.

**Reason for Proposal**

The initial development phase for Adoption West is complete. To proceed with plans to establish an RAA a period of consultation with the public, service users and staff is required. Cabinet approval is therefore needed before progression to this next stage.

**Carolyn Godfrey**  
**Corporate Director**

## **Wiltshire Council**

### **Cabinet**

**19 July 2016**

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**Subject: Adoption West Proposals and Engagement (All Wards)**

**Cabinet member: Councillor Laura Mayes – Children’s Services**

**Key Decision: Yes**

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### **Purpose of Report**

1. To endorse outline proposals for the development of the Adoption West Regional Adoption Agency (RAA) and approve public engagement on these outline proposals.

### **Relevance to the Council’s Business Plan**

2. Wiltshire Council is an Adoption Agency registered with Ofsted. The proposal to develop a Regional Adoption Agency will result in these statutory functions transferring to a new organisation.

### **Main Considerations for the Council**

3. The development of Regional Adoption Agency proposals is part of the national regionalising adoption agenda as set out in ‘Regionalising Adoption’ (July 2015), and further developed in ‘Adoption; A Vision for Change’ (March 2016). Proposals are also informed by the Education and Adoption Act 2016. The Council needs to have confidence that through the establishment of the RAA and its statutory functions can continue to be delivered effectively.

### **Background**

4. The Adoption West project developed from a steering group that formed in July 2013 to consider the possibility of more collaborative working to improve adoption and permanence service delivery across eight local authorities (Bath & North East Somerset, Bristol, Gloucestershire, North Somerset, South Gloucestershire, and Wiltshire. Somerset and Swindon have subsequently joined other regional agencies). Initial work was undertaken by commissioning leads from Gloucestershire and Wiltshire before engaging the Institute of Public Care (IPC) to complete more detailed work. IPC presented a commissioning plan to the Directors of Children’s Services for the Adoption West area and on the 18<sup>th</sup> July 2014 it was agreed that work should be undertaken to move towards a collaborative model of providing adoption services. Work began in April 2015 on activity to concentrate on and jointly commission a number of adoption service

functions regionally.

5. Following the general election in May 2015 the context within which the Adoption West project was operating changed with the publication of 'Regionalising Adoption' (July 2015). In which, the government set out their proposals to move to Regional Adoption Agencies by the end of the Parliament in 2020 and invited expressions of interest from local partnerships. The paper included an emphasis on getting adoption/permanence right for harder to place children whilst ensuring adoption support is available and accessible to these adoptive families and set out three key aims:
  - To accelerate matching and improve the life chances of neglected children
  - To improve adopter recruitment and adoption support
  - To reduce costs

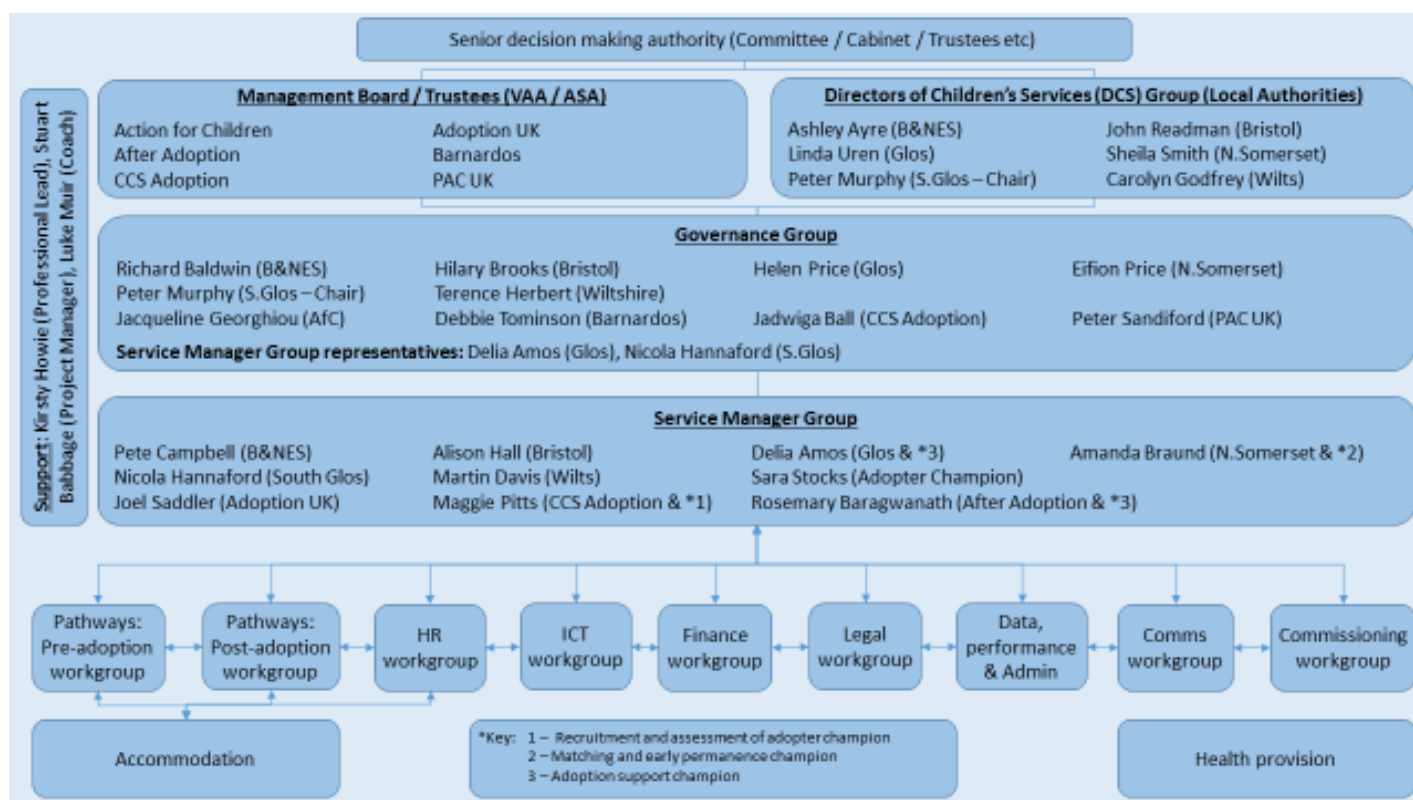
It is also clear that DfE expect to see VAA / ASAs actively included in whichever delivery model is chosen and are 'particularly keen to consider models that have an element of cross-sector collaboration'.

6. Following market testing, an engagement event with voluntary sector providers and expressions of interest, it was agreed that 6 VAA / ASAs would be contributors to the design and development of Adoption West. The Voluntary Adoption Agencies and Adoptions Support Agencies involved in Adoption West include:
  - Action for Children
  - Adoption UK
  - After Adoption
  - Barnardo's
  - CCS Adoption
  - PAC UK
7. The Adoption West expression of interest was submitted in September 2015 and DfE agreed funding to begin in November 2015. Funding was agreed for resources to support the project including project management, professional leadership and independent specialist legal, financial and technical advice. Support and challenge to the project is also provided through an allocated coach offering guidance and acting as a link with the DfE. The project is required to provide progress reports to the DfE on milestone delivery and spending, subsequent phases of funding are contingent upon meeting DfE reporting and project gateway requirements.
8. Adoption West was included in the 'Scope and Define' category of projects and has achieved the following objectives during this period:
  - confirmed commitment to an agreed approach and delegated authority is in place to take the work forward
  - project mobilisation team is in place
  - vision statement and the key outcomes to be achieved by the RAA (**Appendix 1**)
  - project scope including the adoption/permanence functions to be provided by the RAA (**Appendix 2**)



