

AGENDA

Meeting: **Cabinet**
Place: **The Kennet Room - County Hall, Trowbridge BA14 8JN**
Date: **Tuesday 24 April 2018**
Time: **9.30 am**

Please direct any enquiries on this Agenda to Will Oulton, of Democratic Services, County Hall, Trowbridge, direct line 01225 713935 or email william.oulton@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

Membership:

Cllr Baroness Scott of Bybrook OBE	Leader of Council
Cllr John Thomson	Deputy Leader, and Cabinet Member for Communications, Communities, Leisure and Libraries
Cllr Richard Clewer	Cabinet Member for Housing, Corporate Services, Arts, Heritage and Tourism
Cllr Laura Mayes	Cabinet Member for Children, Education and Skills
Cllr Toby Sturgis	Cabinet Member for Spatial Planning, Development Management and Property
Cllr Bridget Wayman	Cabinet Member for Highways, Transport and Waste
Cllr Philip Whitehead	Cabinet Member for Finance, Procurement, ICT and Operational Assets
Cllr Jerry Wickham	Cabinet Member for Adult Social Care, Public Health and Public Protection

Recording and Broadcasting Information

Wiltshire Council may record this meeting for live and/or subsequent broadcast on the Council's website at <http://www.wiltshire.public-i.tv>. At the start of the meeting, the Chairman will confirm if all or part of the meeting is being recorded. The images and sound recordings may also be used for training purposes within the Council.

By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and/or training purposes.

The meeting may also be recorded by the press or members of the public.

Any person or organisation choosing to film, record or broadcast any meeting of the Council, its Cabinet or committees is responsible for any claims or other liability resulting from them so doing and by choosing to film, record or broadcast proceedings they accept that they are required to indemnify the Council, its members and officers in relation to any such claims or liabilities.

Details of the Council's Guidance on the Recording and Webcasting of Meetings is available on request.

Parking

To find car parks by area follow [this link](#). The three Wiltshire Council Hubs where most meetings will be held are as follows:

County Hall, Trowbridge
Bourne Hill, Salisbury
Monkton Park, Chippenham

County Hall and Monkton Park have some limited visitor parking. Please note for meetings at County Hall you will need to log your car's registration details upon your arrival in reception using the tablet provided. If you may be attending a meeting for more than 2 hours, please provide your registration details to the Democratic Services Officer, who will arrange for your stay to be extended.

Public Participation


Please see the agenda list on following pages for details of deadlines for submission of questions and statements for this meeting.

The full constitution can be found at [this link](#). Cabinet Procedure rules are found at Part 6.

For assistance on these and other matters please contact the officer named above for details

Part I

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

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

1 **Apologies**

2 **Minutes of the previous meeting** (*Pages 5 - 14*)

To confirm and sign the minutes of the Cabinet meeting held on 27 March 2018, previously circulated.

3 **Declarations of Interest**

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

4 **Leader's announcements**

5 **Public participation and Questions from Councillors**

The Council welcomes contributions from members of the public. This meeting is open to the public, who may ask a question or make a statement. Questions may also be asked by members of the Council. Written notice of questions or statements should be given to William Oulton of Democratic Services by 12.00 noon on Wednesday 18 April 2018. Anyone wishing to ask a question or make a statement should contact the officer named above.

6 **Sexual Health and Blood Borne Virus Strategy 2017-2020** (*Pages 15 - 96*)

Report by Dr Carlton Brand, Corporate Director

7 **Learning Disabilities In-house Respite Services** (*Pages 97 - 138*)

 Report by Dr Carlton Brand, Corporate Director

8 **A303 Amesbury to Berwick Down Road Scheme** (*Pages 139 - 204*)

 Report by Alistair Cunningham, Corporate Director

9 **Melksham King George V Field** (*Pages 205 - 212*)

Report by Alistair Cunningham, Corporate Director

10 **Freehold of assets to be sold** (*Pages 213 - 222*)

🔑 Report by Alistair Cunningham, Corporate Director

11 **Urgent Items**

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

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

CABINET

MINUTES OF THE CABINET MEETING HELD ON 27 MARCH 2018 AT ALAMEIN SUITE - CITY HALL, MALTHOUSE LANE, SALISBURY, SP2 7TU.

Present:

Cllr Baroness Scott of Bybrook OBE (Chairman), Cllr John Thomson (Vice-Chairman), Cllr Richard Clewer, Cllr Laura Mayes, Cllr Toby Sturgis, Cllr Bridget Wayman, Cllr Philip Whitehead and Cllr Jerry Wickham

Also Present:

Cllr Jon Hubbard, Cllr Tony Jackson, Cllr Richard Britton, Cllr Clare Cape, Cllr Matthew Dean, Cllr Mary Douglas, Cllr Peter Evans, Cllr Sue Evans, Cllr Richard Gamble, Cllr Gavin Grant, Cllr Jose Green, Cllr Ross Henning, Cllr Darren Henry, Cllr Alan Hill, Cllr Sven Hocking, Cllr Atiqul Hoque, Cllr Bob Jones MBE, Cllr Jerry Kunkler, Cllr Brian Mathew, Cllr Horace Prickett, Cllr Fleur de Rhé-Philipe, Cllr Tom Rounds, Cllr Jonathon Seed, Cllr John Smale, Cllr Ian Thorn, Cllr John Walsh, Cllr Philip Whalley, Cllr Stuart Wheeler, Cllr Christopher Williams and Cllr Graham Wright

199 Apologies

There were no apologies as all members of the Cabinet were present.

200 Minutes of the previous meeting

The minutes of the meeting held on 6 February 2018 were presented.

Resolved:

To approve as a correct record and sign the minutes of the meeting held on 6 February 2018

201 Declarations of Interest

There were no declarations of interest.

202 Leader's announcements

At the invitation of the Leader, Councillor John Thomson gave an update on the progress made to address the issue of the Salisbury Athletics Track that had been subject to a Notice of Motion at the meeting of Council in February 2018.

Councillor Thomson stated: that there had been a number of constructive meetings between the parties involved in the issue of access; that the school had committed some money to bring the track back into use for training after

Easter; that a revised business plan for the track would be produced concerning the long-term future of the track; that the council would provide funding to assist in delivering the plan subject to its agreement for long-term use, and that further funding should be made available to encourage use of the track to ensure its long-term sustainability; and that further discussions to secure the access to club-house were ongoing.

203 Public participation and Questions from Councillors

The Leader drew the meeting's attention to the questions and answers circulated in supplement to the agenda.

In response to a supplementary question from Mrs Spickernell regarding the Environment Agency's view of the compliance issues at the Everleigh site, and a supplementary question from Mr Gale regarding the accuracy of the visitor information, Councillor Bridget Wayman stated that she would be happy to meet with representatives from the CPRE and the Community Area to discuss the issues.

In response to a supplementary question from Cllr Brian Mathew regarding the importance of maintaining impetus in for the Share Lives scheme, Cllr Jerry Wickham stated that: he was aware that the scheme applied to older people and adults with learning difficulties but that the scheme had been focused on the latter group as that was where the best savings could be achieved; that he was content that officers would progress this without further political input that he would retain oversight; but that he would be happy to work across party lines as necessary to ensure the success of the project.

204 Community Recovery Update

Prior to the start of the meeting, there was a presentation regarding the community recovery plan in Salisbury followed by an opportunity to ask questions.

Under the item, in response to an issues raised by Councillor Gavin Grant, the Leader thanked him for his words of support to the council, staff and the Cabinet, and confirmed that locally organised efforts to promote Salisbury, such as #LoveSalisbury and #SalisburyisOpen, would be promoted on the council's dedicated page: <http://www.wiltshire.gov.uk/salisbury>

205 Corporate Peer Challenge

The Leader presented the report which provided cabinet with the feedback report received from the Local Government Association following the Corporate Peer Challenge that took place in November 2017; and the draft action plan which had been developed to reflect the feedback and recommendations made.

Matters highlighted in the course of the presentation and discussion included: the composition of the team undertaking the review; the methodology of the review; the positive messages arising from the review, and the areas for further

action; that the Overview and Scrutiny Management Committee would be considering how best to add value to the process of implementing the recommendations and would be reviewing progress in 6 months; how the changes in national planning guidance will impact on the plans to support housing growth; and a recognition that current additional pressures meant that there may be some slippage on the delivery of actions.

Resolved

- 1. To note the feedback and recommendations from the Corporate Peer Challenge;**
- 2. To approve the draft action plan and receive an update on implementation in 2019; and**
- 3. To note the offer of a follow up visit in two years to help the Council assess the impact of the peer challenge and demonstrate the progress it has made against the areas of improvement and development identified by the peer team.**

206 **Performance Management and Risk Outturn Report: Q3 2017/18**

Councillor Philip Whitehead presented the report which provided an update on performance against the stated aims in the council's new Business Plan 2017-27. The information provided includes key measures as well as the council's strategic risk register.

Matters highlighted in the course of the presentation and discussion included: the recent changes to the format of the report; that further work can be done to allow for trends to be analysed; and the local issues that impact on performance such as road maintenance.

In response to a question from Councillor Gavin Grant, Councillor Laura Mayes stated that whilst the powers available to the local authority to address performance in schools was more limited than in previous years, the council was developing a more proactive relationship with academy schools and the regional schools commissioner.

Resolved

To note updates and outturns: against the measures and activities ascribed against the council's priorities; and to the strategic risk register.

Reasons for Decision:

The current corporate performance framework compiles measures used to monitor progress in service areas against planned objectives that relate to the goals laid out in Wiltshire Council's current Business Plan 2017-27.

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

207 **Income Generation - Advertising**

🗝 Councillor John Thomson presented the report which set out proposals to adopt a more commercial approach – in line with the council’s 10 year Business Plan - to generate income through third party advertising opportunities.

Councillor Stuart Wheeler, as chairman of the Scrutiny Task Group, presented their recommendations and highlighted the need for flexibility when contracts were awarded to allow for them to be brought back inhouse as appropriate more easily. In response, Councillor Thomson stated that he was happy to incorporate this more explicitly in proposals to Cabinet.

Matters highlighted in the course of the presentation and discussion included: how best to promote local businesses and charities as appropriate through the application of the policy; the lessons to be learnt from other councils; and the opportunities for working with local parish and town partners in the promotion of devolved land for advertising.

Resolved

- 1. To approve the policy for third party advertising, noting that the draft policy has been shaped and developed by an Overview and Scrutiny Third Party Advertising Task Group to ensure that it reflects the vision, priorities and values of the council (Appendix 1).**
- 2. To thank the Task Group for their work; and to note, in reference to recommendation 6 b) from the Task Group, the potential advantages of being able to bring the function inhouse when appropriate without significant complication or delay (through an appropriate contract).**
- 3. To approve the procurement of an external provider to secure third party advertising, on behalf of the council:**
 - a. Third party advertising income is a new venture for the council and to secure the income commercial expertise, specialist skills and capacity is required that the council does not currently have.**
 - b. There is also the requirement to deliver the income generation targets in the budget timelines for 2018/19 (circa: £150,000).**
 - c. The specification to contract an appropriate provider will require careful consideration to ensure that it can capitalise on the**

opportunities available and adhere to the vision, priorities and values of the council.

Reasons for Decision:

Wiltshire Council has to become more business-like and find opportunities to generate additional income.

£25 million of savings have to be found in 2018/19 and the communities and communications department has a target to generate an additional £1.2 million, of which, £150,000 has been aligned to advertising and better utilisation of space in the council's community campuses and hubs.

The council has a substantial asset base; including buildings, livery, street scene facilities such as lampposts, roundabouts and digital channels. These assets provide an opportunity to reach a wide range of audiences through third party advertising and as an outcome generate additional revenue income.

208 Proposals for the Creation of a Major Road Network - Consultation

Councillor Bridget Wayman presented the report which advised Cabinet of a new significant funding opportunity for major road scheme funding, and to seek views on the need to establish associated regional governance.

Matters highlighted in the course of the presentation and discussion included: the views of the council in relation to the inclusion of certain roads in the network; the additional funding that could be accessed; the need to set up a sub-national transport body to enable the region to speak with one voice on strategic transport planning; that other local authorities such as Gloucestershire should be involved; and that a further report could be made to Cabinet in 3 months time.

Resolved

- 1. Note the contents of this report.**
- 2. Delegate responsibility to the Director of Highways and Transport in consultation with the Cabinet Member for Highways, Transport and Waste to enter into discussions with neighbouring authorities in the South West, to establish:**
 - a) the level of individual and collective support for establishing a Sub-National Transport Body (or Bodies) and**
 - b) the geography over which that Body or Bodies are most likely to be most effectively defined.**
- 3. Note the additional potential financial implications arising as a result of this opportunity, which will require more detailed discussion as the Council's position is further developed.**

Reasons for Decision:

To ensure that the Council is best placed to take advantage of this significant funding opportunity.

209 **The Enterprise Network - Old Fire Station Extension**

➤ The Leader presented the report which sought authorisation for the submission of the full application to European Structural and Investment Fund (ESIF) with £500k match funding provided by borrowing from the Public Works Loan Board.

Resolved

To approve borrowing £500k from the Public Works Loan Board to match against £500k secured through European Structural and Investment Fund (ESIF) to refurbish an extension at the Old Fire Station Enterprise Centre in Salisbury enabling the previously approved business case to progress to delivery.

Reasons for Decision:

Funding for this project has been sought through an initial application to the Growing Places Infrastructure Fund (GPIF) which was not awarded, on the recommendation of the Section 151 officer, advising that funds could be borrowed more cheaply elsewhere.

A subsequent application was made to the European Structural and Investment Fund for an amount of £500k– to be matched by the applicant / partners 50:50 (total project value £1m). This has passed the first stage and has now proceeded to full application.

Cost effective borrowing of £500k from the Public Works Loan Board would match £500k secured through European Structural and Investment Fund (ESIF).

Cabinet approval is sought as Council funding through the Public Works Loan Board is required to realise the business case for the extension of the Old Fire Station Enterprise Centre.

210 **Land at Middlefields, Hungerdown Lane Chippenham**

Councillor Toby Sturgis presented the report which sought authorisation to the Director for Housing and Commercial Development, in consultation with the Cabinet Member for Spatial Planning, Development Management and Property, to dispose of freehold interest of around 0.59 hectares (1.45 acres) forming part of the land at Middlefields, Hungerdown lane, Chippenham, at Best Value. The meeting's attention was drawn to the two offers made by Pilgrims' Friend Society and GreenSquare. Stephen Hammersley, Chief Executive of the Pilgrims'

Friend Society highlighted some of the issues in the submission appended to the report.

In response to a question from Councillor Jerry Wickham, Councillor Sturgis clarified that when considering what constituted 'best value' the council could take into account the social and economic benefits of the offer as well as the price.

Resolved

To authorise the Director for Housing and Commercial Development, in consultation with the Cabinet Member for Spatial Planning, Development Management and Property to dispose of freehold interest of around 0.59 hectares (1.45 acres) forming part of the land at Middlefields, Hungerdown lane, Chippenham, at Best Value.

Reasons for Decision:

To generate a capital receipt in support of the Council's capital programme.

211 **Integrated Community Equipment and Support Services - Recommissioning**

☛ Councillor Jerry Wickham presented the report which outlined the options for recommissioning of the Integrated Community Equipment and Support Services.

Councillor Graham Wright confirmed that the Chair and the Vice-Chair of the Health Select Committee had had a briefing on the matter and had not raised any issues.

The Cabinet also noted that there was additional financial information included in an exempt appendix and concluded that there was no need to discuss the matter further in part ii of the meeting.

Resolved

- a) **To agree to the opportunities being explored for a joint commissioning exercise between BaNES, Swindon and Wiltshire STP, of integrated community equipment and support services.**
- b) **To authorise an exemption to Wiltshire Council's Integrated Community Equipment and Support Services to enable up to a further 18 months extension of the Medequip contract, that will be applied in a 12 months period, plus the option for a further 6 months.**

Reasons for Decision:

1. *The purpose of this paper is to outline the potential of a joint commissioning process between BaNES, Swindon and Wiltshire Sustainability and*

Transformation Partnership, of integrated community equipment and support services.

2. *This report is seeking for Cabinet to grant a formal exemption to the procurement rules to enable a further 18 months extension of the Medequip contract, that will be applied in a 12 months period, plus the option for a further 6 months, to deliver Wiltshire Council's Integrated Community Equipment and Support Services.*

212 **Urgent Items**

There were no urgent items.

213 **Exclusion of the Press and Public**

Following a question from Councillor Stuart Wheeler, it was confirmed that the report on Outdoor Education had been made exempt from publication for the reasons set out in paragraphs 4 below.

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 Items Number 16 and 17 because it is likely that if members of the public were present there would be disclosure to them of exempt information as defined in paragraphs 3 and 4 of Part I of Schedule 12A to the Act and the public interest in withholding the information outweighs the public interest in disclosing the information to the public.

Reason for taking item in private:

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

Paragraph 4 - information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority and employees of, or office holders under the authority.

214 **Integrated Community Equipment and Support Services - Recommissioning (Part ii)**

The meeting noted the information in the appendix.

215 **Outdoor Education**

🔑 Councillor Laura Mayes presented the report which advised Cabinet of outcome of the Outdoor Education Review including the recommendations of the Task Group established by the Children's Select Committee.

Resolved

To approve the recommendations contained in the report presented

(Duration of meeting: 9:30 – 14:03)

These decisions were published, earlier, on the 28 March 2018 and will come into force on 9 April 2018

The Officer who has produced these minutes is Will Oulton of Democratic Services, direct line 01225 713935, e-mail william.oulton@wiltshire.gov.uk

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

This page is intentionally left blank

Wiltshire Council

Cabinet

24 April 2018

Subject: Sexual Health and Blood Borne Virus Strategy 2017-2020

Cabinet Member: Cllr Jerry Wickham - Adult Social Care, Public Health and Public Protection

Key Decision: No

Executive Summary

Tackling sexual and reproductive health inequality has been a priority both nationally and locally for many years. Improving sexual health and wellbeing presents a significant challenge for public health and the wider health and social care system, as well as for the individuals who experience poor health outcomes as a result of a sexually transmitted infection (STI), a blood borne virus (BBV) or an unplanned pregnancy.

There is considerable inequality in the distribution of STIs, BBVs and unplanned pregnancies across the population. The Framework for Sexual Health Improvement (2013) placed health promotion and education as the cornerstones of infection and pregnancy prevention by improving awareness of risk and encouraging safer sexual behaviour. Prevention efforts need to include ensuring open access to sexual health and contraceptive services should focus on groups at highest risk of sexual health inequality such as young people, black ethnic minorities and men who have sex with men.

In 2017, two health needs assessments (HNAs) were undertaken to enable us to understand the prevalence of STIs, BBVs and unintended pregnancy within Wiltshire. This intelligence has shown us that although Wiltshire has lower levels of infection compared to the South West and England averages, infection rates are continuing to increase. The data also shows that women are accessing effective contraceptive methods to reduce their risks unintended pregnancy.

These HNAs were produced in order to gain an understanding of the sexual health needs of the population of Wiltshire and to the development of a STI and BBV strategy. The documents explore the national policy context and local application. They also identify groups that are most at risk of poor sexual health and examines some of the wider context to sexual health including sexual violence, child sexual exploitation and abuse. The HNA process was also informed by service user and service provider feedback.

Overall the HNAs identified that there are a broad range of sexual health and contraceptive services across the county although we know that the rurality of Wiltshire poses some challenges to accessing appropriate services. In the development of the HNAs it was recognised that there is a gap in the sharing of

information across services which suggests that partnership working in relation to commissioning decisions may not be as effective as it could be to drive sexual health forward in Wiltshire.

Our vision is that by 2020 Wiltshire will be a place where individuals and communities are informed, enabled, motivated and empowered to be able to protect themselves and others from acquiring an STI or BBV. Individuals should be able to make informed choices when consider contraception and have easier access to them. We want to ensure that everyone is able to have safe sexual experiences, free of coercion, discrimination and violence by ensuring sexual rights are protected, respected and fulfilled.

As a result of the HNAs, a combined strategy has been developed to ensure we achieve our vision for Wiltshire. The strategy recognises that there is no single solution to achieving positive sexual and contraceptive health and that to be successful we need to rely on a partnership approach between commissioners and providers and wider partner agencies across Wiltshire.

Proposals

That Cabinet:

- Acknowledges the Sexual Health and Blood Borne Virus Health Needs Assessments and approve the strategy document (see appendix 1, 2 and 3).
- Delegate authority to the Director of Public Health and Public Protection and Cabinet Member for Adult Social Care, Public Health and Public Protection, to finalise the strategy document for publication and to approve a corresponding implementation plan.
- Requests the Health and Wellbeing Board consider the Strategy document and note the evidence used to develop it.

Reason for Proposals

The finalised HNAs and the draft Sexual Health and Blood Borne Virus Strategy (SHBBVS) has gained approval from the Wiltshire Sexual Health Partnership Board and seeks Cabinet approval to action its contents and develop a corresponding implementation plan.

Dr Carlton Brand – Corporate Director

24 April 2018

Subject: Sexual Health and Blood Borne Virus Strategy 2017-2020

Cabinet Member: Cllr Jerry Wickham - Adult Social Care, Public Health and Public Protection

Key Decision: No

Purpose of Report

1. The purpose of this report is to brief Cabinet of the results of the Sexual Health and Blood Borne Virus HNAs (Appendix 2 and 3) and to present the final Sexual Health and Blood Borne Virus Strategy (SHBBVS (Appendix 1)) for approval.

Relevance to the Council's Business Plan

2. The SHBBVS contributes to the following Wiltshire Council business plan outcomes: Strong Communities (personal wellbeing through a healthier population), protecting the vulnerable (early intervention through prevention activities) and protection the vulnerable (joined up health and care through greater partnership working).

Background

3. The Health and Social Care Act 2012 brought about a significant change in the commissioning landscape across England. The impact of this transition saw the responsibility for the commissioning of sexual health and contraceptive service move from a single NHS commissioning body to three separate organisations. Locally these organisations are Wiltshire County Council; NHS Wiltshire Clinical Commissioning Group (CCG) and NHS England.
4. Tackling sexual and reproductive health inequality has been a priority both nationally and locally for many years. Improving sexual health and wellbeing presents a significant challenge for public health and the wider health and social care system, as well as for the individuals who experience poor health outcomes as a result of a sexually transmitted infection (STIs), blood borne viruses (BBVs) or an unplanned pregnancy.
5. There is considerable inequality in the distribution of STIs, BBVs and unplanned pregnancies across the population. The 2013 Framework for Sexual Health Improvement placed health promotion and education as the cornerstones of infection and pregnancy prevention by improving awareness of risk and encouraging safer sexual behaviour. Prevention efforts need to include universal and targeted open access to sexual health

and contraceptive services with a focus on groups at highest risk of sexual health inequality such as young people, black ethnic minorities and men who have sex with men.

6. In 2017, two health needs assessments (HNAs) were undertaken to enabled us to understand the prevalence of STIs, BBVs and unintended pregnancy within Wiltshire. This intelligence has shown us that although Wiltshire has lower levels of infection compared to the South West and England averages, infection rates are continuing to increase. The data also shows that women are accessing effective contraceptive methods to reduce their risks unintended pregnancy.
7. These HNAs were produced in order to gain an understanding of the sexual health needs of the population of Wiltshire and to develop a STI and BBV strategy. The HNA documents explore the national policy context and local application. They also identify groups that are most at risk of poor sexual health and examines some of the wider context to sexual health including sexual violence, child sexual exploitation and abuse. The HNAs have also been informed by service user and service provider feedback.
8. Overall the HNAs identified that there are a broad range of sexual health and contraceptive services across the county although we know that the rurality of Wiltshire poses some challenges to accessing appropriate services. In the development of the HNA it is recognised that there is a gap in the sharing of information across service commissioners which suggests that partnership working in relation to commissioning decisions may not be as effective as it could be to drive sexual health forward in Wiltshire.
9. The consequences of sexual ill health, infection with a blood borne virus, or unintended pregnancy are well documented. Infection with a STI can lead to both physical and emotional difficulties and in some cases, fertility issues if not diagnosed and treated earlier enough. Certain BBVs remain incurable and can lead to a dramatic reduction in life expectancy. HIV although treatable remains a condition which cannot be completely cured, leading to long term medical implications for anyone infected with the virus, especially if they are diagnosed after the virus has begun to damage their immune system. It is estimated that the lifetime treatment costs for a single person diagnosed with HIV is c.£380,000 but this amount doubles for someone who is diagnosed 'late'.
10. Unintended pregnancy is an issue across the life course for women who are not accessing effective contraception services and can impact of their lives for a very long time. It is estimated that in 2016 there were 302 unintended conceptions in Wiltshire which led to a live birth, which will lead to a public-sector cost of £938,992 per annum. By reducing this number by just 5% Wiltshire could save £49,950 per annum.
11. Our vision is that by 2020 Wiltshire will be a place where individuals and communities are informed, enabled, motivated and empowered to be able to protect themselves and others from acquiring an STI or BBV. Individuals should be able to make informed choices when consider contraception and have easier access to them. We want to ensure that everyone can have

safe sexual experiences, free of coercion, discrimination and violence by ensuring sexual rights are protected, respected and fulfilled.

12. As a result of the HNAs, a combined strategy has been developed to ensure we achieve our vision for Wiltshire. The strategy recognises that there is no single solution to achieving positive sexual and contraceptive health and that to be successful we need to rely on a partnership approach between commissioners and providers and wider partner agencies across Wiltshire.
13. The development of the SHBBVS has been informed by an assessment of local needs, together with outcomes from both public and provider consultations. The evidence base for the strategy is based upon key government documents, current NICE guidance and evidence of best practice.
14. This strategy has been developed by Wiltshire Council's Public Health team in partnership with the Sexual Health Partnership Board and a range of partners across Wiltshire.

Main Considerations for the Council

15. The SHBBVS provides direction for Wiltshire Council and partner organisations to reduce sexual ill health and blood borne virus transmission, to improve diagnostic and treatment services and reduce unintended conceptions over the next three years. Our vision is that by 2020 Wiltshire will be a place where individuals and communities are informed, enabled, motivated and empowered to be able to protect themselves and others from acquiring an STI or BBV, are able to access the types of contraception they want and able to have safe sexual experiences, free of coercion, discrimination and violence through ensuring sexual rights are protected, respected and fulfilled.
16. This will be the first strategy in Wiltshire to consider the needs of residents in respect of BBVs and as such will start the process of bringing together a range of organisations to work together to achieve the aim of the strategy.
17. There were two stakeholder engagement opportunities, the first with service users and the second with service providers. Both provided useful feedback on how providers delivered their services and what those using services felt they wanted and their views of what was being provided. The SHBBVS is based upon this information in combination with a review of national policy and guidelines.
18. The multi-disciplinary Sexual Health Partnership Board reviewed the HNAs and a draft version of the strategy document and provided feedback which has been incorporated into the final version.

Overview and Scrutiny Engagement

1. The strategy and associated Health Needs Assessments were considered by the Health Select Committee on 06 March 2018 who supported endorsement of the proposed strategy by Cabinet. A recommendation was

to make the actions of the strategy more 'SMART' which will be reflected in the finalised implementation plan.

2. Development, implementation and evaluation of the SHBBVS will be driven by the multi-disciplinary Sexual Health Partnership Board who will monitor progress and feedback to the relevant committees and boards throughout the lifetime of the document.
3. The Health Select Committee requested to receive an update around March 2019 on the implementation of the strategy, especially progress achieved on the Strategic Aims (Prevention, Diagnosis and Treatment) and the measuring of their stated outcomes

Safeguarding Implications

4. Safeguarding is a key priority for Wiltshire Council in terms of the services that they deliver and commission and this applies equally to the SHBBVS and its implementation.
5. Wiltshire Council and the organisations that it commissions have in place safeguarding policies, procedures and workforce development plans to ensure that safeguarding is and continues to be a key priority. Safeguarding procedures are regularly monitored with partner agencies and commissioned services are required to be open and transparent if incidents occur.
6. Safeguarding is a concern when we are considering sexual health and every opportunity is taken to raise this matter with users of services to ensure that potential issues of concern are recognised and appropriate action taken to resolve the matter.

Public Health Implications

7. Public health is the lead in the development and implementation of the SHBBVS. The key outcomes of this work is to reduce sexual health inequalities and improve the sexual health and wellbeing of the whole population of Wiltshire across the life course. The Wiltshire SHBBVS supports the aims of the Wiltshire Health and Wellbeing Board's strategy.

Procurement Implications

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

Equalities Impact of the Proposal

9. A review has been undertaken to identify whether an Equality Impact Assessment was necessary as part of the governance process of the strategy using the Wiltshire Council guidelines. The strategy aims to ensure services are delivered with due regard to equalities legislation and that

people engaging with the prevention, diagnostic or treatment services discussed in the document will have equitable access according to need.

10. The strategic priorities and objectives have greatest relevance to Wiltshire Council's equality duties to promote equality of opportunity and eliminate unlawful discrimination. A negative impact on any of the protected groups as defined by the Equality Act 2010 is unlikely as the strategy is intended to have a positive impact on the health and wellbeing of residents.
11. The completion of the Equality Impact Assessment Risk Rating Score indicated that a full assessment was not necessary in relation to this document.

