#### Wiltshire Council

#### **Health Select Committee**

#### 18 January 2023

# **Business Plan and Service Plan Update**

### **Purpose of Report**

1. To update on the business planning process for the council, the link to the activity of ageing and living well and whole life pathway and the progress against that activity.

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

2. This report explains the use of the current Business Plan as a structure on which to plan the activity of ageing and living well and whole life pathway services.

### **Background**

- 3. Following the election of a new Council and a new Cabinet in May 2021 work on an updated business plan for the Council started.
- 4. With input from the Council's Extended Leadership Team the Cabinet agreed a set of priorities and missions around which the new Business Plan would be constructed.
- 5. In December 2021 all services went through a process of identifying the main activities they would undertake, the impact they hope to make thought that activity and how both activity and impact connected with the proposed Business Plan missions. A deal of other information relating to that activity was also collected at this time. It included: how the activity would be measured, what the risks where and how the activity was dependent on other parts of the Council or its partners. All this information was then used to create the detail of the Council's draft Business Plan.
- 6. On 15 February 2022 the Full Council approved the new 10-year Business Plan including:

#### Four Priorities:

- Empowered People
- Resilient Society
- Thriving Economy
- Sustainable Environment

10 Missions - To make Wiltshire a place where...

- We get the best start in life
- We stay active
- · We are safe
- We live well together
- We are involved and decisions are evidence based

- · We have the right housing
- · We have the right skills to prosper
- · We have vibrant, well-connected communities
- We take responsibility for the environment
- · We are on the path to carbon neutral
- 7. Over the summer Service Plans have been reviewed by the leadership team in each directorate to ensure that they remain relevant and to understand progress against the defined activities.

#### **Main Considerations**

- 8. Each of the activities below is drawn from either the Ageing and Living Well Service Plan or the Whole Life Pathway Service Plan. Each activity has a primary link to one of the Business Plan Missions. Each activity may also have a number of secondary links to any of the other nine missions.
- 9. The distribution of primary links in the two plans is as follows:
  The vast majority of activities, have a primary link to either the live well together or ageing well and reablement. There is a much wider distribution showing that the work of the two directorates covers the full spectrum of the Council's Business Plan.

### **Planned Activity and Updates**

10. Below are outlined each of the planned activities and an update on progress.

Planned Activity	Work with our residents to promote independence to prevent and delay need.		
Intended Impact	To support people to remain independent of formal services		
Director	Emma Legg Main BP Link; We live Well Together		
Updates	iBCF continues to invest in the Prevention and Wellbeing Team which is evidencing savings and positive outcomes for people. A review of its first year has better identified what works well and so the team is refocusing its activity. Part of this will include asking other teams to engage earlier with the team, so they can better support teams work in a preventative way.		
	We are also piloting a new way of approaching reviews of people with small, longer-term packages of support to identify opportunities to support people in a different way and reduce current dependence on formal care and support where possible. As part of this pilot brokerage will be engaging with VCS organisations to use their support to fulfil care and support plans rather than only look to registered care.  In addition, we are developing a Prevention Strategy – we will be consulting on this in the New Year.		

Planned Activity	Develop the collaborative multi agency approach to good discharge planning and post-discharge support.			
Intended Impact	People to leave hospital in a timely and safe way and local systems that deliver health and care services continue to work towards better integration and give people choice and control over how their health and care needs are met.			
Director	Emma Legg   Main BP Link   Stay active			
Updates	The Discharge to Assess model commenced on 23 March 2020 and has streamlined discharge pathways in Wiltshire to enable discharge in a timely way. This has facilitated more effective joint working, especially at the interface between hospital and community. We are now clearer on our own and partners responsibilities and building on current collaborative working with countywide Wiltshire health and social care colleagues to meet agreed milestones and goals.			
	We have a successful 7 days a week single point of contact for all hospital discharge referrals being triaged and supported by locality hubs.			
	Collaborated joint working with the acute hospitals, Integrated Care Board and Wiltshire Health & Care through daily coordinated patient flow calls and joint health and social care triage hubs.			
	We are working in collaboration with the voluntary sector, Avon and Wiltshire Mental Health Partnership NHS Trust ( <i>AWP</i> ) and providers. Commissioning service has been supportive in their role via the Provider Oversight team which is has been fundamental in supporting providers to navigate the pandemic and workforce issues.			
	On the 1 <sup>st of</sup> September 2022, we started a new approach for discharge to assess with test for change beds. Commissioners, Health and Social care practitioners and a specific provider are looking to build on ideas already being tested in South Wiltshire for developing services which give patients access to the appropriate reablement environment and multi-disciplinary expertise to enable a dignified and planned approach to the assessment of their future needs.			
	100% of customers have a personalised care plan and which is reviewed at weekly D2A multi-disciplinary team meeting.			
	We have a well-established Wiltshire Locality Operational Response Group, multi-agency senior leadership that meets twice a week to discuss discharge flow and address issues causing delays in the system.			