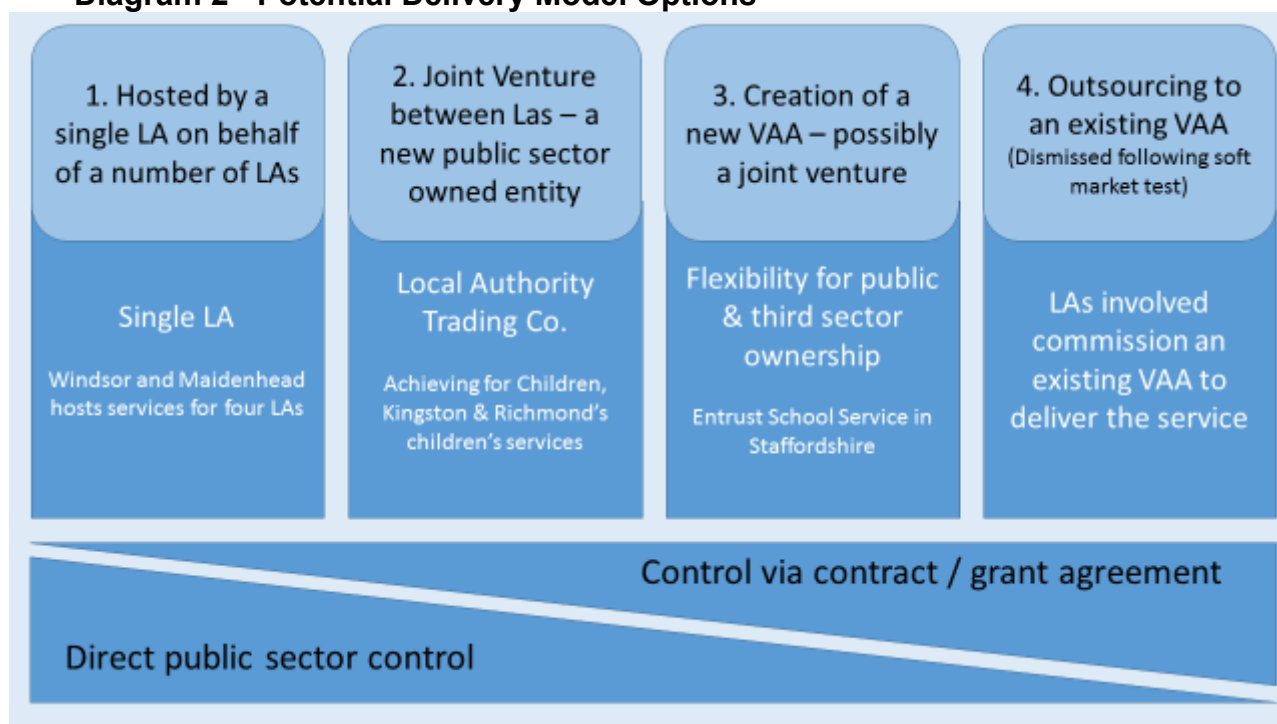
- an agreed profile of the RAA cohort including service user data, staffing information and budgets (**Appendix 3**)
  - process for an options appraisal, gateway criteria and success factors has been followed to ensure sound decision making
  - preferred delivery model agreed, following due consideration of possible models and legal advice informing a detailed options appraisal (**Appendix 4**)
  - project plan to enable delivery of the approved model is in place and is being implemented (**Appendix 5**)
  - key stakeholders including council members, adopters, and staff have been engaged in the development
  - engagement with Adoption Panel chairs, NHS commissioners and providers to explore options for collaborative working recognising their centrality to the adoption process
  - analysis of the stocktake of existing services is completed to inform the development and delivery of the RAA
  - a transition plan is developed to take the project into the next phase and to ensure maintenance and improvement in existing services during the change process
  - critical underpinning plans relating to ICT and information sharing, financial, risk management, and communication are in place
9. The governance structure outlined in **diagram 1** below shows the organisation of project groups and decision making. Each Local Authority and VAA / ASA partner is represented on relevant groups. Representatives are responsible for feeding back to their respective adoption services and collecting views and ideas to feed into the groups.

**Diagram 1 – Adoption West Governance Structure**



10. As part of the scope and define phase Adoption West has developed and agreed a preferred delivery model. The process for reaching a preferred model comprised a review of provisional options, business case development, legal advice, and option appraisal. Project groups considered 4 initial options shown in **diagram 2** below and following soft market testing, debate and analysis of the strengths and weaknesses of the various models with a view to short-listing viable options, partners agreed to remove the fully commissioned model from consideration. The Governance group proceeded to develop and debate the strengths and weaknesses of the remaining 3 models:
  1. Hosted by a single LA on behalf of a number of LAs
  2. Joint venture between LAs – public sector owned entity
  3. Creation of a new VAA – public and third sector ownership
  
11. Potential models were considered over a series of meetings. Legal advice was procured from Bevan Brittan LLP to assist in the development of outline business cases for each of the options and to conduct a thorough and independent options appraisal based on a clear brief and input from the Governance Group and Service Manager Group. The Service Manager Group provided input from the perspective of operational teams and service users to propose weighted criteria for assessing options. Appraisal criteria were used as a basis against which to assess the models under consideration.

**Diagram 2 - Potential Delivery Model Options**



12. The options appraisal exercise highlighted the potential benefits and, on balance recommended option 2, a joint venture local authority owned entity. This option is preferred because it will best allow us to deliver better outcomes for children, affording us greater flexibility and independence to pursue innovation and enterprise in how we deliver services. Option 2 is further supported by legal advice evidencing the feasibility and advantageous procurement position of such a model. The options appraisal has been reviewed by the Governance Group and Directors of Children's Services and they have approved the development of a full business case for option 2. Within this model and as stated in the delivery model options appraisal (**Appendix 4**) there is scope to include VAA / ASAs on the Board arrangements limited by specific legal parameters. Further discussion is taking place to ensure VAA / ASA interests are represented and promoted within this model and to explore how this may work in practice.

13. In summary, option 2 is preferred due to the following key strengths:
- A corporate joint venture between the participating authorities creates a new entity which offers a neutral platform which affords all participating authorities equal status within the arrangements and avoids the perception of control which the required role of a "lead authority" can create.
  - The structure allows governance arrangements to be straightforward with all partners represented on the Board of Directors (although the VAA / ASAs would have limited voting rights).
  - It will be easier to establish a new identity and brand distinct from the local authorities, providing a better platform to engage adopters, build trust and innovate while maintaining effective connections with LA children services teams

- The procurement position is more favourable as certain exemptions are afforded if the RAA is local authority controlled and the essential part of the RAA activities is with the controlling local authorities
  - Innovation and growth are better facilitated by this model. This may range from experimenting with new practice methodologies and trialling alternative evidence based practice models and programmes, through to embracing new technology and improving working practices such as team and service user communications.
14. The preferred option 2 is likely to involve slightly higher set-up costs and longer implementation timescales than option 1. This is due to the requirement to establish new legal structures and involve regulators in the formation of the company. All implementation costs are to be covered by DfE RAA grant funding subject to approval. Given the strategic benefits of the preferred model, the strengths outlined above, and DfE support for innovative delivery models, the additional cost and time is considered to be justified.
15. The preferred model and accompanying financial plans and project schedules have been submitted to the DfE. The DfE are reviewing plans of 21 prospective RAAs and any further progress of Adoption West proposals will be informed by the outcome of this process. Responses were originally expected on 16<sup>th</sup> May 2016, on reviewing proposals the DfE are now undertaking a series of discussions with prospective RAAs to agree plans and funding decisions.