Environmental and Climate Change Considerations

12. The outcomes associated with the SHBBVS include elements to increase the availability of specialist diagnostic and treatment services closer to where individuals live. Because of this energy costs will be reduced as individuals will need to travel shorter distances to access services. Consideration is also being given within the strategy to new and emerging service delivery methods which may include online services and home testing services which would remove the need to travel at all. There are no energy consumption savings to be made by Wiltshire Council through this strategy.
13. The strategy proposes the development of consistent messaging through the design of resources used by multiple partners. As such there will be a reduction in the amount of paper based materials produced by individual organisations who can instead use materials produced by another Wiltshire based partner. This reduces the amount of raw materials used and potentially wasted including paper, ink, power, etc.
14. Overall, the reduction in rates of infections and unintended conceptions will reduce the amount of consumables necessary to treat and care for residents. Although these will not be directly attributable to reductions for Wiltshire Council, these savings will be of benefit to our partner organisations.

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

15. If the decision is taken not to approve the Sexual Health and Blood Borne Virus Strategy there could be:
 - a) An increase in the level of unintended conceptions across all ages including young people.
 - b) An increase in the number of sexually transmitted infections
 - c) An increase in the number of blood borne virus infections which will lead to increasing overall health and social care costs

- d) Damage to relationships with partner organisations with whom the strategy has been informed by.
- e) Increased costs to services due to duplication and 'silo' working on projects.
- f) Increased cost to the wider health and social care budget
- g) Increase in health inequalities across Wiltshire

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

16. There is a risk that there may be raised expectations of what the SHBBVS will deliver amongst the public and partner organisations because of the strategy being implemented. This will be addressed by:
- a) Regular review and monitoring by the Sexual Health Partnership Board of the achievement of the stated outcomes.
 - b) The delivery of regular and appropriate messages regarding the progress of the strategy to achieving the stated outcomes.
 - c) Regular reviews of the stated outcomes in relation to new and emerging policies and guidelines during the lifetime of the strategy.

Financial Implications

17. The HNAs and strategy recognises the current and future financial and social costs of sexual ill health, BBVs and unintended pregnancy and that improving sexual health and wellbeing can lead to system savings in the longer term.
18. It is assumed that the strategy will be delivered within organisational budgets as part of normal business and service planning arrangements.

Legal Implications

19. Although no direct legal implications have been identified in relation to this proposal, it will be important to consider the required strategic priorities and action identified within emerging national policies and evidence based on NICE guidance during the lifetime of this strategy.
20. If the implementation plan does involve the procurement of services during the lifetime of the strategy as identified in Point 8 Procurement Implications – Legal must be consulted in conjunction with Procurement and a robust contract should be put in place with Legal's assistance.
21. Legal request that Cabinet delegate authority to the Director of Public Health and Public Protection in order to enter into any contract for the

delivery of the services under the Sexual Health and Blood Borne Virus Strategy.

Options Considered

22. The HNAs and SHBBVS are included as appendices to this report, no other options are considered.

Conclusions

23. The gap analysis contained within the sexual health and blood borne virus HNAs have led to the development of a combined strategy to improve the sexual health and wellbeing of Wiltshire residents. The strategy has identified a vision to ensure that residents are supported to reduce the risk of contracting an STI or BBV, have timely access to diagnosis and treatment services should they become infected to improve their health outcomes and prevent further transmission. The intelligence gained from the HNAs and the subsequent strategy also contributes to the Council's business plan, the Health and Wellbeing Strategy and is a key contributor to reducing inequality across Wiltshire.

Tracy Daszkiewicz (Director - Public Health and Protection)

Report Author: Steve Maddern, Consultant in Public Health
(steve.maddern@wiltshire.gov.uk)

08 March 2018

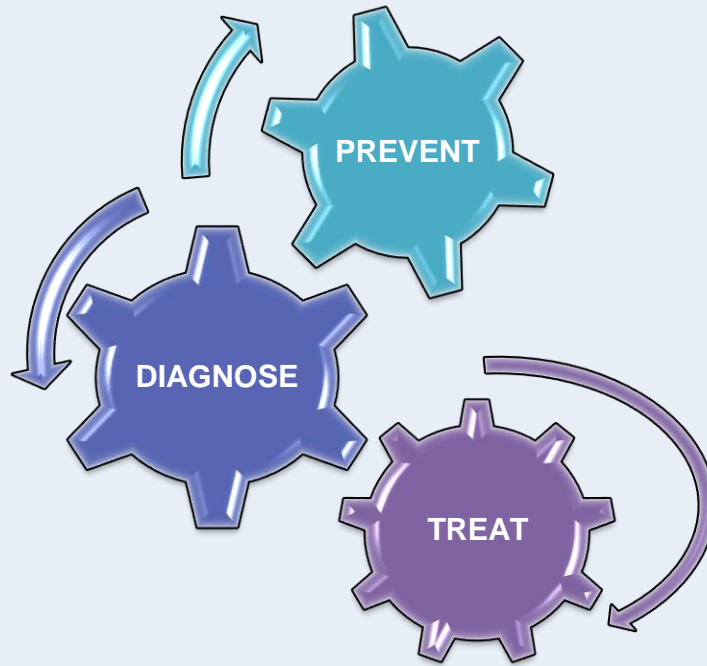
Appendices

- Appendix 1: Draft Wiltshire Sexual Health and Blood Borne Virus Strategy
Appendix 2: Sexual Health Needs Assessment
Appendix 3: Blood Borne Virus Health Needs Assessment

Background Papers

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

This page is intentionally left blank



WILTSHIRE

Sexual Health & Blood Borne Virus Strategy 2017-2020

Introduction

This Strategy sets out our vision, aims and objectives for preventing the transmission of Sexually Transmitted Infections (STIs) and Blood Borne Viruses, enabling access to the full range of contraception options and preventing sexual violence in all its forms through improved education, awareness raising and appropriate service provision.

The concept of 'sexual health' does not merely mean the prevention of sexual ill health and the reduction in sexually transmitted infections (STIs) but also includes reproductive health and termination services, specialist teenage pregnancy services as well as services which work to reduce sexual violence, child sexual exploitation, forced marriage, honour based violence and female genital mutilation.

To improve sexual health across Wiltshire we need to deliver effective, equitable and value for money services across a range of providers. These include:

- Free and accessible testing and treatment services for STI infections
- Readily available access to all forms of contraception including free provision for our most vulnerable residents
- Provision of information to promote awareness of an individuals sexual rights to reduce sexual violence and abuse in all it's forms.

In addition to sexual health this strategy also considers the issues of Blood Borne Viruses and the importance of preventing, diagnosing and treating these infections.

Blood borne viruses (BBVs) provide a challenge to services, not just for the nature of the viruses in question which are traditionally considered to be Hepatitis B (HBV), Hepatitis C (HCV) and HIV, but because of the behaviours and lifestyle associated with the main routes of transmission

To reduce BBVs in Wiltshire we need to deliver effective, equitable and value for money services across a range of providers. This includes:

- Delivering evidence-based prevention, test and treatment programmes, maximising coverage and improving access to prevention and testing opportunities.
- Engaging sexual health services and other service providers in BBV prevention including effective condom distribution,
- Ensuring access to HIV and hepatitis testing with rapid results with referral to an evidence-based patient pathway.
- Delivery of effective vaccination programmes to all identified risk groups including occupational and sports related exposure.

Health Needs Assessments have recently been undertaken for both sexual health and blood borne viruses which will provide more detailed information on both topics covered in this joint strategy.

Definitions

What is Sexual Health

Sexually Transmitted Infections (STIs) are transmitted through unprotected sexual intercourse, other genital contact or via the exchange of bodily fluids (including blood).

There are a wide range of STIs, which commonly include Chlamydia, Gonorrhoea, Herpes, HIV, Human Papilloma Virus (HPV) and Syphilis. In 2016 there were 2,334 new STI infections diagnosed in Wiltshire residents which is in line with a nationally increasing trend.

As many STIs are becoming harder to treat due to antibiotic resistance the importance of treating infections as quickly and reducing transmission is a public health priority.

There are approximately 15 different methods of contraception which allow you to enjoy sex whilst reducing the risk of unintended pregnancy.

These methods can be differentiated depending on how they work - barrier methods (e.g. condoms,), hormonal methods (e.g. the pill), intrauterine devices (e.g. IUS or IUD) and sterilization.

Women are also able to access emergency hormonal contraception (EHC). There are two oral forms and one form of intra-uterine contraception Cu-IUD which work by stopping or delaying ovulation.

Sexually Transmitted Infections

Page 27

Reproductive Health

The term 'Sexual Violence' covers a wide range of issues, including child sexual exploitation, sexual abuse, sexual assault and female genital mutilation (FGM). Every form of sexual violence requires special management to ensure that both victims and perpetrators are dealt with in the most appropriate way.

The health needs of sexual assault victims include the physical health consequences of sexual violence, the risk of pregnancy, contraction of sexually transmitted infections and, for all victims, longer-term health issues such as increased rates of chronic illnesses, poor perceived health and increased use of medical services.

The psychological consequences are linked to profound long-term health issues with one third of rape survivors going on to develop post-traumatic stress disorder, relationship problems and longer term psychological needs, mental illness and an increased risk of suicide for abused children when they reach their mid-twenties.

The World Health Organisation definition of FGM is: 'all procedure that involves partial or total removal of the external genitalia, or other injury to the female genital organs for non-medical reasons'.

FGM has serious health consequences, both at the time of the procedure and into adulthood. There are also long-term emotional and psychological effects from the lasting damage caused by FGM. In Wiltshire in 2015 there were 4 cases of FGM reported.

Sexual Violence

Definitions

What are Blood Borne Viruses (BBVs)

BBV Definition

A blood-borne virus (BBV) is a virus that is transmitted by blood or other body fluid that may contain blood.

Blood-borne viruses may be transmitted if blood, semen or vaginal fluids pass from a person who is infected with the virus into the bloodstream of another person via a break in the skin or mucous membrane.

The BBVs that this strategy considers are Hepatitis B, Hepatitis C and HIV

Page 28

Hepatitis B

Hepatitis B causes inflammation of the liver. With acute infection some people experience flu-like symptoms, abdominal pain, jaundice (yellowing of the skin and eyes) and liver failure. Under 5% of people with acute infection go on to become a chronic carrier, in which the person may be asymptomatic (without symptoms) but liver-damage continues to take place and they remain infectious. Long-term complications of being a carrier include cirrhosis (scarring of the liver) and liver cancer.

There is a vaccine to prevent infection with the virus which is offered to certain groups at higher risk of infection but there is currently no cure.

Within Wiltshire it was estimated in 2015 that 1,956 people were living with the virus.

Hepatitis C

Hepatitis C also causes inflammation of liver, however acute infection is often asymptomatic, jaundice and serious disease is rare. About 80% of those with acute infection will go on to become chronically infected and of those who are chronically infected 75% will have some degree of active liver disease. Long-term complications of chronic infection include cirrhosis (scarring of the liver) and liver cancer.

There are effective treatments available to cure individuals infected with this virus.

2015 prevalence estimates indicated that 1,952 people were living with the virus in Wiltshire.

HIV

HIV weakens the immune system against infections and some types of cancer. Infected people gradually become immunodeficient, which results in increased susceptibility to a wide range of infections and diseases that people with healthy immune systems can fight off.

The most advanced stage of HIV infection is Acquired Immune Deficiency Syndrome (AIDS).

Effective treatments are available to reduce the effects of the virus, but there remains no cure. These treatments can also reduce the possibility of onward transmission of the virus.

There were 239 people diagnosed as living with HIV in Wiltshire in 2016

National Context

417,584 diagnoses of STI infections in the UK (2016)

11.8% of STIs were in men who have sex with men



214,000 people in the UK are estimated to be living with Hepatitis C

12,060 people commenced Hepatitis C treatment during 2016/17



9,179 cases of FGM were reported in 2016/17

Hepatitis B is 50-100 times more infectious than HIV

Page 29

16,046 people tested positive for Hepatitis B between 2010/14

In 2015, 101,200 people were living with HIV in the UK

Information is the greatest weapon to prevent sexual ill health



Approx 85,000 women are raped in England and Wales each year

Sexual Offences rate in 2015 was 1.7 per 1,000 individuals



Approx 12,000 men are raped in England and Wales each year



1,220,224 people attended a specialist service for contraception in 2016

Vaccination can help prevent Hepatitis B infection



Under 18 conception rate in 2015 was 20.8 per 1,000 women

Oral contraception remains the main method used in the UK



GP prescribing rate of Long Acting Reversible Contraception was 44.1 per 1,000 women in 2015



190,406 abortions took place in 2016

Local Context

2,334 people in Wiltshire were diagnosed with a new STI (2016)



1,131 cases in men



1,203 cases in women



1,952 people are estimated to be living with Hepatitis C



22 local pharmacies commissioned to provide emergency contraception

239 people are living with HIV and receiving treatment and care

13.5% of STIs were in men who have sex with men



57% of new STI diagnoses were in young people aged 15-24



Information is the greatest weapon to prevent sexual ill health



4 cases of FGM were reported in 2016

Sexual Offences rate in 2015 was 1.4 per 1,000 individuals



6,199 people attended a specialist service for contraception in 2016

1,956 people are estimated to be living with Hepatitis B



Oral contraception remains the main method used in Wiltshire

STOPCSE

63 cases of Child Sexual Exploitation were investigated in 2015



Under 18 conception rate in 2015 was 14.0 per 1,000 women



40% of people living with HIV are over 50 years of age



GP prescribing rate of Long Acting Reversible Contraception was 57.7 per 1,000 women in 2015



1,060 abortions took place in 2016

Strategic Framework

Our vision is that: Wiltshire is a place where all individuals and communities are informed, enabled, motivated and empowered to be able to protect themselves and others from acquiring a STI (or BBV), are able to access the types of contraception they want and are able to have safe sexual experiences, free of coercion, discrimination and violence through ensuring sexual rights are protected, respected and fulfilled.

This will be supported by three key aims of prevention, diagnosis and treatment provision.

Wiltshire aims to:

- Support individuals to reduce their risk of STI and BBVs and enabled to access all forms of contraception through the provision of information and services. This will also increase the awareness of individuals' sexual rights and reduce sexual violence in all its forms
- Individuals will be able to access testing services when needed in a range of venues, using a range of different testing systems, including the review and implementation of new and emerging testing pathways
- Individuals will be able to access appropriate treatment services as early as possible in locations which are most appropriate to them

Wiltshire's priorities are:

- To ensure that information resources are available in a wide range of venues to increase awareness of BBVs and sexual health in all its forms and reduce the risk of contracting an infection
- To provide opportunities to test and diagnose individuals who have been at risk of contracting a BBV or STI with testing offered at every appropriate and suitable venue
- To reduce unintended pregnancies in all women of fertile age, particularly those under 18
- To reduce all forms of sexual violence through education and awareness raising
- To increase the knowledge and confidence of professionals to assist in the identification of sexual violence and support they can offer victims
- To provide high quality access to sexual health services in a range of venues and locations across Wiltshire
- To ensure that treatment of BBV or STI infection is offered in a timely manner with barriers to access minimised

Wiltshire Sexual Health Strategy - Overview

Our Vision Our vision is that: Wiltshire is a place where all individuals and communities are informed, enabled, motivated and empowered to be able to protect themselves and others from acquiring a STI (or BBV), are able to access the types of contraception they want and are able to have safe sexual experiences, free of coercion, discrimination and violence through ensuring sexual rights are protected, respected and fulfilled.

Strategic Aim		Outcomes
PREVENTION	To protect individuals from BBV or STI infections and enabled to access all forms of contraception through the provision of information and services. This will also increase the awareness of individuals' sexual rights and reduce sexual violence in all its forms	Information resources will be widely available in a range of venues to increase knowledge of blood borne viruses and sexual health including STI's, contraception and sexual violence
		The full range of contraception options will be available in all primary care and sexual health services
		Individuals most at risk of HBV infection will be actively offered and encouraged to be vaccinated
		Healthcare professionals will discuss the risks of blood borne viruses and sexual ill health with all appropriate patients and actively support them with risk reduction strategies
		Prevention interventions will target people across the life course
		Accurate data will be available from all providers of BBV services to facilitate partnership working and future service planning
		Young people will receive effective RSE education through school settings
DIAGNOSIS	To ensure individuals will be able to access testing services when needed in a range of venues, using a range of different testing systems, including the review and implementation of new and emerging testing systems	A range of 'open access' services will be available across the county to enable easier access
		Drug and alcohol service providers will offer BBV testing to all clients
		Prison services will increase the offer and uptake of BBV screening upon arrival.
		Primary care settings will offer a wider range of sexual health and BBV testing services as part of routine diagnostic tests
		Workforce training will take place to enhance the confidence of staff to undertake STI testing and provide additional contraception services
		Home testing/sampling systems will be available to facilitate additional diagnostic opportunities
		Stigma associated with being diagnosed with a BBV will be reduced
Services will meet the needs of all sections of our communities		
TREATMENT	To ensure individuals will be able to access appropriate treatment services as early as possible in locations which are most appropriate to them	All patients diagnosed with a BBV or STI will be treated in a timely manner in a suitable setting.
		Advice and guidance will be readily available to all clinicians by sexual health specialists to ensure the latest treatment regime is being offered
		Effective referral pathways will be in place to facilitate specialist treatment or care if needed
		Treatment options will be discussed with all patients upon diagnosis of their BBV
		Holistic methods of self-care will be discussed with everyone living with a BBV
		Risk reduction strategies will be discussed with all patients receiving treatments to reduce possible onward transmission

Population Health Needs / National Strategy and Guidance

Health Needs Assessments were undertaken in 2017 for both sexual health and blood borne viruses which will provide more detailed information on both topics covered in this joint strategy.

National strategies and guidance is in place to support the design, development and review of sexual health and of blood borne virus services and these have been used to provide the strategic framework to inform Wiltshire's approach to this strategy. These include:

Sexual health guidance

- A Framework for Sexual Health Improvement in England – Department of Health
- National Teenage Pregnancy Strategy – Social Exclusion Unit
- NHS Choices, Contraceptive Guide – NHS
- Long Acting Reversible Contraception – National Institute of Health and Care Excellence
- The Female Genital Mutilation Act 2003 – UK Government
- Child Sexual Exploitation, definition and a guide for practitioners – Department for Education
- A guide to whole system commissioning for sexual health, reproductive health and HIV – Public Health England
- Sexually transmitted infections and under 18 conceptions: Prevention – National Institute for Health and Care Excellence

Blood Borne Virus guidance

- A Framework for Sexual Health Improvement in England – Department of Health
- Hepatitis B (chronic) diagnosis and management (CG15) – National Institute for Health and Care Excellence
- Hepatitis B and C: Ways to promote and offer testing to people at increased risk of infection (PH43) - National Institute for Health and Care Excellence
- Improving testing rates for blood borne viruses in prisons and other secure settings – Public Health England.

This page is intentionally left blank

Sexual Health Needs Assessment

December 2017



Part of the JSNA family



Needs Assessment prepared by:

Stephen Jones / Steve Maddern

Public Health Team

Wiltshire Council

www.intelligencenetwork.org.uk

www.wiltshirejsa.org.uk

Summary

Tackling sexual and reproductive health inequality has been a priority both nationally and locally for many years. Improving sexual health and wellbeing presents a significant challenge for public health and the wider health and social care system, as well as for the individuals who experience poor health outcomes as a result of a sexually transmitted infection (STIs) or an unplanned pregnancy.

There is considerable inequality in the distribution of STIs and unplanned pregnancies across the population. The Framework for Sexual Health Improvement (2013)^[26] placed health promotion and education as the cornerstones of STI and pregnancy prevention by improving knowledge of risk awareness and encouraging safer sexual behaviour. Prevention efforts should include ensuring open access to sexual health and contraceptive services should focus on groups at highest risk of sexual health inequality such as young people, black ethnic minorities and men who have sex with men.

The Health and Social Care Act 2012 brought about a significant change in the commissioning landscape across England. The impact of this transition saw the responsibility for the commissioning of sexual health and contraceptive service move from a single commissioning body to three separate organisations. Locally these organisations are Wiltshire County Council; NHS Wiltshire Clinical Commissioning Group (CCG) and NHS England.

Reviewing the data for this HNA has enabled us to understand the prevalence of STIs and unintended pregnancy within Wiltshire. It has shown us that although Wiltshire has lower levels of infection compared to the South West and England averages, infection rates are continuing to increase. The data also shows that women are accessing effective contraceptive methods to reduce their risks unintended pregnancy.

This health needs assessment (HNA) has been produced in order to gain an understanding of the sexual health needs of the population of Wiltshire and to inform the way services are developed and delivered. This document explores the national policy context and local application; it identifies groups that are most at risk of poor sexual health and examines some of the wider context to sexual health including sexual violence, child sexual exploitation and abuse. The HNA has also been informed by service user and service provider feedback.

Overall the HNA identified that there are a broad range of sexual health and contraceptive services although we know that the rurality of Wiltshire poses some challenges to accessing appropriate services. In the development of the HNA it is recognised that there is a gap in the sharing of information across service commissioners which suggests that partnership working in relation to commissioning decisions may not be as effective as it could be to drive sexual health forward in Wiltshire. This has been reflected in the recommendations at the end of this document.

Contents

Summary	2
Background	4
Local Context.....	4
National policy	5
Sexually Transmitted Infections	6
Reproductive Health	9
Reducing Teenage Pregnancy	11
Sexual Violence, Child Sexual Exploitation and Abuse	12
Priority Groups.....	15
Local Contraceptive & Sexual Health Services.....	18
Service Feedback.....	22
Service Users Feedback.....	22
Service Provider Feedback.....	23
Identification of Gaps.....	25
Recommendations	29
References.....	31
Acknowledgements	34
Sponsor.....	34
Author	34

Background

Local Context

There are an estimated 488,409 ^[31] people living in the Wiltshire Local Authority area of which 51% of the population is female. Wiltshire is predominantly White British (93%). In 2016 ONS published population projections ^[32] which estimated Wiltshire's population will steadily grow to 516,000 by 2026. The age structure of Wiltshire is similar to the South West region. However, Wiltshire has a slightly smaller proportion of 20 to 24 year olds which might be a reflection of a lack of a University. Wiltshire will develop a larger proportion of older people and by 2026 the number of people over the age of 65 will for the first time outnumber those under the age of 20. This will impact on how sexual health and contraceptive services are provided to ensure they remain appropriate for the population, especially those most at risk of poor sexual health and wellbeing in comparison to the general population.

The last sexual health needs assessment was undertaken in 2013 to reflect the actions from the Sexual Health South West Quality Assurance Peer Review (2011) and also introduced the then new Public Health Outcomes Framework relating to sexual health at county level.

The Health and Social Care Act 2012 brought about a significant change in the commissioning landscape across England. The impact of this transition saw the responsibility for the commissioning of sexual health and contraceptive service move from a single commissioning body to three separate organisations. Locally these organisations are Wiltshire County Council; NHS Wiltshire Clinical Commissioning Group (CCG) and NHS England.

Wiltshire Council commissions:

- A comprehensive sexual health services including most contraceptive services and all prescribing costs, but excluding GP additionally-provided contraception
- Sexually transmitted infections (STI) testing and treatment, chlamydia screening and HIV testing
- Specialist services, including young people's sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college and pharmacies

NHS Wiltshire CCG commissions:

- most abortion services
- sterilisation
- vasectomy
- non-sexual-health elements of psychosexual health services
- gynaecology including any use of contraception for non-contraceptive purposes

NHS England commissions:

- contraception provided as an additional service under the GP contract
- HIV treatment and care (including drug costs for PEPSE)
- promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs
- sexual health elements of prison health services
- sexual assault referral centres
- cervical screening
- specialist fetal medicine services

The purpose of this HNA is to provide an understanding of the sexual health needs of the population of Wiltshire. The HNA highlights populations at greatest risk of poor sexual health outcomes to enable a greater understanding of need and demand for sexual health services and identify barriers to accessing services and identify opportunities for overcoming them. Finally the HNA should assist in promoting better working between service commissioner's service providers and related services including primary care, drugs and alcohol services and education providers. A gap analysis and recommendations can be found towards the back of this document and will be used to inform a sexual health strategy for Wiltshire.

This report is based upon data that is readily available. In the development of the HNA it is recognised that there is a gap in the sharing of information across service commissioners which suggests that partnership working in relation to commissioning decisions may not be as effective as it could be to drive sexual health forward in Wiltshire. This has been reflected in the recommendations at the end of this document.

It is important to recognise that sexual health is not just the prevention and treatment of sexual ill health but also supporting the provision of reproductive health service and also plays a key role in safeguarding those vulnerable in our communities. This includes the work to increase the uptake of LARC which has been shown to reduce the levels of unintended conception significantly.

National policy

There are several policy documents that support the agenda around sexual health. A *Framework for Sexual Health Improvement (2013)* ^[26], set the ambition to improve the sexual health and wellbeing of the population. The framework stated that we must recognise that sexual ill health can affect all parts of society. We need to build an honest and open culture to allow everyone to make informed choices around sex and relationships and ultimately reduce inequalities and improve sexual health outcomes.

In Wiltshire we have aspired to achieve the ambitions of the framework by ensuring we undertake a range of health promotion activities through the commissioning of evidence-based services. With these ambitions in mind, locally we have striven to ensure that we prioritised prevention to support the population (both professionals and general public) to build their knowledge around sexual health. We have either delivered or commissioned effective, evidence-based, high quality services that provide timely access to sexual health and contraceptive services. We have worked

to drive down the rates of STI amongst the population and reduce rates of unintended pregnancy.

Public Health England (PHE) published 'Making It Work', a guide to whole system commissioning for sexual health, reproductive health and HIV (2015) intended to safeguard the collaboration between commissioners to ensure that services were developed and delivered efficiently and effectively [27]. In Wiltshire, we have implemented this guidance by ensuring that we put people at the centre of commissioning, and base decisions on assessed needs, hence this HNA. We are committed to continually reviewing existing service provision and developing services to best meet identified needs for Wiltshire communities. We draw on the expertise of clinicians and service users, and the public's views to inform commissioning as is evidenced within this document. As commissioners and service providers we acknowledge that the economic climate requires new thinking and innovation.

It is recognised that there is a need to build relationships across commissioning organisations; by developing strong relationships and dialogue with counterparts to develop local solutions and ultimately understand that there is no one right way – Wiltshire Council is very much the facilitator at local level to make collaborative commissioning for sexual health and reproductive health a reality.

Supporting the delivery of effective, high-quality services is a suite of guidance documents produced by NICE on a range of sexual health topics. This suite of guidance provides evidence-based and best practice recommendations on contraception including the use of LARC methods [15]; HIV testing and how to increase testing uptake by individuals with undiagnosed HIV [28]; and guidance on the prevention of STI infections [29]. In Wiltshire this guidance has been used to ensure that services are designed and delivered using the latest evidence of best practice and that service developments are continually focussed on overall service improvement.

2013 saw the introduction of the national Public Health Outcomes Framework which defined three key sexual health indicators [30]: Under 18s conception rate per 1,000 women (PHOF 2.04); Chlamydia detection rate per 100,000 young people aged 15-24 (PHOF 3.02) and HIV late diagnosis percentage (PHOF 3.04). Wiltshire's performance against these targets is discussed in the chapters to follow.

Sexually Transmitted Infections

Over recent years, the rates of STIs within Wiltshire have been steadily increasing in line with national trend [1]. STIs are transmitted through unprotected sexual

intercourse, other genital contact or via the exchange of bodily fluids (including blood). There are many STIs, which include Chlamydia, Gonorrhoea, Herpes, HIV, Human Papilloma Virus (HPV) and Syphilis. Some STIs are becoming resistant to current antibiotics, therefore prompt and effective treatment is a public health priority

Chlamydia

Chlamydia is the most common bacterial sexually transmitted infection in England with up to 70% of women and 50% of men having no symptoms despite being infected [9]. It can affect everyone but is most common in young people aged under 25 and men who have sex with men. If the infection remains undiagnosed and untreated complications for women include pelvic inflammatory disease, ectopic pregnancy and possible tubal factor infertility; in men Chlamydia can cause infertility, urethritis or epididymitis. Rarely, Chlamydia is a cause of sexually acquired reactive arthritis and Fitz-Hughes Curtis syndrome (a rare type of liver infection).

In 2016 the diagnosis rate for Chlamydia in Wiltshire was lower than in previous years at 1,697 per 100,000 individuals [1]. There has been a gradual decline in the numbers of young people being tested over the past few years and between 2012 and 2016 rates have decreased in England from 26.9 to 20.7%, in the South West from 25.4% to 21.6% and in Wiltshire from 20.5% to 18.3% [1].

Despite Wiltshire consistently having a lower detection rate than both the South West and England averages, this provides the evidence that the screening programme we deliver is appropriately targeting those at risker risk of infection. At the end of 2016 the Wiltshire chlamydia positivity rate was 9.3% against a South West rate of 8.2% [2]. Wiltshire has had a consistently lower Diagnosis Rate Indicator than either the regional or England averages, however a consistently higher rate of positivity indicates that in Wiltshire we are screening those most at risk.

Gonorrhoea

Gonorrhoea is the second most commonly contracted bacterial sexually transmitted infection in the UK [1]. Gonorrhoea is more prevalent in MSM, young adults, and black and minority ethnic populations [1]. Since 2009 the diagnosis of Gonorrhoea has been increasing steadily in England with Wiltshire also seeing an increase [1]. Between 2014 and 2016 Wiltshire saw a substantial decrease in the levels of diagnosis within women, however this was offset by an increase in the levels of Gonorrhoea in men, and in particular within MSM in which there was a 42% increase [4]. In 2016, the diagnosis rate of Gonorrhoea in Wiltshire was 14.6 per 100,000 individuals compared to an England rate of 64.9 [4].

