

AGENDA

Meeting: Cabinet
Place: Council Chamber - Council Offices, Browfort, Bath Road, Devizes
SN10 2AT
Date: Tuesday 17 April 2012
Time: 10.30 am

Membership:

| | |
|----------------------------|--|
| Cllr John Brady | Cabinet Member for Finance Performance and Risk |
| Cllr Lionel Grundy OBE | Cabinet Member for Children's Services |
| Cllr Keith Humphries | Cabinet Member for Public Health and Protection Services |
| Cllr John Noeken | Cabinet Member for Resources |
| Cllr Fleur de Rhe-Philippe | Cabinet Member for Economic Development and Strategic Planning |
| Cllr Jane Scott OBE | Leader of the Council |
| Cllr Toby Sturgis | Cabinet Member for Waste, Property, Environment and Development Control Services |
| Cllr John Thomson | Deputy Leader and Cabinet Member for Adult Care, Communities and Housing |
| Cllr Dick Tonge | Cabinet Member for Highways and Transport |
| Cllr Stuart Wheeler | Cabinet Member for Transformation, Culture, Leisure and Libraries |


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

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

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 1 - 6*)

To confirm and sign the minutes of the Cabinet meeting held on 20 March 2012.

3. **Minutes - Capital Assets Committee** (*Pages 7 - 10*)

To receive and note the minutes of the Capital Assets Committee held on 21 March 2012

4. **Declarations of Interest**

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

5. **Leader's announcements**


6. **Public participation**

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. Written notice of questions or statements should be given to Yamina Rhouati of Democratic Services by 12.00 noon on Friday 13 April. Anyone wishing to ask a question or make a statement should contact the officer named above.


7. **Olympic Resilience** (*Pages 11 - 16*)

Report of the Corporate Director of Public Health and Public Protection is circulated

8. **Healthcare Services at HMP Erlestoke** (*Pages 17 - 28*)

 Report of the Corporate Director of Public Health and Public Protection is circulated

9. **Addressing Alcohol and Drugs in the Community** (*Pages 29 - 42*)

 Report of the Corporate Director of Public Health and Public Protection is circulated

10. **Full Utilisation of Care & Support Framework Agreement** (*Pages 43 - 50*)



Report of the Corporate Director is circulated

11. **Illegal Money Lending Team - Authorisation** (*Pages 51 - 64*)

Report of the Corporate Director of Public Health and Public Protection is circulated

12. **Budget Monitoring** (*Pages 65 - 84*)

Report of the Chief Finance Officer is circulated

13. **Urgent Items**

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

Part II

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

None

The items on this agenda reflect the key goals of Wiltshire Council, namely 'Work together to support Wiltshire's Communities', 'Deliver high quality, low cost, customer focused services and 'Ensure local, open, honest decision making'

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CABINET

MINUTES of a MEETING held in COUNCIL CHAMBER - COUNCIL OFFICES,
MONKTON PARK, CHIPPENHAM, SN15 1ER on Tuesday, 20 March 2012.

| | |
|---------------------------|--|
| Cllr John Brady | Cabinet Member for Finance Performance and Risk |
| Cllr Lionel Grundy OBE | Cabinet Member for Children's Services |
| Cllr Keith Humphries | Cabinet Member for Public Health and Protection Services |
| Cllr John Noeken | Cabinet Member for Resources |
| Cllr Fleur de Rhe-Philipe | Cabinet Member for Economic Development and Strategic Planning |
| Cllr Jane Scott OBE | Leader of the Council |
| Cllr Toby Sturgis | Cabinet Member for Waste, Property, Environment and Development Control Services |
| Cllr John Thomson | Deputy Leader and Cabinet Member for Adult Care, Communities and Housing |
| Cllr Dick Tonge | Cabinet Member for Highways and Transport |
| Cllr Stuart Wheeler | Cabinet Member for Transformation, Culture, Leisure and Libraries |

| | |
|---------------------|-----------------------|
| Also in Attendance: | Cllr Allison Bucknell |
| | Cllr Peter Colmer |
| | Cllr Richard Gamble |
| | Cllr Alan Macrae |
| | Cllr Laura Mayes |
| | Cllr Mark Packard |

41. Apologies

There were no apologies.

42. Minutes of the previous meeting

The minutes of the meeting held on 15 February 2012 were presented.

Resolved:

To approve as a correct record and sign the minutes of the meeting held on 15 February 2012.

43. **Declarations of Interest**

There were no declarations of interest.

44. **Leader's announcements**

The Leader made the following announcements:

Mr John Milton

The Leader noted with much compassion the recent and sad passing of Mr John Milton, Councillor Jemima Milton's husband. The Leader wished for Councillor Milton and her family to know that they were in our thoughts and prayers. This sentiment was shared by all those present.

Councillor Howard Marshall

The Leader expressed the Cabinet's best wishes for a speedy recovery to Councillor Marshall and invited a representative from the Liberal Democrats present at the meeting to convey these wishes to him.

Pre-deployment parade in Warminster

On Friday 16th March the Leader had attended the pre-deployment parade in Warminster. The event had been very well attended and many people, including members of the Army, of the Town Council and members of the public, had commented on the tremendous work undertaken by the Highways and Streetscene team to ensure the town was at its best. The Leader wished to congratulate the Highways and Streetscene team for their effort.

45. **Public participation**

The Leader reported receipt of a question from Mr Michael Sprules regarding Speculative Applications prior to the Examination in Public Stage of the Pre-Submission Draft Wiltshire Core Strategy.

Cllr Toby Sturgis, Cabinet Member for Waste, Property, Environment and Development Control Services added that more weight was being given to the emerging Wiltshire Core Strategy as its approval date grew closer. This was reflected, for example, in the recent Park Lane, Malmesbury appeal decision which supported the Council's approach of resisting development proposals which undermined the Core Strategy and which did not allow the local community to have a meaningful input into development proposals in their area.

Details of the full question and response can be accessed on this [link](#).

At the meeting Mr Michael Sprules also took the opportunity to suggest that the Olympic Torch route through Chippenham should start at the cricket pavilion

which was opened in 1937 by Lord Burghley, a gold medal winner in the 1928 Olympic Games.

The Leader pointed out that thanks to a lot of hard work the torch would be in Wiltshire for four days. She welcomed Mr Sprules' suggestion and agreed to convey it to the appropriate Olympic committee; however she did explain that previous suggestions regarding changes to the route to be followed had not been favoured by the London 2012 Organising Committee.

In addition, the Leader invited members of the public present to participate in the discussion on items on the agenda.

46. School Admission 2013/14

Cllr Laura Mayes, Portfolio Holder for Children's Services, presented a report which had been produced as part of the statutory process for the determination of admission arrangements to maintained schools.

She explained that very few responses had been received to the consultation with schools, parents, neighbouring authorities and Senior Officers at Wiltshire Council.

The proposed process for the co-ordination of admissions was broadly similar to previous years apart from the revision to reflect the removal of the requirement for Local Authorities to co-ordinate In Year Admissions cross border as specified in the New School Admissions Code which had come into force on 1 February 2012. The proposed timetables were also the same as previous year.

The general process seemed to be accepted and it had proved efficient, this was reflected by more than 90% of secondary schools applicants being offered their first preference.

She pointed out that Children in Care and Vulnerable Children were, rightfully, the top two criteria for over-subscription.

Cllr Lionel Grundy, Cabinet Member for Children's Services, supported everything said by Cllr Mayes.

Resolved:

That Cabinet approves:

a) the proposed scheme for the co-ordination of admission to secondary schools for 2013/14;

b) the proposed scheme for the co-ordination of admissions to primary schools for 2013/14;

c) the proposed admission arrangements for Voluntary Controlled & Community secondary schools for 2013/14;

d) the proposed admission arrangements for Voluntary Controlled & Community schools for 2013/14.

Reason for Decision:

The Local Authority has a statutory duty to have a determined admission policy for 2013/14 in place on or before 15 April 2012.

47. **Joint Strategic Assessment Programme**

Cllr Keith Humphries, Cabinet Member for Public Health and Protection Services, introduced a report providing an overview of the Joint Strategic Assessment (JSA) Programme and a programme update on needs assessment.

Cllr Humphries took the opportunity to inform the meeting of the documents underpinning the strategy rather than talk them through the report which was very comprehensive and self-explanatory.

Documents underpinning the JSA included:

- The Community Areas JSAs;
- The Joint Strategic Needs Assessment for Health and Wellbeing;
- JSA by the Police;
- JSA for the new Clinical Commissioning Groups.

He explained that Wiltshire Council had received national recognition for its work on the JSA from the Faculty of Public Health. Another accolade was the fact that the Army had decided use Wiltshire Council's JSA as a model.

Maggie Rae, Corporate Director for Public Health and Public Protection, explained that the aim was to deliver increased benefits and improvements to Wiltshire residents. She explained that the data that would be gathered from the census in the coming year would help clarify needs for education, housing, etc. One aspect she would like to focus on was integrating economic analysis in the JSA.

In response to comments made and questions asked the following was clarified:

- The steady increase projected for inpatient admissions for Wiltshire patients with a primary diagnosis of cardiovascular disease and with a primary diagnosis of cancer (page 85 of the agenda refers) were due to factors such as increases in obesity, alcohol and smoking health issues and the fact that skin cancer was the fastest increasing form of cancer;
- Failing to meet the target reduction of 50% for under-18 conception rate should be considered in parallel with the fact that Wiltshire already had one of the lowest rate in the country, following campaigns in the 70s and 80s;
- It would take time to eradicate cases of childhood obesity as this was a problem everywhere at variable levels;
- The figures shown on page 85 of the agenda were purely for Wiltshire (not Swindon), these figures took into consideration every aspect of projections including an increase in population;

- Issues related to drugs and alcohol abuse should be kept as a priority. Considerable progress had been made, especially through the Neighbourhood Policing Teams, as the Police would document any drug offense rather than let the more “benign” offenses slip. An alcohol and drug programme was in place which included immediate action on treatment following report from the Police, there also was a similar programme for Juniors (under 18).

Cllr John Noeken spoke about the Amesbury Area Board Neighbourhood Task Group initiative. This task group had been created following the Amesbury Area Board JSA where drugs and alcohol had been identified as an issue.

It was established that the JSA would become even more important when the Health and Social Care Bill was passed as this would mean that the Wiltshire Health and Wellbeing Board would have to ensure the strategies and plans (evidence based on the JSA) were delivered.

Resolved:

That Cabinet note the programme update on needs assessments and endorse the recommendation to refresh the JSA for Wiltshire during 2012-13.

Reason for Decision

The JSA programme is the mechanism of understanding our local population through the assessment of intelligence and information.

Our strategies and plans need to be evidenced based, our evidence base is the JSA programme.

48. Urgent Items

There were no urgent items.

49. 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 business specified in Item Number 50 because it is likely that if members of the public were present there would be 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.

50. Highways and Amenities Works Contract

Cllr Dick Tonge, Cabinet Member for Highways and Transport guided members through the report and responded to questions raised. He went through the six proposals in turn and proposed an amendment to one of the recommendations.

Cllr Jane Scott proposed an additional recommendation.

Resolved:

To agree the recommendations set out in the report as amended.

(Duration of meeting: 10.30 - 11.40 am)

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| These decisions were published on 26 March 2012 and will come into force on 3 April 2012 |
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The Officer who has produced these minutes is Marie Gondlach, of Democratic Services, direct line 01225 713597 or e-mail marie.gondlach@wiltshire.gov.uk
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CABINET CAPITAL ASSETS COMMITTEE

MINUTES of a MEETING held in COUNCIL CHAMBER - COUNCIL OFFICES,
MONKTON PARK, CHIPPENHAM, SN15 1ER on Wednesday, 21 March 2012.

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|----------------------------|--|
| Cllr Jane Scott OBE | Leader of the Council |
| Cllr John Noeken | Cabinet Member for Resources |
| Cllr Fleur de Rhe-Philippe | Cabinet Member for Economic Development and Strategic Planning |
| Cllr Toby Sturgis | Cabinet Member for Waste, Property, Environment and Development Control Services |

Also in Attendance: Cllr Alan Macrae
Cllr Stuart Wheeler

11. Apologies

Apologies for absence had been received from:

- Cllr John Brady
- Cllr John Thomson

12. Minutes of the previous meeting

Resolved:

To approve as a correct record and sign the minutes of the meeting held on 18 January 2012.

13. Chairman's Announcements

None.

14. Declarations of interest

There were no declarations of interest.

15. **Capital Monitoring**

Michael Hudson, Director of Finance, introduced the report which reflected the position of the Capital Programme as at 31 January 2012. The report also detailed changes to the budget, such as the reprogramming of schemes. There was also a change to reflect the formal addition of budget for Castledown Business Park which required approval by Council following recommendation by Cabinet.

Resolved

That the Cabinet (Capital Assets) Committee:

- a. Note the current position of the capital programme as at Period 10 in Appendix A.**
- b. Note total budget increases of £1.148 million, the returning of £0.935 million of budget to the centre, and the £13.277 million reprogramming of spend between 2011/2012 and 2012/2013.**
- c. Recommend to Council, via Cabinet the approval of £0.182 million of additional budget for Castledown Business Park to be funded from borrowing.**

Reasons for Decision

To inform Cabinet of the current position of the 2011/2012 capital programme and to highlight changes in the capital programme.

16. **Trowbridge Town Hall**

Neil Ward, Head of Strategic Property Services, introduced the report which outlined a proposal developed by Trowbridge Town Hall Group for the future transfer of Trowbridge Town Hall, as outlined in the proposal set out at Appendix A to the report. The report had been presented to the Trowbridge Area Board on 15 March, where the proposals had received unanimous support.

Neil introduced Tracy Sullivan and Ian Walker, who were presented as representatives of the Trowbridge Town Hall Group. Tracy set out some of the next steps in the project, and it was hoped that a further update could be provided in September with clearer timescales.

Officers undertook to work with the Group with regard to permitting out of hours access to the building while work continued to secure funding sources.

Resolved

The Cabinet (Capital Assets) Committee:

- 1. Notes the proposal made by the Trowbridge Town Hall Group, and approves investigation of potential funding opportunities in line with the approach set out in paragraphs 8 and 9 of the report, acknowledging the unfunded revenue pressure this will place on the transformation property revenue budget, as identified in the body of this report.**
- 2. Requests a further report on progress later in 2012, to evaluate the way in which the Group's proposals have developed, and to confirm the commitment to maintaining the property vacant for a further period of time.**

Reason for Decision

To fully explore a long term, sustainable future for a key community asset.

To support the ambitions of the Trowbridge community to bring a locally significant asset back into public use.

To responsibly dispose of a building which is surplus to Council needs, and inefficient to maintain and run without significant investment.

17. Facilities Management Services Contracts

Cllr John Noeken, Cabinet Member for Resources, introduced the executive summary report, which set out arrangements for the procurement of Facilities Management Services Contracts, and sought authority for the Cabinet Member to use delegated powers to award the contracts following the satisfactory conclusion of the formal tendering processes. It was anticipated that the new contracts would be in place and operational in time for the occupation of the refurbished MECH building at the end of the Summer.

Concern was raised that, when arranging the TUPE of staff to new contractors, experience and knowledge of buildings should be retained wherever possible.

Resolved

That Cabinet (Capital Assets) Committee authorises the Cabinet Member for Resources to use delegated authority to award Facilities Management Service Contracts for Cleaning, Security and Keyholding and Catering, following the satisfactory conclusion of the formal tendering processes.

Reasons for Decision

To put in place the means to consistently and cost-effectively manage the Council's built facilities over a period of significant change in both service levels and occupied properties, and to support the timescale for the procurement process.

18. **Urgent items**

None.

(Duration of meeting: 2.30 - 3.10 pm)

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| <p>These decisions were published on the Monday 26 March 2012 and will come into force on Tuesday 3 April 2012</p> |
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The Officer who has produced these minutes is James Hazlewood, of Democratic Services, direct line 01722 434250 or e-mail james.hazlewood@wiltshire.gov.uk
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Wiltshire Council

Cabinet

17 April 2012

Subject: Olympic Resilience

Cabinet member: Cllr Keith Humphries - Public Health and Public Protection

Key Decision: No

Executive Summary

This report is designed to provide an overview of the work that is currently being undertaken in respect of resilience planning for the Olympic and Paralympic activities in Wiltshire this summer and thereby provide assurance that there is robust planning in place to ensure that our residents and communities are safeguarded from risks.

The report outlines the roles of the Corporate Director of Public Health and Public Protection and the Local Resilience Forum under the Civil Contingencies Act 2004, sets out the risks to individuals and communities and outlines the activities (planning, training, exercising and information sharing) that are in place to mitigate these risks.

The report also provides some operational detail regarding the respective roles of the Strategic and Tactical Co-ordinating Groups on the days when the torch is in Wiltshire.

Proposal(s)

There is no proposal as such but Members are asked to note the contents of the report.

Reason for Proposal

To provide understanding and assurance with respect to the resilience planning and preparedness for the 2012 Olympics and Paralympics

Maggie Rae

Corporate Director of Public Health and Public Protection

Wiltshire Council

Cabinet

17 April 2012

Subject: Olympic Resilience

Cabinet member: Cllr Keith Humphries - Public Health and Public Protection

Key Decision: No

Purpose of Report

1. The purpose of this report is to provide an update and assurance around the resilience aspect of planning for the 2012 Olympics and Paralympics.

Background

2. The 2012 Olympic Torch Relay is a 70 day event travelling around the whole of the UK, starting on the 18 May and finishing at the opening ceremony of the Olympic Games on the 27 July.
3. The Torch follows a similar pattern each day. It starts between 0600 and 0800 hours and finishes between 1820 and 1950 hours. During this time it will cover over 160km which could be through several counties and different local authority areas. Every day about 30km will be 'run' by torch bearers in 300m stages in areas chosen to maximise the visibility of the Torch to the public. The only time it stops is for lunch. It finishes by visiting an 'Evening Celebration' event hosted by a Local Authority. It is anticipated that these events will have an average attendance of 10,000 spectators with entertainment provided by LOCOG and their supporting Partners.
4. The Relay operates in a convoy of vehicles separated into two phases. The first, an activation section of presenting partners (sponsors) is followed 4 - 6 minutes later by the main torch bearer convoy. It travels at a maximum speed of 45 mph in convoy mode and at approximately 4 mph in relay mode. The responsibility for the security of the Torch and the bearers is that of the Metropolitan Police as host police force for the Games.
5. Current intelligence suggests that the international terrorism threat is 'Low' for the Torch Relay, although planning will continue at 'Severe' level. Intelligence is gathered nationally through the Olympic Intelligence Centre (OIC) and disseminated through the South West Counter Terrorist Intelligence Unit (SWCTIU) and police force intelligence processes. A network of police force Intelligence Single Points of Contact (SPOCs) has been created.
6. The Olympic Torch Relay visits Wiltshire on Tuesday 22 and Wednesday 23 May 2012 (when it also visits Swindon) and again on Wednesday 11 and Thursday 12 July 2012. On Wednesday 11 July 2012, a celebratory evening event will be held in Hudson's Field, Salisbury. On Wednesday 23 May it is essential that the Torch Relay transitions seamlessly between Wiltshire and Swindon. Photo opportunities

will also take place at Salisbury Cathedral during the morning of 12 July and possibly at Stonehenge (subject to confirmation).

7. Outlined below is a breakdown of the locations the Torch Relay will visit in Wiltshire and Swindon:

| | |
|-----------------------|---|
| 22 nd May | Southwick, Trowbridge, Bradford-on-Avon |
| 23 rd May | Chippenham, Calne, Marlborough, Wootton Bassett, Swindon |
| 11 th July | Ludgershall, Tidworth, Amesbury, Winterbournes, Salisbury |
| 12 th July | Salisbury, Wilton, Barford St Martin, Fovant, Ludwell |

Types of Risk

8. The key risks to the torch relay are terrorist activity, criminal activity (including serious and organised crime), public protest/domestic extremism, fixated persons and non-malicious hazards (e.g. pandemic, heat wave).

Main Considerations for the Council

9. Resilience has been recognised as an issue from the outset and has been built into the governance structure. This element of planning has been led by Maggie Rae, the Corporate Director of Public Health and Public Protection (CD PH&PP) and has been driven through the Wiltshire & Swindon Local Resilience Forum (LRF). The CD PH&PP is Vice Chair of the LRF.
10. The LRF was established following the introduction of the Civil Contingencies Act 2004 and consists of all Category 1 Responders across Wiltshire and Swindon, namely the three 'blue light' services, both local authorities, NHS Wiltshire, NHS Swindon, the Health Protection Agency and the Environment Agency. They all have general duties of civil protection under the Act in preparing for, responding to and recovering from emergencies and major incidents. One of the duties is to undertake risk assessments and this has been done in relation to the Olympics and Paralympics. Partners are well used to working together on annual events such as Solstice, WOMAD and RIAT where the promotion of safety is paramount.
11. Although not hosting an Olympic venue itself, Wiltshire & Swindon LRF is sandwiched between two venue LRFs, namely Dorset, Bournemouth & Poole LRF (the Olympic sailing competition is being hosted in Portland), and Thames Valley LRF (the Olympic rowing competition is being hosted at Dorney Lakes). Consequently, this LRF could be called upon to provide mutual aid to its neighbours during the Olympics. It is highlighted that Wiltshire Police and Great Western Ambulance Service are already providing mutual aid to London for the Games.
12. Each agency has been undertaking its own planning for some time and multi-agency planning has been taking place within the LRF. The Olympics is a standing agenda item on all LRF agendas so that each group can consider it from their own unique perspective. The LRF preparation has been split into four main areas, namely plans, training, exercising and the National Resilience Extranet (NRE). It has also planned for the multi-agency co-ordination operation.