### The Issues

16. There are a number of key areas that require further work to develop a full business case. The outline areas, initial proposals and factors for consideration during the public and service user engagement period are highlighted below.

#### Proposed plan and decision making process

17. The high level plan is to engage and gather feedback on outline proposals in order to develop a full business case for decision making by the end of 2016. This will be followed by a period of workforce change processes, infrastructure set up and other implementation activity. It is anticipated that some service improvements identified may be implemented during the transition period to achieve incremental change and trial new ways of working ahead of a formal implementation date. The new service is planned to be operational from April 2018.

<b>Milestone</b>	<b>Date</b>
DfE response to transition plans and funding application	May 2016
Business case development, legal & financial advice	May - Nov 2016
Local Authority political decision making and VAA / ASA decision making on 'In principle' approval of preferred model and public engagement	June / July 2016

Engagement with public, service users and staff on outline proposals. Draft engagement document included as <b>Appendix 6</b>	July - Oct 2016
Local Authority political decision making and VAA / ASA decision making on implementation of preferred model including service specification, budget and staffing	Nov - Dec 2016
Implementation – workforce change, establish legal structures and organisational infrastructure	Jan – Dec 2017
Implement new delivery model	April 2018

### Governance and accountability

18. The participating authorities will enter into a members or shareholders agreement. Any members' agreement will set out clearly what the purpose of the collaboration is and will clearly assign roles and responsibilities to each of the participating authorities. It will also deal with governance and issues such as dispute resolution. Adoption is regulated by statutory provisions and administered through the courts in line with these principles. Adoption services are administered through agencies approved by the secretary of state and are subject to inspection by OFSTED. Proposals will consider the potential impact of the inspection requirements, acknowledging that DfE and OFSTED are working together to agree the best approach for new delivery models. The Adoption Leadership Board and Regional Adoption Boards provide leadership to the adoption system, improve its performance and tackle the key challenges it currently faces by supporting the collection, analysis and dissemination of timely performance data and the sharing of best practice.
19. In addition to the Members Agreements each of the participating authorities will need to commission services from the RAA and this will require a further Services Agreement to be entered into jointly between the participating authorities and the corporate RAA or singularly between each participating authority and the corporate RAA.
20. Each of the participating authorities will have a role on the Board of Directors of the Corporate RAA. Statutory company directors are required to have the necessary skills and experience to carry out their duties effectively and to do so in good faith and in a way that would be most likely to promote the success of the Corporate RAA for the benefit of its members as a whole. All members or officers of an LA expected to act as statutory directors will receive detailed and appropriate training and appropriate support.
21. The six council's will consider how effective member scrutiny of, and influence on, the Joint Venture Company is best achieved. Further work will be undertaken to develop a range of options for consideration at a second Member's workshop in September.

### Voluntary Adoption Agency and Adoption Support Agency (VAA / ASA) roles and considerations

22. VAA / ASAs will form an integral part of new regional working arrangements. Further work will be undertaken to clarify the specific nature and extent of

involvement of different agencies but partners are committed to engaging positively with VAA / ASAs and incorporating VAA / ASAs fully within any future RAA and as part of the wider permanence service mix. Partners anticipate thriving VAA / ASAs to be an essential part of the mixed local market of adoption service provision in the future and voluntary agencies will play a central part in defining their future role in further detail. Detailed consideration of the anticipated capacity and capability of a future RAA and other adoption service providers will be analysed in coordination with VAA / ASA partners and options considered that will ensure the continued strength of commissioned provision. Opportunities for expansion and diversification in the voluntary sector will be explored to address potential capacity gaps and growth areas by providing greater certainty and encouraging more collaborative working within regional arrangements to enable providers to develop new services and engage in longer term planning.

#### Service delivery and focus on operational practice excellence

23. The RAA will focus on excellent practice and improved outcomes for children through ensuring that new processes, activities and structures reflect the objectives and enable the planned benefits of the new entity. Service excellence will be supported through developing a clear service specification and embedding effective processes and practices. This will be sustained through appropriate governance and performance management arrangements. Service excellence will be central to all aspects of the next phase of developing proposals and the fundamental criteria against which decisions will be made. The development and delivery of proposals will continue to benefit from detailed input of adopters, the voice of the child and voluntary sector partners.
24. The project is in the process of looking across all partners and beyond to ensure the best practice of current services provide a baseline from which to develop new practices. The preferred delivery model will provide further continuous improvement opportunities through:
  - greater freedom and flexibility to involve staff in governance and decisions
  - being a single purpose organisation that will not have to focus on other local authority priorities
  - create lean processes and removal of duplicated functions
  - the potential to develop tailored back of house functions appropriate specifically to the business of adoption / permanence
  - the ability to develop a culture and practices that focus purely around adoption and permanence support and the needs of the child / adopters.

#### Health provision

25. Initial engagement with Health service commissioners from the 6 Clinical Commissioning Groups has identified opportunities for more joined up working. However, current commissioning cycles and the complexity of disaggregating adoption and permanence related health services from wider children's services health provision may limit the potential for regional

commissioning. Options are being discussed collaboratively to enable greater consistency of health provision across the region. Processes will also be established to coordinate demand, and manage the administrative and financial implications of more flexible health services regionally.

#### Education services

26. Links have been established with the Virtual Schools in each Local Authority to include them in the planning process for the RAA. Virtual School head teachers are keenly aware of their responsibilities to children who are adopted, which is a recent increase in workload and expectations for their services. As with health provision there are potential opportunities for joined up working which could provide better co-ordinated and more timely education services to adopted children. Initial work is now underway to collate information across the six Local Authority Virtual Schools to better understand the current picture of educational provision and to identify opportunities to work together and develop joint processes. It is anticipated that there will be some cross authority collaboration between the Virtual Schools, including the RAA, that will ensure more consistent services to children and adoptive parents, and make more effective use of available resources.

#### Adoption Panel Arrangements

27. Opportunities will be considered to rationalise existing panel arrangements to ensure the process is as efficient as possible and resources are used most effectively on a regional basis. This may involve changes to local authority and voluntary agency panels to combine resources and ensure administration, structures and timing reflect and support the outcomes to be achieved by regionalising adoption and permanence services.

#### Financial planning, principles and processes

28. The development of the full business case will be facilitated through specific funding for external advice in conjunction with finance officers from partner organisations to support financial modelling for the new delivery model, interrogate unit costs analysis, agree estimates for projected future costs, develop funding formula, advise on apportionment of costs / risks, recommend appropriate financial systems and establish an effective accounting structure. The RAA will explore options for any potential redundancy and pension liabilities to be covered by the partner LAs so as not to expose the new entity to an undesirable level of risk.
29. The plans for Adoption West RAA will not increase costs and will seek to deliver efficiencies.
30. Tax implications, working capital arrangements and insurances will be subject to further specialist advice and will be agreed during the next phase as part of developing the funding agreement, these considerations will be further defined in the full business case.
31. Funding for the new RAA will be provided by the partner LAs, the

mechanism for agreeing funding requires further work and agreement as part of the process of developing the full business case, governance and operational practices. Options include Local Authority funding for the new service on the basis of:

- historic and projected numbers of children looked after and number of adoptions and permanence solutions;
- historic and projected volume of activity to be delivered;
- inter-agency fixed fee per adoption;
- a combination of the above

Human resources implications (staffing, organisational structure, employee transfer and pensions)