Syphilis

The number of cases of Syphilis has been continuing to rise in the UK over the last decade, although Wiltshire has a relatively low level of syphilis diagnosis each year

and consequently even minor fluctuations in the figures can have a large impact on our disease profile ^[1].

In 2016 the Syphilis diagnosis rate in Wiltshire was 1.9 per 100,000 individuals compared to an England rate of 10.6 ^[4]. The 2015 rate in Wiltshire of 2.1 per 100,000 was a significant increase from the 2014 rate which was 1.4 per 100,000 so although this reduction is welcomed there remains concerns about a future increase in infection rates ^[4].

Herpes

Genital Herpes is caused by the herpes simplex virus (HSV). It is the most common ulcerative STI in the UK and is associated with physical and psychological morbidity. There are two types of HSV infection ^[11], HSV-1 is a condition of which the majority of people are aware and when an outbreak occurs is commonly referred to as having a 'cold sore', HSV-2 is the form of the virus which is usually referred to as genital herpes, however HSV-1 can also be spread to the genital area ^[11].

The rate of diagnosis have remained stable over the past 8 years with the exception of 2014 ^[4] in which there was a large increase in the number of men who were diagnosed following a recurrent outbreak, however this rate fell again in 2015 and in comparison with the South West average as well as the England average, Wiltshire has relatively low levels of Herpes infection ^[4]. In 2016, the local diagnosis rate was 32.7 per 100,000 compared to the England rate of 57.2 and the South West rate of 49.0 ^[4].

Genital Warts

Genital Warts are caused by the most common viral STI in the UK, the Human Papilloma Virus (HPV) ^[1]. Human Papilloma Virus is the name given to a group of viruses that affect the skin and the moist membranes lining the body, such as the cervix. It is a common and highly contagious infection, with over three quarters of sexually active women becoming infected with it at some time in their lifetime. There are more than 100 types of HPV virus and around 40 of these types can affect the genital area ^[12].

The rate of genital warts in Wiltshire fluctuates each year, however these fluctuations have remained fairly stable over the past five years ^[1]. In 2016 the rate in Wiltshire was 94.8 per 100,000 which was a marginal increase from the previous year which stood at 94.4 per 100,000 ^[4].

Human Immunodeficiency Virus (HIV)

HIV is associated with high levels of morbidity, expensive treatment costs, the potential for years of life lost, and has high levels of stigma and discrimination associated with those living with the condition. Diagnosed HIV prevalence (those living with HIV) in the UK has been increasing steadily since the introduction of highly active antiretroviral drugs (HAART) in the mid-1990s due in the main to the success of the treatment leading to longer life expectation and also improvements to quality of life.

The number of new diagnoses both in Wiltshire and the South West are relatively low and in 2015 the total number of people living with HIV receiving treatment and care locally was 221^[4]. The 2015 prevalence rate in Wiltshire was 0.72 per 1,000 individuals ^[1] which is lower than the South West rate of 1.13 and an England rate of 2.26 ^[1]. In addition, by using national modelling it is considered that a further 40 individuals are infected with the virus but have not been diagnosed.

The profile of infection within Wiltshire is changing over time and can be seen as quite surprising when the majority of health promotion and awareness campaigns have in the past targeted men who have sex with men (MSM) and members of Black African communities. Within Wiltshire the largest ethnic group affected is White individuals and the probable route of infection for the majority of individuals is through heterosexual contact.

The prompt diagnosis of HIV infection is crucial to reduce onward transmission and to avoid damage to the immune system which will occur if treatment is not instituted.

Hepatitis

Hepatitis B and Hepatitis C can both be transmitted through sexual contact although are primarily considered to be Blood Borne Viruses ^[7] ^[8]. Hepatitis is inflammation of the liver and over time can cause scarring (cirrhosis) and lead to liver failure and/or cancer. There are two main stages of Hepatitis: first is the acute stage which usually occurs shortly after infection and for the majority of individuals this can lead to the second, chronic stage. Treatment is available for those individuals who become infected with Hepatitis C. A vaccination is available to prevent infection by the Hepatitis B virus.

There is little local data available regarding prevalence rates of Hepatitis, however modelled data suggests that in 2015 there were 1,958 people living with Hepatitis B in Wiltshire and 1,952 people living with Hepatitis C ^[7] ^[8]. For more information on Hepatitis, please refer to the Blood Borne Virus Health Needs Assessment.

Reproductive Health

There are approximately 15 different types of contraceptive methods which reduce the risk of unintended conceptions when used correctly. These contraceptive methods can be differentiated depending on how they work. There are barrier methods (e.g. condoms, cervical cap), hormonal methods (e.g. the pill, patch, vaginal ring and subdermal implant), intrauterine devices (e.g. IUS or IUD) and sterilization. No contraceptive method offers 100% protection against pregnancy or STIs ^[13].

On average, hormonal contraception methods are approximately 90% effective ^[13], and the condom is about 83% effective ^[13], other barrier methods such as the diaphragm offer a protection rate between 80% and 85% ^[13]. Currently the most effective methods are the hormonal Implant at 99.9% effective and IUCDs which are 99% effective ^[13]. These types are known as long acting reversible contraceptive (LARC) methods as they are effective for a minimum of 3 years without needing to be replaced.

Increasing access to LARC for women of all ages is one of the priorities identified in the 2013 'Framework for Sexual Health Improvement in England' and is supported within Wiltshire ^[14]. The National Institute for Clinical Excellence (NICE) has issued guidance which states that the use of LARCs is a cost effective method of contraception and increasing its uptake will reduce unintended pregnancies ^[15]. LARC methods are available at all specialist contraception and sexual health clinics in Wiltshire. It should be noted that condoms are the only contraceptive method that also protect against STIs.

Following the Increasing Access to Contraception Programme instituted in Wiltshire in 2013, the prescribing rate of LARC methods is much higher in the county than either the regional or England rates; In 2015 the county rate was 56.1 per 1,000 women compared with 29.8 per 1,000 women for England as a whole. This has been a major contributory factor in reducing unintended conceptions for women of all ages in Wiltshire.

It is estimated that in 2014 there were 302 unplanned pregnancies in Wiltshire ^[16] which continued to full term. Reducing this number by 5% by increasing the use of effective contraception, could result in a saving of £46,950 in reductions to education, housing and social service expenditure ^[16]. A 5% reduction would mean 15 fewer unplanned pregnancies per year and the costs involved through the use of LARC methods would be less than £1,000 ^[16].

In addition to contraception being used on an ongoing basis, women are also able to access emergency contraception through their GP, sexual health service or pharmacy. A copper intrauterine device (Cu-IUD) is considered by the Faculty of Sexual and Reproductive HealthCare as the preferred method of emergency contraception, however, given choice, the time frame involved and the clinical requirements to provide a Cu-IUD, two oral (tablet) forms of emergency hormonal contraception (EHC) are also available. These are:

- Levonorgestrel - an emergency contraceptive pill which can be taken within 72 hours (three days) of having unprotected sex.
- Ulipristal acetate – an emergency contraceptive pill which can be taken within 120 hours (five days) of having unprotected sex.

These two oral forms of emergency hormonal contraception (EHC) work by stopping or delaying ovulation. EHC can be obtained from certain community pharmacies who are participating in the No Worries program, all GP Practices and all sexual health services across Wiltshire. The Cu-IUD devices are generally available at those surgeries who also offer LARC fitting and Sexual Health Services.

As of May 2017 there are 22 community pharmacies commissioned to provide EHC in Wiltshire. This service enables young women who wish to avoid an unintended pregnancy the opportunity to obtain medication in a secure and confidential community setting.

Reducing Teenage Pregnancy

Teenage pregnancy is an important focus both locally and nationally and is one of the three main sexual and reproductive health measures in the Public Health Outcomes Framework ^[30]. There are both health and social reasons why reducing levels of teenage pregnancy is so important. They include ^[17]:

- Young mothers under the age of 18 are 22% more likely to be living in poverty at age 30 and much less likely to be employed
- Young fathers are twice as likely to be unemployed aged 30, independent of other deprivation factors
- Children of teenage mothers have a 63% increased risk of experiencing child poverty
- There is a six fold difference in teenage conception and birth rates between the poorest and most affluent communities
- Mothers aged under 18 are at high risk of poor mental health and 3 times more likely to be affected by post-natal depression
- Teenage mothers are 3 times more likely to smoke during pregnancy and have 50% lower rates of breastfeeding
- Children of teenage mothers have higher rates of accidents and behavioural problems; and have an increased risk of adopting risk taking behaviours, including the misuse of drugs and alcohol
- The infant mortality rate of babies born to young mothers is 60% higher than babies born to older mothers.

Since the Government launched its teenage pregnancy prevention strategy for England in 1998^[18], there has been a steady reduction in teenage pregnancy across Wiltshire. At the beginning of the strategy the rate of under-18 conceptions was 32.1 per 1,000 women and the under 16 conception rate was 6.0 per 1,000 young women ^[18]. Effective partnership working has resulted in a 50% decrease in baseline figures. At the end of 2015 Wiltshire's under 18 conception rate was 14.0 per 1,000 young women and our under 16 rate was 3.0 per 1,000 young women ^[19].

Across Wiltshire there are several community areas where rates of teenage pregnancy are surpassed. Targeted services in Calne, Melksham, Salisbury, Tidworth, Trowbridge and Warminster community areas aim to increase the reduction rates of TP in these areas.

Sexual Violence, Child Sexual Exploitation and Abuse

The term 'Sexual Violence' covers a wide range of issues, including wider domestic abuse issues, sexual abuse, sexual assault and female genital mutilation (FGM). Every form of sexual violence requires special management to ensure that both victims and perpetrators are dealt with in the most appropriate way. Issues of sexual violence as part of a wider domestic abuse agenda are dealt with in the Domestic Abuse Needs Assessment.

Sexual assault and sexual abuse support services are provided via the Sexual Assault Referral Centre (SARC) which for Wiltshire residents is based in Swindon. The aim of a SARC is to provide a service ensuring that victims of serious sexual assault, including rape, receive appropriate urgent medical care and access to counselling, and if they choose, forensic examination to provide evidence to assist police in a criminal investigation. The SARC for Wiltshire is funded primarily from NHS England, the Home Office and the Office of the Police and Crime Commissioner. Smaller amounts of funding are provided by Wiltshire Council and Swindon Borough Council to commission additional emotional support services to young people. Effective partnership working relationships are essential to ensure that this service is able to support victims in the most effective manner possible.

The health needs of sexual assault victims include the physical health consequences of sexual violence, and for rape a risk of pregnancy, contraction of sexually transmitted infections and HIV and, for all victims, longer-term health issues such as increased rates of chronic illnesses, poor perceived health and increased use of medical services. The psychological consequences are linked to profound long-term health issues with one third of rape survivors going on to develop post-traumatic stress disorder, relationship problems and longer term psychological needs, mental illness and an increased risk of suicide for abused children when they reach their mid-twenties.

Overall the sexual offences rate across England is increasing each year with a growing percentage increase each year since 2013. A proportion of this increase is due to individuals being able and willing to report historical offences but there also a growing acceptance and ability of people to report incidents when they happen to ensure that support can be received. The 2015/16 rate for Wiltshire was 1.40 per 1,000 individuals which is a substantial increase from the 2010/11 rate which was only 0.70 ^[1].

The SARC in Swindon has received an increasing number of referrals each year. Estimates from the local police suggest that numbers will continue to increase by up to 20% over the next five years. Referrals can take many forms although they are initially categorised as either requiring a Forensic Medical Examination or are of a non-medical need. Invariably it is individuals who may have been the victims of more recent incidents that are offered a medical examination as this is the opportunity to collect DNA samples as well as other evidence which may be used in a future police investigation or court proceeding. Although not exclusively, increasing levels in the reporting of cases of historic sexual violence are being attributed to the increase in the number of non-medical referrals which the service has seen since 2013. In 2014/15 the Swindon SARC received 148 referrals requiring forensic medical examinations; a further 360 received a non-medical service ^[2].

The percentage of under 18 year olds who are accessing the SARC for support has remained relatively stable over the past three years with 36% of all attendees receiving a forensic medical examination in 2012/13 compared to 34% in 2014/15 ^[21]. For the same time periods the percentage of those receiving non-medical support was 26% in 2012/13 compared to 28% in 2014/15 ^[21]. These figures are important as the type and availability of emotional support for these young people is different from that provided for adults. For children and young people there is a need to provide age appropriate support which considers both their actual age and their stage of emotional development which may be very different. For younger people the most appropriate way to engage them may be through art or play therapy, whereas for an older young person it may be talking therapies.

While there is no statistically significant difference in terms of ethnicity for those at risk of Domestic Abuse and Sexual Violence, FGM, forced marriage and so called 'honour' based violence are more prevalent in black and minority ethnic communities.

Female Genital Mutilation (FGM)

The World Health Organisation definition of FGM is: 'all procedure that involves partial or total removal of the external genitalia, or other injury to the female genital organs for non-medical reasons'.

FGM has serious health consequences, both at the time of the procedure and into adulthood. There are also long-term emotional and psychological effects from the lasting damage caused by FGM. FGM is under-reported in the Wiltshire area with only 4 cases reported to the Multi Agency Safeguarding Hub (MASH) team. Statistics from the NHS show that nationally 5,700 recorded cases of FGM were made during 2015-16 across the UK ^[23].

The FGM Act 2003 introduced a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18's which they identify in the course of their professional work to the police ^[22]. This duty came into force from 31st October 2015. Women and girls born in Somalia accounted for more than one third (37%) of newly recorded cases of FGM ^[23]. Of this total number of newly recorded cases 43 involved women and girls who self-reported to have been born in the UK ^[23].

In 18 cases the FGM was undertaken in the UK, including 11 women and girls who were born in the UK ^[23]. Where the nature of the UK procedure was known, around 10 were genital piercings ^[23]. The 5 to 9 year old age group was the most common age range at which FGM was undertaken ^[23].

Child Sexual Exploitation / Abuse

Child sexual exploitation (CSE) of young people under 18 is defined as: Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status

of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology ^[24].

A child under 13 is not legally capable of consenting to sexual activity. Any offence covered under the Sexual Offences Act 2003 involving a child under 13 is very serious and should be taken to indicate that the child is suffering, or is likely to suffer, significant harm. Sexual activity with a child under 16 is also an offence. Where it is consensual sexual activity it may be less serious than if the child were under 13 years, but may nevertheless, have serious consequences for the welfare of the young person. Consideration should be given in every case of sexual activity involving a child aged 13-15 as to whether there should be a discussion with other agencies and a referral to children's social care to investigate whether there is the potential for child sexual exploitation or abuse.

The Wiltshire Safeguarding Children's Board (WSCB) has a role in setting out the expectations of all agencies in relation to identifying and responding to children who are vulnerable to, and at risk of, sexual exploitation and abuse, as well as responding when sexually exploitation is identified. All agencies have a role in identifying and safeguarding children at risk of or experiencing sexual exploitation and abuse. The WSCB has a specific sub group which considers issues of CSE which meets regularly to review information and ensures processes and procedures and being effectively used to support young people. A key recent development has been the launch of Project Gemstone by Wiltshire Police. This is a specialist team dedicated to working with and supporting victims and those at risk of sexual exploitation. The team is staffed by Police and Social Care staff with additional support from health professionals, including CAMHS. In addition a Missing and Child Sexual Exploitation meeting (MACSE) has been established to focus on CSE perpetrators; previously the CSE business was victim focussed and therefore missed opportunities to disrupt offenders.

Levels of Child Sexual Exploitation within Wiltshire are relatively low compared to some areas of England, although there have been multiple occasions where instances of exploitation have been identified and appropriate action taken. During 2015 63 cases of CSE were investigated with the average age of the victim being between 14 and 16 ^[25]. The average age of offenders was 17 and the most prevalent model of exploitation is lone offender rather than gang exploitation ^[25].

Priority Groups

The sexual health and wellbeing of the general population is a priority but there are certain groups which are considered to be at higher risk of infection and unintended pregnancy. Individuals in these vulnerable groups are often indirectly excluded from mainstream services.

Those in vulnerable groups are more likely to experience poor sexual health due to socioeconomic inequalities, meaning those living in deprived areas often are more at risk of negative health outcomes, such as STIs and unintended pregnancies. In addition, there is considerable inequality in the distribution of STIs across the population with particular groups at higher risk such as lesbian and gay communities, black and minority ethnic communities and young people. Tackling these inequalities requires a variety of interventions and approaches such as ensuring open access to services, and health promotion and education to raise awareness of safer sexual behaviours to enable young people to negotiate a safer sex life.

Lesbian, Gay, Bisexual and Transgender Individuals (LGBT)

Men who have Sex with Men, (MSM) is the term used to define men who have sex with other men but who may not necessarily identify themselves as gay or bisexual. MSM are at higher risk of infection and are regularly reported as having higher levels of sexually transmitted infections, including HIV. In Wiltshire 43% of people living with HIV are MSM ^[3]. Research also shows that those from LGBT backgrounds are less likely to have routine health screening tests than heterosexuals and that less than half of LGBT people make their GP aware of their sexual orientation.

Black and Minority Ethnic Communities (BME)

Sexual health within this group is often perceived to be worse compared to the general population. Examining this issue identified accessing services as a major barrier for those from the BME community. In 2015, 27% of those living with HIV in Wiltshire were from Black and Minority Ethnic Communities ^[3].

Young People

Young people experience a higher burden of STIs and are more likely to have poorer sexual health outcomes than those aged over 25. In 2016, young people accounted for 43% of all new STI diagnosis in Wiltshire ^[1] with the most common of these infections being Chlamydia. In addition, the UK has one of the highest teenage pregnancy rates across Western Europe ^[19] although this figure is reducing the long term impact of pregnancy for young people can be considerable.

Young people within the care system often enter care with poorer health and wellbeing in part due to the impact of poverty, abuse and neglect to which they may have been exposed. This is also likely to be due to lower levels of health awareness and health literacy as educational attendance is often lower. Young people in care share many of the same health risks and problems as their peers but often to a greater degree. ^[5]

Support, including advice and information on sexual health, Chlamydia screening and contraception is available to young people in care or who are care leavers but there is no data on the provision levels for young people in care requesting this level of support.

Older people

People continue to engage in sexual activity throughout their lives and although risk of pregnancy decreases with age, the risk of STIs occurs at all ages. The 2014 National Survey of Sexual Attitudes and Lifestyles (NATSAL) collected information from individuals up to aged 75. The survey results indicate that 75% of men and 59% of women aged between 55 and 64 report regular sexual activity with these percentages being 57% men and 37% women aged between 65 and 74 ^[6].

In 2016, 11% of all STIs in Wiltshire were diagnosed in the over 50's ^[1] and therefore going forward we need to ensure that health promotion messages are also targeted at this age group. The perception of sexual health and contraceptive services focussed on young people can be seen as stigmatising and a barrier to access for older people.

Substance misuse (including injecting drug users)

Drug and alcohol use can influence decision making and contribute to risk taking behaviour, increasing the risk of contracting a sexually transmitted infection or having an unintended pregnancy. The use of recreational drugs carries a risk of contracting Hepatitis B and C as well as HIV (if sharing injecting equipment). The exact prevalence of Hepatitis C Virus (HCV) infection within Wiltshire is unknown due to the levels of undiagnosed individuals within the county, however modelled data suggests that there are approximately 1,952 people living with hepatitis C ^[8] and 1,958 people living with hepatitis B in Wiltshire ^[7].

Military Personnel

Serving personnel have access to Military of Defence (MoD) medical services. However, due to the sensitive nature of an individual's sexual health they often choose to attend services outside of the MoD and this can have an impact on local service provision for other residents.

Education on how to prevent the transmission of STIs is essential for all groups, however with military personnel being deployed across the globe to countries with higher levels of HIV and STI infections it is especially important that this is emphasised as part of pre and post deployment discussions. In addition, to working with military personnel it is also important to consider the families and their sexual health as often this can be overlooked.

Prison Population

Wiltshire's HMP Erlestoke is a category 'C' establishment with capacity to house 524 prisoners. When individuals first arrive at the prison they are offered health screening for blood borne virus's including HIV and if under 25 they are also offered screening for chlamydia. Whilst living in the prison, if they wish to discuss their sexual health or

be screened for possible infection they can request an appointment with healthcare staff and the necessary testing will be provided.

At present there is little information in relation to the number of individuals who are requesting support regarding their sexual health as the traditional reporting route of uploading data into the PHE GUMCAD system is not routinely taking place ^[2].

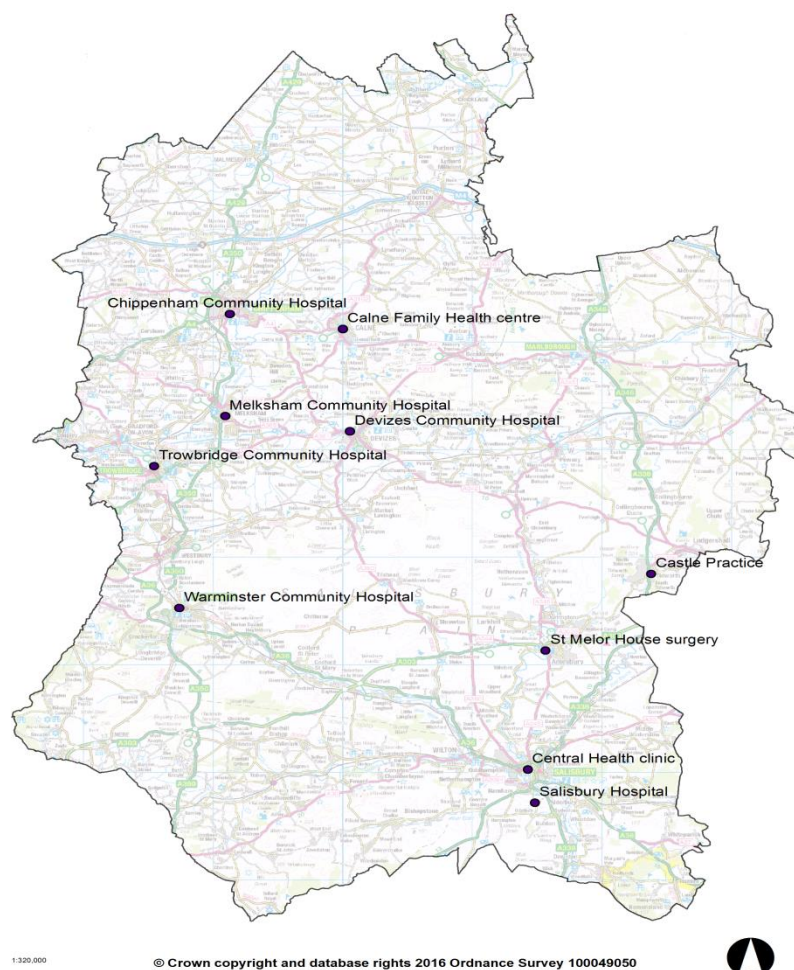
Local Contraceptive & Sexual Health Services

A range of providers within Wiltshire deliver face to face and online services.

Department of Sexual Health – Salisbury Foundation Trust

The majority of services are provided through the Sexual Health department at Salisbury Foundation NHS Trust which is contracted to provide sexual health and contraception services. These services are delivered through a 'hub and spoke' model, with the hub being in Salisbury and spokes being provided in Calne, Chippenham, Devizes, Melksham, Salisbury (2nd site), Tidworth, Trowbridge and Warminster.

Location of Main Sexual Health Services



In addition to face to face services provided by Salisbury Foundation Trust, there is a range of provision offered by other community sites, including: primary care venues; community pharmacies; school health nurses, military healthcare and termination services. Referral pathways between all services exist with signposting encouraged to ensure that individuals receive the most appropriate service possible for their individual needs.

Since 2012 there has been a consistent increase in the numbers of patients accessing Wiltshire based sexual health services and in particular services for testing and treating for STI infections [2]. In 2012 services were used by 4,218 individual patients but by 2015 this had increased to 6,615 (an increase of 37%) [2]. This increase is partly due to improvements in patient flow within services and the availability of services for patients to access. However, this is not a true reflection of the number of appointments which patients are utilising.

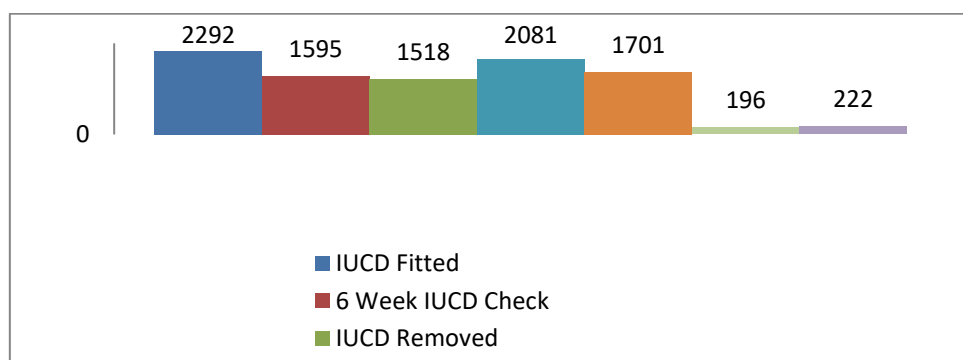
Many sexual health services are open access and therefore individuals have the option to attend any sexual health service of their choice. Residents have the option to access services outside of the county. In 2015 only 61% of Wiltshire patients who accessed a GUM clinic chose to do so using Wiltshire based services, the remaining 39% used a total of 132 different clinical settings across the UK [2].

The services provided by Salisbury Foundation Trust are primarily contraception and sexual health services (CaSH) clinics. The main focus of these clinics is ensuring that women are able to effectively access the various methods of contraception available to them and that any member of the community is able to access testing and treatment for sexually transmitted infections. During 2015/16 they provided 4,105 appointments within the community based clinics in addition to the 1,224 contraception appointments within the main hospital site in Salisbury [2].

Primary Care

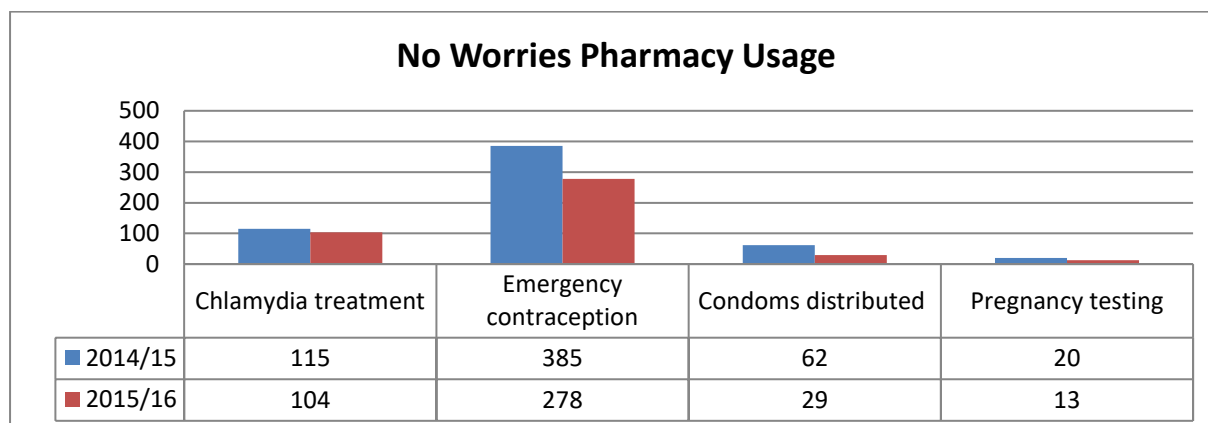
Primary Care within Wiltshire is a key provider of sexual health services and contraception services such as the supply and fitting of LARC methods. In addition to the provision of services within the standard General Medical Services (GMS) contract that GP's sign up to, several them have also chosen to provide additional services through the Wiltshire 'No Worries' service. This is a program of work which enables young people (under 25 years of age) to access Chlamydia testing and treatment, free condoms, emergency hormonal contraception and free pregnancy testing through their own GP surgery or another practice signed up to the scheme without having to make a standard appointment. This has proven to be a well-used service and has contributed significantly to reducing the levels of unintended teenage conception.

During 2015-16 GP surgeries across Wiltshire undertook a wide range of services as part of enhanced provision in relation to sexual health. The below figure shows the level of patient appointments provided for this.



Community Pharmacies

Community Pharmacies can also contract to provide No Worries services: 21 pharmacies across Wiltshire are currently delivering these services. Community pharmacies are often used by young people who may be too embarrassed to use their GP surgery. Data regarding the number of YP using NW services via community pharmacies is given in the table below. There has been a reduction in 2015/16 and this is in part down to the movement of individual pharmacists who have changed locations and may either be working in another county or in a pharmacy which is not part of the No Worries scheme.



School Health Nurses

School Nurses are integral to raising awareness of services. Each school may choose whether school nurses are able to offer chlamydia testing, pregnancy testing, condoms and emergency hormonal contraception provision but all school nurses are able to provide information, advice and guidance to a young person who comes to them for support. This ability to raise awareness and demystify sexual health matters facilitates improved access to services and reduces the fear and stigma which sexual health can have for young people.