Planned Activity	Championing a more integrated approach to ensure that the right mix of services are available in the right place at the right time and prioritising prevention.		
Intended Impact	Support people to live and age well in their own homes for longer. Enable people to live and age well and provide support for maintaining independent living for as long as possible and able to get the right quality care and support at the right time and right place.		
Director	Emma Legg	Main BP Link	Live well together

We created a new Prevention and wellbeing team that became operational on the 8<sup>th of</sup> November 2021 and has been successful in preventing the need for formal support. This service has been a true testament to building strong relationships with people in our community and to enable them to find their own solutions and flourish within their communities.

Rapid Response service commenced March 2021 with an integrated Health and Social care approach. The service has provided many of the Key National standards for 2-hour response, 8-8pm, 7 days per week. Data submitted to CSDS demonstrated the achievement of the 2-hour Standard. The NHS Long Term Plan (LTP) (NHSE, 2019) outlined priorities for the next ten years which included a priority for an urgent response service in the community for people with long term conditions or complex health needs, nearing a crisis, to be supported to remain at home. There is a national requirement for counties to provide urgent community response services by 2024. Wiltshire received extra funding to begin working towards the new standards rolled out in April 2021 which provided the resource to initiate a Rapid Response service.

It is important to recognise that health services cannot operate in isolation. Rapid intervention to avoid social hospital admissions is not possible without sufficient community support available from health and social care and the wider workforce to ensure that the community remains a safe environment for those with additional needs. Frontline staff, such as clinicians and social workers, have been crucial to delivering integrated care as the key point of contact between individuals, carers, families, services, and systems. Our approach has encouraged integrated working with colleagues from other services, professional groups and organisations, there needs to be a shift away from working in separate 'silos' and towards creating effective interprofessional relationships based on collaboration and teamwork.

The challenges facing the local authority which impact on community services are a priority as there is focus on an aging population with increased health needs, a growing need for care closer to home, a focus on timely intervention and prevention for patients, carers and a rise in people with increasing complex levels of health and social care requirements.

Ageing Well Board meetings are held monthly and facilitate conversations to further improve an integrated approach to how we deliver services to the people of Wiltshire and Leaders drive accountability and provide the necessary resources and environment to create positive working conditions.

Across Living and Ageing well services there is buy-in and collaboration from across services and partner organisations for an integrated approach. Community services are essential to support the movement of care closer to people's homes. The services have enabled integration to strengthen and streamline services to reduce fragmentation supporting people to live as well as possible, centred on the outcomes important to them.