Plans

13. The LRF currently has 21 multi-agency plans. All plans are subject to regular review as part of normal business process. However, with the Olympics in mind, a task & finish group was established to review all plans and determine whether

or not they are fit for purpose. As a result, four plans are being actively reviewed and updated, and two new plans are being developed.

14. Category 1 agencies sit on all of Wiltshire's key Boards and Groups associated with the Olympics, and are supporting Wiltshire Council in its planning for the Torch Relay and Hudson's Field Evening Event. The LRF has been represented at Wiltshire Council briefings with Community Area Board representatives.

Training

15. All agencies are undertaking their own 'in-house' training. However, this is being enhanced by a series of multi-agency training events. Two strategic training events took place in March at Police HQ, Devizes. Two of the Wiltshire Council Corporate Directors attended together with their counterparts in other Category 1 organisations. A series of ongoing multi-agency training at tactical (Silver) and operational (Bronze) levels is currently ongoing. Wiltshire Council is also arranging training for Community Emergency Volunteers.

Exercising

16. A multi-agency exercising programme has been developed regionally and locally to prepare organisations for the Olympics. Last Autumn, 'blue light' services were involved in Exercise Osprey to support Dorset at their venue in Portland and Exercise Argon Shield, a CBRNe exercise in Bristol. Health was involved in Exercise Diaspora, a regional exercise with colleagues elsewhere. In March, Category 1 agencies took part in Exercise Torch Guardian, a series of tabletop exercises hosted by Avon & Somerset Constabulary.
17. Locally, the strategic training referred to above was followed-up by two half day tabletop exercises based on a local Olympics scenario. These exercises revolved around a Strategic Coordinating Group (SCG) responding to an Olympics emergency.
18. A raft of other exercises have taken, or are planned to take place. For example, Wiltshire Police's Counter Terrorism Security Advisers (CTSAs) ran a tabletop exercise around crowded places in January. This will be followed-up by some practical training/briefing for stewards and marshals once appointed. Wiltshire Council is leading an animal disease exercise in April in conjunction with Swindon Borough Council. A tactical exercise at Porton Down involving both 'live' play and tabletop took place in March. Amongst other things, this tested the multi-agency initial response to an emergency and the subsequent media response.

National Resilience Extranet (NRE)

19. This will be the primary national resilience information sharing tool during the Olympics and all Category 1 agencies identified key staff that have now been trained. Wiltshire Fire & Rescue Service provided the training.

Strategic Coordinating Group (SCG) and Tactical Coordinating Group (TCG)

20. It has been agreed that a (silver) TCG should sit on 22/23 May and 11/12 July 2012 in order that agencies can react robustly and dynamically to any events surrounding the Torch Relay and Hudson's Field Evening Event as and when they happen. A (gold) SCG will not sit unless the need arises but executives/directors 'on call' must be able to attend Police HQ, Devizes promptly should an emergency or major incident arise. They cannot allow themselves to

be at a venue and caught up in the emergency itself. This will ensure that the appropriate command and control structure is established quickly and not compromised in any way.

Assurance

21. Although it is impossible to eradicate all risk, significant work has been, and continues to be, undertaken to reduce and manage the risk associated with the Olympics and Paralympics in Wiltshire. Wiltshire Council's Team Wiltshire is completing the centrally produced *Olympic Torch Evening Celebration Sites – Event Planning Checklist*. This incorporates resilience and will provide a good indication as to the state of readiness in Wiltshire.

Environmental and climate change considerations

22. There are no environmental or climate change considerations involved in this proposal

Equalities Impact of the Proposal

23. The planning and preparedness activities outlined above will ensure that all residents and communities will have the opportunity to participate in the various Olympic events within Wiltshire this summer in the knowledge that risks have been mitigated as far as possible. This in turn promotes cohesive communities and a lasting Olympic legacy.

Risk Assessment

24. The types of risk have already been identified within this report. However Members should be aware that the risks have also been captured in the LRF risk register which is regularly reviewed and assessed by the LRF risk sub-group in light of any emerging information or intelligence.
25. Wiltshire Council is the event organiser responsible for the smooth running of both the torch relay and evening event. There are reputational risks should any issues arise.

Financial Implications

25. There are financial implications of ensuring that the actions outlined above are put in place. However, this work has been and will continue to be undertaken as part of the normal roles and responsibilities of partner agencies at no additional cost. In addition both the police and ambulance services have stated that there will be no additional policing or ambulance costs on the days when the torch is in Wiltshire, the police seeing this as part of their 'civic duty'. Police response will be proportionate based on risk and threat. There are therefore no foreseen budgetary implications in 2012/13 with respect to the resilience planning for these events.

Legal Implications

26. The actions outlined above discharges the Council's legal responsibilities as a Category 1 responder under the Civil Contingencies Act 2004 and helps build trust and confidence in the Council and its Partners.

Options Considered

27. There are no alternative options to consider.

Conclusions

28. LRF partners are working together to ensure that there are robust measures in place to ensure that there is resilience for both the Olympic and Paralympic activities that Wiltshire will host and experience this summer.

Maggie Rae

Director of Public Health and Public Protection

Report Authors: Paul Williams (LRF Manager)

Paul.Williams@wiltshire.pnn.police.uk

Mandy Bradley (SD Public Protection)

Mandy.bradley@wiltshire.gov.uk 01225 718290

March 2012

Background Papers

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

None

Appendices

None

Wiltshire Council

Cabinet

17 April 2012

Subject: Healthcare Services at HMP Erlestoke

Cabinet member: Cllr Keith Humphries - Public Health & Protection Services

Key Decision: Yes

Executive Summary

Offenders have significantly poorer health than the general population, with higher levels of alcohol and drug misuse, mental health problems, smoking and related health conditions, blood borne viruses, and sexually transmitted infections.

Health services at HMP Erlestoke are commissioned by NHS Wiltshire (Public Health) from Wiltshire Community Health Services (Great Western Hospital). Responsibility for commissioning prison healthcare services will transfer to the National Commissioning Board, subject to the Health and Social Care Bill becoming law. HMP Erlestoke's healthcare services received green ratings against all the Department of Health's Prison Health Quality Performance Indicators in 2010/11.

Public Health already held responsibility for commissioning clinical substance misuse services and, since April 2011, has been given responsibility for commissioning psychosocial services within the prison. Responsibility will remain with the Public Health team, following transfer to Wiltshire Council, as part of its wider responsibilities for commissioning substance misuse services.

By placing commissioning responsibilities for these services in one place, there are opportunities to commission more integrated and cost effective services. It is proposed that the Substance Misuse Joint Commissioning team (NHS Wiltshire and Wiltshire Council) begins the process of recommissioning the psychosocial services at HMP Erlestoke in order to let a new contract from 1st April 2013.

Proposal(s)

Cabinet is requested to:

- Receive this update on healthcare services at HMP Erlestoke, improvements in the performance of health services at HMP Erlestoke and strategic changes affecting the commissioning of these services;

- Agree the plans to undertake a tendering process for psychosocial substance misuse services in the prison.
- Delegate authority to execute the contracts resulting from the tendering activity to Maggie Rae, Corporate Director of Public Health and Public Protection, in consultation with the Portfolio Holder, Solicitor to the Council and the Chief Financial Officer

Reason for Proposal

Wiltshire Council is a key partner in the Wiltshire Community Safety Partnership which holds responsibility for addressing alcohol and drugs issues. From April 2013, the Public Health team will bring responsibility for commissioning psychosocial and other substance misuse services at the prison with it on transfer to the Council.

Maggie Rae
Corporate Director of Public Health and Public Protection

Wiltshire Council

Cabinet

17 April 2012

Subject: Healthcare Services at HMP Erlestoke

Cabinet member: Cllr Keith Humphries - Public Health & Protection Services

Key Decision: Yes

Purpose of the Report

1. To provide an update on healthcare services at HMP Erlestoke, outline improvements in the performance of health services at HMP Erlestoke and outline strategic changes affecting the commissioning of these services;
2. To agree plans to undertake a tendering process for psychosocial substance misuse services in the prison.

Background

3. NHS Wiltshire has held responsibility for commissioning prison healthcare services at HMP Erlestoke (HMPE) since 2006, led by Public Health. Health services are commissioned from Wiltshire Community Health Services, which transferred to become part of the Great Western Hospital (GWH) in 2010.
4. HMP Erlestoke is a Category C prison which currently holds 494 male prisoners over the age of 21 years. Prisoners are received from much of England and Wales, although the majority are received from remand prisons in Bristol and Gloucester.
5. There is a high proportion of young men in Erlestoke, with 54% of prisoners aged between 19 and 35, compared to 19% of the male, Wiltshire population. The proportion of the Erlestoke population that are from Black or Minority Ethnic groups varies but is around 20.2% compared to 4.6% in Wiltshire as a whole.
6. Prisoners usually have high levels of health problems compared to the general population. Very few prisoners have been registered with a GP before being imprisoned. An estimated 75% of prisoners have two or more mental health disorders, and many have high levels of anxiety and trouble sleeping, or suffer from depression. Levels of smoking are extremely high, amounting to almost 70% of prisoners in Erlestoke,

therefore levels of smoking related health conditions are also high. This compares to around 20% in the general adult population in Wiltshire.

7. Blood borne viruses (HIV, Hepatitis B and Hepatitis C) are higher in the prison population than the general population, as would be expected given the high proportion who have been intravenous drug users, a significant route of infection. Levels of sexually transmitted infections are also high. Alcohol and drug problems are common, with screening at Erlestoke indicating that around 15% of prisoners drink at hazardous and harmful levels, and 10% have a score that suggests high alcohol treatment needs. Around 20% of the Erlestoke population are receiving clinical treatment for drugs misuse at any one time.
8. The Public Health team has worked with the prison to establish a successful Health Trainers programme whereby cohorts of prisoners are trained to receive a nationally recognised qualification and are then employed as Health Trainers. They deliver brief interventions, advice and information on a wide range of health issues to fellow prisoners and to prison staff. The Health Trainer programme has contributed to developing a whole prison healthy culture and there has been significant involvement from a wide range of departments including Education, Psychology, Resettlement, PE and Kitchens. There is good evidence from evaluation that the Erlestoke Health Trainer programme has supported positive behavioural outcomes for prisoners regarding diet and weight, physical activity, smoking, awareness of alcohol and drug issues, mental health and self esteem.
9. The prison and Public Health team have worked with Barnardos to improve facilities available at the Visitor Centre, develop a programme of family days, and provide access to parenting courses for prisoners to prepare them for release. Public Health provides funding for free fruit for children and families at the Visitor Centre, and with Wiltshire Council jointly funded a play area for children visiting Erlestoke that is also available for use by the local community.
10. HMP Erlestoke received funding from the National Offender Management Service (NOMS) to build a new wing to house a specific set of interventions aimed at working with prisoners around anger management, domestic abuse and substance misuse issues which opened in September 2011. A Category D unit within HMP Erlestoke is currently awaiting approval from the Lifer Group. This unit will enable work to be undertaken with prisoners on an indeterminate sentence to prepare them for transfer to an open prison.

Governance of Health and Healthcare

11. A Prison Health Partnership Board, with senior representation from HMP Erlestoke, NHS Wiltshire (currently Public Health) and Wiltshire Community Health Services (GWH) oversees development and

delivery of an annual Health Delivery Plan. An Operational Group, Health Promotion Action Group, Health Trainer Steering Group, Communicable Diseases Group and Substance Misuse Group feed into the work of the Partnership Board.

12. A Prison Health Partnership Agreement is in place between NHS Wiltshire and HMP Erlestoke which clarifies the arrangements for commissioning and monitoring healthcare services to ensure prisoners receive the same range and quality of healthcare commissioned for the Wiltshire population in the community by NHS Wiltshire, including access to services other than those received in a primary care GP practice.
13. An annual health needs assessment is conducted by the Public Health team. Focus groups of prisoners are consulted to inform the process, and a wide range of data is analysed. The Health Delivery Plan is informed by the needs assessment and is agreed annually by NHS Wiltshire, WCHS and HMP Erlestoke to set out the actions required to provide high quality and effective healthcare services for prisoners.

Prison Healthcare Services Delivered

14. The following sets out the services delivered by the healthcare team as well as those commissioned by WCHS from other providers (GPs, mental health, pharmacy, ophthalmology, and diabetic specialist services) or delivered by other teams within WCHS (physiotherapy and podiatry). NHS Wiltshire separately commissions dental services from WCHS Dental Services, and a Hepatitis C service from Salisbury Foundation Trust.

Comprehensive health assessment:

- Provide a full health assessment for all prisoners on arrival at HMP Erlestoke, and onward referral to appropriate services as required;
- A further health assessment is offered to all prisoners aged 40 or over as part of the NHS Health Checks Programme.

All primary care services normally delivered by a GP practice, including:

- Using the providers contracted by WCHS for provision of GP services (including out of hours) and ensuring appropriate access for prisoners;
- Phlebotomy clinic, testing for blood borne viruses, pre and post testing counselling, and referral for treatment, as appropriate.
- Vaccinations, wound care;
- Stop smoking support, counterweight weight management programme, and health promotion;
- Management of long term conditions, including delivery of clinics for asthma, COPD, diabetes, and cardiac conditions;
- Referral to secondary health services.

Minor injury service:

- Triaging of minor injuries sustained within the prison, treating or referring to an Accident & Emergency department.

Primary and secondary level mental health services:

- Using the mental health services provider and ensuring appropriate access for prisoners;
- Assessment of prisoners identified with mental health issues and, where appropriate, referral to relevant mental health services;
- Development of care plans for prisoners with mental health needs;
- Commissioning and monitoring appropriate delivery of a primary care mental health service which promotes good mental health and well-being among prisoners and supports prisoners with primary care needs, such as anxiety and depression;
- Commissioning and monitoring appropriate delivery of a secondary care mental health service to provide specialist support for prisoners with severe and enduring mental health needs;
- Access to specialist, clinical support;
- Access to appropriate medication.

Substance misuse services:

- Basic substance misuse screening on reception;
- Comprehensive clinical substance misuse assessments and development of care plans for prisoners with substance misuse needs;
- Delivery of a clinical programme including initiating treatment, detox, and/or retox where appropriate;
- Symptom control, where appropriate;
- Substitute prescribing and supervised consumption, where appropriate;
- Regular urinalysis testing, where appropriate;
- Harm reduction advice and support including blood borne viruses;
- Access to specialist, clinical support;
- Access to appropriate medication.

Learning Disability Services:

- Assessment of prisoners with potential learning disabilities;
- Annual health check and development of health action plans for prisoners identified with a learning disability;
- Access to specialist clinical support.

Pharmacy:

- Using the pharmacy services provider and liaising to ensure appropriate access for prisoners;
- Ordering, storing and managing medication and controlled drugs;
- Monitoring and managing side effects, and referring for primary care assessment as appropriate;
- Medication reviews and auditing of medication as appropriate.

Access to other services:

- Ophthalmic services.
- Dental services.
- Diabetic specialist service;
- Hepatitis C service;
- Physiotherapy services;
- Podiatry services;
- Specialist wound care support when required.

Performance of Prison Healthcare Services

15. Offender Health, within the Department of Health, issues guidance notes to Strategic Health Authorities, Primary Care Trusts and prisons in judging their performance in delivering healthcare to prisoners against a set of Prison Health Performance and Quality Indicators (PHPQIs). The indicators are wide-ranging and assess how appropriately the needs of prisoners are met and how well the commissioned services map to health priorities identified through an annual health needs assessment.
16. Having demonstrated year on year improvements over the last 3 years, HMP Erlestoke's prison healthcare services received green ratings against all the indicators for 2010/11. All prisons in the South West region have performed well compared to the rest of the country, although only Erlestoke and Bristol prisons have had all indicators rated green. Erlestoke's performance also benchmarks highly against other category C prisons nationally.
17. The table in Appendix 1 shows the individual reported results for HMP Erlestoke for 2011 and for the previous two years.

Future Commissioning Arrangements

18. Responsibility for commissioning prison healthcare services will move to the National Commissioning Board (NCB) from April 2013, subject to the Health and Social Care Bill becoming law. It is envisaged that public health teams within local authorities will maintain a key role in relation to offender health, particularly given the significant inequalities in health that this group experience.
19. Public Health already held responsibility for commissioning clinical substance misuse services (formerly known as the Integrated Drug Treatment Services) which are the clinical interventions delivered by prison healthcare staff to initiate or continue drug treatment for individuals with an opiate problem whilst in prison.
20. On the 31st March 2011, an announcement was made by the National Offender Management Service (NOMS), National Treatment Agency (NTA) and Department of Health (DH), that responsibility for funding substance misuse services for prisoners in England would transfer

from the Ministry of Justice to the Department of Health from 1st April 2011. Therefore, NHS Wiltshire (Public Health) took over responsibility for commissioning these services from 1st April 2011. These services encompass Counselling Assessment Referral Advice and Throughcare (CARATs), drug and alcohol programmes in prisons and Compact Based Drug Testing, most of which were previously commissioned directly by prisons. These services have been relabelled as psychosocial substance misuse services.

21. Responsibility for both areas of commissioning will remain with the Public Health team, following transfer to Wiltshire Council, as part of its wider responsibilities for commissioning substance misuse services¹.
22. The Government's expectation is that, by placing commissioning responsibilities for these services in one place, there are significant opportunities to commission more integrated and cost effective services in order to realise the vision of a locally commissioned, recovery-focused prison based treatment system described in the Green Paper "Breaking the Cycle" and in the Prison Drug Treatment Strategy Review Group report chaired and published by Lord Patel in November 2010.
23. It also marks the final step in achieving the "one pot for one purpose" concept, by bringing together funding streams and making them available to local partnerships to commission the full range of provision necessary to support individuals along the full course of their recovery.
24. This shift will provide a platform for a more integrated approach to commissioning public health outcomes which addresses the root causes and wider determinants of alcohol and drug dependence (such as troubled families, employment, education, and housing), and delivers the greatest gains.
25. In order to realise these potential opportunities, it is proposed that the Substance Misuse Joint Commissioning team (NHS Wiltshire and Wiltshire Council) should begin the process of recommissioning the psychosocial services at HMP Erlestoke from May 2012, with the aim of letting a new contract from 1st April 2013.

Environmental Impact of the Proposal

26. The premises within the prison Establishment where these services are provided meet the requirements of HMP Erlestoke's Sustainable Development and Environmental Strategy policy, which is reviewed and overseen by a quarterly Environmental Committee meeting chaired by the prison's Governor.

¹ JSNA Support Pack for Commissioners, National Treatment Agency for Substance Misuse, 5th January, 2012
Healthy lives, healthy people: Improving outcomes and supporting transparency, DH, 23rd January, 2012

Equalities Impact of the Proposal

27. The specification for the service will state that providers will be expected to demonstrate the use of resources local to the prison, where possible together with the provision of services which take account of relevant policies on diversity and equality.
28. An EIA of the effect of any service changes will be conducted as a part of the procurement process and the results of the EIA will be put, for approval, before the Wiltshire Community Safety Partnership and in the decision whether or not to execute the contract resulting from the procurement process will be considered by the officer with delegated authority to execute that contract. Once the new service has been established a further EIA will be done and registered with Wiltshire Council.

Risk Assessment

29. The current contracts for treatment and care services do not comply with the Council's Financial and Procurement Regulations.
30. Adequate market research and stakeholder involvement regionally, prior to publication of the tender documents, has taken place to mitigate the risk that commissioners fail to secure a successful contractor to provide the capacity and quality sought, including current and potential providers.
31. A realistic twelve month timetable has been planned to manage the procurement process.

Financial Implications

32. The funding for both these workstreams (substance misuse services and psychosocial services) is now coming down from the Department of Health to the Public Health budget within NHS Wiltshire. Central Government has advised that these allocations should be regarded as Drug & Alcohol Action Team (DAAT) funding, to be routed through local partnership commissioning. In Wiltshire the DAAT is the Adult Joint Strategy and Commissioning Group for Alcohol and Drugs (JSCG) which sits under the Community Safety Partnership, and HMP Erlestoke is represented as a member of the JSCG.
33. The Department of Health funding for these services has been transferred from the Public Health budget within NHS Wiltshire to the Pooled Treatment Budget (PTB) which is hosted for the Wiltshire Community Safety Partnership by Wiltshire Council. The funding for the Pooled Treatment Budget is specified in Schedule PCT023 of an annual Section 75 Agreement Funding Transfer Schedule between NHS Wiltshire and Wiltshire Council until the transfer of the Public

Health team and its ringfenced budget to Wiltshire Council, along with commissioning responsibilities for substance misuse, in April 2013.