Military

Military personnel are able to access the medical centres within their bases for sexual health testing and treatment and it is important that these services are promoted to enable and encourage individuals to access them. There is concern amongst some military staff to access services who may know them to discuss a potential sexually transmitted infection and in these cases they are able to access civilian services in the same manner as any other resident of Wiltshire. There is a specialist sexual health unit for military personnel but this is based in Birmingham and tends to only deal with complex sexual health issues rather than standard testing and treatment.

Online Services

The provision of services via the internet has been a major part of our chlamydia screening program since 2009. The numbers of those requesting a test is increasing year on year with over 24,000 tests being taken by young people using the service by the end of August 2016. It enables an individual to order a test kit online, taking the necessary sample at home before mailing it directly to the laboratory for testing. Results are then provided via a text message or via a telephone conversation depending on the test result. Since 2013 we have been providing an online sexual health service to over 5,600 young people each year.

In November 2015 provision of HIV screening via home sampling commenced in Wiltshire. The system uses the same method of ordering and results as the chlamydia screening service with testing kits being ordered online for home delivery and results provided by text or telephone conversation. The provision of an online HIV testing services contrasts markedly with the perception that HIV testing can only be offered and performed within a specialist setting. Each month approximately 30 kits are requested by residents which evidences the acceptability and confidence that this form of testing has with patients. The number of kits ordered fluctuates throughout the year with screening increasing around National HIV Testing Week in November and World AIDS Day in December.

Termination of Pregnancy (Abortion) Services

In England termination is legal for pregnancies up to 24 weeks in gestation although the sooner an abortion is carried out the lower the risk of complications for women. Services across England and Wales have striven to maximise the number of procedures performed within 10 weeks of gestation. Termination services are funded by NHS Wiltshire CCG which commissions both NHS providers and non-NHS providers, with 91% of all terminations for Wiltshire residents being carried out by non-NHS providers in 2016 ^[20]. This is higher than the England average of 70.4% and substantially higher than the South of England average of 79% ^[20]. This may be due in part to the rurality of the county and the lack of availability of NHS providers.

In 2016, the Wiltshire rate for completing terminations within 10 weeks gestation was 81.9%, slightly higher than the rate in 2015 which was 79.9% ^[20]. The under-18 termination rate in Wiltshire has been reducing over time, which is partly explained by the reduction in actual conceptions but may also be due to the choice of some young women to continue with the pregnancy. In 2016, the rate was 7 per 1,000 compared to an England rate of 9 per 1,000 ^[20].

Service Feedback

Service Users Feedback

In order to gauge the viewpoints of local service users a survey was developed and distributed via a range of agencies including sexual health clinics, youth groups, drug and alcohol agencies. The survey remained open for six weeks and during that time 84 responses were received. The majority of respondents (53) were female which reflects the usage of services in terms of both sexual health and contraception services. This is also the case for sexual orientation where the majority of respondents (65) were heterosexual.

Young people are more at risk of STIs than other age groups and this was reflected in the respondents to the survey. The highest number of respondents were from the 16-25 age group followed by those aged 26-35 who may well be utilising services for contraceptive as well as sexual health purposes. 98% of respondents identified themselves as white and only one person identified as having a physical disability. A further 9 individuals identified as having a learning disability. Although the majority of responses came from the Salisbury area, every community area in Wiltshire was represented in responses.

67% of respondents stated that they have had a sexual health check-up, of which 33% were within the preceding year with 25% having had a check-up within the last 3 years. This suggests that although some Wiltshire residents are accessing local services and taking responsibility for their contraceptive and sexual health needs, work does need to take place to reach those are not accessing services.

Questions regarding where the respondent had accessed services were interesting as they indicated not only the acceptability of the current main provider but also that Wiltshire residents were willing and able to access the community based clinics which are located across the area. Some individuals choose to access services away from where they live or work and it is a recommendation that a review of where individuals are choosing to attend which could then lead to targeted work taking place to reduce this number.

When asked about the information they received from the service they used, 98% were either satisfied or very satisfied with 98% also rating the way they were treated as either satisfactory or very satisfactory. 57% indicated they were very satisfied with the timeliness of service provision with a further 33% indicating they were satisfied. The service provider may wish to consider giving more information to patients on waiting times and clinic availability to moderate patient expectations.

The potential for providing services via online platforms was asked; however the initial question regarding how many respondents had already used this type of service showed only 12% had used online services. This could have been due to the fact that currently the main focus of this service is chlamydia screening which is only open to those under 25 but nevertheless this figure was lower than anticipated. It was encouraging that 76% of respondents would use online screening if it were available

The Public Health team within Wiltshire Council commission a number of primary care and pharmacy venues to provide a range of sexual health services to young people, including chlamydia treatment, emergency hormonal contraception, condom distribution and pregnancy testing; with the service branded as 'No Worries'. Responses received in relation to knowledge of the No Worries service may share the same difficulty as the question about accessing online services as this service is targeted at the under 25 year olds. 59% of respondents had never heard of 'No Worries' but this may in part be down to age. This may again be because the service is targeted at those aged under 25 years

Although many respondents will have used services delivered by the main Sexual Health provider through CaSH clinics, many could have obtained the same advice and treatment through their GP or community pharmacy. 42% of respondents had sought information or advice from their GP on sexual health the majority for emergency contraception, however 74% of respondents had never had a sexual health consultation with a pharmacist.

The survey provided an insight into the locations that respondents would look for information or advice on sexual health issues if they needed it. The three highest places were identified as: from a sexual health clinic (60%); from the internet (55%) or from my GP surgery (43%). When asked where on the internet they would be likely to look for the information they needed the majority of them stated an NHS website which is evidence that there is confidence in the quality and relevance of the information provided.

In terms of service developments the final questions were the most important and when asked how they would rate sexual health services overall, 71% stated they were either good or very good.

Service Provider Feedback

A separate provider survey was developed to explore the views of professionals of which 60 responses were received representing a range of organisations including primary care, education, youth services, healthcare, sexual health services, homelessness and substance misuse services.

The majority of respondents (86%) feel that Wiltshire provides an effective sexual health service to its population; however, 63% felt that it is only partially effective rather than highly effective. When asked what prevents people from accessing sexual health services the two highest responses were that services were not well advertised (65%) and patients are unaware of the range of services they can access (81%). This indicates a need for better publicity and advertising of the locations and availability of these services. This may also address the level of out of county provision if people were more aware of the services available to them locally.

When considering if there were any particularly under-served groups within the county, age groupings appeared to be the area of biggest concern. Respondents could identify more than one group and as such 69% of respondents felt the under 18's needed additional support, 40% felt those 18-25 needed to be catered for more, and

25% of respondents felt those over 40 years of age would benefit from an increase in targeted services. The other group identified as needing additional focus was people with a physical and/or learning difficulty.

Questions around publicity and campaign materials elicited mainly negative responses; 19% felt the amount of campaigning was good or very good and only 20% indicated the range of materials used was good or very good. 32% identified that the clarity of message was good or very good and 30% felt the materials were of relevance to the Wiltshire Population. While this is very concerning, it may be related to the fact that these materials are predominantly distributed to GP surgeries and community pharmacies and many of the respondents had not attended these venues for sexual health services.

Partnership working is a key element to the successful delivery of services, evidenced by the dramatic reduction in the level of teenage conceptions due in the main to organisations working together to ensure information and support is provided at every opportunity. However, when stakeholders were asked whether there was sufficient and appropriate partnership working between services only 51% felt that there was.

There were four main types of partner organisation who felt that additional joint working would help in the provision of services, these were homelessness organisations, substance misuse organisations, schools and midwifery and maternity services.

There was recognition within responses that due to reductions in funding and available time for partnership developments, improvements were taking place but there is still further work is needed.

A large amount of our chlamydia screening and more recently HIV testing is now delivered via online platforms and stakeholders were asked how effective they felt these services were. 77% of respondents identified them to be effective; although as with previous responses 51% felt they were only partially effective which indicates that additional programme support needs to take place to improve this area further.

Survey respondents were finally asked what one thing they would like to see happen to improve services, and this received a wide range of suggestions. They can primarily be clustered into four key areas of development:

- Increased provision of clinical time, particularly in rural areas of the county
- Increased information and awareness raising of available services
- Increased partnership working with organisations working with specific target populations e.g. homelessness, drug and alcohol clients
- Additional support for schools

Overall, the feedback from stakeholders was fairly consistent in its responses. There needs to be improvements in the level of partnership working and an improvement in the level of information being circulated about service availability and what they can be used for.

Identification of Gaps

During the preparation of this HNA consideration has been given to the needs of residents and how those needs are currently being met; or if not what the gaps are in service provision. Below are details of the gaps identified:

Need identified	Demand requested	Current supply	Gaps
Older people are increasingly at risk of STI infection and are not accessing services	Services are more aware of the needs of older people.	Services are open access and can be utilised by older people	Older people are not aware of the risks being taken in their sexual wellbeing.
Commercial sex workers have no services which target their needs	Services are more aware of the additional needs of commercial sex workers	Generic services are provided which can be accessed for support	Commercial sex workers may have additional complex needs which are not able to be catered for by generic service provision
Public Health Outcomes Framework target for Chlamydia screening needs to be achieved	Provision of additional chlamydia testing opportunities	Chlamydia testing kits are available across the county in a wide range of venues	Targeted opportunities need to be developed, particularly for young men who are currently under-represented
Residents are choosing not to access local GUM services	Raise awareness of opportunities to test for STIs within Wiltshire.	Clinical sessions are held across the county and can also be accessed via primary care.	Lack of awareness of community clinics offering sexual health advice and testing
Women not able to access all contraception options via primary care	Women are requesting the full range of contraception to be available at their own primary care venue	All primary care venues offer contraception services or signposting to alternate provision.	Not all primary care venues have trained staff able to provide all forms of LARC contraception.
Better understanding of sexual health services on offer in	A clear understanding of what sexual health services are	All primary care venues will provide a basic level of support and will	Lack of of what sexual health services are being offered

<p>Primary Care venues.</p> <p>Need identified</p> <p>Greater awareness of the HIV home sampling project</p>	<p>provided in each primary care venue</p> <p>Demand requested</p> <p>Increased awareness of who can access the service and how to access it.</p>	<p>signpost for specialist services</p> <p>Current supply</p> <p>Publicity materials have been circulated and media interviews given at start of project</p>	<p>through primary care.</p> <p>Gaps</p> <p>Regular awareness raising materials need to be circulated.</p> <p>Professionals need to encourage service uptake by clients</p>
<p>Increased sexual health testing and reporting within HMP Erlestoke</p>	<p>Data needs to be available on the scale and uptake of sexual health services within the prison setting to ensure equity of provision with other Wiltshire residents.</p>	<p>Healthcare will provide sexual health screening for prisoners who request it.</p>	<p>No data is uploaded into the PHE GUMCAD system to monitor level of testing</p> <p>Lack of proactive encouragement of testing opportunities.</p>
<p>Regular data available to commissioners from main sexual health provider to enable service planning and development</p>	<p>Clear data on services provided and geographical location of patients to ensure effectiveness of service offer to meet demands of all Wiltshire residents</p>	<p>Specialist clinical services are provided across the county and also through primary care venues</p>	<p>Ad hoc reports are received by commissioners which does not facilitate service planning and development</p>
<p>Regular reviews of service locations needs to take place to ensure they remain the most appropriate</p>	<p>Services need to regularly review the locations from which their patients are coming from to ensure they are appropriate</p>	<p>9 community based specialist clinics are provided across Wiltshire with additional provision via primary care venues</p>	<p>Ad hoc data is received by commissioners on where patients are travelling from to attend specialist services which does not enable effective review and service development</p>
<p>LARC methods of contraception should be encouraged for all women via primary care venues</p>	<p>Levels of LARC uptake need to be increased to reduce rates of unintended conception</p>	<p>All primary care venues either have trained staff who can fit LARC methods of contraception or referral pathways to other providers</p>	<p>Primary care venues need to increase the number of LARC fitters.</p> <p>Improved discussions need to take place on the benefits of</p>

Need identified	Demand requested	Current supply	LARC methods prior to prescribing other methods Gaps
Little information is shared between Wiltshire Council and Wiltshire CCG regarding sexual health services including abortion services	Greater partnership working would enable the sharing of information and improvements to services		Services are operating in isolation as there is no regular sharing of information which could make services more effective and cost efficient
Levels of HIV late diagnosis are too high	Rates of HIV late diagnosis need to be reduced and eventually eliminated	Testing for HIV is available via GUM services, primary care and HIV home sampling for anyone who requests it.	Individuals at risk of HIV infection are not being identified and tested. Individuals do not think they have been at risk and therefore choosing not to access testing opportunities
Lack of community pharmacy provision in all parts of Wiltshire	Community pharmacies in all areas of Wiltshire should be encouraged to offer the No Worries service.	More than 20 community pharmacies across Wiltshire are offering No Worries services.	Certain geographical areas of Wiltshire do not have community pharmacy's willing to operate the No Worries service.
Gaps in sexual health knowledge and awareness exists which can put individuals at risk of poor sexual health outcomes	Effective awareness raising campaigns to increase the knowledge of local residents need to take place	Regular campaigns take place to ensure information is disseminated across locations on a monthly basis	Additional numbers of locations (such as libraries and leisure centres) for information posters and leaflets to be circulated to would enhance opportunities for learning
Lack of regular partnership working amongst service providers	Increased partnership working would enable increases to client knowledge and opportunities for reductions in sexual ill health	A Sexual Health Partnership Board exists to share information and all providers are encouraged to work collaboratively with each other to	More strategic partnership working needs to be encouraged between organisations.

improve client
outcomes

Need identified	Demand requested	Current supply	Gaps
Lack of emotional support services for young people who have been the victim of sexual assault	Long term psychological damage could be avoided by the early availability of emotional wellbeing and mental health support	Support is available to young people via the CAMHS service once the threshold for support is reached.	Few young people meet the minimum threshold for CAMHS support Support is rare in geographical locations to suit the needs of young people who may have difficulty in travelling.
New technologies are enabling service developments to take place to reduce the need for direct clinician input to diagnostic services	Implementing new services would reduce the need for patients to attend a clinical setting for testing, reducing costs and increasing patient numbers	New partner notification services have been implemented to enable online provision. The chlamydia and HIV home sampling services enables patients to take samples at home and removes the need to access a clinician for testing.	Chlamydia and HIV are the only tests which can be self-taken by Wiltshire residents despite services being available which would enable sampling for other sexually transmitted infections being available.
Additional knowledge and awareness raising is needed for staff who may encounter FGM or honour based violence with their clients	Staff can feel unskilled in how to recognise and respond to possible evidence of FGM or honour based violence	Staff training is available to raise levels of knowledge of FGM and honour based violence	Staff may not recognise the potential opportunities for FGM or honour based violence to become known and have therefore not received training in advance. Basic training needs to be made mandatory with additional opportunities for more in-depth training made available.

Recommendations

The following recommendations have been developed in response to this health needs assessment:

1. A review of service provision including identifying access barriers for specific groups such as older people, commercial sex workers, and people who have been trafficked should be undertaken due to higher rates of sexually transmitted infections within these groups.
2. Public Health in Wiltshire to review the current approach to Chlamydia Screening across the county with a view to the achievement of the Public Health Outcome Framework requirements.
3. Review out of county attendances at GUM clinics in line with access to current service sites to reduce the numbers of residents choosing to access services out of Wiltshire.
4. Review access to LARC within primary care to ensure there is an adequate spread of provision across the county.
5. Develop process to accurately determine the level of sexual health activity undertaken within GP Practices and Community Pharmacy.
6. Increase uptake of online HIV home testing.
7. Improvements in the reporting of attendance for sexual health issues within HMP Erlestoke to ensure a clearer understanding of the level of need.
8. More regular and accurate reports need to be produced by the main sexual health providers to ensure commissioners are able to effectively map what services are being utilised and from where in the county individuals are coming.
9. Commissioners and general practices should examine strategies to ensure that promotion and acceptance of LARC provision in general practice is increased and consistently offered, particularly in those practices where the patient catchment area covers those at highest risk of unintended conception, and / or the most deprived estates and neighbourhoods in the county.
10. Develop partnership arrangements between the local authority and NHS Wiltshire CCG in relation to termination services to ensure that every opportunity is maximised in terms of ongoing contraception usage.
11. Establish a work plan to reduce the levels of late HIV diagnosis.
12. Recruit pharmacies to participate in the No Worries service to ensure there is an effective service across the whole of Wiltshire.
13. Develop and implement effective awareness campaigns to ensure the levels of knowledge and awareness of sexual health and sexual health services are maintained and improved

14. Develop opportunities for better partnership working between commissioners and service providers, in particular the main sexual health provider and specialist agencies such as homelessness and drug & alcohol agencies.
15. Service Providers should consider the use of new technologies such as home testing/screening, online booking systems and online partner notification systems in order to increase the numbers of individuals using services without the need for additional investment in face to face delivery.
16. Provide a specialist emotional support service for young people who have been the victim of sexual violence or abuse.
17. Develop and deliver training sessions regarding FGM and honour based violence to enable staff to feel confident in raising concerns fulfilling their legal responsibilities to report concerns.

References

- [1] Public Health England, "Sexual and Reproductive Health Profiles, HIV & STI," 2017. [Online]. Available: <http://fingertips.phe.org.uk/profile/sexualhealth>
- [2] Public Health England, GUMCAD v2 report, December 2016 [Online]
- [3] Public Health England, "Wiltshire Local Authority HIV surveillance data tables" Public Health England, London, 2015
- [4] Public Health England, "Wiltshire Local Authority HIV, sexual and reproductive health epidemiology report (LASER)," Public Health England, London, 2015.
- [5] Statutory guidance on promoting the health and wellbeing of looked after children. Department of Health. Department for schools, children and families
- [6] The National Survey of Sexual Attitudes and Lifestyles, London, 2014 [Online] Available: <http://www.natsal.ac.uk/about.aspx>
- [7] Public Health England, "Acute Hepatitis B (England): annual report for 2015," Public Health England, London, 2016.
- [8] Public Health England, "Hepatitis C in the UK," PH England, London, 2017.
- [9] Low N, McCarthy A, Macleod J, Salisbury C, Campbell R, Roberts TE et al. Epidemiological, social, diagnostic and economic evaluation of population screening for genital chlamydial infection. Health Technol Assess 2007; 11(8)
- [10] Public Health England, South West Sexual Health Quarterly Indicator Report October to December 2015, Bristol, 2016
- [11] World Health Organisation, "Herpes Simplex Virus", January 2017 [Online]. Available: <http://www.who.int/mediacentre/factsheets/fs400/en/>
- [12] Cancer Research UK, HPV and Cancer [Online], Available: <http://www.cancerresearchuk.org/about-cancer/causes-of-cancer/infections-hpv-and-cancer/hpv-and-cancer>
- [13] NHS choices, contraceptive Guide [Online], Available: <http://www.nhs.uk/Conditions/contraception-guide/Pages/how-effective-contraception.aspx>
- [14] Department of Health (2013). A Framework for Sexual Health Improvement in England. Available: <http://www.dh.gov.uk/health/2013/03/sex-health-framework/>

- [15] National Institute for Health and Care Excellence, “Long Acting Reversible Contraception” [CG30], London, September 2014. Available: <https://www.nice.org.uk/guidance/cg30>
- [16] Bayer plc, Unplanned Pregnancy Budget Impact Tool, 2016.
- [17] Department for Education and Skills “Teenage Pregnancy: Accelerating the Strategy to 2010”, London, 2010. Available: <http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/DFES-03905-2006.pdf>
- [18] Social Exclusion Unit “National Teenage Pregnancy Strategy”, Social Exclusion Unit, London, June 1999.
- [19] Office for National Statistics, “Conception Statistics England and Wales 2015” [Online]. Available: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/conceptionstatisticsenglandandwalesreferencetables>
- [20] Department of Health, “Abortion Statistics for England and Wales 2015”, June 2016, [Online]. Available: <https://www.gov.uk/government/statistical-data-sets/abortion-statistics-england-and-wales-2015>
- [21] Swindon Sexual Assault Referral Centre, Collated Statistics 2016
- [22] UK Government “The Female Genital Mutilation Act 2003”, London 2003. Available: http://www.legislation.gov.uk/ukpga/2003/31/pdfs/ukpga_20030031_en.pdf
- [23] Health and Social Care Information Centre “Female Genital Mutilation (FGM) - April 2015 to March 2016, Experimental Statistics, 2016. [Online]. Available: <http://content.digital.nhs.uk/catalogue/PUB21206>
- [24] Department for Education “Child sexual exploitation, Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation”. Department for Education, London. February 2017. Available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE_Guidance_Core_Document_13.02.2017.pdf
- [25] Wiltshire Safeguarding Children’s Board. “Annual Report 2015/16”. [Online]. Available: <http://www.wiltshirescb.org.uk/home/annual-report/>
- [26] Department of Health “A Framework for Sexual Health Improvement in England”, Department of Health, London, March 2013. Available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf

- [27] Public Health England “Making it work, A guide to whole system commissioning for sexual health, reproductive health and HIV”. Public Health England, London, March 2015. Available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/408357/Making_it_work_revised_March_2015.pdf
- [28] National Institute for Health and Care Excellence, “HIV testing: increasing uptake among people who may have undiagnosed HIV” [NG60], December 2016 [Online]. Available: <https://www.nice.org.uk/guidance/ng60>
- [29] National Institute for Health and Care Excellence, “Sexually transmitted infections and under-18 conceptions: prevention” [PH3], February 2007 [Online]. Available: <https://www.nice.org.uk/guidance/ph3>
- [30] Public Health England “Public Health Outcomes Framework Healthy Lives, Healthy People: Improving Outcomes and Supporting Transparency”, Public Health England, August 2013.
- [31] Office of National Statistics [ONS] mid-year 2016
- [32] ONS 2014-based National population projections

Acknowledgements

We are grateful to all those who contributed information to this report including staff from the sexual health, services at the three hospital trusts (Salisbury NHS Foundation Trust, Great Western Hospitals NHS Foundation Trust and Royal United Bath Hospitals NHS Trust), Emma Harrold for information and guidance on FGM, Jools James-Kempshall for information on sexual violence, Kim Melbourne, Katherine Hoskin and Shelley Frost for assisting with the service user feedback project, Sadie Adams and Victoria Lofts for information on service provision and members of the Sexual Health Partnership Board for their feedback in the preparation of the document.

Sponsor

This report was sponsored by Tracy Daszkiewicz, Director of Public Health (interim), Wiltshire Council.

Author

This report was prepared by Stephen Jones and Steve Maddern, Public Health Team, Wiltshire Council

This page is intentionally left blank

Blood Borne Virus Health Needs Assessment

December 2017



Part of the JSNA family



Needs Assessment prepared by:

Stephen Jones and Steve Maddern
Public Health

Telephone: 01225 716750

Email: stephen.jones@wiltshire.gov.uk

www.intelligencenetwork.org.uk

www.wiltshirejsa.org.uk

Summary

This Health Needs Assessment (HNA) was developed to better understand the rate of infection of the population of Wiltshire with the three main blood borne viruses (BBVs): Hepatitis B (HBV), Hepatitis C (HCV) and HIV. This paper describes the epidemiology of BBVs and establishes a baseline for current services delivered, identifies the unmet health needs and gaps in service provision, and makes recommendations to improve the diagnosis, treatment and management of BBVs in Wiltshire. This HNA will inform the development of a Wiltshire Blood Borne Virus Strategy.

This HNA reviewed data from a number of sources already in the public domain. There were some gaps in the data collected and the need for further data is considered in the recommendations. Without accurate data we are unable to develop and coordinate an effective response to either support residents living with BBVs or reduce the potential for them to inadvertently transmit infection to others.

Wiltshire has low prevalence for all three BBVs. However, the often asymptomatic nature of these infections means that the risk of transmission is high; the availability of appropriate services to provide vaccination, testing and treatment will minimise the long-term health impacts.

There are a number of recommendations within this HNA for commissioners to consider and for service providers to action. Implementation of these recommendations via a Wiltshire BBV strategy will enable a much clearer understanding of the impact of BBVs on people's lives in Wiltshire and how we can work across the system to reduce transmission and encourage earlier diagnosis and treatment.

Contents

Summary	2
Background	4
National Policy	4
Local Health Needs	6
Local demographics.....	6
The Epidemiology of Blood Borne Virus's.....	7
Hepatitis B.....	7
Hepatitis C	9
HIV	11
Local Service Providers.....	14
Sexual Health Services	14
Substance Misuse Services	15
Prison Healthcare.....	16
Military Healthcare	17
Public Health	17
Wider Stakeholder Feedback	17
Identification of Health Gaps	19
Recommendations	21
References.....	22
Acknowledgements	25

Background

There are a range of BBVs which can cause ill health. As the greatest burden of ill-health is produced by hepatitis B virus (HBV), hepatitis C virus (HCV) and the human immunodeficiency virus (HIV), this HNA will consider only these 3 forms of BBV

Hepatitis B (HBV) causes inflammation of the liver ^[1] which can lead to liver cirrhosis and cancers. Transmission of the virus is by a number of blood-borne or bodily fluid transfer routes, including sexual intercourse, sharing of drug-injecting equipment, needle stick injuries, transfusions of blood and blood products, mother-to-baby transmission, skin piercing, sharing contaminated toothbrushes or razors, bites and scratches ^[1]. HBV is a vaccine preventable disease and vaccination is currently recommended for a number of groups at higher risk of infection

Hepatitis C (HCV) also causes inflammation of liver. Unlike HBV, acute HCV infection is often asymptomatic, jaundice is uncommon and serious disease is rare. Transmission is from contact with blood or bodily fluids from an infected person ^[1]. There is no vaccination for HCV.

HIV weakens the immune system against infections and some types of cancer. Infected people gradually become immunodeficient, resulting in increased susceptibility to a wide range of infections and diseases which can ordinarily be overcome. Transmission is via contact with blood or bodily fluids from an infected person, as a result of sexual contact, sharing of drug-injecting equipment and transfusions of blood and blood products ^[5]. Without prophylactic treatment 15% to 30% of infants born to HIV infected mothers are infected with HIV (before, during or shortly after birth through breastfeeding) ^[5]. HIV can also be transmitted by skin piercing with inadequately sterilised equipment and through needle stick injuries. There is no vaccination for HIV, but transmission can be prevented by practicing safer sex methods. HIV is treatable and with prompt diagnosis and treatment those living with HIV can expect a normal lifespan. When no virus is detectable in the blood, the virus can no longer be passed on.

National Policy

There are a number of BBV policies in place at a national level. Policies and guidance documents of greatest relevance to the Wiltshire population include:

Hepatitis B antenatal screening and new-born immunisation programme – Best practice guidance (2011) ^[26]. This guidance was developed to provide assistance to commissioners in improving the uptake rate of existing infant HBV immunisation programmes for new-borns who are at risk of HBV infection.

The Hepatitis B: migrant health guide (2014) ^[27] provides advice and guidance on the health needs of migrant patients for healthcare practitioners. In addition, there is also a **Hepatitis C: migrant health guide** ^[27] which provides information to healthcare practitioners on how to support patients who are/have been diagnosed with this condition.

The Hepatitis C in the UK (2017) report is the annual report which brings together national level data from all four countries of the UK on HCV infection, prevalence, burden of disease, prevention, awareness, testing & diagnosis and treatment & care [7].

The Infectious Diseases in Pregnancy Screening (2016): program overview guidance document published by PHE explains the NHS program, its policies and services [28].

Improving Testing Rates for Blood Borne Viruses in Prisons and Other Secure Settings (2014) [29]. This document provides information and resources regarding the new 'opt-out' testing policy being rolled out across prisons and other secure settings.

A Framework for Sexual Health Improvement in England (2013) a guidance document which explores the government's ambitions for improving sexual health and reducing the levels of new HIV infection [30].

Health Promotion for Sexual and Reproductive Health and HIV: Strategic Action Plan 2016 to 2019 (2015) which details PHE's approach to reversing the HIV epidemic [31]. It identifies the key areas for PHE action, and describes how PHE can work with partners at a national and regional level to improve health and reduce inequalities.

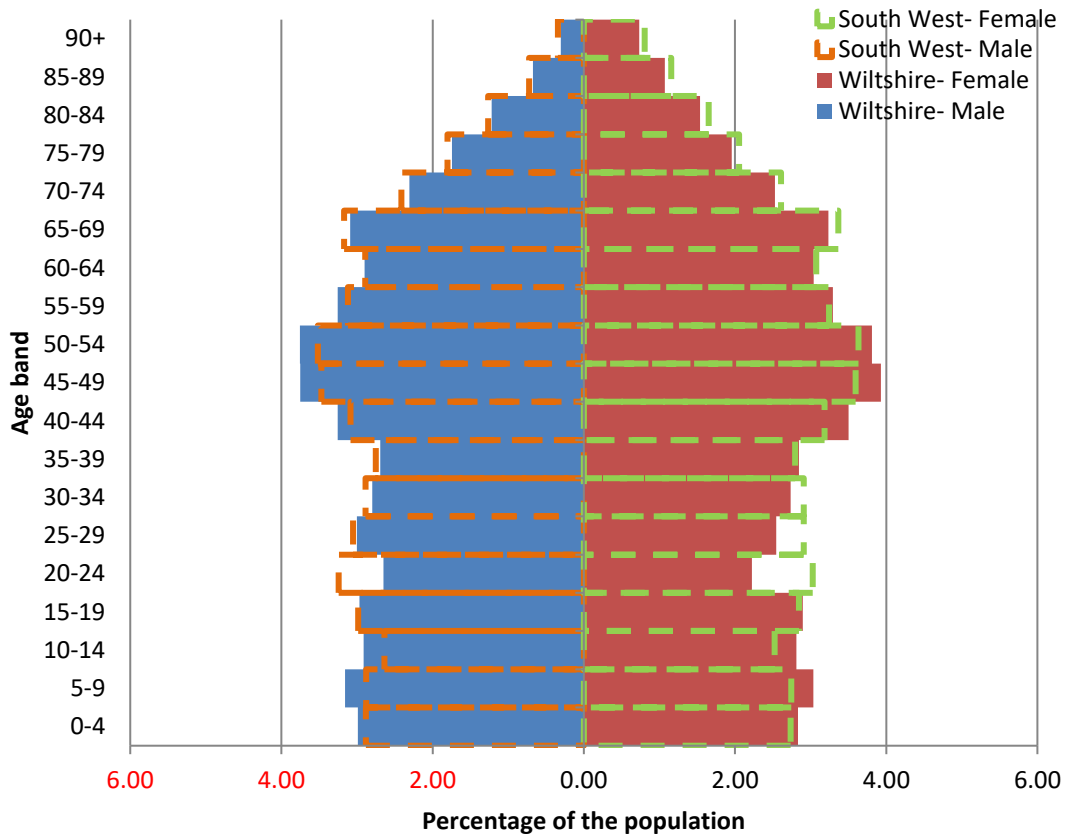
Although there are national policies in relation to BBVs there are no regional or local policies from which action plans can be devised and implemented. Following the publication of this HNA, the first BBV strategy Wiltshire will be developed.