Planned Activity	Develop a model to support people with mental health conditions to recover and live successfully in their local communities.			
Intended Impact	People with mental health conditions have improved chances to recover and live successfully in their local communities.			
Director	Emma Legg Main BP Link Live well together			
Updates	March 2021 saw the development of an intensive enablement model and pathway, similar to our existing reablement team focusing on maximising independence for people with complex needs. The principal aim of this service is to build upon an Individuals strengths and resilience. Solutions to problems are determined in collaboration with people, and the importance of minimising dependence on services, and encouraging independence and citizenship. The model provides time-limited care in a person's own home, enabling support for people with mental health needs, learning disability and/or autism who are at risk of hospital admission and/or for people being discharged from acute psychiatric hospital and/or rehab. This service provides person centred input at first sign of crisis to prevent escalation.			
	By providing enablement support for younger people at the right time, we will make a significant preventative impact and enable them to transition more smoothly into adulthood.			
	This service has now been in place for 18 months and is highly regarded by social care and health professionals and by the individuals who use the service. The largest referral source is the Wiltshire Council Mental Health and Learning disability and Autism service.			
	The service is now connected into the community mental health transformation workstream and mobilisation to ensure they are part of the holistic support offer which will be centred around PCN geographical footprints. Over the past eighteen months the service has delivered cashable savings through a reduction in individual care needs, where appropriate alongside costs avoided through avoidance of hospital admissions and prevention of crisis.			
	Reduce unplanned readmissions to mental health services within 30 days of a mental health patient discharge. With intervention there have also been fewer placement breakdowns, fewer instances of notice being served on a placement/package and fewer changes of provider.			
	The Intensive Enablement Service supports the Wiltshire Locality Better Care Plan in its aim to maximise the opportunities for people to remain independently well at home, and, in the event of hospital admission, return home for recuperation and rehabilitation as soon as possible.			

Planned Activity	Embed Transitional Safeguarding across ASC MASH and ASC broadly			
Intended Impact	Providing more effective and fluid support for young people as they enter adulthood not only supports their safety and wellbeing but may also enable later cost avoidance by reducing the need for specialist and statutory services in the longer term			
Director	Emma Legg	Main BP Link	Safe	

A Transitional Safeguarding Coordinator was recruited in late 2021 and the Pilot/proof of concept commenced in January 2022. It is scheduled to run until March 2023.

Prior to the pilot commencing, it was identified that there were elements of good practice related to the Transitional Safeguarding movement in Wiltshire. However, system partners collectively agreed that a refreshed multi-agency approach to safeguarding for adolescents up to early adulthood should be explored, recognising that this is an agenda where outcomes could be improved, and new ways of working developed that will lead to improved effectiveness and efficiency in the services we deliver. We are hoping that ultimately there will be better outcomes for some of our most vulnerable young adults. System-wide transformation and engagement has been required to develop and implement this approach. The project has sought to explore the premise that better outcomes and improved ways of working can be achieved through a system-wide programme of culture, practice and system change rather than a structural re-organisation.

A multi-agency project group designed the pilot activity and identified how this could be tested and evaluated. The multi-agency approach has enabled partners to develop a better mutual understanding, has created greater trust and a commitment to collaboration. Creative Solutions Boards have been taking place on a regular basis throughout the pilot and are opportunity for partners to collective focus on particular cases. This helps identify blocks and challenges as well as opportunities and solutions to help the young person move forward. The pilot has increased knowledge and understanding of what Transitional Safeguarding is for practitioners and managers across the system as well as the issues facing the cohort it is aimed at.

What still needs development is making the concept real in terms of practice with young people. Whilst practitioners understand the concept, few are able to say how their practice has changed in relation to it. Work is also needed to build young people's trust in the system. The identified cohort often have really good relationships with individual practitioners but are often reliant on these people. We need to develop how these young people can feel confident approaching any agency in the system as required. It has been identified that as a system we need to intervene at an earlier stage and underline our practice with trauma informed approaches. As a system we need to move away from a clinical/diagnosis model and instead appreciate the contextual complexity of the individual's situation and look at holistic approaches to supporting them. This requires greater flexibility in how we design services and provide input. We also need to find ways to release capacity across the system to allow this.