Legal Implications

34. In line with the Government's directions for prison psychosocial services, the current contract for these services between the HMP Erlestoke/ the Ministry of Justice and the Avon and Wiltshire Mental Health NHS Trust (the current provider) has been novated to Wiltshire Council for the current financial year 2011/12 and extended for a further twelve month term until 31st March 2013.
35. Although these qualify as a Part B Service of the Procurement Contract Regulations 2006, it has been recommended that these services are advertised in the EU due to the high value.
36. Adequate measures will be taken to have in place sufficient procurement capacity and expertise to ensure a robust procurement process is carried out to mitigate against any potential for legal challenge to the process.

Options Considered

37. Papers examining the viability, options and risks of extracting the clinical treatment from the general prison healthcare service to integrate these with the establishment's psychosocial services were presented to the Prison Health Partnership Board and the Community Safety Partnership's Adult Joint Strategy and Commissioning Group on Alcohol and Drugs in May and August 2011 respectively. It was decided by both Partnerships that this was not viable option and it was agreed that the tender should focus solely on the psychosocial services.

Conclusions

38. Offenders have significantly poorer health than the general population, with higher levels of alcohol and drug misuse, mental health problems, smoking and related health conditions, blood borne viruses, and sexually transmitted infections.
39. Health services at HMP Erlestoke are commissioned by NHS Wiltshire (Public Health) from Wiltshire Community Health Services (Great Western Hospital). Responsibility for commissioning prison healthcare services will transfer to the National Commissioning Board, subject to the Health and Social Care Bill becoming law. HMP Erlestoke's healthcare services received green ratings against all the Department of Health's Prison Health Quality Performance Indicators in 2010/11.
40. Public Health already held responsibility for commissioning clinical substance misuse services and, since April 2011, has been given

responsibility for commissioning psychosocial services within the prison. Responsibility will remain with the Public Health team, following transfer to Wiltshire Council, as part of its wider responsibilities for commissioning substance misuse services.

- 41.** By placing commissioning responsibilities for these services in one place, there are opportunities to commission more integrated and cost effective services. It is proposed that the Substance Misuse Joint Commissioning team (NHS Wiltshire and Wiltshire Council) begins the process of recommissioning the psychosocial services at HMP Erlestoke in order to let a new contract from 1st April 2013.

Appendix 1

Traffic Light Table for HMP Erlestoke

The table below shows the individual reported results for HMP Erlestoke against the Prison Health Quality Performance Indicators for 2011 and for the previous two years.

Indicators are reported as green, amber or red, or, if recorded as not applicable by the prison, are shown as N/A. White cells without the N/A symbol indicate that no status for that indicator was reported, usually because the indicator did not exist in previous years.

| Year | | 2009 | 2010 | 2011 |
|-------|---|------|------|------|
| 1.1 | Patient Safety | | | |
| 1.2 | Healthcare Environment | | | |
| 1.3 | Medicines Management | | | |
| 1.4 | Chronic Disease and Long Term Conditions | | | |
| 1.5 | Discharge Planning | | | |
| 1.6 | Clinical Governance | | | |
| 1.7 | Corporate Governance | | | |
| 1.8 | Information Governance | | | |
| 1.9 | Financial Governance | | | |
| 1.10 | Workforce Plan | | | |
| 1.11 | Equality and Human Rights | | | |
| 1.12 | Service User Involvement | | | |
| 1.13 | Health Needs Assessment | | | |
| 1.14 | Access and Waiting Times | | | |
| 1.15 | Prison Dentistry | | | |
| 1.16 | Substance Misuse Activities – IDTS | | | |
| 1.17 | Alcohol Screening, Intervention and Support | | | |
| 1.18 | General Health Assessment | | | |
| 1.19a | Services For Children and Younger people (under 18s only) | N/A | N/A | N/A |
| 1.19b | Services For Older Adults (not YOI Estate) | | | |
| 1.20 | Services For Adult Women | | N/A | N/A |
| 1.21 | Primary Care Mental Health | | | |
| 1.22 | Suicide Prevention | | | |
| 1.23 | Care Programme Approach Audit | N/A | | |
| 1.24 | Access To Specialist Mental Health Services | | | |
| 1.25 | Section 117 | | | |
| 1.26 | Mental Health Transfers | | | |
| 1.27 | Learning Disabilities | | | |
| 1.28 | Hepatitis B Vaccination of Prisoners | | | |
| 1.29 | Hepatitis C | | | |
| 1.30 | Health Promotion Action Groups | | | |
| 1.31 | Sexual Health | | | |
| 1.32 | Communicable Disease Control | | | |

Wiltshire Council

Cabinet

17 April 2012

Subject: Addressing Alcohol and Drugs in the Community

Cabinet member: Cllr Keith Humphries - Public Health and Protection Services

Key Decision: Yes

Executive Summary

Significant progress has been made in Wiltshire to reduce the harms associated with alcohol and drugs misuse. Strategies are in place to reduce the harms caused by all aspects of adults' alcohol misuse and drug misuse, and to prevent and intervene early in substance misuse problems among children and young people. "Hidden Harm" approaches are being taken forward to protect children and young people from parental alcohol and drug problems, and to keep families together. Provision of high quality and effective services has been shown to reduce harm to individuals, their families and communities and deliver cost savings to the public sector.

Improvements in performance in adult treatment services have led to an increase in Department of Health funding for next year. Further improvements and efficiencies are sought through development of an integrated adult treatment and care system to deliver greater coherence of service provision, delivering better outcomes for service users. It will also deliver additional capacity to meet the increasing demand for services which are likely to be created by continued implementation of the Wiltshire Alcohol and Drug Strategies and the Wiltshire Hidden Harm Strategy as these are likely to identify additional individuals requiring support and treatment.

Proposal(s)

Cabinet is requested to:

- Receive this update on the importance and progress in addressing alcohol and drug problems in Wiltshire;
- Agree in principle to the proposal to undertake a tendering process to provide an integrated adult drug and alcohol treatment and care service;
- Delegate authority of consideration of a procurement options paper to the Cabinet Member and Corporate Director.
- Delegate authority to execute the contracts resulting from this tendering activity to Maggie Rae, Corporate Director of Public Health and Public Protection, in consultation with the Portfolio Holder, Solicitor to the Council and the Chief Financial Officer.

Reason for Proposal

Wiltshire Council is a key partner in the Wiltshire Community Safety Partnership which holds responsibility for addressing alcohol and drugs issues. From April 2013, the Public Health team will bring responsibility for commissioning alcohol and drug treatment with it on transfer to the Council.

Maggie Rae**Corporate Director of Public Health and Public Protection**

Wiltshire Council

Cabinet

17 April 2012

Subject: Addressing Alcohol and Drugs in the Community

Cabinet member: Cllr Keith Humphries - Public Health and Protection Services

Key Decision: Yes

Purpose of Report

The purpose of this report is to:

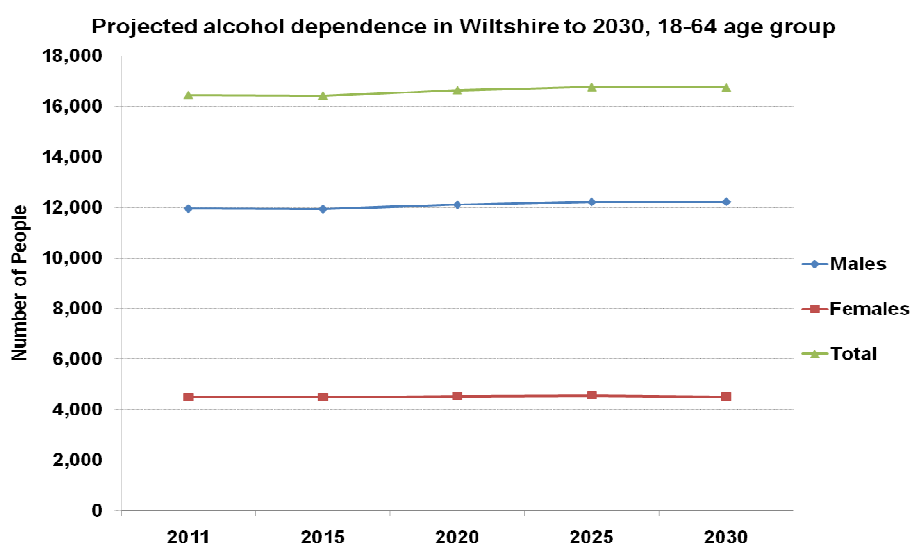
1. To provide an update on actions to reduce alcohol and drug related harms in Wiltshire and to outline improvements in the performance of specialist substance misuse services;
2. To outline the strategic changes affecting the commissioning of these services, including plans to tender an integrated community substance misuse treatment and care service for adults.

Background: Size of the Problem

Adults and Alcohol

3. Per capita alcohol consumption has increased over the last decade. Nationally in 2008, 28% of males and 19% of females consumed alcohol at harmful or hazardous levels, in excess of 21 and 14 units each-week, respectively. Synthetic estimates suggest 19% of the Wiltshire population aged 16 years and over engage in binge drinking (drinking more than 6 units on one occasion), a lower proportion than the South West (20.7%) and England (20.1%).
4. Figure 1 shows the number of people in Wiltshire aged 18-64 estimated to be alcohol dependent, projected to 2030. A 2.2% increase is predicted among males with levels among women predicted to rise by 0.6%. Levels of dependency are significantly higher among males than females.

Figure 1: Alcohol Dependence in Wiltshire



Source: PANSI. <http://www.pansi.org.uk/>

5. In 2010/11 there were an estimated 9,155 alcohol related inpatient hospital admissions in Wiltshire, where alcohol is a significant contributory factor, amounting to 1,580 per 100,000 population. Admission rates are related to age and health condition, and are therefore higher for older age groups and for those with cardiovascular disease. Other admissions related to alcohol related conditions, such as intentional self-harm and mental and neurological conditions, are more common in younger age groups. All areas of England showed an increase in alcohol related admissions from 2009/10 to 2010/11 but this increase was lower in Wiltshire (8%) compared to the South West (9%) and England (14%).
6. Mortality rates from alcohol specific conditions, such as alcohol-attributable liver disease, are higher among males than females in England, and Wiltshire follows this pattern. However, alcohol-specific and alcohol-attributable mortality rates in males and females are lower than in England, although mortality rates are increasing. Compared with England, Wiltshire also has significantly lower rates of alcohol-specific and alcohol-attributable hospital admissions for both males and females, and for mortality from chronic liver disease, although admissions are increasing.

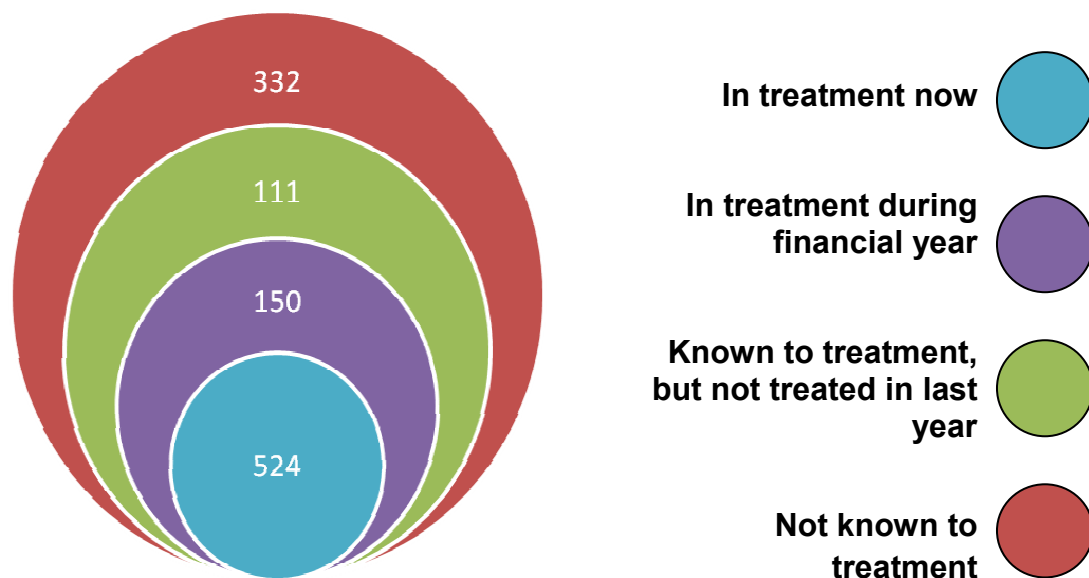
Adults and Drugs

7. In Wiltshire, a comprehensive needs assessment of drugs misuse is undertaken each year. There were 724 individuals from Wiltshire registered in structured drug treatment (Tier 3 or 4) by the National Drug Treatment Monitoring System (NDTMS) between April 2010 and March 2011. 68% of these were male, and the largest age group was 35 to 39 years old (23%). 90% of those registered were problematic drug users (defined as injecting opiate or cocaine users) and 79% of those used

illicit heroin. The estimated number of problem drug users in Wiltshire is significantly lower than the South West and national averages.

8. Figure 2 shows the number of opiate and/or crack users, or problem drug users in various categories. 2006/07 figures show Wiltshire to have a significantly lower rate of problem drug users than either the South West or England as a whole.

Figure 2: Estimated “problem” drug users in Wiltshire, 2010/11



Source: NDTMS

9. When adding in all those who are dependent on a wider range of illicit drugs (such as amphetamines, benzodiazepines, ketamine and cannabis) it is estimated that in 2011 in Wiltshire 9,318 people aged 18 to 64 had some level of drug problem, of which 66% are likely to be men.
10. The number of drug misuse related admissions in Wiltshire has risen from 1,410 during 2009/10 to 1,600 in 2010/11. The highest number of admissions relate to intentional self-poisoning by a range of drugs, including illegal drugs and over the counter and prescribed medication.
11. Probation data indicates that 31% of people assessed at the beginning of sentencing had drug misuse directly linked to their offending behaviour. In Wiltshire this equates to 199 offenders between 2010 and 2011. During the same period 45 community sentences with a Drug Treatment Requirement were made by the courts.

Children and Young People

12. Drawing on a wide range of data, the Wiltshire Children and Young People Substance Misuse Needs Assessment for 2010/11 found that:
 - Among young people who use substances in Wiltshire, the main substances of choice continue to be cannabis and alcohol;

- Around 12 referrals a month are made to Motiv8, the specialist substance misuse service, of which around 84% lead to a treatment intervention being offered, including high level harm reduction support and psychosocial interventions;
 - Most young people in treatment are aged between 15 and 17 years;
 - Of those receiving support and treatment, currently 55% are male and 45% are female – although traditionally the male/ female split has been 65%/ 35%;
 - Nearly a third (31%) of referrals into treatment services are from the Youth Offending Service which remains the main referrer;
 - There are very few young people who engage with treatment services who have a problem with class A drugs, including heroin, crack and cocaine (4% of treatment cohort);
 - Hospital admissions data show that a number of young people are admitted for overdoses of alcohol and/or drugs, often combined with mental health issues, and that there could be an issue in relation to over the counter drugs (more detail below);
 - Three quarters of young people in treatment also have some level of mental ill health problems;
 - Young people who are excluded from school are more likely to try alcohol and cannabis than other young people.
13. Local analysis of hospital specific admissions has indicated that during the 2009/10 financial year there were 248 alcohol and drug (both legal and illegal) admissions to hospital among those aged 17 and under:
- Of these, 20.2% (n 50) were admitted for mental and behavioural disorders due to the use of alcohol;
 - 18.5% (n 46) were admitted due to accidental poisoning from drugs however, due to coding categories, it is unknown how many were due to illegal drugs;
 - 52% (n 129) were due to intentional self-poisoning from both legal and illegal drugs;
 - Of these 129, 82 young people (33% of the total number of admissions) had experienced intentional self-poisoning due to paracetamol and aspirin. 38 of this 82 (46%) are aged 15 and under whereas the remaining 44 are aged 16 or 17.
14. The Wiltshire TellUs survey (2009), which asked a sample of children and young people (Years 8 and 10) about their behaviour in the previous 4 weeks, indicated that 7% of children and young people admit to using drugs compared to 9% nationally, and 40% to using alcohol compared to 42% nationally (England average). The survey found that 70% of Wiltshire young people had never had an alcoholic drink compared to 68% nationally (England average).

Hidden Harm (Parental Substance Misuse)

15. The Wiltshire Hidden Harm Strategy was launched in March 2011 and aims to protect children of parents with problematic substance use, and provide effective, joined up services for these children and their parents.
16. A Strategic Needs Assessment was undertaken to inform the Strategy. National research applied to Wiltshire suggests that there may be at least 1,306 children at risk of drug related harm from their parent or parents in Wiltshire, and at least 8,000 affected by parental alcohol use. Analysis of 2010/11 adult drug treatment data¹ indicates approximately 51% (258) of those in drug treatment are parents and 57% (308) of those in alcohol treatment are parents. A key plank of Wiltshire's Hidden Harm Strategy is to develop local data sources from a range of agencies to build up a better picture of the scale of Hidden Harm in the county.

Delivery Mechanisms for Addressing Alcohol and Drug Problems

17. Wiltshire Community Safety Partnership is the responsible body for overseeing strategy and actions to reduce alcohol and drug related harms and overseeing commissioning and performance management of drug and alcohol (substance misuse) support, treatment and care services in Wiltshire. It discharges these duties through the Adult Joint Strategy and Commissioning Group for Alcohol and Drugs, and the Children and Young People's Joint Commissioning Group. There is also a Hidden Harm Steering Group in place to implement Wiltshire's Hidden Harm Strategy which focuses on protecting children from parental (or carer) substance misuse.
18. Annual needs assessments are undertaken to inform strategy and services in relation to adult, prison, and children and young people's drug and alcohol services, and Hidden Harm.

Funding

19. Treatment services are cost effective and research suggests that for every £1 spent on adult alcohol treatment the public sector saves £5, and for every £1 spent on adult drug treatment the public sector saves £3. The savings are even greater for specialist services for children and young people with an estimated saving of between £5 and £8 for every £1 spent on services.
20. A partnership budget is hosted and administered by Wiltshire Council on behalf of the Children and Young People's Joint Commissioning Group with the main contributors being Wiltshire Council, Public Health (currently NHS Wiltshire) and the Department of Health (via the National Treatment Agency – NTA).
21. The Adult Pooled Treatment Budget (PTB) is hosted and administered by Wiltshire Council. Partner contributions are ring fenced to

¹ National Drug Treatment Monitoring System (NDTMS)

commission for their areas of responsibility. The major contributor is the Department of Health via the NTA which provides funding specifically for the treatment of those assessed with a primary drugs misuse problem, amounting to 39% of the budget. These funds cannot currently be used for treating anyone presenting with a primary alcohol misuse need.

22. The Public Health budget (currently with NHS Wiltshire) is the next major contributor of funding at 37% of the budget, and Wiltshire Council contributes 11% of the budget. The Home Office funds a proportion of the Drug Intervention Project (DIP) main grant and Wiltshire Police fund the arrest referral component of DIP. Wiltshire Probation Trust also contributes some funds for the commissioning of treatment services which are probation specific.
23. The annual Department of Health (NTA) budget is linked to the performance of Wiltshire in providing effective drug treatment compared to the rest of the country. During the last three years Wiltshire has consistently improved the performance of the adult drug treatment and care system from the bottom performance quartile nationally to the top quartile. This has led to an increase in the central Department of Health (NTA) budget for drug treatment of 8% for 2012/13 due to good performance.

Future Arrangements

24. On moving to the Local Authority, the Public Health team will be responsible for commissioning alcohol and drug treatment and linked recovery support from April 2013, subject to the Health and Social Care Bill becoming law². This will provide a platform for an integrated approach to commissioning public health outcomes which addresses the root causes and wider determinants of alcohol and drug dependence, such as troubled families, employment, education, and housing, and delivers the greatest gains.
25. The Public Health Outcomes Framework includes drug and alcohol specific outcomes as well a number of related outcomes that will benefit from the success of addressing alcohol and drug problems, for example in relation to mental health, education, employment and the criminal justice system.
26. From April 2013, the NTA's functions will be transferred into Public Health England. It is expected that Public Health England will continue to provide national commissioning guidance and performance manage drug treatment services as well as continue to allocate performance related funding for drugs services, while also taking on a stronger role in relation to alcohol services.