Local Health Needs

Local demographics

There are an estimated 488,409¹ people living in the Wiltshire Local Authority area. The population is expected to grow. 51% of the population is female. Wiltshire is predominantly White British (93%). In 2016 ONS published population projections² which estimated Wiltshire's population will steadily grow to 516,000 by 2026. Figure 1 depicts the most recent population pyramid of Wiltshire and the South West region.

Figure 1: Population pyramid for Wiltshire and South West region



The age structure of Wiltshire is similar to the South West region. However, Wiltshire has a slightly smaller proportion of 20 to 24 year olds which might be a reflect the absence of a University. It is thought that the population pyramid in Wiltshire will become top heavy with a larger proportion of elderly and that in 2026 the number of people over the age of 65 will for the first time outnumber those under the age of 20.

The Epidemiology of Blood Borne Virus's

Hepatitis B

HBV causes inflammation of the liver [1]. With acute infection some people may experience flu-like symptoms including sore throat, joint pains, tiredness and nausea as well as abdominal pain, jaundice (yellowing of the skin and eyes) and liver failure. Long-term complications of being a HBV carrier include cirrhosis (scarring of the liver) and liver cancer.

Transmission of the virus is by a number of blood-borne or bodily fluid transfer routes, including sexual intercourse, sharing of drug-injecting equipment, needle stick injuries, transfusions of blood and blood products, mother-to-baby transmission, skin piercing, sharing contaminated toothbrushes or razors, bites and scratches [1]. In the UK, 95% of new chronic HBV infections occur in migrant populations, having been acquired through mother-to-baby transmission in the country of birth. The main high risk groups for HBV can be found in table one below [1].

Table 1: Main high-risk groups for HBV infection [1]

- People born or brought up in a country with an intermediate or high prevalence (2% or greater) of chronic HBV including all countries in Africa, Asia, the Caribbean, Central and South America, Eastern and Southern Europe, the Middle East and the Pacific islands
- Babies born to mothers infected with HBV
- People who have ever injected drugs
- Men who have sex with men (MSM)
- Anyone who has had unprotected sex, particularly:
 - people who have had multiple sexual partners
 - people reporting unprotected sexual contact in areas of intermediate and high prevalence
 - people diagnosed with a sexually transmitted infection
 - commercial sex workers
- Looked-after children and young people, including those living in care homes
- Foster carers and people who adopt children from medium and high prevalence countries
- Prisoners, including young offenders
- Healthcare workers and laboratory staff
- Immigration detainees
- Close contacts of someone known to be chronically infected with HBV

HBV is a vaccine preventable disease and it is currently recommended for a number of groups at higher risk of infection, including most of those outlined in the above table and is particularly important in the context of babies born to infected mothers as infection can take place in 90% of these children.

Prevalence estimates of chronic HBV infection in the South West ^[22] suggest that 0.49% of the population is infected with HBV. When modelled against the Wiltshire population there were an estimated 1,958 people living with chronic HBV in 2015 ^[6].

Since not all infected individuals will present to be tested and diagnosed, the real number of new acute infections occurring in Wiltshire is likely to be greater than the number reported. It is estimated that the annual incidence of HBV is 7.4 per 100,000 people ^[16]. Applying this rate to Wiltshire's population results in an estimated 36 new cases occurring each year, of which only about 4 cases will be diagnosed ^[22]. The remaining individuals will be unaware, given the asymptomatic nature of the infection, increasing the risk of further transmission.

There appears to be an increasing number of men contracting HBV with data extracted from the Public Health England HPZone database indicating that of the acute cases recorded 69.8% ^[22] were in men compared to only 30.2% ^[22] of women. HBV is a vaccine preventable condition and vaccination is widely available for those groups who are at increased risk of contracting the virus. The vaccination programme generally consists of three injections spread over a number of months. Unfortunately this has the consequence of individuals not returning for the second or third dose of vaccine and therefore not being fully protected. Table two below outlines this using information from the sexual health service.

Table 2: Number of HBV vaccinations received in sexual health services for Wiltshire residents, 2011-16 ^[25]

HBV vaccination	2011	2012	2013	2014	2015	2016
1st dose	95	100	121	106	124	163
2nd dose	62	101	115	100	112	142
3rd dose	62	114	103	83	103	114

Information from the Wiltshire Substance Misuse Service shows that not all individuals at risk of HBV infection are willing to accept and complete the vaccination course. However, vaccine coverage in HMP Erlestoke from 2007 to 2013 has sharply increased from 16% to 94% ^[22].

All pregnant women are offered screening for HBV at the earliest contact with their midwife. If the initial offer of screening is declined screening is re-offered at 28 weeks. Pregnant women diagnosed with HBV are notified by the laboratory lead to the Antenatal Screening Coordinator who will then arrange for the patient to have an early consultant obstetrician outpatient appointment and referral to a specialist hepatology clinic. The lead paediatrician in this area will also be informed as they will make clinical decisions about the baby's needs. Unfortunately, local data on the proportion of pregnant women who accept a HBV test is not available.

A national KPI surrounding antenatal screening exists and is the proportion of pregnant women who are HBV positive that attend for specialist assessment within 6

weeks of screening positive. The acceptable target is set at $\geq 70.0\%$ and the achievable target at $\geq 90.0\%$ [14]. In 2015-16, England achieved a level of 73.4% [14] and the South West 72.2% [14]. Performance at the GWH and SDH were both below the acceptable target at 50.0% and 50.0% [14], respectively. However, the actual numbers of women attending for specialist assessment are too small to be reported and therefore there is uncertainty around these figures. The performance at the RUH was 100%, although again actual numbers are low [14].

All clients are offered an HBV test at the same time as they are offered other BBV testing in substance misuse services. The take up rate may be slightly lower as the availability of a trained individual to perform the test at the time of offer is not always possible.

Universal testing for HBV can identify those in the population who have been infected with the virus and these tests can be undertaken in primary care and specialist service settings. There is no reliable data available in relation to the number of tests carried out for individuals at risk of HBV infection, although the numbers of individuals diagnosed is available. Although the long-term health consequences of HBV infection can be mild for most with the condition, serious ill health or death can result for some. The crude mortality rate of HBV related end-stage liver disease/hepatocellular carcinoma in persons less than 75 years of age is 0.076 per 100,000 [6].

Hepatitis C

HCV also causes inflammation of liver. Unlike HBV, acute HCV infection is often asymptomatic, jaundice is uncommon and serious disease is rare. About 80% of those with acute infection will go on to become chronically infected and of those 75% will have some degree of active liver disease. Long-term complications of chronic infection include cirrhosis (scarring of the liver) and liver cancer [1][4].

Transmission is from contact with blood or bodily fluids from an infected person [1]. In the UK, over 90% of chronic HCV infections are seen in people who currently or previously have injected or shared drug taking paraphernalia [1][4], with other risk groups for HCV found in table three below.

Table 3: Main high-risk groups for HCV infection [1]

- People who received a blood transfusion before 1991 or blood products before 1986
- People born or brought up in a country with an intermediate or high prevalence (2% or greater) of chronic HCV including all countries in Africa, Asia, the Caribbean, Central and South America, Eastern and Southern Europe, the Middle East and the Pacific islands
- Babies born to mothers infected with HCV
- Prisoners, including young offenders
- Looked-after children and young people, including those living in care homes
- People living in hostels for the homeless or sleeping on the streets
- HIV-positive MSM

-
- Close contacts of someone known to be chronically infected with HCV
-

There is no robust estimate of new cases of HCV per year at a national or local level but available estimates suggest that incidence has remained relatively stable in the UK over recent years. The most recent estimates of the prevalence of chronic HCV infection in England ^[11] suggest that 160,000 adults are chronically infected with HCV, equating to 0.4% of the adult population. If this prevalence figure is applied to the Wiltshire population for 2016, it is estimated that there are 1,952 people living with chronic HCV in Wiltshire ^[21].

HCV infection is primarily seen within individuals who have previously injected drugs (54% of recorded local cases), followed by people who currently inject drugs (26% of recorded local cases) ^{[1] [4]}. However, during 2016/17 figures received from the Wiltshire Substance Misuse Service indicate that only 53.2% ^[24] of their active client group actually received a HCV test which may impact on the local data as individuals living with the virus may not be identified,

In 2013, 10% of offenders new to HMP Erlestoke had a HCV test performed within 31 days of reception ^[20] which may impact on the numbers of individuals who are being identified as already infected with HCV.

There is no vaccine or other medication available which can prevent or reduce the risk of infection from HCV. However, there are harm reduction methods which can reduce the risk of infection; these methods include a needle exchange programme which reduces risk of sharing injecting equipment. Unlike HBV there are effective treatments available that, once infection has taken place, which clear the virus and minimise any long-term health impacts. Treatments for HCV are changing and developing fairly rapidly and consequently the numbers of people able to access and complete treatment is increasing.

Data from Public Health England has identified the numbers of individuals living within Wiltshire who have contracted HCV, but this information cannot be used to determine whether these infections are acute cases (where infection has taken place recently) or chronic cases (where the individual may have been infected some time ago). This data shows that in 2015 there were 39 newly recorded cases of HCV in Wiltshire ^[21].

As with HBV, one of the key elements of providing services to people at risk of contracting a BBV is the availability of testing. This is especially important in relation to HCV for individual's accessing substance misuse services. Wiltshire Substance Misuse Service (WSMS) offers testing to its clients, however the numbers who are actually testing is relatively low compared to those who accept the offer of a test and could also reflect the rates actually testing for HBV. In 2016-17, 1122 clients were offered HCV testing from WSMS (approximately 56% of all clients seen by the service) of which 1062 completed the test.

Unlike HBV, the long-term health impact of infection with HCV is more serious. Without effective treatment most patients will experience some form of liver disease which may even lead to death. The crude mortality rate of HCV related end-stage liver

disease/hepatocellular carcinoma in persons less than 75 years of age in Wiltshire is 0.46 per 100,000 [7].

HIV

HIV weakens the immune system against infections and some types of cancer. Infected people gradually become immunodeficient, resulting in increased susceptibility to a wide range of infections and diseases which can ordinarily be overcome. During the first few weeks after initial infection, individuals may be asymptomatic or experience a flu-like illness including fever, headache, rash or sore throat.

Transmission is via contact with blood or bodily fluids from an infected person as a result of sexual contact, sharing of drug-injecting equipment and transfusions of blood and blood products [5]. Without prophylactic treatment 15% to 30% of infants born to HIV infected mothers are infected with HIV (before, during or shortly after birth through breastfeeding) [5]. HIV can also be transmitted by skin piercing with inadequately sterilised equipment and through needle stick injuries.

Having another sexually transmitted infection and having multiple sexual partners puts individuals at greater risk of contracting HIV [5]. Transmission is especially efficient between MSM, in whom receptive anal intercourse is a particular risk factor and MSM remain the group most at risk of HIV in the UK. HIV prevalence in the UK is higher among people of black African ethnicity. those groups at high-risk of HIV infection are included in table four below.

Table 4: Main high-risk groups for HIV [1]

- People born or brought up in a country with an intermediate or high prevalence
- Babies born to mothers infected with HIV
- People who have ever injected drugs
- Men who have sex with men (MSM)
- Anyone who has had unprotected sex, particularly:
 - people who have had multiple sexual partners
 - people reporting unprotected sexual contact in areas of intermediate and high prevalence
 - people diagnosed with a sexually transmitted infection
 - commercial sex workers
- Prisoners, including young offenders

In 2015, 9 adult residents were newly diagnosed with HIV in Wiltshire and the rate of new HIV diagnosis per 100,000 population among people aged 15 or above was 2.3 per 100,000 [23]. This brought the total number of people diagnosed as living with HIV in Wiltshire to 221 [23]. Nationally there are an estimated additional 18% of people who have contracted the virus but are unaware of their infection; this would translate itself to an additional 39 individuals within Wiltshire bringing the total number to 260 [12].

In 2015, the prevalence rate of diagnosed HIV infection per 1,000 residents was 0.72 for Wiltshire. This was lower than the South West prevalence of 1.13 per 1,000 and lower than the England prevalence of 2.26 per 1,000 ^[12]. None of the Middle Super Output Areas (MSOA) in Wiltshire had a prevalence rate higher than 2 per 1,000 which is the NICE trigger for more intensive testing and screening systems to be put into place ^[23].

From 2011 to 2015 there was a decrease in the rate of new HIV diagnosis from 6.4 to 2.3 per 100,000 within Wiltshire, with the rate being consistently lower than the England rate currently at 12.1 and lower or similar to the South West rate which is currently at 4.5 ^[12].

In 2015, a breakdown in the demographic profile of the 221 individuals who were receiving treatment shows us that 151 were men and 70 were women, the majority (76.9%) were of white ethnicity, followed by black African ethnicity (17.2%), other ethnicity (4.55%), and black Caribbean ethnicity (1.35%) ^[23].

With regards to route of infection the majority of people living with HIV probably acquired their infection through sex between men and women (47.96%), followed by sex between men (46.15%), other/not known (4.99%) and injecting drug use (0.90%) ^[23].

If an individual is at risk of infection there are medications which reduce the likelihood of the virus successfully infecting the body. It takes a few days for HIV to become established in the body following exposure. Post-Exposure Prophylaxis (PEP) drugs given at this time may help the body's immune system to stop the virus from replicating (multiplying) in the infected cells of the body. The cells originally infected would then die naturally within a short period of time without producing more copies of HIV. PEP is a month-long course of drugs and the sooner someone starts taking the medication after exposure to infection the better, but it must be started within 72 hours after a possible exposure to the virus. The PEP drugs are the same drugs that HIV-positive people use to reduce its impact on their body.

A recently approved range of medications known as 'PrEP' is also now available. Pre Exposure Prophylaxis (PrEP) is a course of HIV drugs taken by HIV negative people before being exposed to the HIV virus to reduce the chance of becoming infected. Results in trials have been very successful, with PrEP significantly lowering the risk of becoming HIV positive and without causing major side effects.

One of the key aspects of identifying HIV infection is the availability of testing services. In 2015, an HIV test was offered at 82.7% of eligible attendances at sexual health clinics and 77.7% of those individuals chose to proceed with testing, consequently only 69.2% of eligible individuals attending received a test ^[12].

All pregnant women are offered screening for HIV at the earliest contact with their midwife. If the initial offer of screening is declined, screening is re-offered at 28 weeks. Pregnant women diagnosed with HIV are notified by the laboratory lead to the antenatal screening coordinator. The antenatal screening coordinator will then arrange

for the patient to have an early consultant obstetrician appointment at which point she is informed of her result and a referral made to the consultant in HIV/GUM. The paediatrician leading in this area will also be informed and an appointment will be offered to discuss the care of the baby. Antenatal screening rates have consistently been above the target rate of 90% at each of the three hospitals, who provide maternity services to the women of Wiltshire.

Although rates of HIV within injecting drug users in Wiltshire are relatively low, it is essential that we monitor this situation and ensure that testing opportunities are provided at every opportunity. In 2016/17 1,995 clients were seen by the main substance misuse provider but only 1,035 (51.9%) were tested for HIV [24].

There was no local data available for HMP Erlestoke on the proportion of new prisoners being tested for HIV or the prevalence of HIV in the population. Testing for HIV is covered by the National Offender Management Service and the recently implemented PHE national prison opt-out BBV testing policy should increase rates of testing.

One of the indicators on the PHE Sexual Health and Reproductive Profiles and the Public Health Outcomes Framework is the percentage of adults (aged 15 or above) newly diagnosed with HIV with a CD4 count <350 cells per mm^3 , as this represents those people who are diagnosed only after their immune systems have been damaged – late diagnosis. From 2013-15, in Wiltshire 44.1% of those with newly diagnosed HIV were diagnosed late, which was similar although slightly higher to the figures for the South West (41.1%) and England (40.3 %) [8]. Late diagnosis of HIV is the most important predictor of HIV-related morbidity and short term mortality. Individuals who are diagnosed late have a ten-fold increased risk of death within 1 year of their eventual diagnosis due to probable damage to their immune system which has already taken place, and therefore it is essential these rates as low as possible.

During 2015 Wiltshire Council in partnership with PHE launched an online screening programme for HIV. This enables individuals to order a kit online and to perform the test at home before returning it to an approved laboratory for processing. The result is provided via text or phone call depending on the outcome with follow up support available for results that come back as reactive. This additional method of testing enables those individuals who are unwilling or unable to attend traditional services to access HIV testing services to test and provides a further opportunity for those who are living with HIV but remain undiagnosed to access the treatment and care they require.

Local Service Providers

To understand the current provision of services related to BBVs in Wiltshire and any gaps in service delivery, detailed information about services was collected by use of a provider survey. Questions were adapted according to which service/organisation it was sent to and an appropriate member of staff from each organisation was contacted by email to explain the purpose of the BBV HNA and purpose of the questionnaire.

Information on sexual health services was obtained from consultants in sexual health and HIV and managers of sexual health services. Information on drug and alcohol services was obtained from either the team leader or a health professional part of the organisation. Information on antenatal screening and neonatal vaccination was sought from the antenatal screening coordinator and screening and immunisation manager of NHS England South Central. Information on prison healthcare was sought from the Clinical Liaison Manager, Healthcare HMP Erlestoke, and Inspire Better Health.

It covered the following broad areas:

- Service and organisation details
- Geographical catchment
- Access and availability
- Staffing and capacity
- HBV, HCV and HIV testing
- HBV vaccination
- Referral to specialist services
- Gaps in service and suggestions for improvement

Sexual Health Services

There are three main sexual health services that provide BBV services to Wiltshire residents:

- Department of Sexual Health, Salisbury District Hospital (SDH), Salisbury NHS Foundation Trust
- Swindon Sexual Health, Great Western Hospital (GWH) Great Western Hospitals NHS Foundation Trust
- Contraceptive and Sexual Health Department, Royal United Hospital (RUH), Royal United Bath Hospitals NHS Trust

All of the sexual health clinics are open access venues and patients may self-refer, these account for the majority of patients; the clinics will also take referrals from other health professionals. Appointments at sexual health clinics are available on all days of the week at, at least one of the clinic sites. There is less availability of walk-in clinics but there are slots available at, at least one of the clinic sites, on all weekdays in Wiltshire and four weekdays in Swindon. Evening clinics are available at, at least one of the clinic sites, on four weeknights in Wiltshire and three weeknights in Swindon. The clinic at GWH is the only clinic to offer weekend appointments (Saturday morning).

The sexual health services are well-staffed with multidisciplinary teams consisting of Consultants in GUM and HIV medicine, specialty doctors training in GUM medicine, general practice trainees, band 5 to 7 nurses, health care assistants and health advisors.

No sexual health or BBV outreach services are provided by Salisbury NHS Foundation Trust. Swindon Sexual Health provides outreach contraception nurses for young people and people at risk of sexual exploitation who liaise with clinic nurses and the police and encourage BBV testing. Swindon Sexual Health also holds a clinic once per month for commercial sex workers in Swindon town centre.

The sexual health service provided by Salisbury NHS Foundation Trust refers patients with newly diagnosed HBV or HCV infection directly to the Specialist Hepatology Nurse at SFT and a letter is also sent to the patient's GP. Swindon Sexual Health and the Sexual Health Service at the RUH refer patients with newly diagnosed HBV or HCV infection back to their GP and the GP is asked to refer the patient on to the relevant hepatologist.

For any patient who provisionally tests positive for HIV infection, they are recalled for an urgent repeat test and a discussion with one of the HIV/GUM consultants or one of the specialist nurses. The patient will then be seen within two weeks (or more urgently if required) by a HIV/GUM consultant in clinic for the results and to discuss treatment options

All of the sexual health teams from the three main hospitals in and around Wiltshire undertake awareness raising sessions throughout the year. This includes the provision of training sessions to groups of individuals, displays and public awareness interventions, or media interviews as and when appropriate. This is particularly evident during National HIV Testing Weeks held in November and World AIDS Days in December.

Substance Misuse Services

In Wiltshire there are two main drug & alcohol services, one for adults (Turning Point, Wiltshire Substance Misuse Service) and one for young people aged 17 and under (Motiv8 provided by Developing Health and Independence (DHI)). The Motiv8 service does not provide any testing services for BBVs although they will discuss these infections with clients.

Turning Point is open Monday to Friday 09:00 to 17:00. Access to the service is via drop-in, self-referrals or referrals from a health professional. The service has trained most staff to undertake testing for HBV, HCV and HIV using dried blood spot testing. However, on occasion the service is unable to test clients at the same appointment a test is offered if there are no trained staff available; this results in clients having to be invited back to be tested. A nurse is the BBV lead for the service and she provides positive test results and refers clients on to specialist services.

The service also provides different forms of outreach work. They actively encourage new referrals and clients into treatment by attending GP surgeries and 'Doorway' a drop in project for the homeless. The service also makes use of a mobile recovery bus

and attends local festivals to promote testing for BBVs. Other aspects of the service that are provided are listed below:

- 1:1 support
- Substitute prescribing and recovery based prescribing
- Comprehensive 3 phase group work programme
- Motivational Enhancement Therapy
- 12 sessions of counselling
- Needle & Syringe exchange
- Peer led interventions
- Peer mentoring & volunteering opportunities
- Housing, debt management and benefits advice/support
- Multi-agency working to support individual's needs outside of their substance misuse
- Sign posting & support for carers

Prison Healthcare

In response to evidence of significant under-testing of prisoners for BBVs NHS England, the National Offender Management Service and PHE published their National Partnership Agreement in 2013, which has as one of its priorities the introduction of a national prison opt-out BBV testing policy. Prisoners at reception are informed that tests for BBVs will be performed unless they actively refuse. All prisoners will be tested unless:

- They have been tested in the last 12 months and have NOT subsequently been at risk of infection.
- They are known to be positive for a BBV.
- For HBV If a patient has documented evidence of a negative result and has been fully vaccinated against HBV they do not require further testing for this BBV infection.

If a positive result is received cases are referred on to secondary care for assessment and treatment follow up by a relevant specialist.

In Wiltshire, HMP Erlestoke is the only prison and the opt-out policy is being followed in that all prisoners entering HMP Erlestoke are tested for HBV, HCV and HIV using venous blood samples by the associated primary care team, unless they refuse. Prisoners can also self-refer for BBV testing at any stage. The prison offers ultra-rapid HBV vaccination or combined hepatitis A (HAV) and HBV vaccine to all prisoners depending on clinical need. All newly diagnosed cases of HBV or HCV are referred for specialist care to a clinical nurse specialist at GWH, who visits HMP Erlestoke on alternate Tuesdays. All new diagnoses of HIV are referred for specialist care at SFT and there are no visiting clinicians for HIV care.

In addition to the above the prison's Substance Misuse team also raises awareness of BBVs with prisoners. They discuss BBVs as part of their initial assessment with patients and they perform harm minimisation sessions with them as well. The Substance Misuse team can refer patients for BBV testing at any stage.

Military Healthcare

Wiltshire has a number of military barracks including Larkhill, Bulford, Tidworth, Perham Down, Upavon and Salisbury. There is no Ministry of Defence policy on BBV screening on recruitment but personnel should be screened by army clinicians if they are considered to be at high risk of infection. Recently, the SDH sexual health team have provided training for army clinicians based in the Tidworth, Bulford and Larkhill camp medical centres on testing for sexually transmitted infections, including HBV and HCV and point of care testing for HIV. Post-exposure prophylaxis is also offered by army medical centres if required. If a case of HBV or HCV occurred within one of the personnel in a Wiltshire barrack the PHE Health Protection Team (HPT) North will be informed.

HBV vaccination is offered to all personnel on entry to the UK armed forces unless clinically contraindicated. The traditional vaccination schedule is usually used, as per the 'Green Book', with a booster dose at 5 years. Only in exceptional circumstances are accelerated and super-accelerated schedules used. Testing for sero-conversion is offered 1– 4 months after completion of the primary course to all personnel who are considered to be at high occupational risk of HBV infection.

Public Health

Currently the Public Health team within Wiltshire Council does not have a work stream looking specifically at BBVs. Some local campaign work including the development and distribution of posters together with the distribution of resources developed by Public Health England has taken place, however to date no large initiative has been planned.

Wider Stakeholder Feedback

In addition to asking for information in relation to service provision, additional feedback from professional stakeholders was also sought. This survey was distributed to a wide range of organisations including drug and alcohol support services, sexual health clinics, hepatology departments, primary care and maternity units. Due to the difficulty in identifying and supplying individuals who are living with a BBV a patient / client survey was not completed as part of this HNA.

The sexual health clinics report that walk-in clinics are very popular and sometimes over-subscribed. They are able to meet demand when the team is at full capacity but struggle when they are not fully staffed. Swindon Sexual Health are unable to deliver the sexual health outreach clinics previously being held in the male sauna in Swindon but the team hope to be able to deliver this again in the future. While Swindon Sexual Health provide a once monthly clinic for commercial sex workers there is no specific service in Wiltshire.

In terms of the neonatal HBV vaccination, there was concern that babies who are at high risk of being infected with HBV, due to factors other than being born to a HBV positive mother, may not necessarily be receiving the HBV vaccination at birth. Other risk factors may include a HBV positive household family member or a parent that

injects drugs but is not currently infected with HBV. The antenatal booking form used in the community for SDH does include a question about other family members having hepatitis but apart from this there is not a formalised pathway/guideline for this to happen.

At HMP Erlestoke, there has recently been no link nurse, which means there is no formal handover for ongoing community care to nursing staff from the hepatology specialist nurse. Once a link nurse has been identified this should allow for better communication between primary and secondary care. In addition, blood test requests from the hepatology specialist nurse are not on ICE (electronic pathology system) and have to be handwritten on request forms, which often get returned to be corrected and delay patient care. Finally, there is also some reported concern that only a low level of screening is occurring at HMP Erlestoke Prison although it has been reported that the opt-out BBV screening has now been implemented.

One of the general points made by stakeholders for how BBV services in Wiltshire could be improved was that there should be greater linkage and partnership working between services. There was a suggestion that a Wiltshire-wide BBV working group could be created where professionals could meet to discuss referrals, build closer links and develop understanding of what is happening county-wide. This would also allow for sharing of challenges faced and best practice.

Although this HNA has been developed to ensure that we are able to provide the most effective level of service to local residents, we were not able to consult with them in the preparation of the document. This was due to a number of reasons including the difficulty in identifying individuals who would be willing and able to participate in stakeholder feedback due to the stigma and discrimination which individuals who are living with these infections face. Instead we asked service providers to feedback anecdotal information from their clients to identify what is working well and what needs improving.

Identification of Health Gaps

Need identified	Demand requested	Current supply	Gaps
Reliable, accurate and meaningful data on levels of HBV infection should be available	Service planning should use the correct data to ensure services are provided from an effective evidence base	Data is available from providers upon request for specific information	Data is not coherent and has to be requested on a piecemeal basis
Effective HBV vaccination programmes should be in place with all relevant service providers	HBV is a vaccine preventable infection, with increased vaccination levels fewer individuals will contract the virus	Vaccine is available from specialist providers such as primary care, sexual health clinics and drug and alcohol services	Vaccination levels remain low in certain providers such as drug and alcohol services.
No data is available on the numbers of pregnant women accepting or declining HBV screening	Service planning should use the correct data to ensure services are provided from an effective evidence base	No data is available from any of the three acute trusts providing maternity services for Wiltshire residents	Data should be routinely collected on the number of women offered, accepting or declining HBV screening
Effective referral pathways should be in place for pregnant women diagnosed as HBV positive	All women diagnosed as HBV positive should be referred for specialist care	Referral pathways exist but are not always adhered to within specific timescales	Only one of the three acute trusts providing maternity services is meeting the national target for referral.
Lack of awareness of BBVs, how they are transmitted and treatments available	Greater awareness levels will reduce transmission rates and improve treatment access	Awareness of HIV has improved over recent years; however there remains a lack of awareness around Hepatitis.	Additional information resources should be made available to inform individuals about testing, treatment and prevention initiatives

Need identified	Demand requested	Current supply	Gaps
Reliable, accurate and meaningful data on levels of HCV infection should be available	Service planning should use the correct data to ensure services are provided from an effective evidence base	Data is available from providers upon request for specific information	Data is not coherent and has to be requested on a piecemeal basis
Reliable and accurate data on HCV testing rates should be available from all providers	Effective testing programmes should be developed targeting groups most at risk	Data is currently being provided per individual organisation conducting testing	Data provided is not accurate and is being received from a number of providers with no consolidation
Reduction of HIV late diagnosis rate	People diagnosed with HIV 'late' have reduced life expectancy and poor health	Testing to reduce levels of undiagnosed HIV exist in a variety of settings including primary care, sexual health clinics and via home sampling systems	Current awareness of the range of HIV testing opportunities should be improved and the stigma associated with testing reduced.