32. The project will define the operating model and how the new organisation will be staffed/managed and structured during the next phase of service design. This will be developed in collaboration with current employees and stakeholders during the engagement period. Staff equality data is being gathered and will be analysed as part of a detailed equality impact assessment that will be maintained during development and delivery of proposals. The Equality Impact Assessment will also include actions to mitigate any identified impact for staff.
33. Initial advice has been taken regarding staffing implications relating to staff transfer and pensions. Once the preferred delivery model for the RAA is approved and required information has been gathered on the staff potentially affected more detailed work is planned.
34. It is anticipated that appropriate current employees of the LAs will transfer to the new agency under the Transfer of Undertakings (Protection of Employment) (TUPE) Regulations 2006 to the LA Company as responsibility for the delivery of all aspects of the Adoption Services are transferred. A due diligence review of the T&Cs which currently apply to employees is underway to identify what T&Cs the LA Company would inherit on any TUPE transfer. The LA Company will consider how the variety of terms would fit in with its structure of T&Cs and identify potential issues and/or conflicts which may arise.
35. As the transferring employees who would transfer under TUPE from the LAs to the LA owned agency are likely to be members of or entitled to join the LGPS, the LAs will be obliged to ensure that when their employment transfers to the LA owned agency, appropriate 'pension protection' is provided for them. It is anticipated that this would therefore be a case of the LA owned agency also participating in the LGPS to allow the transferring employees to continue with their membership or entitlement to join following the transfer. There are three different LGPS Pension Funds which are applicable in relation to the LAs (Avon Pension Fund, Gloucestershire Pension Fund and Wiltshire Pension Fund). Therefore there could be potential transfer issues to be considered between the LGPS Pension Funds of the transferring employees accrued benefits. The actuaries of the LGPS Pension Funds will be consulted as to the basis of any such transfers. The LAs will ensure that any potential negative effects on them and their participation in the relevant LGPS Pension Fund are minimised.



## ICT options and considerations

36. No decisions have been reached regarding who will provide the new agency's IT systems. Options will be considered regarding the relative strengths and weaknesses of existing systems in use by partner agencies or alternative systems based on an assessment of services and associated technical requirements.
37. The new agency will require access to service user records from the 6 local authorities. Decisions will need to be made regarding how this access is achieved with options including a feed into a new system or links into each of the 6 systems.
38. Decisions will also need to be made regarding other business and IT services required and who will supply them including email, storage, finance, payroll, HR, provision of hardware. There are perceived benefits to a partner LA providing these services in which case they could be accessed via remote desktop protocol (RDP) or similar, providing a user with a graphical interface to connect to another computer over a network connection.

## Property options and considerations

39. Options are being developed around various hub and spoke models for delivering a regional service. Any such model will be enabled by flexible and remote working and utilisation of existing accommodation. The details relating to locations and provision of support functions are to be informed by analysis of service volumes and input from service users, staff and other stakeholders.

## Public, service user and staff engagement

40. Plans are in place for more thorough engagement with adopters working with Adoption UK to facilitate surveys, focus groups and various forums to ensure proposals are informed by service users. Following consideration of these outline proposals by decision makers within partner organisations involved in the Adoption West project, there is a planned period of public, service user and staff engagement. Equality considerations will be explored through this engagement process and will inform the development of the Equality Impact Assessment. During this process there will also be a members' workshop currently being planned for September to follow up on the event in April 2016. The engagement period is planned to run for 10 weeks from Monday 25<sup>th</sup> July to Monday 3<sup>rd</sup> October 2016. The purpose, approach and specific nature of the engagement process is set out in the engagement document **appendix 6**. The principal stakeholders include:
  - Adoptees
  - Adopters
  - Birth families
  - Local Authority, Voluntary Adoption Agency and Adoption Support Agency Staff

- Health service commissioners and providers
- Adoption panel members
- Education services

## Consultation

41. Staff have supported the process through an engagement event in November 2015 and ongoing communication with service managers and the project team through operational team meetings. Trade Unions have been informed of outline proposals and arrangements are in place for ongoing consultation as proposals are developed further. The adopter voice is provided through adopter champion representation within the governance structures and plans are in place for more structured involvement of service users, including the voice of the child. The report and specifically **appendix 6** sets out the approach to engagement and consultation with residents, service users and staff. The outcomes of this engagement process will inform the development of proposals for a decision paper to return to this committee later in the year.

## Human Resources Implications

42. HR implications are summarised under the 'Human resources implications (staffing, organisational structure, employee transfer and pensions)' section above.
43. As stated above, there could be a mixture of terms and conditions which apply to the current LA employees which the Local Authority Trading Company would then inherit on any TUPE transfer under this option. There is a potential equal pay risk whenever two or more sets of terms and conditions exist within a workforce. However, we are not aware of the extent of the difference between the sets of terms and conditions and therefore the extent of the equal pay risk and this would therefore be an issue for the Local Authority Trading Company to deal with. This is therefore simply flagged as a risk that the LAs should be aware of under this option at this stage.
44. As the transferring employees who would transfer under TUPE from the LAs to the Local Authority Trading Company are going to be members of or entitled to join the LGPS, the LAs will be obliged to ensure that when their employment transfers to the Local Authority Trading Company, appropriate 'pension protection' is provided for them. It is anticipated that this would therefore be a case of the Local Authority Trading Company also participating in the LGPS to allow the transferring employees to continue with their membership of entitlement to join following the transfer. Issues which the LAs would need to consider include:
- whether the Local Authority Trading Company would participate in only one of the relevant LGPS Pension Funds or whether it participated in all of the relevant LGPS Pension Funds;
  - whether future staff employed by the Local Authority Trading Company were:
    - going to be provided with membership of the LGPS; or

- going to be provided with membership of an alternative pension arrangement which satisfies the requirements to be a 'qualifying scheme' in order to comply with auto enrolment requirements.;
- where future staff employed by the Local Authority Trading Company are to be provided with membership of the LGPS, depending on the Local Authority Trading Company's participation arrangements in the LGPS, which of the relevant LGPS Pension Funds those future staff participate in.

### **Environmental Implications**

45. The proposals are intended to provide sustainable long term solutions and environmental considerations will be factored into specific proposals relating to service delivery changes. There are no perceived explicitly environmental implications arising directly from this report.

### **Social Implications**

46. There are significant social implications arising from the successful implementation of the Regional Adoption Agency. Positive outcomes for looked after children, and specifically improvements in adoption and permanence services, are more likely to result in positive contributions to society. Timely and successful adoption / permanence solutions are important and can have far reaching consequences particularly in terms of the social impact on the lives of children, young people and their families.

### **Economic Implications**

47. A thriving local market of voluntary adoption service providers is central to the development of the regional adoption agency and improved outcomes for service users.

### **Privacy Impact Assessment**

48. An initial Privacy Impact Assessment has been conducted and will be developed as part of a process which assists the council in identifying, minimising and addressing the privacy and information risks associated with any new initiative.

### **Overview & Scrutiny Engagement**

59. The Children's Select Committee has been kept fully updated and the Chair of the committee has very helpfully attended the Member workshop alongside the Cabinet Member for Children's Services. The on-going involvement of the Children's Select Committee is welcomed.

### **Safeguarding Implications**

60. The RAA will be registered and inspected by Ofsted, as such it will be subject to external scrutiny during its development and operation. The regulations governing RAA's have yet to be published and we understand that Ofsted and DfE are currently discussing these. These regulations are likely to be similar in nature to those that apply to the Council's own adoption service and therefore safeguarding systems will be robust. As the Council will retain overall responsibility for operation of the RAA through Governance arrangements we will be well placed to ensure the RAA is a safe service.

### **Public Health Implications**

61. There are no explicit Public Health implications arising directly from this report. Any improvements in the system benefitting both adoptive parents and children/young people are to be welcomed, especially as targeted support for the most vulnerable young people has been included.

### **Procurement Implications**

62. The proposed public-public cooperation joint venture model recommended within is a well used approach for local authorities seeking to collaborate with others. Care will be needed to ensure the model meeting legislative criteria with detailed advice and support from Legal and procurement teams recommended. The required collaboration with VAA/ASA described in section 13 will need to be given due consideration to ensure continued compliance.