² *JSNA Support Pack for Commissioners*, National Treatment Agency for Substance Misuse, 5th January, 2012
Healthy lives, healthy people: Improving outcomes and supporting transparency, DH, 23rd January, 2012

Progress in Addressing Alcohol and Drug Problems

Adults and Alcohol

27. There has been significant success in the delivery of the Wiltshire Alcohol Strategy over the last 3 years including:
- Provision of a dedicated brief intervention service in primary care to support individuals in cutting down their drinking;
 - A reduction in waiting times for support and treatment;
 - Development of referral routes between hospitals and community substance misuse services to ensure joint care planning and support on discharge from hospital;
 - Each year, a comprehensive alcohol and drug training programme is delivered to almost 200 frontline professionals across a wide range of agencies: during 2010/11 behavior change training was delivered to 53 professionals, with a further 27 receiving training in addressing binge drinking among young adults, 23 in reducing alcohol related ill health among older people, and 30 in addressing steroids and performance enhancing drugs;
 - Roll out of a specialist certificate in alcohol misuse for GPs, practice nurses and pharmacists;
 - A 21% reduction in alcohol related violent crime and disorder between 2010 and 2011 as a result of a dedicated Licensing Tasking Group which reviews intelligence from a range of sources and works with problem licensed premises to better manage the Night Time Economy;
 - Provision of an alcohol arrest referral scheme, to provide a specific intervention about alcohol to offenders, and continued success in reducing alcohol related re-offending;
 - Improvement in alcohol services delivered at HMP Erlestoke, with initial screening for alcohol problems in place for all new arrivals, and a range of interventions available, including peer support and 12 step programmes as well as clinical interventions. A discharge project is also being developed to support prisoners with alcohol problems on release.

Adults and Drugs

28. An annual strategy is developed to address drugs misuse, based on a comprehensive assessment of need. The following outlines progress:
- A reduction in waiting times for support and treatment;
 - An 37% increase from the previous year in the number of successful completions of drug treatment, with performance higher than the national average, and a similar reduction in unplanned discharges from treatment;
 - New structured day services have been developed aimed particularly at cannabis users which has increased their engagement in treatment;

- Roll out of a specialist certificate in drugs misuse for GPs, practice nurses and pharmacists, and further joint management of drug users (shared care) between GPs and community drug services;
- Continued support for the Wiltshire Addiction Support Project (WASP) which provides a valuable role in supporting individuals to recover and stay recovered from drug (and alcohol) problems through peer support, harm reduction advice and advocacy services;
- Inclusion of drug (and alcohol) services as part of the Integrated Offender Management scheme in Wiltshire (SWITCH) and continued provision of drug services to offenders;
- Further development of links and aftercare services with housing, education and employment to support those who are recovering from drug (and alcohol) problems;
- Continued use of appropriate care planning tools to improve retention and progression through treatment by ensuring that all relevant aspects of life that have an impact on a service user's stabilisation, maintenance and then recovery and reintegration, are addressed;
- Implementation of a drug related deaths protocol to ensure that all deaths of individuals in drug treatment are investigated and any lessons are identified;
- Screening and, as appropriate, immunization of drug users in order to reduce the risk of blood borne viruses as part of the harm reduction strategy.

Children and Young People – Alcohol and Drugs

29. An annual strategy and implementation plan is drawn up each year to address substance misuse among young people. Progress includes:
- Provision of a dedicated service, Motiv8, for children and young people with alcohol and/or drug problems – the service has recently been reviewed and new policies and practices introduced to increase its effectiveness;
 - Development of referral routes between hospitals, mental health services and other children's services into Motiv8 to ensure young people receive support for alcohol or drug problems;
 - Implementation of an alcohol referral scheme for young offenders, to provide specific interventions to prevent future alcohol related offending among those aged under 18;
 - Provision of a range of drug and alcohol related support schools including general advice and guidance, staff training, peer support programmes, input for parents, targeted input for pupils and advice in responding to drug and alcohol related incidents;
 - Working with Wiltshire College and Salisbury Area Board, creation of media resources to communicate alcohol messages to young people (for

launch in July 2012) – this will be followed up by a project to develop messages aimed at parents;

- Training of a wide range of frontline professionals working with children, young people and families to recognize and be able to screen for alcohol and drug problems – 199 were trained in 2010/11 and 186 in 2011/12;
- Development of specific “risky behaviours” training for frontline staff to support them in addressing issues relating to substance misuse, sexual health and other risky behaviours.

Hidden Harm

30. Wiltshire has in place a Hidden Harm Strategy, focusing on protecting children from parental substance misuse. The Wiltshire Hidden Harm Steering Group meets quarterly to oversee implementation of the strategy and implementation plan, and agree new areas for development. Actions include:
 - Building strong links between adult substance misuse services and children and families services to ensure better liaison and consideration of the needs of children, including development of a joint protocol to set out ways of working together and sharing information;
 - Identification and collation of local data sources to get a better picture of the impact of Hidden Harm in Wiltshire;
 - Rolling out training on Hidden Harm to frontline professionals – child protection training now includes Hidden Harm, and training is being delivered to staff whose work is directly impacted by Hidden Harm. 90 Health Visitors have been trained, and training is planned for school nurses, police neighbourhood teams, and probation staff, as well as organisations in the community and voluntary sector;
 - Training entitled “Moving Children and Families Together” or M-PACT has been delivered to 4 members of staff in the Children and Families team and more staff will take part. Training enables practitioners to run whole family therapeutic groups aimed at reuniting families who are affected by parental substance use. Action on Addiction, which delivers M-PACT, won an award for the training at the 2012 Wiltshire Health Improvement Awards;
 - Establishment of 2 Hidden Harm Link Workers to provide support to young people whose parents have alcohol or drug problems, and to link them into appropriate services;
 - Wiltshire Council has commissioned a new higher level 2 family and parenting support service from Action for Children for parents with complex difficulties and/or who are living chaotic lifestyles - a key target group will be those with problematic substance misuse.

Delivering Value for Money via an Integrated Adult Treatment System

31. A key strategic aim of the Community Safety Partnership is to deliver a functional, cost effective and integrated adult treatment and care system

which continues to improve treatment effectiveness, successful completions and sustained recovery. It is the view of the Community Safety Partnership, as advised by the Adult Joint Strategy and Commissioning Group for Alcohol and Drugs, that a single contract with one provider will provide the necessary efficiencies to deliver additional capacity to meet identified need, and to deliver an improved recovery model of service to continue to improve performance and outcomes.

32. The current treatment and care system is not integrated but has developed over a number of years. Four providers are commissioned through a number of contracts which cover their respective infrastructure, estates, management and administrative costs. It is envisaged that commissioning an integrated service would create economies of scale, and streamline commissioning and performance management processes. This would allow more focus to be placed on ensuring adequate services to support recovery and prevent relapse, as well as create more capacity for prevention and early intervention. It would also provide greater coherence of service provision which would deliver better outcomes for service users.
33. Work has begun to specify an integrated drug and alcohol treatment system to provide high quality treatment within defined resources. The specification describes two or three 'one stop shop' hubs, from which services will outreach to other existing facilities across the County, such as GP surgeries. Preparatory work with stakeholders, including possible future providers, has taken place and the aim is to start the procurement process in May 2012 and complete the process, with a contract awarded and a new service commenced, by 1st April 2013. The Adult Joint Adult Strategy and Commissioning Group for Alcohol and Drugs has agreed that the specification should include several related criminal justice services in order to achieve coherence and further cost effectiveness and economies of scale.

Environmental Impact of the Proposal

34. The proposal to create an integrated treatment system will reduce environmental impact from current levels. Existing services are delivered by 4 providers operating from 6 separate buildings across the County. The new model and specification describes two or three 'one stop shop' hubs, from which services will outreach to other existing facilities across Wiltshire, which may include the Council's campuses. This will continue to deliver at least the same level of access as currently, and possibly increase access, whilst reducing the need to occupy as many premises.

Equalities Impact of the Proposal

35. Some of the premises from which services are currently provided have limited disability access. Improved disability access will be a specified requirement of the two or three 'one stop shop' hubs.

36. The specification for the service will state that providers will be expected to demonstrate the use of local resources and provision of services which take account of relevant policies on diversity and equality.
37. Current service provision has been Equality Impact Assessed (EIA). An EIA of the effect of any service changes will be conducted as a part of the procurement process and the results of the EIA will be put, for approval, before the Wiltshire Community Safety Partnership and in the decision whether or not to execute the contract resulting from the procurement process will be considered by the officer with delegated authority to execute that contract. Once the new service has been established a further EIA will be done and registered with Wiltshire Council.

Risk Assessment

38. The establishment of an integrated treatment system will enable greater coherence of services and shared treatment and recovery goals. Integration will also enable efficiency savings to be made, and therefore allow capacity to be increased. This will be important in meeting the anticipated, additional demand generated by identifying more individuals requiring care and treatment as a result of implementing new actions in the Wiltshire Alcohol and Drug Strategies and as a result of implementing the Wiltshire Hidden Harm Strategy.
39. In addition, current services are not sufficiently coherent to continue to deliver the required level of improvement in performance in relation to the recovery of clients from drug and alcohol problems which would assure the same or increased levels of NTA funding beyond 2012/13.
40. The current contracts for treatment and care services do not comply with the Council's Financial and Procurement Regulations
41. Adequate market research and stakeholder involvement regionally, prior to publication of the tender documents, has taken place to mitigate the risk that commissioners fail to secure a successful contractor to provide the capacity and quality sought.
42. A realistic twelve month timetable has been planned to manage the procurement process.

Financial Implications

43. Public health (NHS Wiltshire) funding for the Pooled Treatment Budget is specified in Schedule PCT023 of an annual Section 75 Agreement Funding Transfer Schedule between NHS Wiltshire and Wiltshire Council until the transfer of the Public Health team and its ringfenced budget to Wiltshire Council, along with commissioning responsibilities for substance misuse, in April 2013.
44. From April 2013, National Treatment Agency functions, including provision of national guidance, performance management and annual

allocation of performance related central funding relating to substance misuse, will transfer to Public Health England.

Legal Implications

45. Although these qualify as a Part B Service of the Procurement Contract Regulations 2006, it has been recommended that these services are advertised in the EU due to the high value.
46. Adequate measures will be taken to ensure sufficient procurement capacity and expertise to ensure a robust procurement process is carried out to mitigate against any potential for legal challenge to the process.

Options Considered

47. The Joint Strategy and Commissioning Group on Alcohol and Drugs has considered a number of options in relation to the tendering of an integrated alcohol and drug treatment system. This included consideration of tendering the treatment system in lots, tendering a framework agreement that involved more than one provider, or tendering for a sole provider/ consortium with a lead provider.
48. A further Procurement Options Paper in respect of these services will be submitted and considered at a later date by the Corporate Procurement Board, followed by Cabinet.

Conclusions

49. Significant progress has been made in Wiltshire to reduce the harms associated with alcohol and drugs misuse and to ensure actions are taking place to both prevent and intervene early in problems. Hidden Harm approaches are being taken forward to protect children and young people from parental alcohol and drug problems, and to try to keep families together. Services for children and young people and services for adults have been shown to reduce harm to individuals, their families and communities and deliver cost savings to the public sector.
50. Improvements in performance in adult treatment services have led to an increase in Department of Health funding for next year. Further improvements and efficiencies are sought through development of an integrated adult treatment and care system, which will also deliver additional capacity to meet the increasing demand for services which are likely to be created by continued implementation of the Wiltshire Alcohol and Drug Strategies and the Wiltshire Hidden Harm Strategy as these are likely to identify additional individuals requiring support and treatment.

Wiltshire Council

Cabinet

17 April 2012

Subject: Full Utilisation of Care & Support Framework Agreement

Cabinet member: Cllr John Thomson - Adult Care, Communities and Housing

Key Decision: Yes

Executive Summary

- This report seeks Cabinet agreement on the proposal to outsource the Council's in-house provider "Wiltshire Supported Living Service" (WSLS) for adults with learning disabilities, to other Support Providers who are already delivering the majority of specialist care and support across the county, under a framework agreement initially agreed by Cabinet in 2009.
- The decision will mean a transfer of potentially 52 full time equivalent staff to the new provider/s and this will take place under the Transfer of Undertakings (Protection of Employment) Regulations 2006. ("TUPE")

Proposal(s)

Cabinet are asked to approve the following:

- To enter into a competitive exercise with the 9 Care and Support Providers who have been listed on the Council's existing Framework Agreement since 2009; to procure the support services which will mean that the Council's own staff will "TUPE" transfer across to the successful appointed provider/s;
- To delegate authority to the Corporate Director with responsibility for Adult Services to award the contract in consultation with the appropriate service directors.

Reason for Proposal:

The majority of supported living services are already provided by independent sector care and support providers across the county. These organisations provide a quality care and support service to individuals living in their own homes.

This decision represents the last phase of the transfer of the Council's own services to providers under this framework. In brief this means that 25 customers already living in their own homes (some with shared tenancies), will continue to receive the same high quality person-centred care and support, but where the staff providing that support will be managed and employed by an independent provider instead of the Council

Name of Director: Sue Redmond
Designation: Corporate Director

Subject: Full Utilisation of Care & Support Framework Agreement

Cabinet member: Cllr John Thomson - Adult Care, Communities and Housing

Key Decision: Yes

Purpose of Report

Cabinet need to make this decision because:

- the number of staff involved in the TUPE transfer will exceed 50 (65 staff in total)
- the value of the service is over one million pounds

This report outlines a proposal which seeks to provide continuity of care to customers living in their own homes, with continuously improving choice & control in their lives.

The responsibility for the assessment and review role continues to be delivered by the Council's adult social care Operational Teams.

The Council's Operational service has commenced initial communication and discussion with staff and customers, their families/ Carers to ensure that their views help to shape any future decisions, alongside the publication of this Cabinet report. It should be emphasised that staff, at every point in this programme will support customers and families/ Carers to make sense of the proposals and changes if Cabinet agrees. Indeed, the plan is for customers and their families/ Carers to be the people who will help choose the providers and really take charge of their lives.

Background

At a time of rapid changes in social care markets the council's business plan 2011-2015 clearly outlines its role as a commissioner of social care services, (this means that planning, consulting, ensuring quality and looking to the future needs for the people of Wiltshire) rather than providing services directly. One of the "Commissioning Intentions" for 2011-2014 is for quality services to be delivered with our provider partners, as outlined in a previous Cabinet Paper (2009) the "Learning Disability Supported Living Framework Agreement".

Main Considerations for the Council

There is a vibrant well established supported living market in Wiltshire, with approximately 60 Providers supporting 260 customers with an expenditure of £6.5m per year.

The Council's "in house" supported living service has been in existence since 2006. It currently supports 25 tenants across the county in a range of housing options, in shared

houses where 24 hour support is provided through to low levels of support to individuals living in their own properties. Current customers live in properties in Melksham, Trowbridge and Salisbury.

The proposed changes will provide an opportunity for customers and their families to become involved, in making decisions about which provider/s support/s them, or which provider/s they employ to deliver their own support whilst remaining in their own home.

It is proposed that the contract will be let by a competitive process with the 9 Providers currently on the Care & Support Framework Agreement. The successful provider/s shall formally comply with the TUPE transfer requirements of the WSLs staff. The Provider/s will enter into "Individual Service Level Agreements" with the Council, for each Customer within the existing WSLs service. Quality of service is paramount and although having been selected on the Council's framework agreement, the selection process will include further qualitative measures such as:

- Visits to houses and schemes where providers currently operate
- Discussion with customers and their families at schemes where providers currently operate
- Analysis of external audit and CQC regulatory compliance reports
- Analysis of ongoing business viability, management and governance

Environmental and Climate Change Considerations

There is no environmental impact as the individuals will be remaining in their own homes with potentially the same staff providing the direct support to them.

Equalities Impact Assessment (EIA)

No change of service type and scope is proposed and consequently there will be no impact on equality.

Current service provision has been Equality Impact assessed (EIA). It is anticipated that within the proposed procurement, the same support workers will be delivering service to the same customers. In addition the Council's duty to promote equalities will be met by the proposal to monitor equalities by way of EIA review throughout the transfer project duration and onwards into delivery of the new service.

The rigorous tender process adopted at the time the Framework was initiated has already established that the 9 Providers on the Framework are able to deliver quality services; represent "best value" and provide safeguards against the risk of service failure.

Risk Assessment

The key risks associated with this project together with the actions that will be taken to address or mitigate these risks have been identified and under regular review.

Financial Implications

The most cost effective way to deliver supported living services is to use the Care and Support Framework. Savings of approx 10% (estimated nationally evidenced by other such transfers) of the budget cost and based on reductions in management and overhead costs, are possible. This equates to an efficiency saving of £195k, which is reflected in the Council's latest financial plan for 2012/13.

Legal Implications

The DCS0193 Care & Support Framework Agreement was let in accordance with European legislation (Official Journal of the European Union) and although exempt under Part B, the full OJEU process was adopted. The supported living market for adults with a learning disability was fully tested via an open and transparent tender exercise and the 9 Providers selected represent “best value”.

The current proposal could be viewed as being outside of the original procurement. However, it is still a part B service and so the Council can determine the form of the tender exercise as long as that process is fair, open and transparent and the appropriate market has been opened to competition. The process will be fair, open and transparent and it is the view of officers that the current framework providers are the market of providers able to meet this service requirement in Wiltshire. The risks of challenge on a procurement process issue are low.

As TUPE will apply it is vital that the Council are legally compliant and key timescales within the project plan will accommodate the need for informal and formal consultations to take place (which will be supported by the Trades Union, Human Resources and Legal representatives).

Other Options Considered

- 1 *Outsource complete service via a competitive exercise with Providers who are on the Care & Support Framework* – permits a smoother more cost effective transition and allows a full evaluation of the service. Would cause less disruption to current service and minimise if not remove any impact on Customers. Providers are likely to be more interested in quoting against an established business unit
- 2 *Do nothing* – This would mean that the Council would retain management responsibility for the service as a direct provider which could potentially restrict customer choice and could adversely affect the ability of the service to continuously develop.

Consultation Process & Communication Plan

A detailed Communications Plan has been prepared to ensure that all key stakeholders are informed and consulted on the proposal, and given a full opportunity to contribute towards the process. Subject to approval by Cabinet of the principle of outsourcing these services, stakeholders will be further involved in the tender selection.

Safeguarding

The Council, whilst continuing in its assessment and care management role with these customers, has robust processes in place to protect the safety of individuals being supported. The providers were all rigorously assessed during the DCS0193 Framework procurement process and meet the quality criteria to be awarded framework contracts with the Council. A key part of this assessment evaluated their ability to support people to remain safe, through risk assessment, adherence to safeguarding processes, and recruitment, training and supervision practices. A contract monitoring review includes the review of policies and records, and interviews with the service users, staff and families. Providers are required to deliver an action plan to address any improvements required and this is monitored by the Disabilities Commissioning Team who can also support providers

to continually improve their services. Customers and their families/ Carers may change their support provider/s whilst staying in their own home.

Conclusion

We invite the Cabinet to approve Option 1 -

- to enter into a competitive exercise with the Care and Support Providers who are on the Framework, to procure the support services;
- the start of a formal consultation involving key stakeholders on the options and process for outsourcing prior to formal procurement procedures being undertaken.

**Sue Redmond,
Corporate Director**

Report Author: Phil Powell 01225 713518

Service Director James Cawley

Date of report: March 2012

Background Papers

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

APPENDICES

Appendix 1 DCS0193 Care & Support Framework Information

APPENDIX 1

DCS0193 CARE AND SUPPORT FRAMEWORK INFORMATION

What is supported living?

Supported living is when you get support to live independently in your own home. This may mean you live on your own, share with others or own all or part of your home. The people who give you support are not the same people who own the home that you live in. Some people have a little bit of support; other people have lots of support. A key component of this is that you live in your own home, and are able to choose or change your support provider.

What is the framework?

The council uses something called a framework which is an agreement for purchasing all supported living related services for adults with a learning disability. It has to use this framework for everyone unless there are very clear, formally recorded reasons for not doing this. If the council fails to use the framework agreement appropriately, then the providers can legally challenge the council. This framework can be accessed to provide a supported living service for any adult with a learning disability who is eligible for community care services when their assessed needs are assessed as being critical or substantial and their wellbeing would be at risk without a commissioned service being delivered to meet their needs.

All nine providers on the framework have already gone through a full and comprehensive tendering process where their skills, knowledge, experience, and best value for money have been ascertained by key stakeholders, including customers who may use the service.

How does it work?

A care manager does an assessment of a person's needs and, if eligible, proceeds to get a budget agreed. Once the budget has been agreed an 'Invitation to Quote' process is started with the providers. The process has to be followed to ensure that providers have been given a fair and equal chance to 'bid' for the person's support. The support providers supply the council with the details of how they would provide the service and the cost of the service. Once all the quotes have been received they will be evaluated by the care manager, the person concerned, and other people involved in that person's life. This gives the person a chance to meet the support provider and their family, to ask further questions and to make sure they will receive good support. After evaluating all the quotes, the successful provider will be notified and a start date will be agreed for the support package.