Recommendations

1. We need to identify with all provider services what information they are collecting and how it is reviewed for accuracy and completeness.
2. Discussions need to take place with NHS England (Health and Justice) on the collection and provision of data from HMP Erlestoke.
3. An effective range of data should be collected by commissioned drug and alcohol agencies to ensure data is accurate and provides a clear evidence base of BBV testing and vaccinations which have taken place.
4. Development of local BBV awareness raising campaigns should take place using both local and national resources using consistent messaging.
5. Develop support programmes to increase the level of HBV vaccinations within specialist services such as sexual health units and substance misuse services.
6. Develop effective follow up mechanisms for patients who fail to attend for the second or third dose of vaccination.
7. Seek information on the number of HBV screens offered and accepted within maternity services.
8. Improve links with primary care partners to ensure those at greater risk of infection are screened for BBVs.
9. All client facing staff within commissioned drug and alcohol services should be trained to undertake point of care testing for BBVs.
10. Improvements in the referral process for pregnant women who test positive for HBV into specialist hepatology services should take place to meet national targets.
11. Develop a system to monitor referrals into specialist services from non-statutory service providers to minimise those individuals 'lost to follow up'.
12. Information should be uploaded by HMP Erlestoke into the PHE GUMCAD system to ensure effective monitoring of testing and vaccination levels.
13. Increase awareness of the HIV home sampling programme to facilitate additional testing opportunities.
14. Develop local awareness raising campaigns to inform residents how and where they can undertake BBV testing and also to raise general levels of knowledge.
15. Develop resources which 'normalise' attitudes towards those individuals infected with a BBV to reduce levels of stigma and discrimination.

References

- [1] Hawker, Communicable Disease Control and Health Protection Handbook, Oxford: Wiley-Blackwell 2012.
- [2] World Health Organisation, "Hepatitis B," July 2015. [Online] Available: <http://www.who.int/mediacentre/factsheets/fs204/en/>
- [3] Public Health England, Department of Health, "Immunisation against infectious disease," in *Immunisation against infectious disease (The Green Book)*, London, Public Health England, 2013, pp. 161-185.
- [4] World Health Organisation, "Hepatitis C," July 2015. [Online]. Available: <http://www.who.int/mediacentre/factsheets/fs164/en/>.
- [5] World Health Organisation, "HIV/AIDS," November 2015. [Online]. Available: <http://www.who.int/mediacentre/factsheets/fs360/en/>.
- [6] Public Health England, "Acute Hepatitis B (England): annual report for 2015," Public Health England, London, 2016.
- [7] Public Health England, "Hepatitis C in the UK," Public Health England, London, 2017.
- [8] Public Health England, "Sexual and Reproductive Health Profiles, HIV & STI," 2016. [Online]. Available: <http://fingertips.phe.org.uk/profile/sexualhealth>
- [9] Health Protection Agency, "Migrant Health: Infectious diseases in non-UK born populations in the UK," December 2011. [Online]. Available: <http://webarchive.nationalarchives.gov.uk/20140714084352/http://www.hpa.org.uk/Publications/InfectiousDiseases/TravelHealth/1112Migranthealth/>
- [10] Gay NJ, Hesketh LM, Osborne KP, Farrington CP, Morgan-Capner P, Miller E, "The prevalence of hepatitis C infection in adults in England and Wales," *Epidemiol Infect*, vol. 122, no. 1, pp. 133-138, 1999.
- [11] Public Health England, "Hepatitis C: commissioning template for estimating diseases prevalence," March 2014. [Online]. Available: <https://www.gov.uk/government/publications/hepatitis-c-commissioning-template-for-estimating-disease-prevalence>
- [12] Public Health England, "Wiltshire Local Authority HIV, sexual and reproductive health epidemiology report (LASER)," Public Health England, London, 2015.
- [13] Public Health England, "Liver Disease Profiles," 2016. [Online]. Available: <http://fingertips.phe.org.uk/profile/liver-disease>
- [14] Public Health England, "NHS screening programmes: KPI reports 2015 to 2016," March 2017. [Online]. Available: <https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-2015-to-2016>
- [15] Hahne S, Ramsay M, Balogun K, Edmunds WJ, Mortimer P, "Incidence and routes of transmission of hepatitis B virus in England and Wales, 1995-2000: implications for immunisation policy," *J Clin Virol*, vol. 29, no. 4, 2004.
- [16] National Institute for Health and Care Excellence, "Hepatitis B and C: ways to promote and offer testing to people at increased risk of infection PH43," 2012 updated 2013. [Online]. Available: <http://publications.nice.org.uk/hepatitis-b-and-c-ways-to-promote-and-offer-testing-to-people-at-increased-risk-of-infection-ph43>

- [17] Harris RJ, Ramsay M, Hope VD, Brant L, Hickman M, Foster GR, et al, "Hepatitis C prevalence in England remains low and varies by ethnicity: an updated evidence synthesis," *Eur J Public Health*, vol. 22, no. 2, pp. 187-192, 2012.
- [18] National Offender Management Service and Public Health England, "National Partnership Agreement," 2013. [Online]. Available: <http://www.justice.gov.uk/about/noms/working-with-partners/health-and-justice/partnership-agreement>
- [19] Public Health England, "Frequently asked questions (FAQs) to support the opt-out BBV testing policy," October 2014. [Online]. Available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/365192/BBVs_Frequently_Asked_Questions.pdf
- [20] NHS Trust Development Authority, Prison Health Reporting System.
- [21] Public Health England, Hepatitis C collated laboratory reports, 2015
- [22] Public Health England, Hepatitis B collated laboratory reports, 2015
- [23] Public Health England, "Wiltshire Local Authority HIV surveillance data tables" Public Health England, London, 2015
- [24] Turning Point Wiltshire, Collated blood borne virus report
- [25] Public Health England, GUMCAD v2 report, October 201 [Online]
- [26] Department of Health "Hepatitis B antenatal screening and newborn immunisation programme: *Best practice guidance*". Department of Health, London, 2011. Available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215622/dh_132637.pdf
- [27] Public Health England "Communicable diseases: migrant health guide". Public Health England, July 2014. Available: <https://www.gov.uk/government/collections/communicable-diseases-migrant-health-guide>
- [28] Public Health England "NHS Infectious Diseases in Pregnancy Screening (IDPS) Programme". Public Health England, London 2015. Available: <https://www.gov.uk/topic/population-screening-programmes/infectious-diseases-in-pregnancy>
- [29] Public Health England "Improving testing rates for blood-borne viruses in prisons and other secure settings". Public Health England, London, 2014. Available: <https://www.gov.uk/government/publications/improving-testing-rates-for-blood-borne-viruses-in-prisons-and-other-secure-settings>
- [30] Department of Health "A Framework for Sexual Health Improvement in England". 2013 [Online]. Available: <http://www.dh.gov.uk/health/2013/03/sex-health-framework/>
- [31] Public Health England "Health promotion for sexual and reproductive health and HIV: strategic action plan, 2016 to 2019". Public Health England, London, 2015. Available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/488090/SRHandHIVStrategicPlan_211215.pdf

- [32] National Institute for Health and Care Excellence, "Hepatitis B (chronic): diagnosis and management (CG15), 2013. [Online]. Available: <https://www.nice.org.uk/Guidance/CG165>
- [33] National Institute for Health and Care Excellence, "HIV testing: increasing uptake among people who may have undiagnosed HIV" [NG60], December 2016 [Online]. Available: <https://www.nice.org.uk/guidance/ng60>

Acknowledgements

We are grateful to all those who contributed information to this report including staff from the sexual health, hepatology, maternity and paediatric services at the three hospital trusts (Salisbury NHS Foundation Trust, Great Western Hospitals NHS Foundation Trust and Royal United Bath Hospitals NHS Trust), staff from the drugs & alcohol services (Turning Point, Wiltshire Substance Misuse Service and Motiv8), microbiologists/virologists, Public Health England (PHE) Health & Justice team, NHS England Screening and Immunisations team, and the operations manager for military health. We are also grateful to Jennifer Wright, Victoria Lofts, Sadie Adams and Simon Hodsdon from the Wiltshire Council Public Health team for the information and guidance provided in preparing this document; Charlotte Matthews, Public Health Specialty Registrar, for sharing her work completed on national guidelines in this field and to colleagues in the PHE Field Epidemiology Service (FES) South West team for supplying part of the data used in this report.

Sponsor

This report was sponsored by Tracy Daszkiewicz, Director of Public Health (interim), Wiltshire Council.

Authors

This report was prepared by Stephen Jones and Steve Maddern, Public Health Team, Wiltshire Council.

Wiltshire Council

Cabinet

24 April 2018

Subject: Learning Disabilities In-house Respite Services

Cabinet Member: Cllr Jeremy Wickham – Cabinet member for Adult Social Care, Public Protection and Public Health

Key Decision: No

Executive Summary

The purpose of this report is to inform Cabinet of the outcome of the proposal to close 70 Derriads Lane Respite Service for people with learning disabilities and to recommend closure of the service.

In Wiltshire there are around 865 people with learning disabilities that are provided services by Wiltshire Council. These services can include accommodation based care and support such as residential care and supported living as well as care and support for people who live within the family home such as day services and respite.

Respite (sometimes referred to as Short Breaks) provides breaks for people with learning disabilities and their family carers. They are intended to help support and maintain people to continue to live in the family home.

In Wiltshire, the Council owns and operates four Residential Respite Services for people with learning disabilities at a cost of £1,885,000 per annum. The services are accessed by 120 people (13.9% of customers with learning disabilities). These services are based in three localities across the county in Devizes, Chippenham and Old Sarum (Salisbury). The services are:

Location	Service	Beds
Chippenham	70 Derriads Lane	4 Beds
Chippenham	Meadow Lodge	4 Beds
Devizes	Bradbury Manor	9 Beds
Old Sarum (Salisbury)	Bradbury House	10 Beds
	TOTAL	27 Beds

For the past three years there has been an overall reduction in the number of people that access these services with the reduction in demand being due to people moving into their own accommodation and away from their family home.

Currently there are 27 Residential Respite beds available that provide 9,855 nights of respite per annum. In 2016/17, the overall usage was 61.15% (number of nights used vs capacity). Year to date for 2017/18, the usage is similar.

A recent inspection by the Care Quality Commissioning (CQC) highlighted concerns with the condition of the building. Due to the building type (adapted bungalows) the building offers limited scope to further adapt it to meet the demands of people with complex needs in the future that increasingly require respite services.

In addition, a savings target of £300,000 has been set for the current financial year (2017/18) against Respite Provision for people with learning disabilities to reflect the ongoing reduction of usage and increases in the number of people living in their own accommodation.

A review of the in-house Residential Respite Services recommended the closure of 70 Derriads Lane Chippenham, based on the reduction of demand across the services. This will still result in the Chippenham locality having a respite service available (Meadow Lodge) as well as there still being capacity within respite services.

The closure of Derriads Lane will affect 15 people (12.5% of people who use residential respite services), however there is capacity to provide these services in the remaining three council owned and operated respite services.

A consultation has taken place on the proposal to close Derriads Lane affected customers and their family carers of the service along with all other customer and family carers of all respite services.

The purpose of this Cabinet Report to seek approval on the recommendation to close Derriads Lane Residential Respite Unit with the 15 current customers being provided services at the remaining 3 council owned and operated residential respite units.

Proposal(s)

1. To provide background information regarding the current Respite offer for people with learning disabilities including the current council owned and operated residential respite services and the reduction in the usage of these services.
2. To inform cabinet of the consultation process that was undertaken regarding the proposal to close 70 Derriads Lane Residential Respite Unit.
3. To seek approval for the closure of 70 Derriads Lane Residential Respite Unit.

Dr Carlton Brand, Corporate Director

Wiltshire Council

Cabinet

24 April 2018

Subject: Learning Disabilities In-house Respite Services

Cabinet Member: Cllr Jeremy Wickham – Cabinet member for Adult Social Care, Public Protection and Public Health

Key Decision: No

Purpose of Report

1. To provide background information regarding the current Respite offer for people with learning disabilities including the current council owned and operated residential respite services and the reduction in the usage of these services.
2. To inform cabinet of the consultation process that was undertaken regarding the proposal to close 70 Derriads Lane Residential Respite Unit.
3. To seek approval for the closure of 70 Derriads Lane Residential Respite Unit.

Relevance to the Council's Business Plan

4. The recommendation for closure aligns to the Council's Business Plan priority of protecting those who are most vulnerable. Residential Respite enables people with learning disabilities who live with their family to have breaks, whilst also providing their carers with breaks. The recommended closure will ensure that the service is "cost efficient", whilst still able to meet the current and future demands for people with learning disabilities living in the family home.

Background

4. Respite (sometimes referred to as Short Breaks) provides breaks for people with learning disabilities and their family carers. They are intended to help support and maintain people to continue to live in the family home.
5. Wiltshire's current Respite offer to people with eligible needs generally consists of overnight respite stays at one of the county's four council run and owned CQC Registered Residential Care Homes, direct payments or spot purchasing of respite services.
6. Across the four-council owned and run services, there are currently 27 beds available for overnight respite across the county. These provide a total of 9,855 nights per annum. The services are based in three areas across the county:

Service	Location	Beds	Number of Bed Nights Annually
Bradbury Manor	Devizes	9 Beds	3,285
Bradbury House	Old Sarum (Salisbury)	10 Beds	3,650
Derriads	Chippenham	4 Beds	1,460
Meadow Lodge		4 Beds	1,460
TOTAL		27 Beds	9,855

7. These services support a total of 120 customers (and their families) by providing overnight respite stays (this represents 13.9% of the 865 customers with learning disabilities that receive services from Wiltshire Council).
8. Compared with 2015/16 there has been a reduction of 20% (30 customers) accessing the service. The reduction in demand is due to people moving into their own accommodation and away from their family home.
9. In 2015/16 there were a total of 6987 overnight respite stays, however this reduced to 6026 overnight respite stays in 2016/17 (a 13.8% reduction). Usage is forecast to be a similar level in 2017/18.

Nights used vs Capacity

	2015/16	2016/17	2017/18*
Used	70.9%	61.1%	60.7%
<i>*6 months usage - April 2017 – September 2017</i>			

10. The council's four Residential Respite services are a mixture of different buildings:

- Both Bradbury Manor and Bradbury House are purpose designed and built for people with learning disabilities. The design and build was part of a co-production process with customers, their carers and professionals ensuring that they are suitable for people with complex needs and offer flexibility.
- Meadow Lodge is a two-storey house (former Caretakers cottage) on a council owned site. The building is in reasonable condition, however due to it not being fully accessible, it is only suitable for people with moderate needs.
- 70 Derriads Lane is made up for adapted bungalows that have been joined to form one unit. A recent inspection by the Care Quality Commissioning (CQC) of Derriads has highlighted significant concerns with the building relating to limited storage as well as the condition. Due to the building type (adapted bungalows) the building offers limited scope to

further adapt it to meet the demands of people with complex needs in the future that increasingly require respite services.

Main Considerations for the Council

11. As part of Wiltshire Council's Financial Plan 2017/18 a £300,000 savings target was made against Respite Provision for people with learning disabilities to reflect the reduction in demand along with increases in other forms of service provision and the associated costs of these increases.
12. Based on the overall quality of the building and the ongoing reduction in the usage of Residential Respite services it is recommended to close 70 Derriads Lane Residential Respite Unit.
13. This recommendation will reduce the overall capacity to 8,395 nights per annum. Based on the usage of 6026 nights in 2016/17 this would result in the overall usage being and is forecast to be 71.8%, ensuring there is more than enough capacity to meet demands.
14. It is predicted that by 2030 there will be 2% more people aged 18+ with learning disabilities with a level of need requiring statutory social care intervention. This increase in demand would have minimal impact on respite services, ensuring the reduced services are able to meet future demand.
15. Further analysis has concluded that Bradbury Manor has the capacity to take all the 15 current users of 70 Derriads Lane, however there maybe users who will be able to attend Meadow Lodge as they do not require a specialist environment.
16. A consultation took place between 12 February and 12 March with all customers and their family carers of all in-house residential respite services.
17. In total, there were 26 responses received out of a potential 240 questionnaires that were sent to customers and family carers (10.83% response rate). Of the 30 people (15 customers and 15 family carers) who are directly impacted from the proposals there were 20 responses received (66.66% response rate).
18. Appendix 1 contains a full summary of the responses, comments and concerns raised during the consultation. The document also contains the Council responses to these comments and concerns.
19. Based on the ongoing reduction in the usage of residential respite, the £300,000 savings target that reflects the reduction in usage and the Council's responses to concerns raised during the consultation process, it is recommended to close 70 Derriads Lane Residential Respite Unit.

Overview and Scrutiny Engagement

20. A briefing will be provided for Chair and Vice Chair of Health Select Committee to enable them to have overview and scrutiny of this proposal.

21. Appendix 1 contains a full summary of the responses, queries and comments raised during the consultation along with the Council's response. This document includes views expressed by customers, their friends and family which officers believe fairly reflect the opinions expressed during the consultation.

Safeguarding Implications

22. All the council owned and operated Residential Respite units follow Wiltshire's Policies and Procedures for Safeguarding.

Public Health Implications

23. None identified.

Procurement Implications

24. Derriads Lane is a council owned and operated service therefore there are no procurement implications.

Equalities Impact of the Proposal

25. The recommended closure of 70 Derriads Lane will directly affect 15 customers and their family carers (12.5% of people who access residential respite and 1.73% of people with learning disabilities who are provided services by Wiltshire Council).

26. The recommended closure will not impact on the eligibility for services nor the allocation of respite. The closure will result in one of the 4 council owned and operated services closing to reflect lower usage both in terms of number of people accessing residential respite and the number of nights used and in turn will improve the overall occupancy rates across the service.

27. As part of the implementation plan if the recommended closure is approved by Cabinet, person centred planning will take place with each customer and their family carers regarding how their needs can be met in terms of accessing respite. This will include residential respite at either the 3-remaining council owned and operated services or a Direct Payment in lieu of directly provided services.

28. A key concern raised in the consultation process was regarding pre-planned respite where families had booked respite stays and made plans accordingly. The council will be guaranteeing availability for these stays.

Environmental and Climate Change Considerations

29. None identified.

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

30. A key risk associated with not making this decision would be that the council would run the real risk of being unable to satisfy the requirements of the CQC in terms of the standard at type of premises currently being used. As indicated previously, the site and scale of the current buildings does not allow any meaningful enhancements and to continue to use it, places the council at risk of being open to criticism from the CQC.
31. A further risk of not making a decision regarding the proposal is the savings target, of £300,000, will not be achieved. In addition there will be a continuation of having excess capacity for residential respite. This will result in budget pressures for the Community Team for People with Learning Disabilities (CTPLD).

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

32. The key risk will be the reduction of capacity for overnight residential respite. This has been managed so far by ensuring that there is a trend of a reduction in demand. In addition, population growth is forecast to remain relatively static. This proposal will still ensure that there is additional capacity within the services. Equally under the Adult Care Transformation programme, the existing model for the delivery of services and support to residents with Learning Difficulties is being reassessed.

Financial Implications

33. The proposal and associated savings of £300,000 was agreed as part of the budget setting process for the financial year 2017/18.

Legal Implications

34. The proposal does not include closure of a full service however the preferred option does include closure of one of the two facilities within Chippenham.
35. All users of the facility will be consulted to ensure that any impact is considered by the decision maker as part of the final decision.
36. Any closure could include potential redundancy issues and therefore there will be HR involvement throughout to ensure appropriate consultation takes place with staff potentially affected.
37. Should the ultimate decision be for closure, then subsequent work regarding property disposal would need to consider any covenants on the site and potential alternative use.

Options Considered

38. The option of not proceeding with the proposal has been considered, however this will not address the issue of the type and style of the buildings and the services' ability to be cost efficient.

Conclusions

39. There has been a reduction in the demand for residential respite for people with learning disabilities with 20% fewer people accessing the services compared with 2015/16 resulting in an overall reduction of 13.8% usage.
40. A recent CQC inspection of 70 Derriads Lane has highlighted concerns with the overall condition of the building and issues around limited storage of equipment. Due to the building type (adapted bungalows) the building offers limited scope to further adapt it to meet the demands of people with complex needs in the future that increasingly require respite services.
41. A savings target has been set of £300,000 for Respite Provision to reflect the lower usage as well as increases in other services including more people moving into their own homes.
42. Comments and concerns from the consultation regarding the proposed closure have been addressed (see Appendix 1), to ensure wherever possible the impact on individuals is minimised.
43. The recommended closure of 70 Derriads Lane will reduce the overall capacity of residential respite by 4 beds (from 27 beds to 23 beds) and reduce the number of nights available from 9,855 to 8,395.
44. In 2016/17 the demand for overnight respite stays was 6026 nights (and forecast to be a similar level in 2017/18). By the closure of these premises, the overall occupancy rates across the service is forecast to be increased to 71.8%.

Emma Legg (Director of Adult Care - Access and Reablement)

Report Author: Rhonda Ward, Head of Service - Learning Disabilities,
rhonda.ward@wiltshire.gov.uk,

Date of report
16 April 2018

Appendices

- Appendix 1 – Consultation Write Up
- Appendix 2 – Equalities Impact Assessment
- Appendix 3 – CQC report

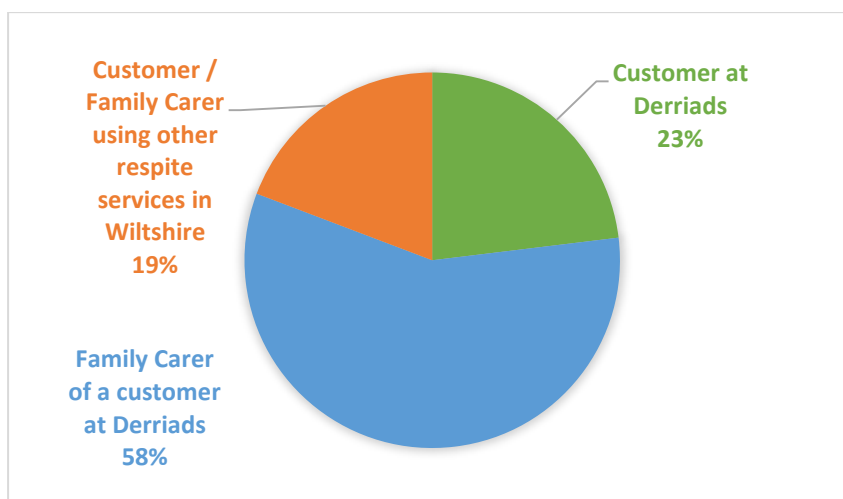
Proposed Changes to Respite – Consultation Responses

1. Introduction

- 1.1 The consultation took place between 12 February and 12 March with all customers and their family carers of all in-house residential respite services. Customers and their family carers were notified of the consultation by letter and a questionnaire that included background information about the proposal to close 70 Derriads Lane.
- 1.2 This document includes views expressed by customers, their friends and family which officers believe fairly reflect the opinions expressed during the consultation, all the correspondence and feedback can be made available if requested by elected members.

2. Response Rate

- 2.1 In total, there were 26 responses received out of a potential 240 questionnaires that were sent to customers and family carers (10.83% response rate). Of the 30 people (15 customers and 15 family carers) who are directly impacted from the proposals there were 20 responses received (66.66% response rate).



- 2.2 In general people are unhappy with the proposal to close 70 Derriads Lane with 75% of responses stating they disagree or strongly disagree with the proposal.

Q) To what extent do you agree with the proposal to close Derriads Respite Unit?

Response	Percentage	Percentage of Customers / Family Carers using Derriads
Strongly agree	3.85%	0%
Agree	7.69%	10%
Neither agree nor disagree	19.23%	15%
Disagree	19.23%	20%
Strongly disagree	50.00%	55%

3. Key Issues

3.1 The key points raised were:

- Impact of closure of the provision will have on families who rely on respite and the impact this would have on the availability of respite in Wiltshire.

As part of the review that was completed on respite usage across Wiltshire it was highlighted that there has been:

- *Year on year reductions in the number of people accessing respite*
- *Year on year reductions in the number of nights used for respite*

The reduction has been due to more people accessing Direct Payments and more people being supported in their own home (after moving out from the family home).

- Impact of customers having to travel further to other respite units, however some people also highlighted that the changes will result in less travel for them.

Wiltshire Council also operates Meadow Lodge respite service in Chippenham. Where this is appropriate, people will be offered this as an alternative resulting in almost no impact on travel times.

Where this is not an option the Council will work with families to look at alternative options. For some people, this will result in longer journey times and for others this will result in shorter journey times.

We will monitor this and work with families to minimise the impact where ever we can.

- Value of respite for family carers with people saying that overnight respite stays helps them as a Carers to continue in their caring duties. People also complimented the staff skills and expertise in all respite services with people requesting that they want staff from Derriads to be retained in other services due to their skills and expertise.

If the proposal to closure Derriads is approved, Wiltshire Council will try to minimise any staff redundancies by looking at redeployment opportunities across the other respite provisions.

4. Comments / Concerns and Council Response

Topic	Comments / Concerns	Response
Impact on Customers	<ul style="list-style-type: none"> • People have raised concerns at customers having to move - the overall change. 	<p>Wiltshire Council will work with and plan any changes in a person-centred way to ensure that any impact of changes is minimised.</p>
70 Derriads Lane - Building	<ul style="list-style-type: none"> • Positive comments for Derriads: <ul style="list-style-type: none"> • Being a small “family style” respite home • Being a normal house in the community. • People have made comments about the building and if it is not suitable for people it’s better to use another building. • People have expressed concerned at the lack of investment in Derriads Lane to keep it open in the longer term. 	<p>70 Derriads Lane has been adapted over many years and was initially two bungalows. As a result, there are a number of issues with the building making it difficult to further adapt the property to meet people’s needs in the longer term. As there are more people with complex needs who require respite, the building is no longer suitable for their needs.</p> <p>In addition, there has been a reduction of 20% in the number of people using Residential Respite and a fall of 13.8% in the number of nights used. This has been partly due to more people moving out of the family home into their own accommodation.</p> <p>Due to the difficulties in further adapting the building (including the investment that would be required) along with the reduction of the overall usage in people using Residential Respite the Council has decided to close 70 Derriads Lane as part of its commitment in ensuring best value for money.</p> <p>Wiltshire Council will be offering Meadow Lodge as an alternative that is a “traditional house”, that is in Chippenham near 70 Derriads Lane where this is suitable. For people that require a fully adapted building, Bradbury Manor will be offered. In addition, people will also be offered a Direct Payment to arrange alternative services.</p>
Booked Respite	<ul style="list-style-type: none"> • People have concerns regarding the dates that have been booked in and plans being made around this (holidays abroad etc). 	<p>Where dates have been booked in for Respite and plans have been made, Wiltshire Council will ensure that they are able to honour these bookings.</p>

Travel	<ul style="list-style-type: none"> • People are concerned at the impact of customers having to travel further to other respite units. • People have highlighted that the changes will result in less travel for them. 	<p>Wiltshire Council also operates Meadow Lodge respite service in Chippenham. Where this is appropriate, people will be offered this as an alternative resulting in almost no impact on travel times.</p> <p>Where this is not an option the Council will work with families to look at alternative options. For some people, this will result in longer journey times and for others this will result in shorter journey times.</p> <p>We will monitor this and work with families to minimise the impact where ever we can.</p>
Staff skills and experience	<ul style="list-style-type: none"> • People have made Positive comments about the staff skills and expertise in all respite services • People have said that they want staff from Derriads to be retained in other services due to their skills and expertise. 	<p>Wiltshire Council is committed to staff who provide a high standard of care and support. We ensure that all staff are experienced and well trained to provide the best possible care for our customers.</p> <p>If the proposal to close Derriads is approved, Wiltshire Council will try to minimise any staff redundancies by looking at redeployment opportunities across the other services provided by Wiltshire Council.</p>
Impact of the Closure	<ul style="list-style-type: none"> • People have raised concerns over the closure the provision will have on families who rely on respite. • People have also raised concerns about the closure and the impact this will have on the availability of respite in Wiltshire. • People feel that there needs to be more respite services, not less. 	<p>As part of the proposal to close 70 Derriads Lane a review was completed on respite usage across Wiltshire. The review highlighted:</p> <ul style="list-style-type: none"> • Year on year reductions in the number of people accessing respite • Year on year reductions in the number of nights used for respite <p>The reduction has been due to more people accessing Direct Payments and more people being supported in their own home (after moving out from the family home).</p> <p>The Council will keep on monitoring the usage of respite to make sure that there are available options in Wiltshire to meet the demand.</p>

		At certain times of the year there are additional demands for respite and we will continue to manage this to ensure that respite is able to be accessed fairly for everyone.
Direct Payments	<ul style="list-style-type: none"> • People have feedback that providing a Direct Payment is not an option and does not compensate for the closure. 	As part of our commitment to personalisation, all people are offered a Direct Payment that allows them to arrange and purchase their own services. We recognise this is not for everyone and will continue to support customers to either arrange Direct Payments or arrange services on their behalf, such as respite provision.
Value of Respite	<ul style="list-style-type: none"> • People have said that overnight respite stays helps them as a Carer to continue in their caring duties. 	<p>Wiltshire Council recognises the invaluable contribution made by family carers to ensure the sustainability of the health and social care system. We also recognise that, in a time of reducing resources and increasing demand, we will need family carers to continue to provide care and to do so in increasing numbers and that for them to do so, carers need and deserve our support.</p> <p>The Council is committed to ensuring respite breaks are available to eligible family carers either via a direct service or direct payment to ensure that they are able to have a break from their caring duties.</p>
Privatisation	<ul style="list-style-type: none"> • People have expressed concerns at any “privatisation” of the service. 	The proposal to close 70 Derriads Lane is not part of any plans to privatise the in-house provision. Bradbury Manor, Bradbury House and Meadow Lane will remain Council owned and operated.