In terms of next steps, a Momentum event will be held in January with young people, practitioners, and system leaders from across the partnership come together to share what has been learnt so far. The event will also explore how the above-mentioned issues can be addressed. The event will be co-facilitated with the University of Sussex Innovate Project and will have input from Research in Practice with the aim of developing a set of recommendations which will be included within the final report for the Project and Proof-of-Concept. A final

report is due to be of Boards during Febr	considered by the FACT Operational and Executive uary 2023.
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Planned Activity	Improve support during transition from Children to Adults		
Intended Impact	Young adults get the correct support straight away. No drop in support between children and adults services.		
Director	Emma Legg Main BP Link Live well together		
Updates	The growing up and moving on guide has been co-produced with young people to ensure that young adults moving are doing so safely.  There is a monthly transitions meeting which is attended by adult social care, children's social care, SEND, Whole Life Commissioning and the Community Team for People with Learning Disabilities (Health)		
	Community Team for People with Learning Disabilities (Health) service.  Transitions is a priority in the SEND strategy and there is now effective partnership working between SEND, adult social care and children's social care. Discussions are ongoing with the ICB and health providers to ensure that safe transitions happen for all young adults with ongoing health and social care needs.  A transitions service is being developed which will work with people aged 18-25 who have eligible care act needs to support young adults into adulthood.		

Planned Activity	Develop a support offer alongside children's services for parents and carers who have MH/LD/ASD		
Intended Impact	Children are safer, more families are able to stay together.		
Director	Emma Legg Main BP Link Live well together		
Updates	The joint policy for working with parents who have learning disabilities/autism is being revised and updated. This will ensure that there is much more joined working between adults and children's services.  In regard to Mental Health, work has been undertaken with colleagues		
	in Children's Services to identify what support and input they would find helpful in relation to the area of mental health and specifically for parents and carers who have mental health issues. This included:		
	<ul> <li>A point of contact to clarify if a parent or carer of a young person is in receipt of Secondary Mental Health Service under the NHS or is known to Adult Social Care (The MH Social Care Duty workers can do this as we have access to Adult LAS and AWP's RIO database).</li> <li>A point of contact to offer advice and guidance around a mental health query whether this is related to the young person themselves or a parent/carer.</li> <li>Involvement in particular cases (joint working) if this seems appropriate.</li> </ul>		

- Joint working young people from the age of 16 who are presenting with mental health or higher-level emotional issues.
- A virtual Drop-in Service where colleagues can discuss cases.
- Providing shadowing opportunities for ASYEs and new staff.

With the exception of the last two all of the above has been implemented to some degree though how much this support is being accessed needs reviewing. Adult Services will also be happy to offer shadowing experiences but again how regularly this is occurring needs checking. The Drop-ins were happening but then stopped because of staff vacancies as team capacity was an issue. It is hoped we can recommence the Drop-ins in early 2023.

Planned Activity	Maximise independence for individuals with a learning disability and or complex needs developing an enabling and empowering model		
Intended Impact	Maximise independence for individuals with a learning disability and or complex needs		
Director	Emma Legg   Main BP Link   Stay active		
Updates			
	The service has also formed close links with professionals from social care, health and private providers and contributes to multi agency risk assessments.		

Planned Activity			ing disabilities ir ncourage supported	
Intended Impact	Support adults with learning disabilities into employment and greater independence.			
Director	Emma Legg	Main BP Link	The right skills	
Updates	Three adults with a learning disability are working in the Wiltshire Council registration service as Ushers. Discussions with other services within the council about people with learning disabilities and/or autism being employed are ongoing.			

A post-16 employment board has been set up to focus on how people are being supported to go into paid work.

The Head of Service for LDAS attends the Wiltshire Employment Support Team and Community Connecting Service POG. This will help consolidate the existing interdepartmental working that is already happening within Wiltshire Council in particular Wiltshire Employment Support Team and Community Connecting.

Employment is a focus of the SEND strategy and is part of targeted work for increasing the numbers of people with learning disabilities into paid employment.

Employment status and opportunities for people to access paid work are a key focus of CAA and discussed in QAM. Work is ongoing to support people who are currently volunteering to move into paid work.

Planned Activity	Increase choice and personalisation for people with learning disabilities, mental health needs and autism, including promoting the use of personal budgets.		
Intended Impact	Increase choice and personalisation for people with learning disabilities, mental health needs and autism.		
Director	Emma Legg Main BP Link Involved in decisions		
Updates	disabilities, mental health needs and autism.		