### **Equalities Impact of the Proposal** (detailing conclusions identified from Equality Analysis, sections 4 and 5)

63. Actions included in this report target support for the most vulnerable young people and therefore will have a positive impact on equalities. Further research is being undertaken to identify and analyse potential equality impacts for service users and staff and the project will continue to explore and address equality impacts throughout the life of the project.

The implementation plans aim to ensure that the requirements of the Equality Act 2010 are complied with. All public bodies involved in the project are subject to the public sector equality duties as will the new organisation as it will be 'in receipt of public money'. The project will consider how those equality duties will continue to be considered by the new organisation. The Council is reminded of its statutory duty, in the exercise of its functions, to have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by the Equality Act 2010.
- advance equality of opportunity between persons who share a protected

- characteristic and persons who do not share it; this means:
  - removing or minimising disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
  - taking steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
  - encouraging persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- foster good relations between persons who share a protected characteristic and persons who do not share it; this means:
  - tackling prejudice;
  - promoting understanding.

Equalities considerations and monitoring is an integrated part of our Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy process to help promote equality and discharge our responsibilities under the Public Sector Equality Duty. Relevant information from these strategic processes will inform the equality impact assessment for this project which will be shared with decision makers to ensure they have adequate information prior to the final decision.

It will be important to include in the data analysis results by protected characteristics to ensure that the actions outlined in this report are targeted to those areas that require it the most. Consultation on equality impacts will inform the design of the project and result in specific actions to address any identified issues.

## **Risk Assessment**

65. A risk register is maintained as part of regular project management practice with mitigating actions identified to ensure the likelihood and impact of risks is managed proactively

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

- 66 A decision is required if Wiltshire Council is to continue as a full member of the RAA development group. Non-participation would limit Wiltshire's ability to influence design and build. The option of continuing to deliver adoption services through a single in-house team limits our ability to innovate and to maximise the opportunities for vulnerable children who require permanent homes.

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

67. **Risk:** Disruption during the period of transition and managers/staff becoming focussed on the change process rather than service delivery may lead to delays in plans for children. **Mitigation:** Thorough and effective transition planning agreed with service managers and flexibility to enable service delivery priorities to be managed. Plans to reduce the workload on adoption managers and staff, thereby enabling them to maintain direct service

provision.

**Risk:** Adopters may lose confidence during the change process resulting in the potential for fractured relationships and breakdown in service delivery

**Mitigation:** Communications planning and involvement of adopters throughout the process. Service monitoring during transition to ensure no impact on service delivery.

**Risk:** ICT system change may impact on service information, governance and records. Potential impacts include loss of personal information, delays in processes, safeguarding risk and cost of information security failures, undermining confidence in the new service and reputational damage.

**Mitigation:** ICT lead officers involvement and collaboration in planning and developing appropriate solutions. Detailed information gathering and analysis prior to service implementation will reduce potential confusion and error. Privacy Impact Assessment process to identify, minimise and address the privacy risks associated with the transition.

**Risk:** Potential for fragmentation and loss of good working relationships with child care teams in authorities, and disrupted links with health, education and other services. **Mitigation:** Engagement of child care teams in the project and specific input into service specification and process changes to ensure links are maintained. Engagement with all partner agencies, service providers and child care services will be needed to include them in the service plans and ensure robust systems are in place to maintain ongoing relationships into the future.

**Risk:** Set up and running costs may be underestimated leading to unforeseen liabilities for partners and/or the new RAA. **Mitigation:** Financial analysis and modelling involving expert advice is included in the financial and transition plans. Sufficient time will be allocated to these activities and engagement of all partners in agreeing proposals to ensure estimates are understood by all and are as accurate as possible.

## Financial Implications

68. Financial implications are summarised under the 'Financial planning, principles and processes' section above, the development of a full business case detailing projected costs and setting out funding arrangements will be fundamental to the next stage of the project and to informing future decision making. As highlighted in the options appraisal, as the corporate RAA only has local authority members (shareholders), it will be a local authority trading company as such "controlled" by each of the participating authorities. Each local authority has a fiduciary duty to look after the funds entrusted to it and to ensure that the taxpayer's money is spent appropriately. For that reason, a local authority must carefully consider any trading venture that it embarks on. The 2009 Trading Order England requires the local authority to prepare a business case. The participating authorities (or their executives) should approve the business plan before trading starts.

For the purposes of the applicable VAT legislation, the corporate RAA will be providing "welfare services". This would bring the RAA within a VAT exemption. The consequences of the VAT exemption are twofold:

- The RAA will not be required to charge VAT to the participating authorities in respect of the welfare services it provides.
- Since it will be making exempt supplies, the RAA may not be able to recover the VAT it incurs in procuring support services from third parties, such as finance, human resources advice and ICT. As such the potential costs of these services to the RAA should be factored into the full business case as part of the final decision making process.

## Legal Implications

69. The summary outline within the report does not raise any legal concerns as to the proposal. Legal Services however require sight of the outline proposal before comprehensive legal comments can be provided.

As the matter progresses forward the detail does need to be considered by Wiltshire Council's Legal Services to ensure protection of statutory obligations and best value for Wiltshire Council residents.

For example, the report does not address detailed governance arrangements between the local authority, which has statutory obligations, and the RAA. (It does not address who will provide the legal advice for adoptions for the Wiltshire area).

The body of this report and specifically the delivery model options appraisal (**appendix 4**) addresses the legal implications pertinent to the establishment of a local authority joint venture.

The Education and Adoption Act 2016 amends the Adoption and Children Act 2002 to include:

- 1) The Secretary of State may give directions requiring one or more local authorities in England to make arrangements for all or any of their functions within subsection (3) to be carried out on their behalf by—
  - (a) one of those authorities, or
  - (b) one or more other adoption agencies.
- 2) A direction under subsection (1) may, in particular—
  - (a) specify who is to carry out the functions, or
  - (b) require the local authority or authorities to determine who is to carry out the functions.
- 3) The functions mentioned in subsection (1) are functions in relation to—
  - (a) the recruitment of persons as prospective adopters;
  - (b) the assessment of prospective adopters' suitability to adopt a child;
  - (c) the approval of prospective adopters as suitable to adopt a child;
  - (d) decisions as to whether a particular child should be placed for adoption with a particular prospective adopter;
  - (e) the provision of adoption support services.

- 4) The Secretary of State may give a direction requiring a local authority in England to terminate arrangements made in accordance with a direction under subsection (1).
- 5) A direction under this section may make different provision for different purposes.
- 6) The Secretary of State may by regulations amend subsection (3)

**Carolyn Godfrey**  
**Corporate Director**

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Report Author: Terence Herbert

Associate Director, Operational Children's Services

11 July 2016

### **Background Papers**

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

Regionalising Adoption (June 2015) DfE  
Adoption: A vision for change (March 2016) DfE  
The Education and Adoption Act 2016  
Adoption and Children Act 2002

### **Appendices – to follow**

1. Adoption West vision and outcomes document
2. Adoption West services in scope
3. Profile of the Adoption West service user, staff and financial information
4. Delivery model options appraisal document (Bevan Brittan LLP report)
5. Adoption West Project plan
6. Public, service user and staff engagement document



**Wiltshire Council**

**Cabinet**

**19 July 2016**

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**Subject: Extension of DCS0518 Call Centre and Response Services (Telecare)**

**Cabinet Member: Cllr Jerry Wickham - Cabinet Lead Member for Health (including Public Health) and Adult Social Care**

**Key Decision: Y**

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## **Executive Summary**

This paper sets out a proposal for the consideration of the Cabinet regarding the extension of the Call Centre and Response Service (Telecare) contract.