This page is intentionally left blank

Equality Analysis Evidence Document					
(Please note, this will form part of a public facing document. If you have any questions about this, please contact Equalities@wiltshire.gov.uk)					
Title: What are you completing an Equality Analysis on?					
Recommended closure of 70 Derriads Lane Residential Respite Unit for people with Learning Disabilities.					
Why are you completing the Equality Analysis? (please tick any that apply)					
Proposed New Policy or Service	Change to Policy or Service ✓	MTFS (Medium Term Financial Strategy)	Service Review		
Version Control					
Version control number	1	Date	26-MAR-18	Reason for review (if appropriate)	
Risk Rating Score (use Equalities Risk Matrix and guidance) **If any of these are 3 or above, an Impact Assessment must be completed. Please check with equalities@wiltshire.gov.uk for advice					
Criteria		Inherent risk score on proposal		Residual risk score after mitigating actions have been identified	
Legal challenge		Impact - 2, Likelihood - 1 = 2			
Financial costs/implications		Impact – 1, Likelihood – 2 = 2			
People impacts		Impact – 1, Likelihood – 2 = 2			
Reputational damage		Impact – 2, Likelihood – 3 = 6			
Section 1 – Description of what is being analysed					
<p>70 Derriads Lane is a Residential Respite Unit for People with Learning Disabilities in Wiltshire. The recommendation to close the service has been based on a review and the outcome of a consultation that has taken place.</p> <p>A savings target of £300,000 has been set for the current financial year (2017/18) against Respite for people with learning disabilities to reflect the ongoing reduction of usage and increases in the number of people living in their own accommodation.</p> <p>The recommended closure will not change the eligibility for services nor the allocation of respite with affected customers of 70 Derriads Lane being offered the same amount of respite at other council owned and operated respite services or a direct payment in lieu of directly provided services, if they choose.</p>					

<p>Section 2A – People or communities that are currently targeted or could be affected by any change (please take note of the Protected Characteristics listed in the action table).</p>
<p>The recommended closure of 70 Derriads Lane will affect people with Learning Disabilities.</p> <p>In Wiltshire, there is an estimated 6,893 people with learning disabilities (Projecting Adult Needs and Service Information – 2017 Estimates). Of which around 865 are provided services by Wiltshire Council (12.54% of the estimated people with learning disabilities in Wiltshire).</p> <p>In total 120 people with learning disabilities access residential respite services (13.9%% that are provided services by Wiltshire Council). Out of the 120 people there will be 15 people there are directly affected by the recommended closure who access 70 Derriads Lane Residential Respite Unit (12.5% of people who access residential respite and 1.73% of people who are provided services by Wiltshire Council).</p> <p>The recommended closure will not change the eligibility for services nor the allocation of respite with affected customers of 7 Derriads Lane being offered the same amount of respite at other council owned and operated respite services or a direct payment in lieu of directly provided services, if they choose.</p>
<p>Section 2B – People who are delivering the policy or service that are targeted or could be affected (i.e. staff, commissioned organisations, contractors)</p>
<p>70 Derriads Lane is a council owned and operated service. The staff that are delivering the service are employed by the Council.</p> <p>If the recommendation is approved a separate process will be undertaken regarding the staff of the service.</p>
<p>Section 3 –The underpinning evidence and data used for the analysis (Attach documents where appropriate)</p> <p>Prompts:</p> <ul style="list-style-type: none"> • What data do you collect about your customers/staff? • What local, regional and national research is there that you could use? • How do your Governance documents (Terms of Reference, operating procedures) reflect the need to consider the Public Sector Equality Duty? • What are the issues that you or your partners or stakeholders already know about? • What engagement, involvement and consultation work have you done? How was this carried out, with whom? Whose voices are missing? What does this tell you about potential take-up and satisfaction with existing services? • Are there any gaps in your knowledge? If so, do you need to identify how you will collect data to fill the gap (feed this into the action table if necessary)

70 Derriads Lane is a council owned and operated service. As per the data collection requirements for Adult Social Care, information is collected on customers as part of the assessment process.

A review has been completed of Residential Respite in Wiltshire including the number of nights allocated, the number of nights used and the number of users over the past 3 financial years that has formed the basis for the recommended closure.

The consultation took place between 12 February and 12 March with all customers and their family carers of all in-house residential respite services. Customers and their family carers were notified of the consultation by letter and a questionnaire that included background information about the proposal to close 70 Derriads Lane. As part of the process assistance was offered to people to complete the questionnaire if required.

A full write up of the consultation and the feedback has been completed that will be presented as part of the Cabinet Paper with the recommendation of closure of 70 Derriads Lane. The document provides a full summary of the responses, queries and comments raised during the consultation. This document includes views expressed by customers, their friends and family which officers believe fairly reflect the opinions expressed during the consultation.

In total, there were 26 responses received out of a potential 240 questionnaires that were sent to customers and family carers (10.83% response rate). Of the 30 people (15 customers and 15 family carers) who are directly impacted from the proposals there were 20 responses received (66.66% response rate). In general people are unhappy with the proposal to close 70 Derriads Lane with 75% of responses stating they disagree or strongly disagree with the proposal.

A key concern that was raised was pre-booked respite where families have organized holidays based on the availability of respite. This council will guarantee respite for these pre-booked nights.

The consultation document provides council responses on the feedback received from customers and their family carers.

***Section 4 – Conclusions** drawn about the impact of the proposed change or new service/policy

Prompts:

- What actions do you plan to take as a result of this equality analysis? Please state them and also feed these into the action table
- Be clear and specific about the impacts for each Protected Characteristic group (where relevant)
- Can you also identify positive actions which promote equality of opportunity and foster good relations between groups of people as well as adverse impacts?
- What are the implications for Procurement/Commissioning arrangements that may be happening as a result of your work?
- Do you plan to include equalities aspects into any service agreements and if so, how do you plan to manage these through the life of the service?
- If you have found that the policy or service change might have an adverse impact on a particular group of people and are **not** taking action to mitigate against this, you will need to fully justify your decision and evidence it in this section

The recommended closure of 70 Derriads Lane will directly affect 15 customers and their family carers (12.5% of people who access residential respite and 1.73% of people with learning disabilities who are provided services by Wiltshire Council).

The recommended closure will not impact on the eligibility for services nor the allocation of respite. The closure will result in one of the 4 council owned and operated services closing to reflect lower usage both in terms of number of people accessing residential respite and the number of nights used.

As part of the implementation plan if the recommended closure is approved by cabinet person centered planning will take place with each customer and their family carers regarding how their needs can be met in terms of accessing respite. This will include residential respite at either the 3-remaining council owned and operated services or a Direct Payment in lieu of directly provided services.

A key concern raised in the consultation process was regarding pre-planned respite where families had book respite stays and made plans accordingly. The council will be guaranteeing availability for these stays.

***Section 5 – How will the outcomes from this equality analysis be monitored, reviewed and communicated?**

Prompts:

- Do you need to design performance measures that identify the impact (outcomes) of your policy/strategy/change of service on different protected characteristic groups?
- What stakeholder groups and arrangements for monitoring do you have in place? Is equality a standing agenda item at meetings?
- Who will be the lead officer responsible for ensuring actions that have been identified are monitored and reviewed?
- How will you publish and communicate the outcomes from this equality analysis?
- How will you integrate the outcomes from this equality analysis in any relevant Strategies/Policies?

The implementation of the proposed closure will be overseen by Rhonda Ward, Head of Operations Adult Social Care.

Updates will be provided to the Adult Social Care Departmental Management Team (DMT) as part of the implementation process.

***Copy and paste sections 4 & 5 into any Committee, CLT or Briefing papers as a way of summarising the equality impacts where indicated**

Please send a copy of this document to Equalities@wiltshire.gov.uk

Completed by:		
Date		
Signed off by:		
Date		
To be reviewed by:		
Review date:		
For Corporate Equality Use only	Compliance sign off date:	

Equality Impact Issues and Action Table (for more information on protected characteristics, see page 7)					
Identified issue drawn from your conclusions (only use those characteristics that are relevant)	Actions needed – can you mitigate the impacts? If you can how will you mitigate the impacts?	Who is responsible for the actions?	When will the action be completed?	How will it be monitored?	What is the expected outcome from the action?
Age					
Disability					
Gender Reassignment					
Marriage and Civil Partnership					
Pregnancy and Maternity					
Race (including ethnicity or national origin, colour, nationality and Gypsies and Travellers)					
Religion and Belief					
Sex					
Sexual Orientation					
Other (including caring responsibilities, rurality, low income, Military Status etc)					

Calculating the Equalities Risk Score

You will need to calculate a risk score twice:

1. On the inherent risk of the proposal itself (without taking into account any mitigating actions you may identify at the end of the Equality Analysis (EA) process)
2. On the risk that remains (the residual risk) after mitigating actions have been identified

This is necessary at both points to:

- Firstly, identify whether an EA needs to be completed for the proposal and;
- Secondly, to understand what risk would be left if the actions identified to mitigate against any adverse impact are implemented

Stage 1 - to get the inherent risk rating:

1. Use the [Equalities Risk Criteria Table](#) below and score each criterion on a scale of 1 - 4 for the impact and 1 – 4 on their likelihood of occurrence. Multiply these 2 scores together (Likelihood x Impact) to get a score for that criterion (this will range from 1 – 16).
2. Record each of these scores in the [table](#) at the beginning of this document
3. Assess whether you need to carry out an EA using the guidance box below (stage 2).

Stage 2 - to identify whether an EA needs to be carried out:

If your inherent risk score (for any criteria) is:

12 – 16 or Red = High Risk. **An Equality Analysis must be completed.** Significant risks which have to be actively managed; reduce the likelihood and/or impact through control measures.

6 – 9 or Amber = Medium Risk. **An Equality Analysis must be completed.** Manageable risks, controls to be put in place; managers should consider the cost of implementing controls against the benefit in the reduction of risk exposure.

3 – 4 or Green = Low Risk. **An Equality Analysis must be completed**

1 – 2 or Green = Low Risk. **An Equality Analysis does not have to be completed**

Stage 3 - to get the residual risk rating:

1. Repeat the process above when mitigating actions have been identified and evidenced in the [table](#) on page 3 to calculate the **residual risk**
2. Make a note of the residual risk score in the [table](#) on the first page of the EA template

Equalities Risk Criteria Table

Impact Criteria	Low 1	Moderate 2	Substantial 3	Critical 4
Legal challenge to the Authority under the Public Sector Equality Duty	Complaint/initial challenge may easily be resolved	Internal investigation following a number of complaints or challenges	Ombudsman complaint following unresolved complaints or challenges	Risk of high level challenge resulting in Judicial Review
Financial costs/implications	Little or no additional financial implication as a result of this decision or proposal	Medium level implication with internal legal costs and internal resources	High financial impact - External legal advice and internal resources	Severe financial impact - legal costs and internal resources
People impacts	No or Low or level of impact on isolation, quality of life, achievement, access to services. Unlikely to result in harm or injury. Mitigating actions are sufficient	Significant quality of life issues i.e. Achievement, access to services. Minor to significant levels of harm, injury, mistreatment or abuse OR, low level of impact that is possible or likely to occur with over 500 people potentially affected	Serious Quality of Life issues i.e. Where isolation increases or vulnerability is greatly affected as a result. Injury and/or serious mistreatment or abuse of an individual for whom the Council has a responsibility OR, a medium level of impact that is likely to occur with over 500 people potentially affected	Death of an individual for whom the Council has a responsibility or serious mistreatment or abuse resulting in criminal charges OR High level of impact that is likely to occur, with potentially over 500 people potentially affected
Reputational damage	Little or no impact outside of the Council	Some negative local media reporting	Significant to high levels of negative front page reports/editorial comment in	National attention and media coverage

Equalities Risk Matrix

		Acceptable		Actively managed	
Impact	Critical (4)	4	8	12 Significant risk	16 Significant risk
	Substantial (3)	3	6	9	12 Significant risk
	Moderate (2)	2	4	6	8
	Low (1)	1	2	3	4
		Very unlikely (1)	Unlikely (2)	Likely (3)	Very likely (4)
		Likelihood of occurrence			

The protected characteristics:

Age - Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds). This includes all ages, including children and young people and older people.

Disability - A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Gender reassignment - The process of transitioning from one gender to another.

Race - Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Religion and belief - Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Marriage and civil partnership - Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationships legally recognised as 'civil partnerships' and from 29th March 2014, same-sex couples can also get married at certain religious venues. Civil partners must be treated the same as married couples on a wide range of legal matters.

Pregnancy and maternity - Pregnancy is the condition of being pregnant. Maternity refers to the period of 26 weeks after the birth, which reflects the period of a woman's ordinary maternity leave entitlement in the employment context.

Sex (this was previously called 'gender') - A man or a woman.

Sexual orientation - Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

You are also protected if you are discriminated against because you are **perceived** to have, or are **associated** with someone who has, a protected characteristic. For example, the Equality Act will protect people who are caring for a disabled child or relative. They will be protected by virtue of their association to that person (e.g. if the Carer is refused a service because of the person they are caring for, this would amount to discrimination by association and they would be protected under the Equality Act)

Wiltshire Council

Derriads

Inspection report

70 Derriads Lane
Chippenham
Wiltshire
SN14 0QL

Tel: 01249652814

Website: www.wiltshire.gov.uk

Date of inspection visit:
13 September 2017

Date of publication:
12 October 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Derriads is a respite service operated by Wiltshire Council and provides short term residential care breaks for up to four adults with a learning disability. At the time of the inspection there were three people having a short break.

This inspection was unannounced and took place on 13 September 2017

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems were in place to manage risk. The staff we spoke with knew the actions needed to protect people from the risk of potential harm. However, risk assessments were not in place for all risks identified. For example, moving and handling. While staff reported accidents and incidents the reports were not analysed to identify patterns and trends.

We found areas of the home needed repairs, flooring in some areas such as the foyer was heavily soiled and there was poor storage for equipment. Although the registered manager had reported the repairs, action was outstanding.

The principles of the Mental Capacity Act (2005) were not consistently followed by the staff. People's capacity to make complex decisions was not assessed. We saw people were under continuous supervision and staff confirmed this but Deprivation of Liberty Safeguards (DoLS) were not considered or applied for. Staff had not considered that lap belts and bed rails were forms of restrictions and had not assessed this.

Care plans were generally person centred. For some people their life stories lacked detail such as education and the events that led to their admission. Person centred profiles for some people were brief and lacked detail. For example, future goals.

Systems in place to assess and monitor the quality of the service needed to improve. People's views about the service or those people close to them were not gathered. While audits had identified similar shortfalls to the inspection findings action had not been taken to make improvements.

When we asked one person if they felt safe they agreed and said "yes". However, people using the service at the time of the inspection were not able to tell us what feeling safe meant to them. Staff said they attended safeguarding of vulnerable adults training. Records confirmed this. The staff we spoke with knew the types of abuse and the expectations that they report abuse.

The staff we spoke understood the importance of developing positive relationships with people. Staff were

knowledgeable about people's likes and dislikes. We saw people accept staff support and there were good humoured interactions between people and staff.

Medicine systems were safe. Staff signed medicines administration records (MAR) charts to show the medicines that had been administered. Protocols were in place for medicines to be administered as required.

There was a system in place to determine the number of staff required for people on respite care. Staffing levels had improved with recruitment of new staff but there was a reliance on relief staff to cover absences and vacant posts.

Members of staff received effective support to meet their roles and responsibilities. New staff received an induction for the role they were employed to perform. Mandatory training set by the provider was attended by all staff to ensure they had the skills needed to meet people's needs. Group supervision was monthly and staff had the opportunity to discuss work issues and changes in policies were shared. One to one supervision with the registered manager was on request by staff or by the registered manager to discuss performance.

Some people attended day care services during the week and at weekends, staff organised outings and in house activities.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Risks identified were not always assessed and action plans were not developed on minimising the risk. Staff were knowledgeable on actions necessary to reduce some risks. Accidents and incidents were not reviewed or analysed for patterns and trends.

Repairs were needed to areas of the property.

There were sufficient staff to support people and we observed that staff were visible and available to people.

Medicines were managed safely.

Staff knew the types of abuse and the responsibilities placed on them to report abuse.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People capacity to make complex decisions was not assessed and where people lacked capacity best interest decisions had not been taken. Staff followed the guidance of the relatives without assessing the person's capacity to make these decisions.

Staff enabled people to make choices and explained how people made staff aware of their decisions.

Staff had the knowledge and skills to carry out their roles. Systems were in place to support staff with the responsibilities of their role which included group supervision and training to meet peoples' specific needs.

People's dietary requirements were catered for.

Requires Improvement ●

Is the service caring?

The service was caring

Good ●

People were treated with kindness. We saw positive interactions between staff and people using the service. Staff knew people's needs well and there was a calm and friendly atmosphere.

Personal details and profiles gave some guidance to staff on people's relationships with family and friends, their likes and dislikes and preferences on how personal care was to be met.

People's rights were respected and staff explained how these were observed.

Is the service responsive?

Good ●

The service was responsive

Care plans were person centred overall.

The people living at the service were not able to tell us about the care they receive and the approach used by the staff to deliver personalised care. Life stories lacked details on people's background histories such as education.

There were no complaints received at the service since our last inspection.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Quality assurance systems were in place. Action plan were in place on meeting shortfalls identified at the audits but these had not been outstanding for periods of time. The views of people were not gathered.

Staff said the team worked well together and the registered manager was approachable. They said morale had improved.

Derriads

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 September 2017 and was unannounced.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all of the information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

The inspection was carried out by one inspector. We spoke with one person and observed the interaction two people had with staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We asked for feedback from one relative, social and healthcare professional but none was received. We spoke with the four staff including relief staff and the registered manager.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included three care and support plans, staff training records, staff duty rosters, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices for part of the day.

Is the service safe?

Our findings

Risks were identified but action plans were not always developed on how to manage these risks. A member of staff said there were generic risk assessments for the home and for specific people. They said staff "risk assessed as they go along" and knowing the person ability to take risk was helpful. In addition this staff member said risk assessments for moving and handling were in place for people that needed support with transfers. There was equipment to support people that had mobility impairments. For example, equipment available included overhead tracking in the lounge and one bedroom and a mobile hoist.

We saw staff supporting one person with visual impairments to move around the home. A member of staff explained how staff supported the person. However, a risk assessment on the support needed from staff was not in place. We saw another person was a wheelchair user and staff provided assistance to move around the home. However, a moving and handling risk assessment was not in place. Staff told us they had attended moving and handling. They said the training ensured staff used safe moving and handling techniques. During the inspection we saw staff support people move around the home safely.

The risk assessment for one person at risk of choking was in place. The action plans said staff were to serve meals in small bite size pieces and detailed the assistance and prompts from staff to ensure the risks were lowered. The staff we spoke with knew the people at risk of choking and how their meals were to be served.

Records of Accidents and incidents involving people were not available and not analysed. The registered manager said there was a centralised electronic system in place. They confirmed there was no internal assessment process and it was not possible to identify the accidents and incidents for the service. The registered manager said copies were to be returned for analysis. This meant accidents and incidents were not reviewed collectively at location level or individually.

A member of staff said that "whichever staff witnessed the accident must complete the accident form". While staff reported accidents and incidents there was no evidence of follow up action or investigations taking place. Body maps were used to illustrate the location of the injuries. We saw staff had recorded for one person "more scratches than usual. Not suspicious in my opinion" which the staff member had signed. The registered manager was unaware of the observations from the member of staff and agreed to investigate and take action where appropriate.

We found areas of the home were in need of repair and there was a lack of storage particularly in a bathroom. We found the kitchen flooring was heavily stained and the dishwasher was in need of repair. In the hall the flooring was soiled and stained and the bathroom was used to store the vacuum, other equipment and linen and the bath also leaked. In the wet room the drain was in need of repair and in the laundry the boiler panel was taped to stop it from falling off. The registered manager told us the faults were reported. We saw from audits these repairs and faults were identified but action was outstanding for over 12 months.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

We saw people sought the company and assistance of staff to undertake activities. Staff said they had attended training on how to protect people from abuse and felt confident to raise concerns that would be taken seriously by the registered manager. These staff knew the types of abuse and the actions they must take for suspected abuse. Procedures of safeguarding people from abuse were on display and accessible to staff for reference.

Procedures were in place where staff were identified as responsible for unsafe practices. For example, persistent medicine errors. A member of staff told us where there were two medicine errors the staff involved had to undertake refresher medicine competency training. The registered manager told us more robust processes were introduced to prevent medicine errors from reoccurring. They said all staff had to attend refresher medicine competency training. The registered manager confirmed that since staff attended refresher training there were no further medicine errors.

Business continuity plans were in place on how staff were to respond to emergencies or untoward events. The plans gave staff guidance on the alternative actions that must be taken if areas of the property were in need of repairs from faults identified. For example, alternative food preparation areas if the staff were not able to use the kitchen. Also included was the alternative accommodation to be provided if it was not possible for people to remain in the home. .

Fire Evacuation plans stated that for staff to respond appropriately to emergencies they must be trained in fire safety and evacuation procedures. Training records confirmed staff had attended fire safety training. Individual personal emergency evacuation procedures were in place and stated the evacuation procedures in the event of a fire. For example, people were to be supported from the building by the nearest exit to a safe place.

There was a system in place to determine the number of staff required. The people receiving respite care had one to one staff assigned during the day. There was reliance on relief staff to maintain staffing levels and we observed that staff were visible and available to people. A member of staff said recruitment was in progress and relief staff were being used. They said the relief staff knew the people who used the respite care service. Three relief staff were on duty at various times during the inspection. We saw these staff knew people well.

Medicines were managed safely. At the time of the inspection one person was having regular prescribed medicines which the staff administered. The MAR charts were signed by two staff and had been completed in full with no gaps in the charts that we looked at. We saw that one member of staff signed to show the medicines administered and the other signed to indicate they had witnessed the medicines being administered. Staff documented on the MAR the quantities of medicines received and the running balances.

Some people were prescribed with medicines to be administered as required (PRN) and procedures were in place on how these medicines were to be administered. For one person PRN protocols were in place for topical cream and for pain relief. The protocol for pain relief listed the minor ailments that may require PRN medicines and included the maximum dose to be administered in 24 hours.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Deprivation of liberty authorisations had been sought for one person. The DoLS application for this person covered continuous supervision from the staff, the administration of covert medicines and the use of visual monitors at night. Records showed the staff were using bed rails but mental capacity assessments were not undertaken to consider if the person's liberty was restricted

People were not always empowered to make complex decisions. We saw documented where staff were following guidance from relatives without lasting power of attorney. For example, the use of monitors at night. A member of staff told us that knowing the person and how they communicated ensured people were helped to make decisions about their care. Another member of staff said people were subject to continuous supervision because some people "needed support with mobility while others were vulnerable." This member of staff confirmed the people using the service at the time of the inspection were vulnerable and subject to continuous supervision. Although these measures were put in place in order to keep people safe their capacity to consent was not assessed. This meant mental capacity assessment were not taking place and best interest decisions with the involvement of relevant parties were not taken for people that lacked capacity. For example, DoLS applications for continuous supervision.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

New staff had an induction when they started work at the service. The induction was over 12 weeks and covered mandatory training set by the provider, the routines of the home and procedures. The induction records we viewed showed staff also had an in-house induction which included fire safety procedures, medicine competency training and other training specific to the needs of people that use the service.

Systems were in place to ensure staff had the skills needed to meet the responsibilities of their roles. Staff had the knowledge and skills to carry out their roles. Staff spoke positively about the quality and quantity of training they had access to. A member of staff told us mandatory training set by the provider included moving and handling, first aid, food hygiene and epilepsy awareness training. They said the training improved their practice in particular face to face training as there were opportunities to ask questions and

discuss scenarios.

Another member of staff said that learning from a dementia awareness course was used to review the personal care plan for one person that often resisted assistance. They said knowing about "sundowning" had helped them to identify that confusion and agitation may get worse in the late afternoon and may be less pronounced earlier in the day. It was stated that since the review the person accepted staff's support.

Staff said there was group supervision and had replaced one to one supervision with the registered. They said the registered manager was approachable and staff were able to discuss specific issues at any time. The registered manager explained that the arrangements for one to one supervision meeting were no longer with the line manager and the registered manager was now responsible for all staff supervision. They confirmed that one to one supervision was available on request by staff and where performance was to be discussed the registered manager arranged the one to one supervision. A member of staff said that at group supervisions staff were able to speak openly. At the most recent group supervision the records showed the staff discussed achievements, challenges and budgets.

People's dietary requirements were catered for at the home. We saw the menu was on display in the foyer of the home. We saw the menu included choices of meals. The range of fresh, frozen and dried foods stored supported healthy diets were available to people. We also saw there a range of snacks for people to have between meals.

A member of staff told us menus were devised on staff's knowledge of people's dietary needs and their likes and dislikes. Another member of staff said "staff know from experience what people like." Staff explained they had to ensure provisions were available and menus devised in advance of people's stay. Staff told us people's dietary requirements included high calorie diets, meals blended to a soft consistency and some people received their nutritional input via percutaneous endoscopic gastrostomy tube (PEG's). Training records confirmed staff had attended PEG training to ensure they were able to assist people with this form of nutrition.

We observed the tea-time meal. We saw staff sit beside each person to support them with eating. We observed staff explain to the person the meal served. Meals were served in adapted crockery and utensils to help the person eat independently. We saw staff load the spoon for one person to eat their meal independently. We saw staff knew how to support people and encourage the person in their preferred manner. For example we saw when one person needed reassurance they touched the staff.

People were supported with ongoing healthcare where appropriate and information between services was shared. A member of staff said there were arrangements with the local GP for people whose health deteriorated during their stay. They said when people became "ill" the relatives were contacted for guidance as some people preferred to see their usual GP. Where this was not possible the person was made a temporary patient with the local GP. Staff said some people had regular visits from community services such as district nurses and before an admission for respite care the staff ensure these visits were organised.

Health action plans were in place but were out of date for some people. The registered manager told us most people had annual health checks by the GP but relatives did not always provide copies of the updated action plans. The registered manager told us relatives told staff about changes in people healthcare needs and where staff observed any deterioration in people's health the care managers were contacted. For example, if staff visual assessment was that the person was losing weight the care manager and relatives were contacted to discuss their observations and reach agreements on the actions to be taken.

There was clear guidance for staff to follow in the event of people having an epileptic seizure. These plans ensured that people received effective care and support. Epilepsy profiles we viewed included the signs and triggers for each type of seizure and the actions needed from the staff. The GP's signature on the profile showed this was developed by a healthcare professional. Staff documented the type of seizures people experienced, the length of seizure and medicines administered. Emergency recovery plans accompanied the epilepsy profiles and gave more detailed guidance on supporting recovery from the seizure. For example, the medicines to be administered and when to contact the emergency services.

Is the service caring?

Our findings

People were treated with kindness. We saw positive interactions between staff and people using the service. Staff including relief staff knew people's needs well and there was a calm and friendly atmosphere.

We observed staff providing one to one support to one person from a distance. The member of staff told us this person preferred their "own company but when he [person] seeks staff's attention it feels nice." We saw this person lead the registered manager from the lounge to the kitchen. The registered manager told us this was how the person communicated that they were hungry. Communication care plans confirmed this. This showed staff knew people well and were able to understand how people passed information about their needs to them.

Staff ensured that people felt they mattered. A member of staff told us how trusting relationships were developed with people. They said this was achieved by "taking an interest in what people do, talking to people, maintaining eye contact and joining activities with people." It was also stated that "its two way street and allowing people to get to know me [is important]. Give people the attention they need. Everyone deserved attention." Another member of staff told us building time and spending quality time with people was important. They said "finding out what people liked to do" and ensuring people had an opportunity to pursue the interests they enjoyed made people feel they mattered.

Staff showed concern for people's well-being. A member of staff asked one person in the lounge if they wanted music. They said "you usually like music. Do you want me to put some on for you?" We observed staff locate the person's favourite music and ensured they had the equipment needed to sing along with the song. When the evening meal was ready we heard staff quietly ask the person if they wanted to have their meal with other people or on their own. This person made the decision to eat on their own in the kitchen with a member of staff.

The relief staff told us people remembered all previous interactions and good perception was important otherwise people were not accepting of their assistance when they were next on duty. They said "we spend time and give people choices. We get to know them by reading their care plans. Communication plans say how to communicate. I sing to one [person] because it [care plan] says she likes it." Relief staff told us how they ensured people remembered them. They said "we introduce ourselves to the person and remind them of what happened when we were last on duty which develops continuity."