Planned Activity	Enhancing domiciliary care provision through development of Wiltshire Support at Home and working in partnerships with providers.		
Intended Impact	People in our community will have the right support at the right time.  Reduction of unnecessary hospital admissions.  People will have the opportunity to rehabilitate.  Providers will have the opportunity to work with the Council to develop common strategies and shared values.		
Director	Emma Legg	Main BP Link	Ageing Well and Reablement

December 2021 saw the launch of Wiltshire Support at Home, the model reflects that adopted by the current reablement service focusing in Pathway 1 hospital discharges and urgent care rapid response to prevent hospital admission. This service is provided pre care act and works to promote independence and prevent the need for the provision of long-term care, the service is deemed as short term between 4 and 6 weeks.

#### Milestones achieved:

- Recruitment of Manager and other Service Leads April 2022
- Recruitment of 20% workforce April 2022
- Recruitment of 40% workforce November 2022
- Registration of the service with CQC November 2022
- Monthly dashboard reporting performance November 2022
- Use of block providers for contingency September 2022

#### Risks:

- 1. Recruitment has been challenging over the last 10 months since launch which reflects the national position. The milestones have been adjusted to reflect this.
- 2. Retention there has been some turnover of staff, the reasons of leaving include uncertainty in the T&Cs and the role not being what was anticipated.
- 3. Block providers the three providers commissioned have not been able to sustain this contact and one provider has prematurely terminated the contract and a second has reduced the hours provided.
- 4. Maintaining a service provision for customers after hospital discharge whilst bridging for a long-term care provider.

#### **Current and Planning Mitigations:**

- Increased resource allocated and activity for recruitment including use of leaflet drop and funded social media boosting. Care Navigator post has been successfully recruited to with a start date at the end of November focus on increasing activity in relation to recruitment of new staff for support roles.
- 2. Working with current staff to inform and assure them around the role and the concerns about T&Cs. Increased use of leavers form to understand reasons for staff moving on. Improved communications on the role including "Day in the life videos" and updates on the landing page. Improved induction programme.
- Decision made not to recommission the block provision but to focus on launching WSAH in the South of the county, Team Leader appointed in November to focus on recruitment and build on service in Salisbury.
- An escalation process has been developed for cases waiting a long-term service. Data is monitored weekly to understand the effects on the flow.

# **Summary:**

Demand for the service is high and only a small percentage of referrals made are accepted due to the delays in recruitment and retention which have directly affected the planned capacity. All accepted referrals continue to be met within the 3 hour response time. Demands on the

Planned Activity	Support people to regain skills and confidence and make use of technological, innovative solutions		
Intended Impact	People will be empowered to be more independent through the use of assistive technology. Less demand on formal commissioned service		
Director	Emma Legg   Main BP Link   Ageing Well and Reablement		
Updates	November 2022 saw sign off of the TEC Strategy business case through the Transformation Operational Board, identifying the plan to utilise external consultants TEC Services Association (TSA) to create a vision statement and strategy for the positioning of enabling technology as an all age approach within social care, as well as supporting stakeholder objectives across health and housing, and collaborating where possible and aligned to wider programme objectives. The funding for this proposal is still waiting to be approved.		
	Milestones achieved:		
	<ul> <li>Recruitment of 2 x TEC Advisors (Senior Commission) – A August 2022</li> </ul>		
	<ul> <li>Secured external funding for pilot £75k – Extra Care Housing (ECH) Led by the Housing Learning and Improvement Network (Housing LIN¹), the TEC Services Association (TSA) and funded by the Dunhill Medical Trust – July 2022</li> <li>Retrofit; Analogue to digital of pilot ECH complete – October 2022 (partnership with Housing 21, Appello, National Care</li> </ul>		
	<ul> <li>Forum)</li> <li>External meetings held with numerous local authorities to establish best practice - on going.</li> <li>Mapping internal processes to develop baseline understanding of TEC and its current impact across directorates – On going</li> <li>Recruitment of OT (TEC proof of concept pilot) – November 2022</li> </ul>		
	Risks:		
	<ol> <li>Recruitment has been challenging over the 8 months to secure a TEC Commissioning Manager which may impact on TEC transformation timeline.</li> <li>Cultural change within the staff groups.</li> </ol>		
	<ul><li>3. Project success is limited due to lack of understanding and awareness of TEC enabled care: internally and externally.</li><li>4. TEC may not deliver the savings anticipated.</li></ul>		
	5. TEC is part of the current TCES contract which is due to be reprocured in March 2024. TEC offer will need to be considered		
	as part of this contract.  6. Missed funding opportunities due to inefficiency of collaboration across digital and TEC transformation.		
	Current and Planning Mitigations:		
	Job specification review and advert relaunched. Increased promotional activity for recruitment to include TEC networks and regional forums.		