Exclusions to the framework

Any customer receiving a direct payment for their support service can choose their own provider, including from outside the framework agreement. The council only has the responsibility to provide guidance and support to the individual in regard to making an informed choice. Any resulting contract will be between the individual and the provider.

CONFIDENTIAL DRAFT

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Wiltshire Council

Cabinet

17 April 2012

Subject: Illegal Money Lending Team - Authorisation

Cabinet member: Cllr Keith Humphries – Public Health and Protection Services

Key Decision: No

Executive Summary

Illegal money lending has a serious detrimental effect on both individuals and the community. Tackling the root causes and providing legitimate alternative sources of credit will contribute to reducing stress and pressures on these individuals and communities.

An Illegal Money Lending Team has been established within Birmingham Trading Standards as a pilot project in England. The remit of the team is to investigate illegal money lending activity, establish if a problem exists and, if so, bring to justice those persons carrying on this activity. The team is made up of highly experienced investigators with a broad range of backgrounds and investigative skills.

This report seeks approval for Wiltshire Council to authorise the Illegal Money Lending Section (IMLS) of Birmingham City Council to investigate and institute proceedings against illegal money lenders operating within the Wiltshire Council area as part of this national collaborative project.

The benefit that this team can bring to Wiltshire Council is significant. Wiltshire's Trading Standards Service, like most local authorities, is not able to provide the level of specialist resource to provide this function. This is an excellent example of how sharing resources on specific issues can bring benefits otherwise unavailable in providing support to vulnerable consumers and tackling rogues.

Proposal(s)

That the Cabinet agree that the discharge of its function of the enforcement of Part III of the Consumer Credit Act 1974 be carried out in Wiltshire by Birmingham City Council (pursuant to Section 101 of the Local Government Act 1972, Regulation 7 of the Local Authority (Arrangements for Discharge of Functions) (England) Regulations 2000 and Section 13 and 19 of the Local Government Act 2000).

That the attached (appendix 2) "Protocol for Illegal Money Lending Team Investigations" be agreed and authority be delegated to the Service Director, Public Protection to enter into the agreement on behalf of Council and approve minor alterations if required.

Reason for Proposal

This proposal, if agreed, will add to the Council's resources and will enable Wiltshire's Trading Standards Service to have access to a team of highly trained experts from the Illegal Money Lending Team.

Name of Director Maggie Rae**Designation Director of Public Health and Public Protection**

Wiltshire Council

Cabinet

17 April 2012

Subject: Illegal Money Lending Team - Authorisation

Cabinet member: Cllr Keith Humphries - Public Health and Protection Services

Key Decision: No

Purpose of Report

1. This report seeks approval for Wiltshire Council to authorise the Illegal Money Lending Section of Birmingham City Council to investigate and institute proceedings against illegal money lenders operating within the Wiltshire Council area as part of a national collaborative project.

Background

2. The primary legislation governing the consumer credit industry is the Consumer Credit Act 1974. The Trading Standards Service enforces this in each Local Authority area. The Act is based on a licensing system and all consumer credit and consumer hire businesses operating in the UK (with certain exemptions) must possess an appropriate licence issued by the Office of Fair Trading (OFT). The OFT must be satisfied that an applicant for a Consumer Credit Licence is a fit and proper person before issuing that person with a licence to trade.
 - 2.1 To operate a consumer credit business without being licensed is a criminal offence and carries a maximum penalty of £5,000 and/or up to two years imprisonment. Licences can be revoked where it can be established that the licensee has acted inappropriately. Warnings and conditions can be added to the licence where necessary. Illegal money lending covers a range of activities, from persons that are actually licensed but are acting unlawfully, to the extreme of a person offering cash loans without being licensed at all (Loan Sharks). Loan Shark activity is characterised by deliberate criminal fraud and theft, with extortionate rates of interest on loans that mean borrowers face demands for payment of thousands of pounds more than they borrowed and can often never pay off the loans. Borrowers who fail to pay or refuse to pay are subject to intimidation, theft, forced prostitution and other, extreme physical violence.
 - 2.2 An Illegal Money Lending Team was established within Birmingham Trading Standards as a pilot project in England, one of only two in Great Britain; the other pilot area being Glasgow, covering Scotland. The remit of the team is to investigate illegal money lending activity, establish if a problem exists and, if so, bring to justice those persons carrying on this activity. The team is made up of highly experienced investigators with a broad range of backgrounds and investigative skills.
 - 2.3 The scheme, initially working across the midlands, has already been extended to cover the North West, East of England, South East and Yorkshire and Humber areas.

- 2.4 Research, funded by the Department of Business Innovation and Skills (BIS) and using information gathered by the Birmingham pilot project, has been published which identifies the extent of this type of activity as well as the reasons that people use illegal money lenders. Funding for the project is provided from the Financial Inclusion Fund administered by the Treasury and managed by the BIS. The Treasury and BIS announced that due to the success of the Birmingham team funding will continue and can be used to roll out to other authorities.
- 2.5 In addition, the minister also announced that BIS intended to restructure the project by moving the project to a three national team model. The Minister indicated that BIS were looking to maintain front line services whilst providing a value for money project. The England team will be hosted by Birmingham City Council and will continue to provide a resource to investigate illegal money lending across England.
- 2.6 Birmingham was chosen to lead the new England team due to the efficiencies associated with the expansion. This was favoured to creating a brand new team that would attract high development and set up costs. Centralising national services was key. The team based in Birmingham will continue to operate the “parachute in and out model”, with a local presence through regional officers.
- 2.7 The objectives of the Illegal Money Lending Project are contained at Appendix 1 of this report.
- 2.8 The benefit that this team can bring to Wiltshire Council is significant. Wiltshire’s Trading Standards Service, like most local authorities, is not able to provide the level of specialist resource to provide this function. This is an excellent example of how sharing resources on specific issues can bring benefits otherwise unavailable in providing support to vulnerable consumers and tackling rogues.

Main Considerations and benefits for the Council

3. Illegal moneylenders invariably target low-income households and the most vulnerable members of society. This can mean that their activities have disproportionate implications for the more deprived areas and action taken against them therefore supports the policy priorities associated with crime and disorder and protecting the more vulnerable members of the community.
 - 3.1 Illegal money lending has a serious detrimental effect on both individuals and the community. Tackling the root causes and providing legitimate alternative sources of credit will contribute to reducing stress and pressures on many individuals and communities.
 - 3.2 Marginalising rogue traders creates an environment which supports and encourages legitimate credit providers thereby providing a ‘level playing field’ and contributing to economic vitality.
 - 3.3 This scheme supports the Governments priority of ‘Better Regulation’ using resources effectively and targeting high risk activities.

Environmental and climate change considerations

4. No environmental and climate change issues have been identified.

Equalities Impact of the Proposal

5. It is often the poorer and more vulnerable members of society who become victims of illegal moneylenders and find it difficult to access appropriate support and help. This initiative will help safeguard these vulnerable members of our society.

Risk Assessment

6. The risk to adopting this partnership approach by providing delegated powers is assessed as low. The approach removes any risk to future funding of this work as the officers will be employed by another local authority.

Financial Implications

7. There are no financial implications for Wiltshire Council as a result of this proposal. All major costs will be funded by the Treasury.

Legal Implications

8. By virtue of Section 161 of the Consumer Credit Act 1974, it is the duty of each 'local weights and measures authority' to enforce the provisions of the Act within their local authority boundary. This is an executive function for the purposes of the Local Government Act 2000 and the Local Authorities (Functions and Responsibilities) (England) Regulations 2000 and therefore it is necessary for Cabinet as the executive to formally delegate this function to Birmingham City Council under Section 13 and 19 of the Local Government Act 2000 and the Local Authorities (Arrangements for the Discharge of Functions) (England) Regulations 2000. Birmingham City Council is also required to formally accept the delegation.
 - 8.1 Appendix 2 provides for a "Protocol for Illegal Money Lending Team Investigations" be agreed and authority be delegated to the Service Director, Public Protection to enter into the agreement on behalf of Council and approve minor alterations if required. Such a document will protect the interests of both authorities and provide a robust operational framework.
 - 8.2 Any prosecutions will be undertaken by Birmingham City Council with no liability for costs to Wiltshire Council.

Options Considered

9. There are no other viable options as the funding is provided on the basis of expanding the Birmingham Council Illegal Money Lending Team.

Conclusions

10. This proposal, if agreed, will add to the Council's resources and will enable Wiltshire's Trading Standards Service to have access to a team of highly trained experts from the IMLT.
 - 10.1 This area of law enforcement requires specialist resource, expertise, techniques and facilities which Wiltshire's Trading Service would not otherwise have access to. Members of the IMLT include officers with high-level training and expertise in

surveillance techniques as well as security operations. The team includes, amongst others, ex police officers and security services personnel.

- 10.2 The recommendations will support performance of the Authority's duty in relation to enforcement of the provisions of the Consumer Credit Act 1974.

| | |
|-------------------------|---|
| Name of Director | Maggie Rae |
| Designation | Director of Public Health and Public Protection |

Report Author: Steve Clover, Head of Public Protection (Commercial and Communities)

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Date of report:
5 March 2012

Background Papers

None

Appendices

Appendix 1 – Objectives of the Illegal Money Lending Project

Appendix 2 – Protocol for Illegal Money Lending Section Investigations

Appendix 1 – Objectives of the Illegal Money Lending Project

Objective 1 - To obtain a clear understanding of the scale and impact of illegal money lending as well as learning lessons on the best way to enforce.

- 1.1 The evidence so far indicates that illegal moneylenders are widespread and prevalent. They operate in areas that have a high proportion of rented accommodation and target the most vulnerable members of society. High rise flats are common premises targeted by loan sharks as legitimate lenders do not lend to people residing in this type of accommodation due to the health and safety risks for their collectors.
- 1.2 Evidence shows illegal moneylenders vary from those who lend £10 over a few days and demand £12 on repayment, to those who provide substantial loans to those looking to set up businesses. Interest rates range from 100% up to 117,000% APR in some instances.
- 1.3 Information gathered so far suggests that illegal money lending is being operated across all sectors of the community. The majority of people using moneylenders are in receipt of income support or benefits and are introduced through word of mouth. However evidence also suggests that money lenders operate within the wider community and the pilot has identified illegal money lending within the business community. In many of the investigations it has been established that the moneylenders resort to intimidation and violence in order to secure payment. Other common traits include: adding indiscriminate charges, targeting single mothers and introducing payment through sexual favours.
- 1.4 Moneylenders often use victims of money lending to assist them with maintaining their criminal lifestyle and anonymity, for example illegal money lenders' vehicles are often registered at a clients' address.
- 1.5 There is also anecdotal evidence which suggests that illegal moneylenders have an impact on the wider community in which they operate, with victims resorting to petty crime to enable them to meet payments. Reducing the activities of illegal moneylenders or removing them altogether may therefore help to reduce levels of other criminal activity within a community.
- 1.6 With regard to enforcement activity the investigation of illegal money lending has proven to be very resource intensive. Target individuals need to be observed and monitored to determine their activity, to identify them and if possible establish their address. A significant proportion of targets are also what are termed "life style criminals", which means that evidence of other illegal activity can surface during the course of an investigation. This may not only involve other agencies but can also extend the life of an investigation, thereby adding to the pressure on resources.

Objective 2 - To create a climate where victims can come forward – confident that prosecutions will be undertaken, and convictions obtained, without fear of reprisals.

- 2.1 Effective branding and publicity of the pilot project has meant extensive promotion of the aims of the project and work of the team, within both the local and wider community. Evidence suggests that this has been achieved because it can be evidenced that victims are willing to contact the hotlines, and to provide further evidence to help achieve prosecutions.

- 2.2 The team has used injunctions, backed by the power of arrest under the Anti-Social Behaviour Act 2003, to remove lenders from their area of operation. Injunctions are reinforced with an agreement from the local police to flag the matter on their system and respond immediately if they receive a call from one of the victims.

Objective 3 – To change the perception amongst those lending that illegal money lending is rarely prosecuted.

- 3.1 A proactive media campaign is ongoing in those areas that have successfully targeted criminals. Engaging the media promotes the work of the team and raises public awareness.

Objective 4 – To develop ways of replacing the removed lenders with more support for their victims.

- 4.1 The Illegal Money Lending Team will help victims of illegal moneylenders with practical help and support through and in conjunction with the services of local Debt Advice Teams and the National Debtline. It has been noted that victims often need more than simple money advice and so face-to-face advice is considered the most helpful way forward and is the route normally adopted.
- 4.2 Links are also established with credit unions and their associations and where practicable these agencies are also called upon to provide help and advice. The Illegal Money Lending Team offers money management to all victims of moneylenders who contact them for advice and assistance. Partnership working in this area is recognised as being essential in this area of service provision. This will be the key role of the 'Financial Inclusions Partnership Officer'

Appendix 2 - DEPARTMENT FOR BUSINESS INNOVATION AND SKILLS (BIS) ILLEGAL MONEY LENDING PROJECT

PROTOCOL FOR ILLEGAL MONEY LENDING SECTION INVESTIGATIONS

Interpretation

For the purposes of this Protocol –

“**BCC**” means Birmingham City Council

“**WC**” means Wiltshire Council Trading Standards

“**IMLS**” means the Illegal Money Lending Section

“**Delegated Power**” means the discharge of the function of the Enforcement of Part III of the Consumer Credit Act 1974 granted to BCC by WCC in pursuance of section 101 and 222 of the Local Government Act 1972, Regulation 7 of the Local Authorities (Arrangements for Discharge of Functions) (England) Regulations 2000, sections 13 to 19 of the Local Government Act 2000 and any other legislation enabling the discharge

“**Commencement Date**” means the date the Delegated Power is granted

“**Term**” means from the date of signing of this protocol to 31 March 2015

“**Birmingham Trading Standards**” means Regulatory Services of BCC

“**Wiltshire Council Contact Officer (WCCO)**” means the relevant person appointed by the Head of Trading Standards of WC to liaise with the Head of Illegal Money Lending Section on matters relating to and in connection with the Illegal Money Lending Project

“**Appropriate Contact Officer**” means The Director of Regulatory Services, Head of Trading Standards or the Head of Illegal Money Lending of Birmingham Regulatory Services or any person nominated by the Council or authorised by them

1. Application

1.1 This Protocol applies to the DBIS / HM Treasury funded ‘Illegal Money Lending Project’ and covers the following issues:-

- The conduct of investigations and associated working practices for the IMLS officers when conducting investigations or operating in Wiltshire Council
- The mechanisms whereby Wiltshire Council is updated on the progress of the project and any significant issue relating thereto.
- The exchange of intelligence and information between the IMLS and WC
- The institution of legal proceedings.

2. Protocol

2.1 The purpose of this protocol is to facilitate the delegation of powers to BCC and officers employed within BCC’s IMLS to enforce the provisions of the Consumer Credit Act 1974 within the area of Wiltshire Council. The protocol encourages the exchange of information and a working partnership approach between BCC and WC in relation to the Consumer Credit Act 1974.

2.2 This Protocol will come into force on the Commencement Date and terminates at the end of the Term.

2.3 Notwithstanding the terms and conditions of this Protocol, this Protocol does not prejudice the right of WC to withdraw the Delegated Power at any time during the Term. However WC undertakes not to withdraw the Delegated Power unless it considers there is good reason to do so. The Delegated Power is not to be unreasonably withdrawn by WC.

3. The IMLS

3.1 It is recognised that officers in the IMLS will need authority to initiate and/or undertake investigations and/or the prosecution of potential offences falling within the scope of the 'Illegal Money Lending Project' where such potential offences fall entirely outside of the BCC boundaries. This protocol and also the Delegated Power is deemed to provide such authority to BCC and its officers regarding all matters.

3.2 The IMLS will comprise of a Head of Service and up to 55 staff directly employed by BCC. The Head of Illegal Money Lending Section will be responsible for the day-to-day operation and supervision of the IMLS.

3.3 The Head of Illegal Money Lending Section will report directly to the Director of Regulatory Services or nominated officer as appropriate.

3.4 The Head of the Illegal Money Lending Section BCC will, when required, provide quarterly progress reports, from the Commencement Date, to the Head of Trading Standards of WC giving details of investigations, (unless there is a significant risk that any such disclosure may jeopardise an investigation, such a decision is within the discretion of the Director of Regulatory Services or Head of Trading Standards BCC) prosecutions being pursued or concluded and developments concerning or affecting the Illegal Money Lending Project in Wiltshire.

3.5 It is recognised that after Delegated Power is granted to BCC, all decisions concerning the pursuance of relevant investigations, decisions to prosecute and the laying of charges and/or information on such relevant matters within Wiltshire, shall be taken by BCC and in accordance with the relevant Code for Crown Prosecutors and BCC's Enforcement Policy.

4. Working Arrangements in the Wiltshire Council Area

4.1 WC will designate and appoint a Wiltshire Council Contact Officer (WCCO).

4.2 The Head of Illegal Money Lending Section will at any time the Head of Illegal Money Lending Section considers necessary and prudent, or at the request of the WCCO, brief the WCCO on any intelligence gathered, any progress made on investigations and/or prosecutions pending or otherwise, relating to or affecting Wiltshire and/or its residents.

4.3 That the Head of IMLT shall ensure that a summary of the investigation be forwarded electronically to Wiltshire, preferably before institution of proceedings, however in all cases within two working days of instituting proceedings.

4.4 Further to Clause 4.2 and 4.3 above, all reasonable steps will be taken by the Head of Illegal Money Lending Section to keep the WCCO updated on the progress of investigations and enquiries being carried out in Wiltshire and any changes made or introduced by Government concerning the 'Illegal Money Lending Project'. It is

incumbent on the Head of Illegal Money Lending Section to maintain regular dialogue/communication with the WCCO.

- 4.5 The IMLS will have regular contact with the Police and other Government agencies. The Head of Illegal Money Lending Section will consult the WCCO to identify any local arrangements, investigations and protocols before any investigation is commenced in pursuance of the 'Illegal Money Lending Project'. Wherever possible, the Head of Illegal Money Lending Section will actively involve the WCCO and seek to develop close links between those agencies and BCC.
 - 4.6 The Head of Illegal Money Lending Section will as soon as reasonably practicably inform the WCCO of the outcome of any concluded prosecution proceedings conducted within Wiltshire.
 - 4.7 BCC, where possible, will consult with WC in good time before issuing any press release concerning any prosecution pursued by BCC pursuant to this Protocol.
 - 4.8 Any contact with local government bodies, other police forces, credit unions or similar organisations that may be locally funded or may involve local sensitivities will be agreed with the WCCO in advance. Upon being notified of an intention to contact such a body, Wiltshire Council Trading Standards may arrange for one of their own officers to accompany the relevant officer of the IMLS on any visit.
 - 4.9 Where the Head of Illegal Money Lending Section and the Head of Trading Standards of Wiltshire Council agree that an officer or officers of Wiltshire Council Trading Standards will be actively involved in an investigation, that officer will remain an employee of WC but for the purpose of that investigation, will come under the control of the IMLS team manager. Such agreement will be subject to the Head of Illegal Money Lending Section being satisfied that the officer's or officers' participation will not compromise any investigation or endanger any member of the IMLT, supporting staff or witnesses, that the officer has the appropriate training and experience to undertake the task; and upon any other terms that the Head of Illegal Money Lending Section and the Head of Trading Standards of Wiltshire Council consider necessary and/or appropriate.
 - 4.10 Unless there is prior agreement with the Head of Illegal Money Lending Section for assistance in an investigation, which is accompanied by an official purchase order from BCC, no reimbursement will be made for time spent on activities supporting the 'Illegal Money Lending Project' or expenditure incurred by any WC officer.
 - 4.11 The exercise by BCC of these arrangements shall be at no cost to WC
 - 4.12 BCC shall have an Appropriate Contact Officer.
 - 4.13 In the absence of the IMLS Head of Service, the role, duties, and responsibilities of the Head of Illegal Money Lending Section shall be discharged and carried out by the other Appropriate Contact Officers as nominated.
- 5. Referral of Information/Intelligence to the Project Team**
- 5.1 It is recognised that the IMLS will rely on receiving information about Illegal Money Lender activities.

- 5.2 WC will endeavour to provide as much relevant information and intelligence as reasonably and practicably possible to the IMLS concerning any investigation being carried out within Wiltshire having regard to any statutory limitations/restrictions.
- 5.3 Information and intelligence will be provided by the WCCO to the Head of Illegal Money Lending Section or a person designated by him/her.
- 5.4 BCC IMLS will not, as a matter of routine, investigate individual complaints received concerning alleged Illegal Money Lender activities. However, such complaints may be used by the IMLS as a source of intelligence.
- 5.5 BCC, IMLS and WC agree to process personal data only in accordance with the requirements of the Data Protection Act 1998 and to disclose information only in accordance with the requirements of the Enterprise Act 2002.