The Call Centre and Response Service contract is funded via the Better Care Fund; it is a key element of the Council's strategy to enable people to remain in their own homes for as long as possible through the provision of a 24 hour call centre and response services linked to Telecare. It works closely with Help to Live at Home and the Integrated Community Equipment and Support Service providing:

- **24/7 Call Centre** provides 24 hour, 7 days a week, 365 days a year contact monitoring and with response via key holder, responder service or emergency services if required.
- **24/7 Responder Service** provides 4 teams of responders countywide (Salisbury, Chippenham, Devizes and Trowbridge), with up to 8 trained staff responding to calls.

Both the Call Centre and Response Service are currently delivered through a commercial contract with Medvivo. Medvivo (historically Wiltshire Medical Services) provide an integrated health and care service in Wiltshire ranging from GP out of hours service, single point of access, urgent care at home and crisis response service. As such they hold a number of contracts with both Wiltshire Council and Wiltshire CCG. Medvivo also hold telecare contracts with Hampshire and Bexley.

Awarded to Medvivo in 2012 (Under Voluntary Ex-Ante Transparency Notice (V.E.A.T. arrangements) the contract expires in January 2017 with notice required by September 2016. The contract contains a provision for up to three years extension.

**Proposal(s)**

It is proposed that the current Call Centre and Response (Telecare) contract with Medvivo is extended for one year as provisioned for within current contract arrangements.

It is proposed that there is a delegation to Assistant Director and the Cabinet Member to establish savings and efficiencies arising from joint working with providers, and to further develop the use of telecare in Wiltshire.

#### **Reason for Proposal(s)**

The core reasons for extending the contract on a short term basis are:

- Significant CCG contracts with Medvivo are due to expire in January 2018. There may be opportunity to integrate contracts and services more fully with the CCG at this time providing closer integrated working opportunities whilst potentially providing overall efficiencies; a longer term extension and/or re commissioning process would prohibit this opportunity.
- Telecare remains an area of significant potential and growth. Medvivo are a positive partner, keen to explore the future use of telecare in Wiltshire.
- Commissioners feel that there are operational opportunities to explore with the current provider over the next twelve months and a 12 month action plan is currently being developed. It is anticipated that this work will inform the future recommissioning of an efficient and effective telecare service in Wiltshire.
- Medvivo continue to have the expertise and experience to provide telecare services in Wiltshire and to meet any increase in demand. It also continues to have the ability to link this social care service with its provision of health service out of hours response for the benefit of customers.
- The provision of urgent care domiciliary is intrinsically linked with the response service and any changes to provider at this time could impact on that services viability.

The one year extension would be utilised by commissioners from both Wiltshire Council and Wiltshire CCG to inform a comprehensive re tender process for this service, aligned to other services currently provided by Medvivo.

**James Cawley (Associate Director, Adult Care Commissioning and Housing)**

## Wiltshire Council

### Cabinet

19 July 2016

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**Subject: Extension of DCS0518 Call Centre and Response Services (Telecare)**

**Cabinet Member: Cllr Jerry Wickham - Cabinet Lead Member for Health (including Public Health) and Adult Social Care**

**Key Decision: Y**

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### Purpose of Report

1. This report sets out a proposal for the consideration of the Cabinet regarding the extension of the Call Centre and Response Service (Telecare) with Medvivo for the period of one year.
2. This report is required in advance of procurement activity to utilise the extension provisioned within the current contract.

### Relevance to the Council's Business Plan

3. This proposal supports the delivery of Wiltshire Council's Business Plan objectives in a number of key areas, but primarily the priority to protect those who are most vulnerable in our community by:
  - Promoting independence and personal choice
  - Increasing customer confidence
  - Increasing customer safety
  - Facilitating earlier hospital discharge
  - Delaying the need for admission to residential care
  - Supporting Carers in their role
  - Reduces the need for care without diminution in the quality of support experienced by the customer

### Main Considerations for the Council

4. The Cabinet is asked to consider the following proposal:
  - Extension of the current Call Centre and Response Service with Medvivo for one year from January 2017 to January 2018, in line with extension provision within current contract arrangements.

### Background

5. The current Call Centre and Response Service contract with Medvivo expires in January 2017. There is scope to extend the contract by up to 3 years.
6. Medvivo (historically Wiltshire Medical Services) provide an integrated health and care service in Wiltshire ranging from GP out of hours service, single point of access, urgent care at home and crisis response service. As such they hold a number of contracts with both Wiltshire Council and Wiltshire CCG. Medvivo also hold Telecare contracts with Hampshire and Bexley. They are accredited to the Telecare Services Association Code of Practice for Telecare.
7. The Call Centre and Response Service plays an important role in enabling people to remain in their own homes and links with the Integrated Community Equipment Contract (ICESS) to form Wiltshire Council's Telecare service.
8. Medvivo provide the call centre and response service whilst the ICESS provider (Medequip) is the single-point of contract for the Telecare service and are contracted to provide, deliver, install and maintain telecare equipment.
9. Telecare (assistive technology) is a wide range of electronic equipment that can fulfil a range of functions. For example telecare include falls detectors, sensors that can identify whether somebody is leaving their house, whether they have opened the fridge, sensors that can detect movement or alert if there is a gas leak or a flood, along with a range of other sensor equipment.
10. New developments in the field of telecare are frequent, with new equipment options available nearly every week. Such options will greatly assist people to be more independent and able to manage with less support.
11. The benefits of telecare are well established and include increasing customers' safety and confidence, enabling customers to remain at home and independent for longer, whilst remaining safe and providing carers with reassurance.
12. Over the lifetime of the contract the use of telecare in Wiltshire has increased and developed, although not yet to level initially predicted five years ago. As of March 2016 there were 1836 customers receiving funded telecare and 1834 receiving funded telecare through the service. Whilst use of telecare is increasing there is scope for further development and uptake within Wiltshire which commissioners wish to develop over the extension period and in future, when re-tendering the service.
13. The current provider is keen for Wiltshire Council to extend the contract and continues to work proactively with commissioners and partners to explore future development of telecare in Wiltshire.

14. Looking forward, commissioners from both Wiltshire Council and Wiltshire CCG seek to explore closer integration of the service and continued development of telecare to ensure that this service meets its potential and benefits customers across Wiltshire.

### **Overview and Scrutiny Engagement**

15. For the purposes of this extension request, there has not been any involvement with the Council's Overview and Scrutiny function. However, Health Select Committee will begin considering the wider re-commissioning of NHS111 and Out of Hours in the autumn, in preparation for the commencement of the new contract in 2018.

### **Safeguarding Implications**

16. Current contract arrangements contain robust safeguarding measures and the extension would be governed by the safeguarding clauses within the current agreement.

### **Public Health Implications**

17. Telecare provides a preventative service which delays the need for residential care whilst promoting independence. Provision of telecare also supports early hospital discharge.
18. Medvivo continue to have the ability to link this social care service with its provision of health service out of hours response for the benefit of customers.
19. These activities supplement public health activities and initiatives as well as priorities identified by the Better Care Plan's Prevention Board.

### **Procurement Implications**

20. On 18<sup>th</sup> August 2011, the Commissioner placed a Voluntary Ex-Ante Transparency Notice (V.E.A.T.) in the Official journal of the European Union. The Notice outlined the Commissioners intention to award the contract to the service provider. The contract was awarded under VEAT arrangements to Medvivo for five years with the option of up to 3 years extension. There is, therefore, provision for this extension request within current contract arrangements.

### **Equalities Impact of the Proposal**

21. The service commissioned is already required to comply with all equalities legislation and best practice and is made available to everyone living within the community area.