- Secure funding for proof-of-concept pilots collaborating with operational teams across directorates. Engage staff in a survey to establish current level of TEC understanding and promotion to service users.
- 3. Establish a TEC Advisory Board (Launch December 2022) to include staff across housing, digital transformation, social care and health (internal and external group members). Develop a Resident TEC survey and engagement through Wiltshire Centre Independent Living (WCIL).
- 4. Mapping to identify current provision, how the end-to-end commissioned service is delivering support, the technology used, how the service interacts with service users, any intelligence around outcomes achieved; understanding current referral pathway to identify where outcomes and expected impact could be built into the referral process and how benefits could be tracked within the social care system. In addition, meet with South West Directors of Adult Social Services Space (SW ADASS) to collaborate on TEC benefit realisation.
- 5. Develop a TEC position statement, in advance of the TEC strategy to enable improved understanding and confidence in the new service stream.

# Summary:

TEC is in its infancy in developing a new service stream with all efforts identifying our current base level and proof of concept pilots. The response to COVID19 did encourage individuals to embrace various technology care solutions to provide alternative and additional support when face-to-face meetings posed a risk.

At a time of immense pressure on councils and health, TEC services can be propelled and not only make a huge difference to people's lives, support service delivery but also deliver costs avoidance, evidenced through neighbouring local authorities. In last year's adult social care reform white paper, funding was allocated to drive great adoption of technology and accelerate the adoption of TEC and using the full potential to support people's lives and aspirations.

The ASC transformation programme offers TEC connectivity across workstreams to embed and encourage new ways of working for staff, health services, family, friends and carers and the service user.

Planned Activity	Increase prevention and tenancy sustainment work, enhance and increase the use of the DFG budget and review the allocations policy			
Intended Impact	Help people get and keep a sustainable home, reduce homelessness, help people stay at home for longer and improve private sector properties through advice and enforcement and become more energy efficient			
Director	Emma Legg		The right housing	

# Increase prevention and tenancy sustainment work

This year, to improve our services to customers we carried out a full restructure of the team, creating a housing solution team who provide a single point of contact to meet the needs of our customers. This re structure has created new ways of working which is currently being embedded but the team are also trying to manage a significant increase in demands.

We dealt with a 32% increase in homeless assessments during 21/22 and this figures continues to rise into 22/23. Across the south west they saw an increase of around 15% so we above the average. To assist with these increasing demands we have recruited an additional three Tenancy Sustainment Officers and two housing solution caseworkers.

A report has been produced and presented to Environment Select Committee on the homeless prevention strategy action plan. Of the 49 actions, we completed 40, 6 had been started and 3 were still outstanding. The report was well received and noted many additional actions that were taken forward during the last couple of years to assist with the prevention of homelessness and response to Covid.

### Enhance and increase the use of the DFG budget

We continue to work with adult social care to maximise all opportunities to increase the use of the DFG budget. We have this year completed a full refurbishment of three flats at Kingsbury Square homeless hostel ensuring they are fully adapted and meet the needs of our disabled customers who are homeless. This has been a huge help in assisting with hospital discharge for patients who were not able to return home due to the accommodation not being suitable

We have also recently purchased a bespoke 3 bed bungalow which will need to be fully adapted to meet the needs of a complex case in which no suitable alternative accommodation is available within existing stock. This will then meet the long term needs of this applicant and help them to live independently within the community for as long as possible

To assist with the increasing demands for disabled adaptations we have recruited additional housing occupational therapist assistants and a full-time administrator.