6. Conduct and Control of Investigations

- 6.1 The conduct and control of all investigations undertaken and prosecutions by the IMLS in Wiltshire will be the responsibility of BCC. Investigations will be undertaken in line with the BCC's published Enforcement Policy and subject to the policies and procedures approved and adopted by Birmingham Trading Standards.
- 6.2 BCC will be responsible for all aspects of the investigations and responsibilities under the Criminal Procedure and Investigations Act 1996, Regulation of Investigatory Powers Act 2000, the Data Protection Act 1998, the Freedom of Information Act 2000 and the Enterprise Act 2002.
- 6.3 BCC will be solely responsible for the Health and Safety of IMLS officers and any other officer or person within the direct management of the IMLS providing support and assistance in any investigation undertaken by the IMLT.
- 6.4 Where breaches of Part III of the Consumer Credit Act 1974 are identified, action will be taken in accordance with the enforcement policy and procedures adopted by Birmingham Trading Standards.
- 6.5 When the Head of Service, IMLS BCC, recommends a prosecution under Part III of the Consumer Credit Act 1974, if required, WC will be provided with a copy of the relevant prosecution file, which will consist of a detailed case summary, schedule of issues, aggravating and mitigating factors, reasons justifying prosecution and any other material fact that WC ought reasonably to be aware of. WC will be invited to communicate any comments it considers appropriate and necessary concerning the intended prosecution to the Director of Regulatory Services, the informant for BCC. Such comments will be given due attention and consideration by the informant for BCC.

7. Responsibilities and Actions of the Authorities

- 7.1 BCC shall be liable for the actions and competence of the persons employed within the IMLS and shall ensure that the IMLS shall comply with all legislative requirements and take all reasonable steps to ensure any actions taken are lawful and within the spirit of the protocol.
- 7.2 WC shall be liable for the actions and competence of persons within its employ and shall take all reasonable steps to ensure the competence of those persons in carrying out their functions and that they comply with legislative requirements and the spirit of this protocol.

- 7.3 Information / intelligence provided between BCC and WC shall be used for the purpose intended and shall not be divulged to third parties unless to do so would be lawful and in pursuant of an investigation / enquiry subject to this protocol.
- 7.4 BCC and WC endorse a joined up working approach to the enforcement of the Consumer Credit Act 1974. The partners will attempt to promote consistency in enforcement. However, this protocol does not attempt to restrict the powers of authorised officers of the IMLS or BCC from discharging their duties, as appropriate.

Commencement date: 1 May 2012

Signed

Wiltshire Council

Signed

Jacqui Kennedy
Director of Regulation and Enforcement
Birmingham City Council.

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Wiltshire Council

Cabinet

17 April 2012

Subject: Budget Monitoring Period 11 February 2012

Cabinet Member: Cllr John Brady – Finance, Performance & Risk

Key Decision: No

Executive Summary

This report advises Members of the revenue budget monitoring position as at the end of Period 11 (February 2012) for the financial year 2011/2012 and highlights significant new cost pressures or changes since the last report on 15 February 2012.

The Period 9 budget monitoring report identified significant potential cost pressures that totalled £0.279 million. This period has identified improvements in these cost pressures totalling £0.463 million. This gives revised potential year end underspend of £0.184 million at period 11.

It is projected that the Council overall will provide a balanced budget by 31 March 2012.

If the budget is balanced by the end of the financial year, the year end balance on the general fund reserves is projected to be £11.559 million. This meets the requirement to keep robust reserves as set out in the Council's financial plan.

Proposals

Members are asked to note the outcome of the Period 11 (February) budget monitoring and receive updated movements since the previous report in February.

Reason for Proposal

To inform effective decision making and ensure a sound financial control environment.

Michael Hudson
Chief Finance Officer

Wiltshire Council

Cabinet

17 April 2012

Subject: Budget Monitoring Period 11 February 2012

Cabinet Member: Cllr John Brady – Finance, Performance & Risk

Key Decision: No

PURPOSE OF REPORT

1. To advise Members of the revenue budget monitoring position as at the end of Period 11 (February 2012) for the financial year 2011/2012 and highlight any significant new cost pressures or changes since the last report on 15 February 2012.

BACKGROUND

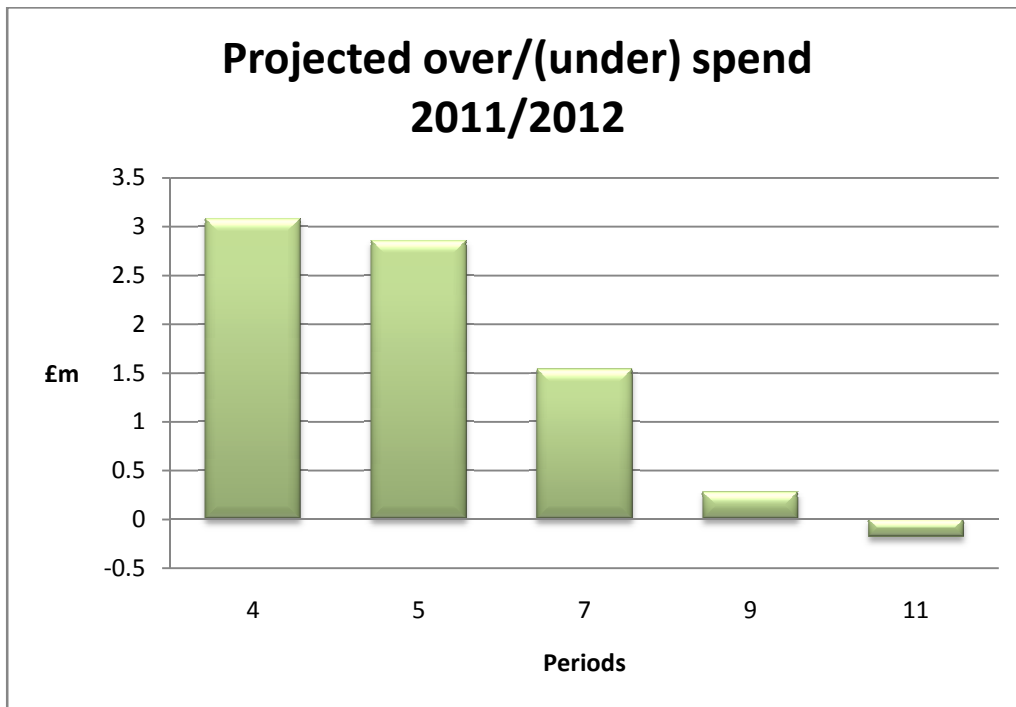
2. This report is presented in the senior management structure ratified by Council on 8 November 2011. As in previous periods, the report focuses on the gross and net position by service area. Comprehensive appendices showing the individual budget headings are included in Appendix C. More details on the movements in the year are included later in the report.

SUMMARY

3. The projected year end position for the relevant accounts is set out as follows:

| | Revised Budget Period 11 £ m | Profiled Budget to date £ m | Actual and committed to date £ m | Projected Position for Year £ m | Projected Over/ (Under)spend £ m | Over/ (under)spend reported at period 9 £ m | Movement since period 9 £ m |
|-------------------------|---------------------------------|--------------------------------|-------------------------------------|------------------------------------|-------------------------------------|--|--------------------------------|
| General Fund Total | 329.847 | 489.505 | 329.499 | 329.663 | (0.184) | 0.279 | (0.463) |
| Housing Revenue Account | (0.411) | (0.377) | (3.393) | (0.431) | (0.020) | (0.074) | 0.054 |

4. The graph below shows how the forecast outturn overspend has decreased in budget monitoring reports in Cabinet this year. The graph shows a clear continual improvement in the projected overspend, following financial management throughout the Council.



COST AND INCOME PRESSURES

5. Finance have continued to monitor budgets with a focus on those budgets assessed to be subject to a higher risk of volatility due to factors such as changes in demand or assumptions. This has identified the areas where costs have risen quicker than forecast.
6. Budget monitoring is an ongoing process and budgets and expenditure are reviewed between budget managers and accountancy regularly, on a risk based approach.
7. The Period 9 report identified significant potential cost pressures totalling £0.279 million. This report identifies an overall improvement in these cost pressures with a reduction totalling £0.463 million. This gives a small surplus of £0.184 million at period 11. This is summarised and tied back to the Period 9 monitoring report in Appendix D.
8. The Period 11 report shows more detailed information and includes a number of smaller variances. Full details of service area figures are included in Appendix C.

BUDGET MOVEMENTS SINCE PERIOD 9 REPORTED TO MEMBERS

9. There have been some movements between service areas in budget since the last monitoring report at Period 9. More details are given in Appendix B.

Detailed monitoring

10. The overall revised projected net position by service areas is set out in Appendix C.
11. A more detailed summary of the forecast variances is set out by service areas as follows. Budgets are profiled to reflect actual spend within the year. This leads to some variances between the current profiled period 11 budget and actual and committed to date. This is due to timing differences for example with schools and work will continue to refine budget profiling within the year.

Adult Social Care (Operations and Commissioning) (Including Older People, Physical Impairment, Learning Disability, Mental Health, Supporting People and Resources, Strategy and Commissioning)

12. The current forecast overspend across the combined Adult Social Care Service areas is £0.602m (£1.404m overspend for Operations and £0.802m underspend for commissioning), compared to £0.757m when last reported. This reflects improvements in forecast spend against the Learning Disability Service, due to the transfer of a number of high cost care packages to health responsibility and also the impact of ongoing targeted reviews of care packages.
13. As previously reported, the cost pressures being experienced are largely as a result of demand for Adult Social Care services being greater than that which were assumed when setting the budget. This is predominantly in the areas of:
 - Older People through demand for residential placements and domiciliary care services. The forecast includes an assumption that the authority will continue to make an additional 13 placements per month, 12 placements to the end of the financial year;
 - Support for Adult Social Care Services provided through the Supporting People budget;
 - Support to people with a Physical Impairment through demand for new high cost, complex care packages;
14. Throughout the winter months the service continued to work in partnership with the Primary Care Trust (PCT), monitoring the demand pressures and the impact of this on the PCT and also on social care services. As a consequence an additional 13 placements were made from hospitals, to be funded from additional “winter pressures” funding received by the PCT.
15. There continues to be considerable pressure at both a national and local level for PCTs and Local Authorities to work together to ensure that hospital delays are minimised. The service continues to closely manage and monitor hospital delays with the PCT, and to assess the financial implications for the authority. The service is facing increasing and significant pressure to make additional placements above those planned and budgeted for.
16. The service continues to ensure that adult social care expenditure is tightly controlled. All packages of care are agreed through a panel process, against

strict criteria to ensure that the most cost effective placements are made as well as meeting a person's needs. This process has been subject to review by members of the Health and Adult Social Care Select Committee, who confirmed that they believe that the processes in place are robust.

Community Leadership & Governance

17. The current forecast overspend against the service of £0.028m relates to the delivery of budgeted staff savings in the Area Boards service area and is unchanged since last reported.

Libraries, Heritage & Arts

18. The current forecast overspend against the Libraries, Heritage and Arts Service of £0.057m (£0.098m when last reported) is as a result of lower than budgeted income levels. However, the service has reviewed its planned expenditure against all budget areas, and as a result the level of projected overspend has fallen. This is reflected in the current forecast and any further improvements will be reflected in future reports.

Strategic Housing

19. There is currently a forecast underspend against Strategic Housing of £0.480m compared to £0.461m when last reported. This is as a result of forecast expenditure in the Housing Options and Allocations service being less than budgeted and a number of vacancies across the department resulting in a forecast underspend against staffing budgets.

Highways and Street Scene

20. The service is unchanged with a forecast adverse variance of £1.190 million as previously reported. It should be noted that there are potential pressures and opportunities between now and the year end that may impact on this forecast slightly, however officers are ensuring that these are contained and wherever possible the overspend brought slightly back in. Potential opportunities lie around the winter maintenance budget and although the budget is forecasting an underspend, allowing for further gritting runs during March, extra resources have been channelled into routine maintenance. Potential pressures arise from a strategic decision to ensure fuel reserves are at an adequate level to respond should circumstances dictate, as well as further shortfalls on income within fleet services e.g. inspections/testing.

Leisure

21. The Leisure service has continued to manage the cost pressures that have been reported throughout the financial year. Despite continued pressure on meeting the income targets for the year the continued effective budget management, particularly around leisure centre supplies & services and employee costs, has seen the service lower the previously reported overspend by £0.080 million to £0.130 million.

Car Parking

22. The forecast income projection has been updated and officers have reflected this in the overall forecast for the service, which has now been reduced from a previously reported net £1.500 million to a net £1.4 million overspend.
23. Continued improvements in the collection of quality data from meters, as well as allowing for the time to accurately reflect the impact of changes to charges e.g. Christmas and amendment to the 1 hour charge in Salisbury, have helped to improve the accuracy of the model and the forecast. This combined with a better than expected income return during the months of December 2011 and January 2012 have led to a slightly improved forecast outturn position on pay and dispute items. Forecast shortfalls in penalty charge notices (PCNs) remain unchanged from previously reported, whilst all the shortfalls in income have been offset by savings arising from managed vacancies of Civil Enforcement Officers and increased income on the Councils Park & Ride schemes (reported elsewhere).

Children's Services (including Safeguarding, Children's Social Care, Integrated Youth, Early Years, School Improvement, Business & Commercial Services, Targeted Services & Learner Support, Commissioning & Performance and Funding Schools)

24. Children's Services budgets are projected to underspend by £0.518 million compared with an underspend of £0.288 million reported for Period 9, a movement of £0.230 million.
25. Schools and Learning Services are projected to underspend by £0.955 million compared with £0.671 million reported for period 9. Key movements from period 9 include an increase in the underspend against SEN Transport (£0.050m), increased income from Academies for services such as Education Welfare and Education Psychology (£0.042m) as schools have converted to academy status through the year, improved income recovery (£0.050m) and an underspend against travel expenses and other non-pay budgets within School Improvement (£0.064m).
26. Looked after Children (LAC) numbers were 403 in February and the in year increase in the numbers of LAC continues to be reflected in the expenditure on placements. The external placement budget is projected to overspend by £0.631 million, commissioning 8,524 more nights care than budgeted for. The in-house placement budget is projected to overspend by £0.336 million, or 10,758 nights care. The increase in overspend in placements for looked after children has been offset by planned underspends elsewhere within Children's Services.

Policy, Performance & Partnerships

27. This service is projected to underspend by £0.105 million as previously reported to Cabinet.

Finance, Procurement & Internal Audit

28. The forecast overspend has increased by £0.080 million from that previously reported and now stands at £0.200 million. This is a direct result of updated assumptions around the previously reported cost pressure of the Councils bank charges.

Legal & Democratic

29. A reduction in anticipated costs picked up by the Council through the operations of the Coroner together with continued generation of income have led to a reduced forecast overspend. The previously reported position of £0.600 million therefore now stands at £0.450 million.

Communications & Branding

30. The service is reporting a forecast overspend of £0.130 million which is unchanged from the period 9 report.

Human Resources & Organisational Development

31. The service is reporting a forecast underspend of £0.200 million which is unchanged from the period 9 report.

Information Services

32. The service is reporting a forecast underspend of £1.000 million which is unchanged from the period 9 report.

Business Services

33. Business services have continued to effectively reduce the underspend down so that the service is now forecasting a balanced position; a reduction of £0.040 million from the previously reported position. The continued action of holding vacancies, reducing expenditure have effectively mitigated the previous overspend and officers are confident this position will now hold until outturn.

Strategic Property Services

34. Strategic Property Services are reporting an unchanged position of £0.300 million underspend.

Transformation Programme

35. The forecast overspend on Transformation has risen by £0.150 million to £0.540 million. Technical issues with the GVA ordering system used by the service which interfaces with SAP have limited detailed monitoring: however officers are aware of increased costs around the utilities of leisure sites that were brought back in house from the DC Leisure contract. Negotiations to move these in line with the Councils is ongoing but have given rise to an increased reported overspend. As previously reported the underspend on Strategic Property Services is being used to offset this position as the two services have been managed to the bottom line during 2011/12.

Economy & Enterprise

36. Economy & Enterprise continues to report an unchanged forecast underspend of £0.400 million.

Development Services

37. The service is reporting a forecast net underspend of £0.180 million which is unchanged from period 9. The forecast income projection however has changed and the service now expects to slightly exceed its target for this financial year. Applications have continued steadily throughout the year, even during anticipated quieter months, with a continued flow of considerably larger applications helping to boost income to the service. With the previously reported action to generate savings by holding vacancies, to offset the anticipated loss in income, the service has taken the prudent action to review the requirement for specific provisions and has allowed for these within its forecast.

Highways Strategic Services

38. The Highways and Strategic Services line is forecasting an underspend of £0.500 million; an increase of £0.260 million from that previously reported. The main driver behind this increase is a continued upturn in the level of supervision fees received from developers; these are collected in relation to the supervision function carried out by Wiltshire Officers on construction sites across the County. This coupled with the delay in the setting up of the Safety Camera Unit has caused the budget to underspend at the forecasted level.

Passenger Transport (including Education Transport and Public Transport)

39. The service has slightly revised its previously reported forecast by £0.030 million so that the combined underspend now stands at £0.590 million. As previously reported the underspend is mainly attributable to savings achieved in

various areas of spending since the budget was set, as well as savings achieved after the budget was set in the operation of the Park & ride service.

Waste

40. Within the Waste service an update in assumptions around income receivable as well as Landfill Tax have been restated which have seen a revision to the forecast overspend to £0.350 million; an increase of £0.070 million on the previous reported forecast.

Public Health and Public Protection

41. The services are reporting a forecast underspend of £0.080 million. Officers feel comfortable this will be achieved at outturn and is a direct result of vacancy management and over achievement on income targets.

Digital Inclusion

42. An underspend of £0.081 million is projected against the revenue budget for Digital Inclusion. Staffing costs are expected to underspend by £0.060 million, the remainder of the underspend is against travel and project running costs.

Corporate Directors

43. This new heading has been introduced to reflect the direct costs controlled by the corporate directors. One area that is currently forecast to underspend is the business support function that is projected to underspend by £0.040 million

Corporate

44. Capital financing is showing an underpend of £1.128 million. This is made up of an underspend of £1.500 million resulting from the re-programming of capital expenditure and the revenue financing cost associated with those and an overspend of £0.372 million, relating to extra provision of bad debt. Restructure and contingency included increased specific provisions of £0.340 million as per last month.

Housing Revenue Account

45. Budget figures on the Housing Revenue Account have been reviewed as part of the regular monitoring process. At present, the account is reporting a surplus of £0.431m against a budgeted surplus of £0.411m, compared to a surplus of £0.485m when last reported. This slight movement is as a result of updated staffing forecasts.

RESERVES

46. The tables below provide the latest forecast as at period 11 on the general fund balance and estimated earmarked reserves held by the council. The latest forecast on general fund currently stands at £11.559 million at 31 March 2012. This was factored into the revenue budget proposals for 2012/2013.

| General Fund Reserve | £ million | £ million |
|--|------------------|------------------|
| Balance as at 1 April 2011 | | (13.926) |
| Planned contribution in 2011/2012 | 1.867 | |
| Extra draw re transformation | 0.500 | |
| Current Forecast Overspend at year end | 0.000 | |
| Total Forecast movement | | 2.367 |
| Forecast Balance 31 March 2012 | | (11.559) |

47. A review of the assessment of need has been undertaken by the S.151 Officer to link all the General Fund balances to risk. This was included in the 2012/2013 budget setting.

Overall conclusions

48. The December Cabinet report for period 9 suggested an overspend / shortfall on the balanced budget of £0.279 million due to cost pressures.
49. During the period additional cost pressures and savings have been identified that gives a downwards reduction of £0.463 million. This has resulted in a revised forecast of a potential projected underspend, at end of period 11, of £0.184 million.

| | |
|---------------------------------------|------------------|
| Cost pressures reported period 9 | £0.279 million |
| Reduction in cost pressures in period | (£0.463 million) |
| Projected underspend end of period 11 | (£0.184 million) |

50. The early identification of potential issues is part of sound and prudent financial management. Action to address this year's forecast should be taken where officers have the delegated powers to do so and this is underway.

Implications

51. This report informs member's decision making.

Risks assessment

52. If the Council fails to take actions to address forecast shortfalls, overspends or increases in its costs it will need to draw on its reserves. The level of reserves is limited and a one off resource that cannot thus be used as a long term sustainable strategy for financial stability. Budget monitoring and management,

of which this report forms part of the control environment, is a mitigating process to ensure early identification and action is taken.

Equalities and diversity impact of the proposals

53. None have been identified as arising directly from this report.

Financial implications

54. This is a report from the Chief Finance Officer and the financial implications are discussed in the detail of this report. It is forecast that a balanced budget will be achieved by 31 March 2012.

Legal Implications

55. None have been identified as arising directly from this report.

Proposals

56. Members are asked to note the outcome of the period 11 (February) budget monitoring and receive updates on movements since the previous report in February.