22. The response service provision supports customers who do not have access to nominated key holders, promoting wider access to the telecare service.
23. Both the call monitoring and response service are available to council funded and privately funded residents in Wiltshire.

### **Environmental and Climate Change Considerations**

24. There are no specific environmental or climate considerations.

### **Risk Assessment**

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

25. If the contract is not extended by one year the option to integrate contracts and services more fully with the CCG will be missed (major CCG contracts end in January 2018), and with it the opportunity to form closer integrated working whilst capitalising on potential overall efficiencies through elimination of duplication.
26. If the option of extending for one year is not taken, the Call Centre and Response Service will need to be retendered, either individually or jointly as with the current contract; notice would need to be given to the current provider by September 2016. There is a risk that engaging in the re-commissioning process at short notice would not elicit a provider that is in a stronger position to deliver a better service, or a telecare service which offers the ability to link with its provision of health service out of hours response.

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

27. The current telecare arrangements have not resulted in the level of telecare use initially predicted at the contract start and with contract extension there is a risk that this will not change. In order to mitigate this risk a one year action plan is being developed and a Telecare Strategic Partnership Board formed to provide senior management oversight of progress; this will in turn inform future re-commissioning of the service.

### **Financial Implications**

28. Both the Call Monitoring and Response Service are currently funded from the Better Care Fund. At the beginning of the contract it was envisaged that a gradual increase in the uptake of Telecare and Response Services from the private sector would result in a reduction in the overall cost of the service, but this had not developed as initially predicted.

29. Both services are funded through 'block' funding arrangements with the Call Monitoring Service costing £590,000 a year, and the Response Service costing £750,000 per year.

### **Legal Implications**

30. Contracting for this service is controlled by the Procurement Regulations. However the contract was originally awarded without prior publication in the OJEU of a tender notice and commencement of a full tender. To be compliant the Council alerted the market (by means of a V.E.A.T notice) of its intention to directly award the contract in this way. At the time no comments were received in response to the V.E.A.T notice and so the Council proceeded with award of the contract. This V.E.A.T notice provided the maximum protection to a procurement challenge. The original contract contained a provision for up to a 3 year extension and therefore remains within the original V.E.A.T notice.

### **Options Considered**

31. To re-commission the Call Monitoring and Response contract through a competitive tender process.
32. To extend the current contract arrangements for one year to bring into line with major CCG contracts.

### **Conclusions**

33. Having considered the options available it is concluded that a one year extension of the Call Monitoring and Response contract with the current provider would be appropriate.

### **James Cawley (Associate Director, Adult Care Commissioning and Housing)**

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Report Author: Elizabeth Henwood, Commissioner - Community Commissioning, [Elizabeth.Henwood@wiltshire.gov.uk](mailto:Elizabeth.Henwood@wiltshire.gov.uk),

Date of report 11 July 2016

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**Wiltshire Council**

**Cabinet**

**19 July 2016**

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**Subject: Extension of Integrated Community Equipment Service Contract and Pooled Budget Arrangement**

**Cabinet Member: Cllr Jerry Wickham - Cabinet Lead Member for Health (including Public Health) and Adult Social Care**

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**Key Decision: Yes**

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## **Executive Summary**

This paper sets out a proposal for the consideration of the Cabinet regarding the extension of the current Integrated Community Equipment and Support Service Contract (ICESS).

ICESS is a joint service for Health and Social Care in Wiltshire and is constituted as a Health Act (2006) Section 75 partnership between Wiltshire Clinical Commissioning Group and Wiltshire Council.

The ICESS contract has an important role in enabling people to remain in their own homes and links with Help to Live at Home and Call Centre Response Services providing:

- Provision of community products and equipment
- Telecare and Telehealth (installation and maintenance)
- Provision of aids, adaptations and home improvement services
- Delivery of continence products
- Retail outlets/Demonstration Facility
- Home improvements and handyperson service
- Dynamic pressure care

ICESS is currently delivered through a commercial contract with Medequip, who is the leading provider of outsourced Community Equipment Services (CES) in the UK and holds 35 Community Equipment Services contracts nationwide. They procured equipment worth in excess of £45 million in 2015 and are in a position to pass on the benefits of their economies of scale to customers.

The current ICESS (Integrated Community Equipment Support Service) contract is a five year contract which ends in February 2017, with a notice period required from September 2016. There is an opportunity to extend the contract for a further 2 years.

## **Proposal(s)**

It is proposed that the current ICESS contract with Medequip and nominal

pooled budget arrangements are extended for two years, as provisioned for within current contract arrangements.

This proposal has been submitted to the Joint Commissioning Board in May 2016 and the JCB agreed to recommend an extension to the current contract to February 2019.

It is proposed that there is a delegation to the Assistant Director and the Cabinet Member to establish the exact savings and efficiencies arising from joint working with the provider and then secure these savings through agreed targeted changes in practice and delivery.

### **Reason for Proposal(s)**

The core reasons for seeking a contract extension are:

- The contract was originally awarded after a competitive tender through the OJEU
- There are a limited number of large providers in the market for equipment and within such a limited market procuring a lower value contract will be unlikely
- Commissioners from both Wiltshire Council and Wiltshire CCG understand that there are opportunities to reconfigure service provision facilitating greater efficiency from the provider.
- The current provider is meeting all the necessary performance metrics, is an active and collaborative partner and is keen to explore areas where operational efficiencies can be identified and implemented in order to reduce costs and improve the quality of service delivery
- The current provider is delivering a high quality service which is backed up by reviews from service users and Wiltshire and Swindon User Network (WSUN) audit
- Medequip is the largest UK Community Equipment Service provider and currently holds contracts with 35 organisations having won another 4 contracts in 2015. Medequip have been delivering the contract in Wiltshire for the past 17 years. At the present time, given the size of the organisation and their local knowledge, it is unlikely that another provider could match the best practice opportunities and low equipment costs available through Medequip

The two year extension period will be utilised fully by commissioners from both the CCG and Wiltshire Council to inform a comprehensive tender process for the future of this critical frontline service.

Carolyn Godfrey  
Corporate Director

## **Wiltshire Council**

### **Cabinet**

**19 July 2016**

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**Subject: Extension of Integrated Community Equipment Service Contract and Pooled Budget Arrangement**

**Cabinet Member: Cllr Jerry Wickham - Cabinet Lead Member for Health (including Public Health) and Adult Social Care**

**Key Decision: Y**

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### **Purpose of Report**

1. This report sets out a proposal for the consideration of the Cabinet regarding extension of the current Integrated Community Equipment and Support Service contract with Medequip for the period of two years. The report also proposes the continuation of current pooled budget arrangements between Wiltshire Clinical Commissioning Group and Wiltshire Council.
2. The report is required in advance of procurement activity to utilise the extension provision within the current contract.

### **Relevance to the Council's Business Plan**

3. This proposal supports the delivery of Wiltshire Council's business plan objectives in a number of ways. In particular it supports the key priority 'to Protect those who are most Vulnerable' through countywide provision of equipment in a timely and consistent way no matter where you live in Wiltshire. The model for the delivery of services places the interest of Customers and Carers at the heart of the service. The aims of the contract continues to be to support the personalisation agenda for the whole population, encouraging independence whilst also enabling public access the support and assistance they need to enable them to remain independent and to feel safe.
4. The proposal also supports the key priority 'to support and empower communities to do more for themselves' by enabling customers who buy their own services to access appropriate support, assessment, advice and equipment to meet their practical needs.

### **Main Considerations for the Council**

5. The Cabinet is asked to consider the following proposals:
  - Extension of the current Integrated Community Equipment Service contract with Medequip for two years from January 2017 until

January 2019, in line with extension provision of current contract arrangements.