# Review the allocation policy

A full review of the council adopted allocation policy will take place during 2023. However, we are in the process of taking a paper to cabinet on January 2023 with some minor amendments in advance of this full review to improve our offer to care leavers as their corporate parent and also to improve the offer to tenants who are in large properties who wish to downsize due to the cost of living.

The cabinet paper for January 2023 is currently being drafted and conversations have taken place with CLT. The full review will commence in the new year

# Improve private sector properties through advice and enforcement

The enforcement of housing standards is undertaken by the Private Sector Housing team. We provide both reactive advice and enforcement action as necessary. The aim being to ensure properties are free from hazards which could be a risk to the safety of the occupier or any visitors.

We are continuing to scope ways of proactively identifying damp and mould and other poor housing standards in the private rented sector with the aim of remedying hazards. Whilst we have to date not directly taken a proactive approach to tackle damp and mould, it is clear that improvements to the energy efficiency of a property reduces the likelihood of damp and mould.

We appointed an officer to work on improving Energy standards in the private sector. An initiative has been undertaken in South West Wiltshire to identify private rented properties with a low Energy Performance Certificate (EPC) of F & G which by law should not be let out and also those properties without an EPC.

Deborah Courtney has been leading on this initiative along with the work she undertakes with enforcing poor housing conditions. We have identified 50+ properties to date since November 2021 that did not have EPC's and has negotiated with the landlords for these to be completed and has also educated the landlords in their legal requirement. In addition, a landlord with a large portfolio in the south of England was identified as having 2 flats in the area with inadequate heating and insulation. Following discussions, the landlord agreed to spend £8,000 to improve the properties to make them more habitable for the tenants.

We will continue to respond to complaints about damp and mould in private rented housing and encourage increased reporting. The complaints we receive come from the tenants and third parties such as health visitors, social workers, housing advice services, adult social care, children services and on some occasion's landlords and their agents. We will continue to work with these groups to ensure that poor housing issues are identified and raised as complaints to the service.

We aim to ensure an increase in proactive work and we will investigate and use the benefit information available to us to identify the most vulnerable group, under 14's whose families are dependent on benefits, who live in private rented housing. This will increase our understanding of the prevalence of the hazard amongst this group in Wiltshire and increase the prospect of improving housing conditions earlier where we identify damp and mould issues.

#### Safeguarding Implications

11. A number of the planned activities have a direct impact on the Council's ability to provide safeguarding services.

# **Public Health Implications**

12. Public Health implications only arise if changes to the planned activity are made.

# **Procurement Implications**

13. Procurement implications only arise if changes to the planned activity are made.

# **Equalities Impact of the Proposal**

14. All planned activity is given due care an attention to issues of equality and impact. An Equality Impact Assessment was completed for the Business Plan as a whole.

# **Environmental and Climate Change Considerations**

15. A number of the planned activities have an impact on the Council's ability to impact environmental and climate change.

# **Workforce Implications**

16. Workforce implications only arise if changes to the planned activity are made.

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

- 17. If there is a decision to change the planned activity of either directorate the risk implication would be taken in into consideration when altering the plan and the risk service-based risk registers updated during the normal quarterly update cycle.
  - **Financial Implications**
- 18. Any change to planed activity would have to be discussed with the Finance Team to ensure it could be met within the current budgetary envelope or planned budget development.

#### **Legal Implications**

- 19. The legal implications of any change to planned activity, particularly any change to the delivery of statuary services, would have to be carefully considered and a decision made only when informed by the correct legal opinion.
- 20. The Committee is asked to note the update and make used of the information contained to help focus future deep scrutiny activity.

Emma Legg, Director of Ageing and Living Well and Interim Director of Whole Life Pathway

January 2023

#### **Background Papers**

Wiltshire Council's Business Plan 2022-2032