Reasons for proposals

57. To inform effective decision making and ensure a sound financial control environment.

Background Papers and Consultation

2011-15 Business Plan
2011-15 Financial Plan
Budget Monitoring Cabinet Period 3 26 July 2011
Budget Monitoring Cabinet Period 4 13 September 2011
Budget Monitoring Cabinet Period 5 18 October 2011
Budget Monitoring Cabinet Period 7 13 December 2011
Budget Monitoring Cabinet Period 9 15 February 2012

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Appendices:

Appendix A: Revenue Budget Movements 2011/2012
Appendix B: Service Area Movements 2011/2012
Appendix C: Detailed Service Area Budget Statements

Appendix D: Forecast Variance Movement

Wiltshire Council Revenue Budget Movements 2011/2012

| Service | Original Budget £m | Restructure Virements | Original | In Year | Revised | In year | Revised | In year | Revised Budget | In year | Revised |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------|-------------------------|-----------------|-------------------------|----------------|---------------------------|------------------|
| | | | Budget (restructured) | Virements to Period 5 | Budget Period 5 | Virements Periods 6 & 7 | Budget Period 7 | Virements Periods 8 & 9 | Period 9 | Virements Periods 10 & 11 | Budget Period 11 |
| | | £m | £m | £m | £m | | | | | | |
| Adult Care Operations | | | | | | | | | | | |
| Older People | 40.070 | (0.098) | 39.972 | 4.091 | 44.063 | (0.009) | 44.054 | 0.014 | 44.068 | | 44.068 |
| Physical Impairment | 7.976 | 0.000 | 7.976 | (0.174) | 7.802 | 0.000 | 7.802 | | 7.802 | | 7.802 |
| Learning Disability | 39.589 | 0.000 | 39.589 | (2.681) | 36.908 | (0.177) | 36.731 | | 36.731 | | 36.731 |
| Mental Health | 21.770 | 0.278 | 22.048 | (1.110) | 20.938 | 0.021 | 20.959 | | 20.959 | | 20.959 |
| Supporting People | 7.190 | 0.000 | 7.190 | (0.063) | 7.127 | 0.000 | 7.127 | | 7.127 | | 7.127 |
| Adult Care Commissioning | | | | | | | | | | | |
| Resources, Strategy & Commissioning | 3.073 | 0.309 | 3.382 | (0.301) | 3.081 | 1.967 | 5.048 | (0.174) | 4.874 | (0.041) | 4.833 |
| Extra Non ring fenced grant | 0.000 | 0.000 | 0.000 | 2.000 | 2.000 | (2.000) | 0.000 | | 0.000 | | 0.000 |
| Communities, Libraries, Heritage & Arts | | | | | | | | | | | |
| Community Leadership & Governance | 2.932 | 0.000 | 2.932 | 0.207 | 3.139 | (0.062) | 3.077 | 0.026 | 3.103 | | 3.103 |
| Libraries Heritage & Arts | 4.832 | 0.000 | 4.832 | (0.060) | 4.772 | (0.036) | 4.736 | | 4.736 | | 4.736 |
| Housing Services | | | | | | | | | | | |
| Housing Services | 2.949 | (0.021) | 2.928 | (0.147) | 2.781 | (0.005) | 2.776 | | 2.776 | | 2.776 |
| Neighbourhood Services | | | | | | | | | | | |
| Highways and Street Scenes | 14.775 | 0.185 | 14.960 | 2.930 | 17.890 | (0.047) | 17.843 | | 17.843 | | 17.843 |
| Leisure | 3.389 | 0.000 | 3.389 | (0.585) | 2.804 | (0.049) | 2.755 | | 2.755 | | 2.755 |
| Car Parking | (7.330) | 0.000 | (7.330) | 0.258 | (7.072) | (0.028) | (7.100) | | (7.100) | | (7.100) |
| Children & Families | | | | | | | | | | | |
| Safeguarding | 0.796 | 0.000 | 0.796 | 0.044 | 0.840 | (0.001) | 0.839 | | 0.839 | | 0.839 |
| Connexions Service | 1.887 | (1.887) | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | | 0.000 | | 0.000 |
| Youth Development Service | 2.081 | (2.081) | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | | 0.000 | | 0.000 |
| Youth Offending Service | 1.616 | (1.616) | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | | 0.000 | | 0.000 |
| Young People's Support Service | 0.173 | (0.173) | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | | 0.000 | | 0.000 |
| Other Targeted Services | 1.834 | (1.834) | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | | 0.000 | | 0.000 |
| Children's Social Care | 28.586 | (0.224) | 28.362 | (0.370) | 27.992 | (0.156) | 27.836 | 0.208 | 28.044 | | 28.044 |
| Integrated Youth | 0.000 | 5.615 | 5.615 | 0.036 | 5.651 | (0.067) | 5.584 | (0.232) | 5.352 | | 5.352 |
| Schools & Learning | | | | | | | | | | | |
| Early Years | 9.784 | (0.390) | 9.394 | 0.087 | 9.481 | 0.000 | 9.481 | (0.481) | 9.000 | | 9.000 |
| School Buildings & Places | 0.251 | (0.251) | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | | 0.000 | | 0.000 |
| School Improvement | 4.544 | (0.314) | 4.230 | 2.089 | 6.319 | (0.019) | 6.300 | 0.037 | 6.337 | | 6.337 |
| Traded Services | (0.377) | 0.377 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | | 0.000 | | 0.000 |
| Special Educational Needs | 5.938 | (5.938) | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | | 0.000 | | 0.000 |
| Business & Commercial Services | 0.000 | (0.303) | (0.303) | 1.044 | 0.741 | (0.025) | 0.716 | 0.428 | 1.144 | | 1.144 |
| Targeted Services & Learner Support | 0.000 | 8.004 | 8.004 | 1.405 | 9.409 | (0.088) | 9.321 | 0.020 | 9.341 | 0.005 | 9.346 |
| Children's Services Commissioning & Performance | | | | | | | | | | | |
| Commissioning and Performance | 2.135 | 1.015 | 3.150 | (0.256) | 2.894 | 0.161 | 3.055 | (0.257) | 2.798 | (0.078) | 2.720 |
| Funding Schools | 0.000 | 0.000 | 0.000 | 1.968 | 1.968 | 0.000 | 1.968 | | 1.968 | | 1.968 |
| Policy, Performance & Partnership | | | | | | | | | | | |
| Policy, Performance & Partnership | 0.343 | 0.141 | 0.484 | (0.001) | 0.483 | 0.084 | 0.567 | | 0.567 | | 0.567 |
| Finance | | | | | | | | | | | |
| Finance, Procurement & Internal Audit | 17.467 | (7.595) | 9.872 | (0.247) | 9.625 | (0.106) | 9.519 | (0.531) | 8.988 | 0.035 | 9.023 |
| Revenues & Benefits - Subsidy | 0.107 | 0.000 | 0.107 | 0.000 | 0.107 | 0.000 | 0.107 | | 0.107 | | 0.107 |
| Legal & Democratic | | | | | | | | | | | |
| Legal & Democratic | 4.228 | 0.001 | 4.229 | 1.855 | 6.084 | 0.161 | 6.245 | | 6.245 | 0.213 | 6.458 |
| Communications | | | | | | | | | | | |
| Comms & Branding | 2.215 | (0.429) | 1.786 | 0.172 | 1.958 | (0.010) | 1.948 | | 1.948 | | 1.948 |
| HR & Organisational Development | | | | | | | | | | | |
| Human Resources & Organisational Development | 3.247 | 0.000 | 3.247 | (0.011) | 3.236 | (0.002) | 3.234 | 0.001 | 3.235 | | 3.235 |
| Business Services | | | | | | | | | | | |
| Information Services | 17.746 | (0.051) | 17.695 | (0.236) | 17.459 | (1.148) | 16.311 | 0.040 | 16.351 | 0.122 | 16.473 |
| Shared Services and Customer Care/ Business Services | 4.836 | 0.858 | 5.694 | (0.011) | 5.683 | (0.012) | 5.671 | | 5.671 | (0.095) | 5.576 |
| Strategic Property Services | 12.880 | (10.310) | 2.570 | (0.031) | 2.539 | 0.042 | 2.581 | | 2.581 | | 2.581 |
| Transformation Programme | | | | | | | | | | | |
| Transformation Programme | 0.193 | 10.599 | 10.792 | 0.842 | 11.634 | 2.341 | 13.975 | 0.635 | 14.610 | (0.015) | 14.595 |
| Economy and Enterprise | | | | | | | | | | | |
| Economy & Enterprise | 4.129 | 0.001 | 4.130 | (0.009) | 4.121 | 0.433 | 4.554 | | 4.554 | (0.047) | 4.507 |
| Development Services | | | | | | | | | | | |
| Development Services | 2.038 | 0.000 | 2.038 | (0.253) | 1.785 | (0.013) | 1.772 | | 1.772 | | 1.772 |
| Strategic Services, Highways and Transport | | | | | | | | | | | |
| Highways Strategic Services | 8.196 | (0.342) | 7.854 | 0.111 | 7.965 | (0.019) | 7.946 | | 7.946 | | 7.946 |
| Public Transport | 12.590 | 0.059 | 12.649 | (0.107) | 12.542 | (0.009) | 12.533 | | 12.533 | | 12.533 |
| Education Transport | 8.560 | 0.098 | 8.658 | (0.133) | 8.525 | (0.001) | 8.524 | | 8.524 | | 8.524 |
| Waste | | | | | | | | | | | |
| Waste | 29.060 | 0.000 | 29.060 | (2.457) | 26.603 | (0.011) | 26.592 | (0.121) | 26.471 | | 26.471 |
| Public Health & Protection | | | | | | | | | | | |
| Public Health & Protection | 4.519 | 0.000 | 4.519 | (0.084) | 4.435 | (0.013) | 4.422 | (0.020) | 4.402 | | 4.402 |
| Digital Inclusion | | | | | | | | | | | |
| Digital Inclusion | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.252 | 0.252 | | 0.252 | | 0.252 |
| Corporate Directors | | | | | | | | | | | |
| Corporate Directors | 1.852 | 0.000 | 1.852 | (0.453) | 1.399 | (0.004) | 1.395 | 0.407 | 1.802 | (0.079) | 1.723 |
| Corporate | | | | | | | | | | | |
| Movement To/ From Reserves | (1.867) | 0.000 | (1.867) | (7.292) | (9.159) | (0.500) | (9.659) | | (9.659) | | (9.659) |
| Capital Financing | 22.321 | 0.000 | 22.321 | 0.000 | 22.321 | 0.216 | 22.537 | | 22.537 | | 22.537 |
| Restructure and Contingency | 7.023 | 0.000 | 7.023 | (0.600) | 6.423 | (1.061) | 5.362 | | 5.362 | | 5.362 |
| Specific and General Grants | (32.299) | 0.000 | (32.299) | (2.067) | (34.366) | 0.000 | (34.366) | | (34.366) | (0.020) | (34.386) |
| Corporate Levies | 0.000 | 6.317 | 6.317 | 0.600 | 6.917 | 0.000 | 6.917 | | 6.917 | | 6.917 |
| 2011-2012 Budget Requirement | 329.847 | 0.000 | 329.847 | 0.000 | 329.847 | (0.000) | 329.847 | 0.000 | 329.847 | 0.000 | 329.847 |
| HRA Budget | (0.411) | 0.000 | (0.411) | 0.000 | (0.411) | 0.000 | (0.411) | | (0.411) | | (0.411) |
| | 329.436 | 0.000 | 329.436 | 0.000 | 329.436 | (0.000) | 329.436 | 0.000 | 329.436 | 0.000 | 329.436 |

Major Wiltshire Council Virements between Services Areas from Period 10 to Period 11

| | £m | | £m |
|--|---------|--|---------|
| Adult Care Operations | | HR & Organisational Development | |
| Revised Budget Period 9 | 116.687 | Revised Budget Period 9 | 3.235 |
| <i>No in Year Virements period 10 & 11</i> | | <i>No in Year Virements period 10 & 11</i> | |
| Revised Budget Period 11 | 116.687 | Revised Budget Period 11 | 3.235 |
| Adult Care Commissioning | | Business Services | |
| Revised Budget Period 9 | 4.874 | Revised Budget Period 9 | 24.603 |
| <i>In Year Virements period 10 & 11</i> | | <i>In Year Virements period 10 & 11</i> | |
| <i>Centralisation of Freedom of Information posts</i> | (0.041) | <i>Move ICT Business Service Support</i> | 0.075 |
| Revised Budget Period 11 | 4.833 | <i>Transfer of staff member to finance</i> | (0.035) |
| | | <i>Transfer of staff member to transformation</i> | (0.040) |
| | | <i>Transfer of budget for software purchase</i> | (0.020) |
| | | <i>Transfer of budget for spacial mapping project</i> | 0.047 |
| | | Revised Budget Period 11 | 24.630 |
| Communities, Libraries, Heritage & Arts | | Transformation Programme | |
| Revised Budget Period 9 | 7.839 | Revised Budget Period 9 | 14.610 |
| <i>No in Year Virements period 10 & 11</i> | | <i>In Year Virements period 10 & 11</i> | |
| Revised Budget Period 11 | 7.839 | <i>Move ICT Business Service Support</i> | (0.075) |
| | | <i>Transfer of staff member from Business Services</i> | 0.040 |
| | | <i>Transfer of budget for software purchase</i> | 0.020 |
| | | Revised Budget Period 11 | 14.595 |
| Housing Services | | Economy and Enterprise | |
| Revised Budget Period 9 | 2.776 | Revised Budget Period 9 | 4.554 |
| <i>No in Year Virements period 10 & 11</i> | | <i>In Year Virements period 10 & 11</i> | |
| Revised Budget Period 11 | 2.776 | <i>Transfer of budget for spacial mapping project</i> | (0.047) |
| | | Revised Budget Period 11 | 4.507 |
| Neighbourhood Services | | Development Services | |
| Revised Budget Period 9 | 13.498 | Revised Budget Period 9 | 1.772 |
| <i>No in Year Virements period 10 & 11</i> | | <i>No in Year Virements period 10 & 11</i> | |
| Revised Budget Period 11 | 13.498 | Revised Budget Period 11 | 1.772 |
| Children & Families | | Strategic Services, Highways and Transport | |
| Revised Budget Period 9 | 34.235 | Revised Budget Period 9 | 29.003 |
| <i>No in Year Virements period 10 & 11</i> | | <i>No in Year Virements period 10 & 11</i> | |
| Revised Budget Period 11 | 34.235 | Revised Budget Period 11 | 29.003 |
| Schools & Learning | | Waste | |
| Revised Budget Period 9 | 25.822 | Revised Budget Period 9 | 26.471 |
| <i>In Year Virements period 10 & 11</i> | | <i>No in Year Virements period 10 & 11</i> | |
| <i>Adjustment re centralisation of telephones</i> | 0.005 | Revised Budget Period 11 | 26.471 |
| Revised Budget Period 11 | 25.827 | Public Health & Protection | |
| Children's Services Commissioning & Performance | | Revised Budget Period 9 | 4.402 |
| Revised Budget Period 9 | 4.766 | <i>No in Year Virements period 10 & 11</i> | |
| <i>In Year Virements period 10 & 11</i> | | Revised Budget Period 11 | 4.402 |
| <i>Adjustment re centralisation of telephones</i> | (0.005) | Digital Inclusion | |
| <i>Centralisation of Freedom of Information posts</i> | (0.093) | Revised Budget Period 9 | 0.252 |
| <i>Release of grant money</i> | 0.020 | <i>No in Year Virements period 10 & 11</i> | |
| Revised Budget Period 11 | 4.688 | Revised Budget Period 11 | 0.252 |
| Policy, Performance & Partnership | | Corporate Directors | |
| Revised Budget Period 9 | 0.567 | Revised Budget Period 9 | 1.802 |
| <i>No in Year Virements period 10 & 11</i> | | <i>In Year Virements period 10 & 11</i> | |
| Revised Budget Period 11 | 0.567 | <i>Centralisation of Freedom of Information posts</i> | (0.079) |
| Finance | | Revised Budget Period 11 | 1.723 |
| Revised Budget Period 9 | 9.095 | Corporate | |
| <i>In Year Virements period 10 & 11</i> | | Revised Budget Period 9 | (9.209) |
| <i>Transfer of staff member from Business Services</i> | 0.035 | <i>In Year Virements period 10 & 11</i> | |
| Revised Budget Period 11 | 9.130 | <i>Release of grant money</i> | (0.020) |
| Legal & Democratic | | Revised Budget Period 11 | (9.229) |
| Revised Budget Period 9 | 6.245 | SUMMARY TOTALS | |
| <i>In Year Virements period 10 & 11</i> | | Revised Budget Period 9 | 329.847 |
| <i>Centralisation of Freedom of Information posts</i> | 0.213 | Revised Budget Period 11 | 329.847 |
| Revised Budget Period 11 | 6.458 | | |
| Communications | | | |
| Revised Budget Period 9 | 1.948 | | |
| <i>No in Year Virements period 10 & 11</i> | | | |
| Revised Budget Period 11 | 1.948 | | |
| | | HRA Budget (Unchanged) | (0.411) |

Wiltshire Council Revenue Budget Monitoring Statement: Period 11

29-Feb-12

| | | Original Budget | Revised Budget Period 11 | Profiled Budget to Date | Actual and committed to date | Projected Position for Year | Projected Variation for Year: Overspend / (Underspend) | Variation as % of Revised Budget: Overspend / (Underspend) |
|--|-------------|-----------------|-----------------------------|----------------------------|------------------------------------|-----------------------------------|--|---|
| | | £m | £m | £m | £m | £m | £m | |
| Adult Care Operations | | | | | | | | |
| Older People | Gross Costs | 47.849 | 53.117 | 47.755 | 49.126 | 55.649 | 2.532 | 4.8% |
| | Income | (7.877) | (9.049) | (8.208) | (9.539) | (11.491) | (2.442) | 27.0% |
| | Net | 39.972 | 44.068 | 39.547 | 39.587 | 44.158 | 0.090 | 0.2% |
| Physical Impairment | Gross Costs | 9.046 | 8.432 | 7.899 | 8.365 | 8.997 | 0.565 | 6.7% |
| | Income | (1.070) | (0.630) | (0.588) | (0.645) | (0.697) | (0.067) | 10.6% |
| | Net | 7.976 | 7.802 | 7.311 | 7.720 | 8.300 | 0.498 | 6.4% |
| Learning Disability | Gross Costs | 43.463 | 40.232 | 38.138 | 37.883 | 40.945 | 0.713 | 1.8% |
| | Income | (3.874) | (3.501) | (3.351) | (2.998) | (4.251) | (0.750) | 21.4% |
| | Net | 39.589 | 36.731 | 34.787 | 34.885 | 36.694 | (0.037) | (0.1%) |
| Mental Health | Gross Costs | 26.034 | 25.028 | 22.983 | 23.229 | 25.202 | 0.174 | 0.7% |
| | Income | (3.986) | (4.069) | (3.751) | (3.835) | (4.194) | (0.125) | 3.1% |
| | Net | 22.048 | 20.959 | 19.232 | 19.394 | 21.008 | 0.049 | 0.2% |
| Supporting People | Gross Costs | 7.190 | 7.127 | 6.874 | 6.827 | 7.932 | 0.805 | 11.3% |
| | Income | - | - | - | - | - | - | - |
| | Net | 7.190 | 7.127 | 6.874 | 6.827 | 7.932 | 0.805 | 11.3% |
| Adult Care Commissioning | | | | | | | | |
| Resources, Strategy & Commissioning | Gross Costs | 3.511 | 4.980 | 4.730 | 3.527 | 4.141 | (0.839) | (16.8%) |
| | Income | (0.129) | (0.147) | (0.135) | (0.092) | (0.110) | 0.037 | (25.2%) |
| | Net | 3.382 | 4.833 | 4.595 | 3.435 | 4.204 | (0.802) | (16.6%) |
| Communities, Libraries, Heritage & Arts | | | | | | | | |
| Community Leadership & Governance | Gross Costs | 3.987 | 3.158 | 2.894 | 3.742 | 3.187 | 0.029 | 0.9% |
| | Income | (1.055) | (0.055) | (0.050) | (0.488) | (0.056) | (0.001) | 1.8% |
| | Net | 2.932 | 3.103 | 2.844 | 3.254 | 3.131 | 0.028 | 0.009 |
| Libraries, Heritage & Arts | Gross Costs | 5.893 | 5.761 | 5.281 | 5.320 | 5.712 | (0.049) | (0.9%) |
| | Income | (1.061) | (1.025) | (0.940) | (0.685) | (0.919) | 0.106 | (10.3%) |
| | Net | 4.832 | 4.736 | 4.341 | 4.635 | 4.793 | 0.057 | 1.2% |
| Housing Services | | | | | | | | |
| Housing Services | Gross Costs | 3.770 | 3.948 | 3.618 | 2.972 | 3.234 | (0.714) | (18.1%) |
| | Income | (0.842) | (1.172) | (1.077) | (0.805) | (0.938) | 0.234 | (20.0%) |
| | Net | 2.928 | 2.776 | 2.541 | 2.167 | 2.296 | (0.480) | (17.3%) |