- Continuation of the current pooled budget arrangements under Section 75 arrangements between Wiltshire Council and Wiltshire Clinical Commissioning Group to cover the contract extension period January 2017 to January 2019.
- Delegation to the Assistant Director and the Cabinet Member to establish the exact savings and efficiencies arising from joint working with the provider and securing of these savings through agreed targeted changes in practice and delivery.

## **Background**

6. The current ICESS contract with Medequip commenced on 18 Feb 2012 and expires on 18 February 2017. There is scope to extend the contract by up to 2 years.
7. Medequip is the leading provider of outsourced Community Equipment Services (CES) in the UK and holds 35 CES contracts nationwide. They procured equipment worth in excess of £45 million in 2015 and are in a position to pass on the benefits of their economies of scale to customers.
8. The ICESS contract has an important role in enabling people to remain in their own homes and links with Help to Live at Home and Call Centre Response Services providing:
  - Provision of community products and equipment
  - Telecare and Telehealth (installation and maintenance)
  - Provision of aids, adaptations and home improvement services
  - Delivery of continence products
  - Retail outlets/Demonstration Facility
  - Home improvements and handyperson service
  - Dynamic pressure care
9. ICESS products are prescribed by Community Nurses, Occupational Therapists, and Customer Coordinators (both Health and Social Care). Continence products are prescribed by Continence Nurses and Community Nurses.
10. The main ICESS base is situated in Calne, although Medequip operates 2 other commercial outlets in Wiltshire, including the Independent Living Centre. Medequip has invested heavily in their IT and business processes and provides a comprehensive Management Information package monthly to enable performance management.
11. The current provider has presented a number of operational and financial opportunities and initiatives to help secure an extension for the full two years.

12. A decision to re-procure a service is triggered by one or more of the following:
- End of contract period
  - Failure of the current provider to meet the requirements of the contract
  - An expectation that a procurement process would elicit a provider that could deliver a better value service at the same or greater level of quality
13. The current contract with Medequip has not yet reached the end of its potential life and could be extended until Feb 2019. Formal approval to extend is required.
14. Medequip have utilised their experience with best practice nationally to identify a number of potential service efficiencies which would be possible through joint working between Medequip, commissioners (both Wiltshire Council and CCG) and service prescribers. Most suggestions require significant changes to operational practice (both community NHS and Council operational teams) which has meant that benefits have not been fully realised to date. Many savings would not change the costs of the Medequip contract itself, but would be on savings in other areas. Some examples are:
- Auditing Care Home equipment to ensure all unused equipment is returned; reviews in other counties have located significant levels of equipment which are re credited to the contract.
  - Review and promote the use of equipment which may reduce the need for dual person home care visits, for example increasing the use of ceiling track use. The saving for this would not be reflected within the ICESS contract but would impact positively on HTLAH costs.
  - Promote and facilitate an increased use of telecare.
  - Introduce Trusted Assessor role to provide assessments for those customers who choose to be self-funded or who are not eligible for statutory services; promoting independence and early self-funded support.
  - Introduce more robust clinical overview/authorisation for equipment and delivery. Ensuring same day and one day delivery are only used when required and that where possible stock items of equipment are appropriately ordered.
15. Commissioners from both Wiltshire Council and Wiltshire CCG understand that there are significant operational and financial opportunities to explore with the current provider. As an example, Medequip believe that by changing the practice of equipment prescribers (i.e. operational staff within Adult Care and Community NHS teams), there could be a saving on equipment costs of £200,000 per annum.
16. Commissioners are working with Medequip and the Clinical Commissioning Group to develop a more detailed action plan which will include estimated savings, timescales for implementation and clear responsibilities for each organisation involved.

## **Overview and Scrutiny Engagement**

17. The continence element of the contract was examined by the Health Select committee in 2015, but there has been no further involvement with the contract.

## **Safeguarding Implications**

18. Current contract arrangements contain robust safeguarding measures (Safeguarding Adults 7.1 and Safeguarding Children 7.2). Any future agreements established with Medequip will continue to contain robust safeguarding clauses in line with best practise, Council policy and current legislation.

## **Public Health Implications**

19. The ICESS contract brought together a number of separate contracts and as a result now provides a joined up approach to the supply of community equipment to residents of Wiltshire.
20. It plays a vital role in supporting those living independently within the community with health and mobility needs, and promotes continued independence. Through same day and next day delivery arrangements, the ICESS facilitates safe and timely hospital discharge.
21. These activities supplement public health activities and initiatives as well as priorities identified by the Better Care Plan's Prevention Board.

## **Procurement Implications**

22. Within the current ICESS contract there is provision for an extension of two years, from January 2017 to January 2019.

## **Equalities Impact of the Proposal**

23. By appointing a single provider to deliver this wide range of community products, services and equipment (previously delivered through a number of different contracts), the provision of service is the same countywide which provides a more accessible service for all customers across Wiltshire.
24. The service commissioned is already required to comply with all equalities legislation and best practice and is made available to everyone living within the community area.

## **Environmental and Climate Change Considerations**

25. There are no specific environmental or climate change considerations.

## **Risk Assessment**

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

26. If the option of extending for two years is not taken, the ICESS contract will need to be retendered and notice given to the current provider by September 2016. There is a risk that engaging in lengthy and complex re commissioning process at short notice would not elicit a provider that is in a stronger position to deliver a value led quality community equipment service but would instead distract from ensuring that the current service is delivered in an economic and effective way. This could result in the destabilisation of a critical, countywide service to health and social care service users, creating uncertainty for both customers and staff. As previously stated there are very few large providers in the market.

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

27. There is a risk that the council and the CCG do not work effectively with the provider to deliver new ways of working. The council and the CCG will ensure that all stakeholders, including operational teams, implement new ways of working and this will be monitored closely.

## **Financial Implications**

28. ICESS is a joint service for Health & Social Care in Wiltshire and is constituted as a Section 75 partnership between Wiltshire CCG and Wiltshire Council. Community NHS Services is the predominant Health “user” of this service.
29. Wiltshire Council acts as Lead Commissioner because it has flexibilities re VAT handling & cross-year funding.
30. The ICESS contract price is dependent on the actual equipment ordered within year.
31. The Joint Commissioning Board has previously agreed that ICESS should operate as a “nominal pooled” budget. That said internal financial management has retained a clear distinction of respective funding streams and respective budget managers.
32. In 2015/16 Wiltshire Council Adult Community Services spend on the contract was £1,588,686, Wiltshire Council Children’s Services spend was £232,199 and the Wiltshire Clinical Commissioning Group spend for the year was £4,139,051. The budget for 2016/17 and will be set at £1,854,070 for

Wiltshire Council and £4,178,000 for Wiltshire CCG. The contract is monitored and managed jointly between the Council and the CCG and governance is through a Section 75 Agreement between the two organisations, and monitored through the JCB for adults.

### **Legal Implications**

33. The contract was originally awarded after a competitive tender through the OJEU. An extension period of 2 years was contained within the original contract agreement as outlined in procurement considerations.

### **Options Considered**

34. To re-commission all of the services within the ICESS contract through a competitive process.

35. To extend the ICESS contract with current provider for two years.

### **Conclusions**

36. Having considered the the options available both Wiltshire CCG and Wiltshire Council Commissioners conclude that an extension of the ICESS contract with the current provider would be appropriate.

### **James Cawley (Associate Director, Adult Care Commissioning and Housing)**

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Report Author: Elizabeth Henwood, Commissioner - Community Commissioning, [Elizabeth.Henwood@wiltshire.gov.uk](mailto:Elizabeth.Henwood@wiltshire.gov.uk),

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