Wiltshire Council Revenue Budget Monitoring Statement: Period 11

29-Feb-12

| | | Original Budget | Revised Budget Period 11 | Profiled Budget to Date | Actual and committed to date | Projected Position for Year | Projected Variation for Year: Overspend / (Underspend) | Variation as % of Revised Budget: Overspend / (Underspend) |
|-------------------------------------|-------------|-----------------|-----------------------------|----------------------------|------------------------------------|-----------------------------------|--|---|
| | | £m | £m | £m | £m | £m | £m | |
| Neighbourhood Services | | | | | | | | |
| Highways & Street Scene | Gross Costs | 18.219 | 24.514 | 21.868 | 23.309 | 25.454 | 0.940 | 3.8% |
| | Income | (3.259) | (6.671) | (6.000) | (6.646) | (6.421) | 0.250 | (3.7%) |
| | Net | 14.960 | 17.843 | 15.868 | 16.663 | 19.033 | 1.190 | 6.7% |
| Leisure | Gross Costs | 8.549 | 7.668 | 7.030 | 7.683 | 7.618 | (0.050) | (0.7%) |
| | Income | (5.160) | (4.913) | (4.504) | (4.370) | (4.733) | 0.180 | (3.7%) |
| | Net | 3.389 | 2.755 | 2.526 | 3.313 | 2.885 | 0.130 | 4.7% |
| Car Parking | Gross Costs | 1.961 | 1.827 | 1.675 | 1.634 | 1.777 | (0.050) | (2.7%) |
| | Income | (9.291) | (8.927) | (8.200) | (6.879) | (7.477) | 1.450 | (16.2%) |
| | Net | (7.330) | (7.100) | (6.525) | (5.245) | (5.700) | 1.400 | (19.7%) |
| Children & Families | | | | | | | | |
| Safeguarding | Gross Costs | 0.884 | 0.927 | 0.849 | 0.903 | 0.995 | 0.068 | 7.3% |
| | Income | (0.088) | (0.088) | (0.044) | (0.146) | (0.088) | - | - |
| | Net | 0.796 | 0.839 | 0.805 | 0.757 | 0.907 | 0.068 | 8.1% |
| Children's Social Care | Gross Costs | 29.202 | 29.227 | 26.125 | 27.257 | 30.002 | 0.775 | 2.7% |
| | Income | (0.840) | (1.183) | (0.940) | (1.008) | (1.183) | - | - |
| | Net | 28.362 | 28.044 | 25.185 | 26.249 | 28.819 | 0.775 | 2.8% |
| Integrated Youth | Gross Costs | 7.009 | 6.737 | 6.005 | 5.382 | 6.362 | (0.375) | (5.6%) |
| | Income | (1.394) | (1.385) | (1.102) | (1.247) | (1.385) | - | - |
| | Net | 5.615 | 5.352 | 4.903 | 4.135 | 4.977 | (0.375) | (7.0%) |
| Schools & Learning | | | | | | | | |
| Early Years | Gross Costs | 25.161 | 24.743 | 22.628 | 22.395 | 24.349 | (0.394) | (1.6%) |
| | Income | (15.767) | (15.743) | - | (0.145) | (15.720) | 0.023 | (0.1%) |
| | Net | 9.394 | 9.000 | 22.628 | 22.250 | 8.629 | (0.371) | (4.1%) |
| School Improvement | Gross Costs | 5.319 | 9.391 | 8.689 | 6.949 | 9.395 | 0.004 | 0.0% |
| | Income | (1.089) | (3.054) | (2.498) | (2.577) | (3.185) | (0.131) | 4.3% |
| | Net | 4.230 | 6.337 | 6.191 | 4.372 | 6.210 | (0.127) | (2.0%) |
| Business & Commercial Services | Gross Costs | 3.444 | 4.730 | 4.118 | 4.611 | 4.665 | (0.065) | (1.4%) |
| | Income | (3.747) | (3.586) | (3.127) | (2.797) | (3.490) | 0.096 | (2.7%) |
| | Net | (0.303) | 1.144 | 0.991 | 1.814 | 1.175 | 0.031 | 2.7% |
| Targeted Services & Learner Support | Gross Costs | 24.237 | 25.908 | 23.679 | 19.081 | 25.420 | (0.488) | (1.9%) |
| | Income | (16.233) | (16.562) | (1.972) | (0.096) | (16.562) | - | - |
| | Net | 8.004 | 9.346 | 21.707 | 18.985 | 8.858 | (0.488) | (5.2%) |

Wiltshire Council Revenue Budget Monitoring Statement: Period 11

29-Feb-12

| | | <i>Original Budget</i> | <i>Revised Budget Period 11</i> | <i>Profiled Budget to Date</i> | <i>Actual and committed to date</i> | <i>Projected Position for Year</i> | <i>Projected Variation for Year: Overspend / (Underspend)</i> | <i>Variation as % of Revised Budget: Overspend / (Underspend)</i> |
|---|-------------|------------------------|-------------------------------------|------------------------------------|---|--|---|---|
| | | <i>£m</i> | <i>£m</i> | <i>£m</i> | <i>£m</i> | <i>£m</i> | <i>£m</i> | |
| <u>Children's Services Commissioning & Performance</u> | | | | | | | | |
| Commissioning & Performance | Gross Costs | 9.014 | 8.654 | 10.289 | 7.909 | 8.623 | (0.031) | (0.4%) |
| | Income | (5.864) | (5.934) | (2.056) | (0.537) | (5.934) | - | - |
| | Net | 3.150 | 2.720 | 8.233 | 7.372 | 2.689 | (0.031) | (1.1%) |
| Funding Schools | Gross Costs | 283.436 | 242.013 | 176.520 | 160.713 | 242.013 | - | - |
| | Income | (283.436) | (240.045) | (1.537) | (30.617) | (240.045) | - | - |
| | Net | - | 1.968 | 174.983 | 130.096 | 1.968 | - | - |
| <u>Policy, Performance & Partnership</u> | | | | | | | | |
| Policy, Performance & Partnership | Gross Costs | 0.488 | 0.571 | 0.523 | 0.418 | 0.466 | (0.105) | (18.4%) |
| | Income | (0.004) | (0.004) | (0.003) | (0.003) | (0.004) | - | - |
| | Net | 0.484 | 0.567 | 0.520 | 0.415 | 0.462 | (0.105) | (18.5%) |
| <u>Finance</u> | | | | | | | | |
| Finance, Procurement & Internal Audit | Gross Costs | 19.185 | 18.255 | 16.733 | 16.085 | 18.455 | 0.200 | 1.1% |
| | Income | (9.313) | (9.232) | (8.462) | (4.420) | (9.232) | - | - |
| | Net | 9.872 | 9.023 | 8.271 | 11.665 | 9.223 | 0.200 | 2.2% |
| Revenues & Benefits - Subsidy | Gross Costs | 133.339 | 133.339 | 122.227 | 100.327 | 133.339 | - | - |
| | Income | (133.232) | (133.232) | (122.129) | (120.098) | (133.232) | - | - |
| | Net | 0.107 | 0.107 | 0.098 | (19.771) | 0.107 | - | - |
| <u>Legal & Democratic</u> | | | | | | | | |
| Legal & Democratic | Gross Costs | 5.033 | 7.262 | 6.657 | 7.578 | 8.112 | 0.850 | 11.7% |
| | Income | (0.804) | (0.804) | (0.737) | (1.051) | (1.204) | (0.400) | 49.8% |
| | Net | 4.229 | 6.458 | 5.920 | 6.527 | 6.908 | 0.450 | 7.0% |
| <u>Communications</u> | | | | | | | | |
| Comms & Branding | Gross Costs | 2.156 | 2.318 | 2.125 | 1.943 | 2.098 | (0.220) | (9.5%) |
| | Income | (0.370) | (0.370) | (0.339) | (0.030) | (0.020) | 0.350 | (94.6%) |
| | Net | 1.786 | 1.948 | 1.786 | 1.913 | 2.078 | 0.130 | 6.7% |
| <u>HR & Organisational Development</u> | | | | | | | | |
| Human Resources & Organisational Development | Gross Costs | 3.777 | 3.558 | 3.262 | 2.955 | 3.358 | (0.200) | (5.6%) |
| | Income | (0.530) | (0.323) | (0.296) | (0.349) | (0.323) | - | - |
| | Net | 3.247 | 3.235 | 2.966 | 2.606 | 3.035 | (0.200) | (6.2%) |

Wiltshire Council Revenue Budget Monitoring Statement: Period 11

29-Feb-12

| | | Original Budget | Revised Budget Period 11 | Profiled Budget to Date | Actual and committed to date | Projected Position for Year | Projected Variation for Year: Overspend / (Underspend) | Variation as % of Revised Budget: Overspend / (Underspend) |
|---|-------------|-----------------|-----------------------------|----------------------------|------------------------------------|-----------------------------------|--|---|
| | | £m | £m | £m | £m | £m | £m | |
| Business Services | | | | | | | | |
| Information Services | Gross Costs | 17.985 | 16.760 | 15.363 | 15.647 | 15.760 | (1.000) | (6.0%) |
| | Income | (0.290) | (0.287) | (0.263) | (0.393) | (0.287) | - | - |
| | Net | 17.695 | 16.473 | 15.100 | 15.254 | 15.473 | (1.000) | (6.1%) |
| Shared Services & Customer Care/Business Services | Gross Costs | 9.056 | 8.938 | 8.194 | 8.244 | 8.598 | (0.340) | (3.8%) |
| | Income | (3.362) | (3.362) | (3.082) | (2.859) | (3.022) | 0.340 | (10.1%) |
| | Net | 5.694 | 5.576 | 5.112 | 5.385 | 5.576 | 0.000 | 0.0% |
| Strategic Property Services | Gross Costs | 3.915 | 3.926 | 3.605 | 3.868 | 3.626 | (0.300) | (7.6%) |
| | Income | (1.345) | (1.345) | (1.233) | (0.542) | (1.345) | - | - |
| | Net | 2.570 | 2.581 | 2.372 | 3.326 | 2.281 | (0.300) | (11.6%) |
| Transformation Programme | | | | | | | | |
| Transformation Programme | Gross Costs | 14.430 | 18.077 | 16.571 | 16.680 | 18.517 | 0.440 | 2.4% |
| | Income | (3.638) | (3.482) | (3.192) | (2.494) | (3.382) | 0.100 | (2.9%) |
| | Net | 10.792 | 14.595 | 13.379 | 14.186 | 15.135 | 0.540 | 3.7% |
| Economy & Enterprise | | | | | | | | |
| Economy & Enterprise | Gross Costs | 4.441 | 4.818 | 4.417 | 6.990 | 4.418 | (0.400) | (8.3%) |
| | Income | (0.311) | (0.311) | (0.285) | (3.138) | (0.311) | - | - |
| | Net | 4.130 | 4.507 | 4.132 | 3.852 | 4.107 | (0.400) | (8.9%) |
| Development Services | | | | | | | | |
| Development Services | Gross Costs | 6.661 | 6.579 | 6.030 | 5.315 | 6.429 | (0.150) | (2.3%) |
| | Income | (4.623) | (4.807) | (4.406) | (4.505) | (4.837) | (0.030) | 0.6% |
| | Net | 2.038 | 1.772 | 1.624 | 0.810 | 1.592 | (0.180) | (10.2%) |
| Strategic Services, Highways & Transport | | | | | | | | |
| Highways Strategic Services | Gross Costs | 9.047 | 9.280 | 8.333 | 7.559 | 9.180 | (0.100) | (1.1%) |
| | Income | (1.193) | (1.334) | (1.187) | (1.437) | (1.734) | (0.400) | 30.0% |
| | Net | 7.854 | 7.946 | 7.146 | 6.122 | 7.446 | (0.500) | (6.3%) |
| Public Transport | Gross Costs | 15.714 | 15.963 | 14.081 | 13.657 | 15.513 | (0.450) | (2.8%) |
| | Income | (3.065) | (3.430) | (2.485) | (2.876) | (3.600) | (0.170) | 5.0% |
| | Net | 12.649 | 12.533 | 11.586 | 10.781 | 11.913 | (0.620) | (4.9%) |
| Education Transport | Gross Costs | 9.481 | 9.347 | 7.511 | 7.087 | 9.297 | (0.050) | (0.5%) |
| | Income | (0.823) | (0.823) | (1.032) | (0.945) | (0.743) | 0.080 | (9.7%) |
| | Net | 8.658 | 8.524 | 6.479 | 6.142 | 8.554 | 0.030 | 0.4% |

Wiltshire Council Revenue Budget Monitoring Statement: Period 11

29-Feb-12

| | | Original Budget | Revised Budget Period 11 | Profiled Budget to Date | Actual and committed to date | Projected Position for Year | Projected Variation for Year: Overspend / (Underspend) | Variation as % of Revised Budget: Overspend / (Underspend) |
|---|-------------|------------------|-----------------------------|----------------------------|------------------------------------|-----------------------------------|--|---|
| | | £m | £m | £m | £m | £m | £m | |
| Waste | | | | | | | | |
| Waste | Gross Costs | 32.622 | 30.033 | 25.161 | 28.343 | 30.133 | 0.100 | 0.3% |
| | Income | (3.562) | (3.562) | (3.209) | (2.531) | (3.312) | 0.250 | (7.0%) |
| | Net | 29.060 | 26.471 | 21.952 | 25.812 | 26.821 | 0.350 | 1.3% |
| Public Health & Protection | | | | | | | | |
| Public Health & Protection | Gross Costs | 5.709 | 6.127 | 5.617 | 5.748 | 6.127 | - | - |
| | Income | (1.190) | (1.725) | (1.582) | (2.707) | (1.805) | (0.080) | 4.6% |
| | Net | 4.519 | 4.402 | 4.035 | 3.041 | 4.322 | (0.080) | (1.8%) |
| Digital Inclusion | | | | | | | | |
| Digital Inclusion | Gross Costs | - | 0.258 | 0.236 | 0.160 | 0.177 | (0.081) | (31.4%) |
| | Income | - | (0.006) | (0.006) | (0.006) | (0.006) | - | - |
| | Net | - | 0.252 | 0.230 | 0.154 | 0.171 | (0.081) | (32.1%) |
| Corporate Directors | | | | | | | | |
| Corporate Directors | Gross Costs | 1.897 | 1.768 | 1.402 | 1.590 | 1.728 | (0.040) | (2.3%) |
| | Income | (0.045) | (0.045) | (0.040) | (0.039) | (0.045) | - | - |
| | Net | 1.852 | 1.723 | 1.362 | 1.551 | 1.683 | (0.040) | (2.3%) |
| Corporate | | | | | | | | |
| Movement To/From Reserves | | (1.867) | (9.659) | (9.394) | (7.292) | (9.659) | - | - |
| Capital Financing | | 22.321 | 22.537 | 7.497 | 7.221 | 21.409 | (1.128) | (5.0%) |
| Restructure & Contingency | | 7.023 | 5.362 | 3.667 | 1.823 | 5.702 | 0.340 | 6.3% |
| Specific & General Grants | | (32.299) | (34.386) | (31.693) | (34.545) | (34.386) | - | - |
| Corporate Levys | | 6.317 | 6.917 | 5.791 | 6.303 | 6.917 | - | - |
| | Net | 1.495 | (9.229) | (24.132) | (26.490) | (10.017) | (0.788) | 8.5% |
| Wiltshire Council General Fund Total | | | | | | | | |
| | Gross Costs | 863.609 | 826.070 | 693.563 | 652.521 | 826.986 | 0.916 | 0.1% |
| | Income | (533.762) | (496.223) | (204.058) | (226.575) | (497.323) | (1.100) | 0.2% |
| | Net | 329.847 | 329.847 | 489.505 | 425.946 | 329.663 | (0.184) | (0.1%) |
| Housing Revenue Account (HRA) | | | | | | | | |
| Housing Revenue Account (HRA) | Gross Costs | 22.322 | 22.322 | 20.462 | 17.328 | 21.038 | (1.284) | (5.8%) |
| | Income | (22.733) | (22.733) | (20.839) | (20.721) | (21.469) | 1.264 | (5.6%) |
| | Net | (0.411) | (0.411) | (0.377) | (3.393) | (0.431) | (0.020) | 4.9% |
| Total Including HRA | | | | | | | | |
| | Gross Costs | 885.931 | 848.392 | 714.025 | 669.849 | 848.024 | (0.368) | (0.0%) |
| | Income | (556.495) | (518.956) | (224.897) | (247.296) | (518.792) | 0.164 | (0.0%) |
| | Net | 329.436 | 329.436 | 489.128 | 422.553 | 329.232 | (0.204) | (0.1%) |

Wiltshire Council Forecast Variance Movements

Appendix D

| | Reported Period 9 £m | Variance £m | Current Pressures Period 11 £m |
|---|----------------------------|----------------|--------------------------------------|
| <u>Adult Care Operations</u> | | | |
| Older People | 0.107 | (0.017) | 0.090 |
| Physical Impairment | 0.332 | 0.166 | 0.498 |
| Learning Disability | 0.238 | (0.275) | (0.037) |
| Mental Health | 0.205 | (0.156) | 0.049 |
| Supporting People | 0.796 | 0.009 | 0.805 |
| <u>Adult Care Commissioning</u> | | | |
| Resources, Strategy & Commissioning | (0.921) | 0.119 | (0.802) |
| <u>Communities, Libraries, Heritage & Arts</u> | | | |
| Community Leadership & Governance | 0.028 | 0.000 | 0.028 |
| Libraries Heritage & Arts | 0.098 | (0.041) | 0.057 |
| <u>Strategic Housing</u> | | | |
| Strategic Housing | (0.461) | (0.019) | (0.480) |
| <u>Neighbourhood Services</u> | | | |
| Highways and Street Scene | 1.190 | 0.000 | 1.190 |
| Leisure | 0.210 | (0.080) | 0.130 |
| Car Parking | 1.500 | (0.100) | 1.400 |
| <u>Children & Families</u> | | | |
| Safeguarding | 0.096 | (0.028) | 0.068 |
| Children's Social Care | 0.775 | | 0.775 |
| Integrated Youth | (0.465) | 0.090 | (0.375) |
| <u>Schools & Learning</u> | | | |
| Early Years | (0.349) | (0.022) | (0.371) |
| School Improvement | (0.066) | (0.061) | (0.127) |
| Business & Commercial Services | 0.114 | (0.083) | 0.031 |
| Targeted Services & Learner Support | (0.370) | (0.118) | (0.488) |
| <u>Children's Services Commissioning & Performance</u> | | | |
| Commissioning and Performance | (0.023) | (0.008) | (0.031) |
| Funding Schools | | | 0.000 |
| <u>Policy, Performance & Partnership</u> | | | |
| Policy, Performance & Partnership | (0.104) | (0.001) | (0.105) |
| <u>Finance</u> | | | |
| Finance, Procurement & Internal Audit | 0.120 | 0.080 | 0.200 |
| Revenues & Benefits - Subsidy | | | 0.000 |
| <u>Legal & Democratic</u> | | | |
| Legal & Democratic | 0.600 | (0.150) | 0.450 |
| <u>Communications</u> | | | |
| Comms & Branding | 0.130 | | 0.130 |
| <u>HR & Organisational Development</u> | | | |
| Human Resources & Organisational Development | (0.200) | | (0.200) |
| <u>Business Services</u> | | | |
| Information Services | (1.000) | | (1.000) |
| Shared Services and Customer Care/ Business Services | 0.040 | (0.040) | 0.000 |
| Strategic Property Services | (0.300) | | (0.300) |
| <u>Transformation Programme</u> | | | |
| Transformation Programme | 0.390 | 0.150 | 0.540 |
| <u>Economy and Enterprise</u> | | | |
| Economy & Enterprise | (0.400) | | (0.400) |
| <u>Development Services</u> | | | |
| Development Services | (0.180) | | (0.180) |
| <u>Strategic Services, Highways and Transport</u> | | | |
| Highways Strategic Services | (0.240) | (0.260) | (0.500) |
| Public Transport | (0.570) | (0.050) | (0.620) |
| Education Transport | (0.050) | 0.080 | 0.030 |
| <u>Waste</u> | | | |
| Waste | 0.280 | 0.070 | 0.350 |
| <u>Public Health & Protection</u> | | | |
| Public Health & Protection | | (0.080) | (0.080) |
| <u>Digital Inclusion</u> | | | |
| Digital Inclusion | (0.071) | (0.010) | (0.081) |
| <u>Corporate Directors</u> | | | |
| Corporate Directors | (0.040) | | (0.040) |
| <u>Corporate</u> | | | |
| Movement To/ From Reserves | | | 0.000 |
| Capital Financing | (1.500) | 0.372 | (1.128) |
| Restructure and Contingency | 0.340 | | 0.340 |
| Specific and General Grants | | | 0.000 |
| Corporate Levys | | | 0.000 |
| TOTAL FORECAST VARIANCE MOVEMENT | 0.279 | (0.463) | (0.184) |
| HRA Budget | (0.074) | 0.054 | (0.020) |