Person centred and "About me" profiles were in place but some we saw were brief and lacked detail. Some profiles included "what was important to the person and how staff were to support them. For example, one person having sensory objects, avoiding crowded locations and not being rushed was important. For another person their profile was brief and stated "likes to walk around and give time to eat meals." This meant staff may not have a complete overview of the people they were supporting.

People's rights were respected by the staff. A member of staff said the people who used the service were "adults and make their own choices. People must know the consequences of their decisions and can make the wrong decisions." Relief staff said people were not forced to accept their assistance.

Is the service responsive?

Our findings

People received care that was responsive to their needs. The people at the service during our visit were not able to give us feedback on the care planning arrangements. A member of staff said there were key groups of allocated staff who developed and reviewed care plans for people in the key group. This member of staff said care plans were person centred and that "it was all about the customer [person] and what is important to them and what they like doing."

Summaries of needs were recorded and included peoples' personal details, brief medical history with guidance on how their identified needs were to be met by the staff. Important information such as known allergies were highlighted in red to ensure staff's awareness. Also detailed was the support needed from staff with medicine administration and health care conditions such as epilepsy.

Care plans for some people reflected how their care needs were to be met. The "About me" profile for one person included the family relationships, how the person spent their time and non-verbal language used to communicate or gain attention from the staff. It was also documented the behaviours which indicated signs of distress and how staff were to respond. Circle of support diagrams identified the family members close to the person, the professionals such as GP's involved in the care of the person and community day care services attended.

"What worked well" and "What doesn't work well" was recorded for each person. For one person having a sensory object and having regular snacks worked well. Removing the sensory object and leaving crockery around didn't work well. During our visit we saw this person had a sensory object in their possession and staff served snacks when they returned from their day care service. For another person a quiet environment, being warm and activities worked well. Noise, boredom and being cold did not work well. The personal care plans we viewed for people included the actions staff had to take to ensure their support focussed on the areas that worked well. For example, staff must ensure the environment was warm before delivering personal care.

Care plans were developed on people's preferred routines. The daily routine care plan for one person included their likes and dislikes, their dietary needs and preferences of snacks to be provided between meals. The non-verbal language used to make staff aware of their needs and assistance needed was also included. For another person the personal care plans gave staff guidance on the action to be taken when this person refused assistance from staff. For example the person was to be given time to agree the offer of assistance.

Relief staff on duty told us they were given a brief handover when they arrived on duty. These staff said they were able to read people's care files which ensured they knew the needs of people receiving respite care. Individual communication books were used to ensure relatives, staff at the service and day care services shared information about the person's well-being.

We saw photographs of people participating in activities such as past fayres. Crafts and drawings people

made were on display in the lounge. Activities rotas were in place and most people attended day care services. People were made aware of planned outings and activities in advance of their stay. Staff told us courtesy calls to relatives were made to confirm the planned respite care and to tell people about planned outings and activities to happen during their stay. One person asked a member of staff about their length of stay. The member of staff confirmed the stay was over the weekend. They said "do you fancy going out. What do you fancy? Shall I get my phone to see what the weather will be on Saturday?" The person responded by saying "the pub". We saw the member of staff researching the request made by the person.

A member of staff said that people "know they have the right to complain. We saw the complaints procedure on display in the home. The registered manager told there had not been any complaints from relatives or people since the last inspection.

Is the service well-led?

Our findings

The views of people were not currently gathered through surveys or meetings. The registered manager said the survey format was not effective and had not been used for some time. This meant the views of people were not used to improve the service.

Audits were used to measure and review the delivery of care. "Quality Audits" were undertaken by the county manager and registered manager. The CQC Key Lines of Enquiry (KLOE) were used to assess standards at the service. The records of the audit dated 3 August 2017 listed the shortfalls identified and the actions needed to meet the standards. For example, care planning.

Health and safety audit were out of date. The most recent audit was undertaken in 2015 and was based on fire safety systems, Control of Substances Hazardous to Health (COSHH) and other housekeeping arrangements. We saw the shortfalls identified had not been actioned and were overdue. For example, fire risk assessments.

Incidents and accidents were not analysed. The registered manager told us there was an electronic system for staff to report these events to the provider. However there was no process for reviewing these reports. This registered manager said there was an action plan for the reports to be returned to the service for them to be analysed. This meant there was no system for assessing patterns and trends.

The registered manager acknowledged that "paper work" was not being maintained to standards. They explained that "this was because the service was short staff and there was no time." The findings of the inspection regarding seeking people's views, repairs of the environment and the analysis of accident and incident reports were similar to the home's audit. However, these areas were outstanding for over 12 months.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A registered manager was in post. A member of staff said the registered manager was approachable. The registered manager told us the key challenges were based on lapses of standards and low morale. This was caused by the registered manager having a period of absence and organisational re-structured. They also said improvements were needed to resume the previous high standards. It was also stated that some improvement such as the recruitment of new staff had taken place and continuity to people was to be provided.

Staff said they felt well supported by the registered manager. A member of staff said the staff team worked well together. They said "we pull together and help the new ones [staff.]". Another member of staff said morale had improved and since the re-structure of the organisation and since the return of the registered manager from a period of absence staff "felt more settled". The registered manager confirmed there had been a period of instability and the plans were for team building with the staff and mentors to be appointed

to new staff. The aim was to "foster good relationships between new and existing staff."

There were clear values and staff knew what the vision of the organisations was. A member of staff said "promoting independence for customers [people]" and providing the "best possible care." The registered manager said the aim of the service was to create a culture that empowered people. They said "a home from home, to provide people with opportunities that were not available where [people] lived permanently". Additionally the plans for the service were for staff to support people to become independent and reduce the need for long term care.

There was open communication with people who used the service, those that matter to them and staff. A member of staff said "we get loads of compliments." Team meetings were monthly and the minutes of the most recent meeting listed the issues discussed which included recruitment. Staff were given lead roles which included infection control, organising training and delivering medicine competency training.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The principles of the Mental Capacity Act 2005 were not followed. People's capacity to make complex decisions about their care was not assessed. Best interest decisions that led to restricting people's liberty had not followed.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks were not always assessed and action plans developed on minimising the risks identified</p> <p>Accidents and incidents were not reviewed individually or collectively to identify patterns and trends</p> <p>Areas of the property were in need of repair.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Audits were not regular and where shortfalls were identified action was not taken to meet standards set.</p>

This page is intentionally left blank

Wiltshire Council

Cabinet

24 April 2018

Subject: A303 Amesbury to Berwick Down Road Scheme

Cabinet Member: Cllr Bridget Wayman

Key Decision: Yes

Executive Summary

Since the non-statutory public consultation, Highways England have worked in conjunction with key stakeholders to refine and develop the A303 Amesbury to Berwick Down road improvement scheme proposals.

The detailed scheme comprises a new dual, two-lane carriageway approximately 8 miles in length with the following key features:

- A bypass to the north of Winterbourne Stoke with a viaduct over the River Till valley
- Grassland habitat creation that would allow extension of the Parsonage Down National Nature Reserve
- A new junction with the A360 to the west of and outside the World Heritage Site (WHS), with the A303 passing under the junction
- A section through the WHS with a twin-bore tunnel past Stonehenge at least 1.8 miles (2.9 kilometres) long
- A new junction with the A345 at the existing Countess roundabout to the north of Amesbury, with the A303 passing over the junction
- The conversion of the existing A303 through the WHS into a route for walking, cycling and horse riding
- New 'green bridges' to connect existing habitats and allow the movement of wildlife, maintain existing agricultural access and provide crossing for existing and new bridleways and public footpaths."

A public consultation was launched by Highways England on 8th February and runs until 23rd April 2018, for public and key stakeholders to comment on their proposals and identify any areas of concern or opportunities for further improvement. This includes specific design elements such as tunnel approaches, junctions, green bridges and viaduct proposals. Highways England are also seeking comments on the preliminary environmental information provided for the scheme.

Council officers from a variety of technical specialisms have reviewed the consultation material. These responses have been collated in Appendix 1, which is intended to be submitted to Highways England as the Council's formal response to the consultation.

Subject to the successful resolution of the issues identified within Appendix 1, officers, on the whole, recommend the A303 Amesbury to Berwick Down scheme is supported. Where there is a preference in relation to options for specific junctions,

green bridge alignment or viaduct proposals, these are included under various headings within Appendix 1. However, it is necessary for further information to be made available to the Council in order for it to fully assess the proposals. It is expected for this information to be available in advance of the submission of the DCO application.

As this scheme progresses through the DCO process, the Council will have many statutory obligations governing its participation and contribution to the examination of the application. In order to ensure the Council is fully able to fulfil these obligations, delegated authority is sought to cover its main responsibilities and input. This will ensure that the Council is able to meet the tight statutory timescales associated with the DCO process.

Proposals

Members are asked to:

- Note the contents of this report
- Agree the proposed response to Highways England for this statutory public consultation
- To restate the Council's support in principle for the proposal from HE to bring about substantial improvements to the A303 at Stonehenge by building a dual carriageway and tunnel, subject to the considerations listed in Appendix 1
- Agree the proposed delegated authority provisions outlined below to enable the Council to fulfil its statutory duties with regard to the Development Consent Order (DCO) process for this road improvement scheme.

- 1) Endorses the response to Public Consultation document, as set out in Appendix 1 subject to amendment in (2), for the purpose of submission to Highways England
- 2) Authorises the Director for Highways and Transport in consultation with appropriate Cabinet Member(s) to:
 - a. Finalise the consultation documents and make any necessary minor changes in the interests of clarity and accuracy before they are submitted to Highways England as the Council's formal consultation response;
 - b. Make arrangements for any subsequent consultation responses that may be requested by Highways England; and
 - c. Respond to any queries that may arise as a result of the submission of this consultation response.
- 3) Delegated authority to be granted to Director for Highways and Transport to prepare the Local Impact Report on behalf of the Council and submit to the Planning Inspectorate in accordance with the timetable for the examination process
- 4) Delegated authority to be given to Director for Highways and Transport to make minor amendments to the Local Impact Report to rectify such matters as typographical or grammatical errors
- 5) Delegated authority to be given to the Director for Highways and Transport to formally contribute to, agree and sign a statement of common ground to be submitted to the Examining Authority of the Planning Inspectorate in accordance with the timetable for the Examination process and within the terms of the Council's Local Impact Report

- 6) Delegated authority to be given to Director for Highways and Transport to prepare on behalf of the Council and submit to the Planning Inspectorate:
 - a. An adequacy of consultation representation (if required)
 - b. Representations on the Environmental Statement
 - c. The relevant representation and written representations on the application
- 7) Delegated authority to be given to Director for Highways and Transport to formally respond to the Examining Authority's Inspector's questions in accordance with the timetable for the examination process during the course of the Examination and also to make comment on the submissions of other parties including the applicant
- 8) Delegated authority to be given to the Director for Highways and Transport to formally represent the views of the Council at the preliminary meeting, any topic specific hearing and subsequent requirements in accordance with the timetable for the examination process during the course of the examination, within the terms of the Council's Local Impact Report
- 9) Delegated authority to be given to the Director for Highways and Transport to add formal comments on the draft requirements (conditions) and planning obligations of the Development Consent Order
- 10) Delegated authority to be given to Director for Highways and Transport to carry out all non-statutory community benefit negotiations and to make decisions relevant to such negotiations in connection with or arising from the A303 Amesbury to Berwick Down Road Scheme
- 11) Delegated authority to be given to Director for Highways and Transport to carry out all statutory functions of the Council under the Planning Act 2008 as both Local Authority and Planning Authority in connection with the A303 Amesbury to Berwick Down Road Scheme.

Reasons for Proposals

The case for dualling the A303 between Amesbury and Berwick Down has long been established through promoting economic growth in the South West, increasing safety, improving connectivity with neighbouring regions and protecting and enhancing the environment.

Highways England have improved the scheme previously consulted on and are now seeking views on a detailed scheme in advance of its Development Consent Order (DCO) application. Whilst, there are issues which will require resolution and further information is required before the Council can fully assess the scheme, officers believe that the proposed scheme is capable of addressing the transport, economic, heritage and community issues associated with the A303.

The Council will continue to work with Highways England and other key stakeholders to further develop the scheme proposals in advance of the DCO application being submitted.

Alistair Cunningham (Corporate Director)

Wiltshire Council

Cabinet

24 April 2018

Subject: A303 Amesbury to Berwick Down Road Scheme

Cabinet Member: Cllr Bridget Wayman

Key Decision: Yes

Purpose of Report

1. To inform Members of the actions taken by Highways England since the previous report and outline the scheme, which is the subject of this public consultation.
2. To confirm the Council's response to the statutory public consultation.
3. To agree the proposed delegated authority provisions to enable the Council to fulfil its statutory duties with regard to the Development Consent Order (DCO) process for this road improvement scheme.

Relevance to the Council's Business Plan

4. Improvements along the A303 help meet the priorities of the Council's Business Plan 2017-2027, including:
 - Growing the Economy:
 - High Skilled Jobs (Employment)
 - Transport and Infrastructure (Access)
 - Strong Communities
 - Safe Communities (Protection)
 - Personal Wellbeing (Prevention)
 - Working with Our Partners:
 - Community Involvement
 - Delivering Together

Main Considerations for the Council

5. Following the non-statutory public consultation held between 12th January and 5th March 2017, Highways England, in conjunction with key stakeholders, undertook further assessment and refinement of the route options presented for consultation. This took into account the feedback received from over 9000 responses to the non-statutory consultation.
6. On 12th September 2017, the Secretary of State announced the preferred route for the scheme. This route differed from that presented during the preliminary consultation, with the key changes being the movement of the western tunnel

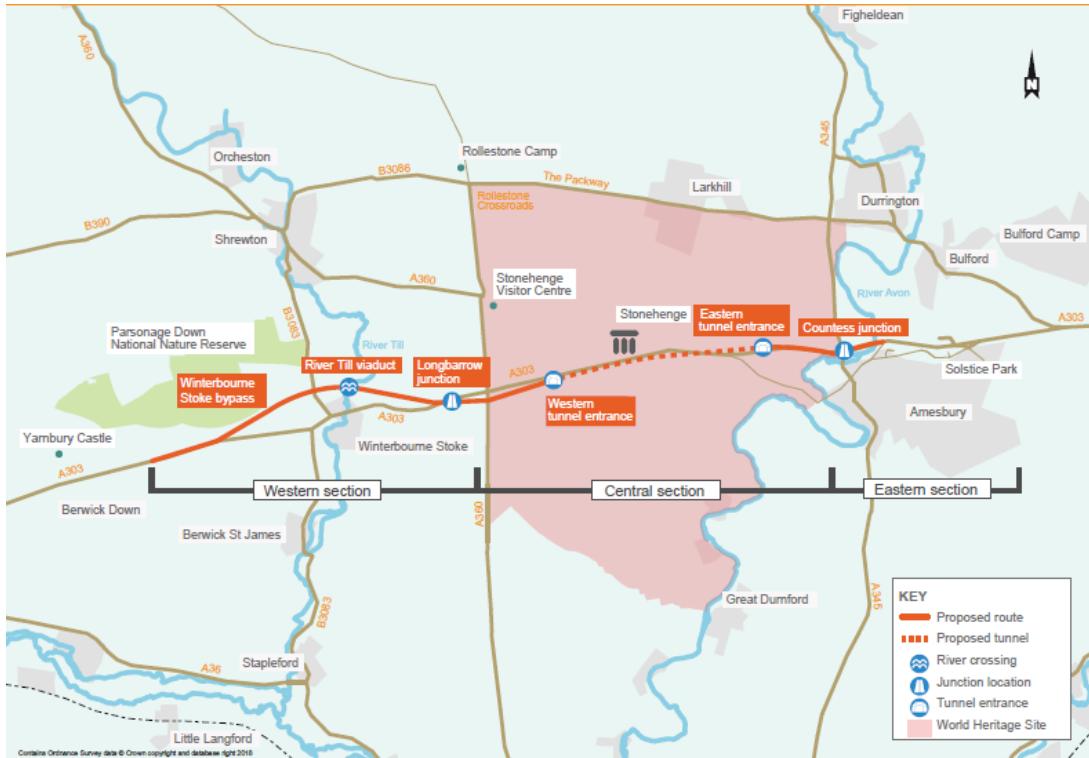
portal and route closer to the line of the existing A303 in the western part of the WHS.

7. Highways England have further developed the preferred route, and are now consulting on the detailed proposals for the scheme.
8. The statutory consultation was held between 8th February and 23rd April 2018. All consultation material was available from the Highways England website (<https://highwaysengland.citizenspace.com/he/a303-stonehenge-2018/>), with the full suite of hard copy documents available in 10 locations comprising of Council offices, libraries and leisure centres. Additionally, consultation booklets and response forms were available to collect and submit back to Highways England in a further 6 locations mainly comprising of health centres. 12 public information events were held throughout Wiltshire, including one in London. Promotional activity has appeared on national and local news television programmes, in newspapers and journals, on the radio, through social media, and in local amenity locations. Furthermore, a scheme leaflet was sent to all residences and businesses in the immediate area.
9. The road improvement scheme is approximately 8 miles (nearly 13 kilometres) in length. Highways England's consultation booklet describes the scheme being consulted on as follows:

“The proposed scheme would comprise a new dual, two-lane carriageway between Amesbury and Berwick Down with the following key features:

- A bypass to the north of Winterbourne Stoke with a viaduct over the River Till valley
- Grassland habitat creation that would allow extension of the Parsonage Down National Nature Reserve
- A new junction with the A360 to the west of and outside the World Heritage Site (WHS), with the A303 passing under the junction
- A section through the WHS with a twin-bore tunnel past Stonehenge at least 1.8 miles (2.9 kilometres) long
- A new junction with the A345 at the existing Countess roundabout to the north of Amesbury, with the A303 passing over the junction
- The conversion of the existing A303 through the WHS into a route for walking, cycling and horse riding
- New ‘green bridges’ to connect existing habitats and allow the movement of wildlife, maintain existing agricultural access and provide crossing for existing and new bridleways and public footpaths.”

10. The proposal is illustrated diagrammatically below:



11. Highways England have asked the public and key stakeholders for views on the proposed scheme, including its tunnel approaches, junctions, green bridges and viaduct proposals. They are also seeking comments on the preliminary environmental information provided for the scheme.
12. Council officers from a variety of technical specialisms have reviewed the consultation material to identify any concerns or opportunities and any further information required. These have been collated in Appendix 1, which is intended to be submitted to Highways England as the Council's formal response to the consultation.
13. The Council's response addresses five key considerations, namely:
 - i) Proposal compliance with the strategy for this area of Wiltshire as set out in the Wiltshire Core Strategy and within the context of relevant National Policy Statement on infrastructure delivery and the wider planning context provided by the National Planning Policy Framework
 - ii) The technical issues raised by the proposal and what, if any, mitigation should be required as a consequence of any potential impacts
 - iii) Requirements to be applied to the Development Consent Order (DCO)
 - iv) Any 'orders' or 'agreements' which should be required to implement any changes and ensure these are included within the DCO. This should include Heads of Terms of any S106 agreement, land acquisition orders, traffic regulation orders, side roads orders, stopping up orders, temporary traffic orders and public rights of way diversion orders
 - v) Any community enhancement and / or mitigation of adverse impacts of the scheme that should be secured by way of a Community Benefit Fund or equivalent.

14. Subject to the successful resolution of the issues identified within Appendix 1, officers, on the whole, recommend the A303 Amesbury to Berwick Down scheme is supported. Where there is a preference in relation to options for specific junctions, green bridge alignment or viaduct proposals, these are included under various headings within Appendix 1.
15. However, it is necessary for further information to be made available to the Council in order for it to fully assess the proposals. It is expected for this information to be available in advance of the submission of the DCO application.

DCO Process and Delegated Authority Considerations

16. Following the conclusion of the statutory public consultation, Highways England will evaluate the responses received to further refine the detail of the scheme. This will include the preparation of a number of strategies and impact assessment reports which will accompany the DCO application.
17. The DCO application is expected to be submitted in early Autumn 2018, at which point the Planning Inspectorate / Secretary of State will have 28 days to decide whether to accept the application for examination. The Local Authority is required to report on the adequacy of community consultation within 14 days of submission. If accepted, a 3-month pre-examination phase will then commence. During this time, the draft examination timetable will be prepared, a preliminary meeting will be held and interested parties will be invited to submit relevant representations.
18. The examination phase has a statutory 6-month duration, and requirements on the Local Authority will include the preparation and submission of a Local Impact Report, Statement of Common Ground, written representations and signed planning obligation. The Council will also need to attend issue specific hearings and / or accompanied site visits, respond to questions and requests for further information by the examiner and comment on other interested parties' representations and submissions.
19. Following the conclusion of the Examination phase, the Planning Inspectorate will have 3-months to submit their recommendations to the Secretary of State, who will then have a further 3-months to make his decision. Post decision, the Council will be required to discharge requirements and monitoring, undertake any necessary enforcement action and respond to notifications relating to non-material and material change applications.
20. Compliance with the DCO requirements outlined above will present challenges for the Council and its governance procedures due to the tight timescales. Therefore, it is appropriate, in the interests of efficiency, to provide delegation to officers to amend documents for the sake of clarity and accuracy and further to take all appropriate actions to progress the process on behalf of the Council. Advice from the Planning Inspectorate strongly recommends that Councils have sufficient delegated powers in place to allow Councils to respond quickly, especially once the Examination has commenced.

21. A draft resolution to cover these points is therefore as follows:
- 1) Endorses the response to Public Consultation document, as set out in Appendix 1 subject to amendment in (2), for the purpose of submission to Highways England
 - 2) Authorises the Director for Highways and Transport in consultation with appropriate Cabinet Member(s) to:
 - a. Finalise the consultation documents and make any necessary minor changes in the interests of clarity and accuracy before they are submitted to Highways England as the Council's formal consultation response;
 - b. Make arrangements for any subsequent consultation responses that may be requested by Highways England; and
 - c. Respond to any queries that may arise as a result of the submission of this consultation response.
 - 3) Delegated authority to be granted to Director for Highways and Transport to prepare the Local Impact Report on behalf of the Council and submit to the Planning Inspectorate in accordance with the timetable for the examination process
 - 4) Delegated authority to be given to Director for Highways and Transport to make minor amendments to the Local Impact Report to rectify such matters as typographical or grammatical errors
 - 5) Delegated authority to be given to the Director for Highways and Transport to formally contribute to, agree and sign a statement of common ground to be submitted to the Examining Authority of the Planning Inspectorate in accordance with the timetable for the Examination process and within the terms of the Council's Local Impact Report
 - 6) Delegated authority to be given to Director for Highways and Transport to prepare on behalf of the Council and submit to the Planning Inspectorate:
 - a. An adequacy of consultation representation (if required)
 - b. Representations on the Environmental Statement
 - c. The relevant representation and written representations on the application
 - 7) Delegated authority to be given to Director for Highways and Transport to formally respond to the Examining Authority's Inspector's questions in accordance with the timetable for the examination process during the course of the Examination and also to make comment on the submissions of other parties including the applicant
 - 8) Delegated authority to be given to the Director for Highways and Transport to formally represent the views of the Council at the preliminary meeting, any topic specific hearing and subsequent requirements in accordance with the timetable for the examination process during the course of the examination, within the terms of the Council's Local Impact Report
 - 9) Delegated authority to be given to the Director for Highways and Transport to add formal comments on the draft requirements (conditions) and planning obligations of the Development Consent Order

- 10) Delegated authority to be given to Director for Highways and Transport to carry out all non-statutory community benefit negotiations and to make decisions relevant to such negotiations in connection with or arising from the A303 Amesbury to Berwick Down Road Scheme
 - 11) Delegated authority to be given to Director for Highways and Transport to carry out all statutory functions of the Council under the Planning Act 2008 as both Local Authority and Planning Authority in connection with the A303 Amesbury to Berwick Down Road Scheme.
22. Whilst a number of the authorities sought above, relate to activities to be conducted many months from now, the Planning Inspectorate recommends that delegated authority is sought early on in the DCO process to ensure appropriate governance arrangements are in place to comply with the DCO timescales. This is because it is recognised that Local Authority committee structures and the associated timeframes to take reports through them are unlikely to comply with the DCO statutory requirements placed upon them.

Background

23. Dualling the A303 and A358 is a nationally significant infrastructure project (NSIP) as defined by the Planning Act 2008 (the Planning Act).
24. This NSIP will be promoted by Highways England under the requirements of the Planning Act to secure a Development Consent Order (DCO) to allow work to begin. This process will involve detailed engagement with the general public, local communities and stakeholders.
25. The DCO process and the role of Local Authorities within this process was the subject of a previous Cabinet report on 15 March 2016 ([Cabinet Papers Item 39](#)).
26. The timetable for the development of this road improvement scheme, the Council's involvement and governance arrangements established to fully engage and manage this project, and the estimated resource implications for the various professional areas were detailed in a Cabinet report considered on 11 October 2016 ([Cabinet Papers Item 118](#)).
27. The route options appraisal methodology and outcome selected by Highways England to take to public consultation, along with the Council's response to the non-statutory consultation was contained within a previous Cabinet report on 14 March 2017 ([Cabinet Papers Item 35](#)).

Overview and Scrutiny Engagement

28. Due to the timescales of the Consultation, the Environment Select Committee was unable to view the report at their 13 March 2018 meeting. Thus, the Committee resolved at 13 March for a Briefing Note to be circulated to the Committee on the matter, where the Committee would then present their views

on the item to the Chairman; in order for them to be reflected in the final Cabinet report on the item.

29. Members raised that it was important for local communities to remain at the heart of the proposals and for assurance to be given that traffic could continue to move smoothly. Clarification was sought on whether the state of the development of the proposal was sufficiently mature, as the Council was currently awaiting the results of archaeological surveys and concern was raised around the proposal to place parking restrictions on Amesbury, due to the movement of large agricultural machinery. Members also highlighted that it was important for Cabinet to assess the financial risk to the Council and recommended that Cabinet prohibit the use of 4x4 and other mechanically propelled vehicles on the section of the A303 (to be grassed over) that passes by the stones of Stonehenge.
30. There was support of the proposals surrounding delegated decision-making; the Committee felt that as the topic is complex and requires considerable attention it is felt right and proper that the Director(s) and the Cabinet Member(s) should have delegated authority to oversee the matter. It was also pointed out that, despite the fact that this section of road relates to the south of the county, Wiltshire as a whole stood to benefit from the proposed work.
31. The Chairman advised the Committee that they should note the draft Cabinet report and continue to make individual representations to the Cabinet Member, ahead of the Cabinet meeting.
32. In addition to the ESC engagement detailed above, regular Stakeholder Engagement Meetings are being held to ensure that local Members are involved in the development of this road scheme.
33. Presentations are also being delivered at the relevant Area Board meetings in Amesbury, Mere and Warminster when requested by the Chair.
34. Furthermore, the Community Area Managers are employing the model used in the Army Rebasing Programme for communication and engagement. The Community Area Manager for Amesbury is co-ordinating all activity with the other Community Area Manager's across Wiltshire.

Safeguarding Implications

35. None

Public Health and Public Protection Implications

36. A key outcome of the scheme is to improve safety along the corridor. By creating an "expressway" dual carriageway, which is designed to high safety standards, it will increase capacity on the route, which will reduce the accident prevalence.

37. Furthermore, there are a number of issues which will need to be addressed to minimise the impact that the construction and operational phases of the scheme may have on the local area in terms of environmental health. This would include noise and vibration, air quality, dust control and light nuisance. Council officers are actively working with Highways England to minimise and mitigate any adverse effects arising from this road improvement scheme. However, further detail is required to fully assess any proposed mitigating measures to minimise the impact of the scheme.
38. Officers will continue to work with Highways England to ensure this detailed information is available prior to the submission of the DCO application and have identified a number of pre-commencement, construction and operational planning conditions within the statutory consultation response to ensure this happens.

Procurement Implications

39. None

Equalities Impact of the Proposal

40. Council officers reviewed the draft Statement of Community Consultation prepared by Highways England, and provided feedback in advance of its publication on 31 January 2018 to ensure the consultation is adequately promoted within local communities, including any identified hard to reach groups.
41. Whilst some analysis of the social impact has been undertaken to date, a full equality impact assessment will be undertaken by Highways England as part of the DCO process.
42. Equality impact considerations will also be referenced within the Council's report on the adequacy of the consultation, which is required to be submitted to the Planning Inspectorate following DCO submission.

Environmental and Climate Change Considerations

43. As a signatory to the World Heritage Site (WHS) Management Plan (2015) and a member of the WHS Partnership Panel, the Council and its partners have a responsibility to protect the outstanding universal value of the site and any decisions relating to this will be monitored by UNESCO. A third mission by ICOMOS / UNESCO was held between 5-7 March 2018.
44. Highways England have prepared a Preliminary Environmental Information Report as part of its consultation documentation, which has been reviewed and an assessment of the implications for heritage, archaeology, landscape and ecology relating to the proposed route is included as part of Appendix 1. However, further information, as identified within Appendix 1, is required in order for the Council to fully assess the implications and as such we will

continue to work with Highways England and other key stakeholders to undertake this.

45. Whilst it is anticipated that the scheme will provide benefits through improved traffic flows, thereby reducing delays and a consequential reduction in noise and excessive fuel consumption and emissions associated with slow moving or stationary traffic, further information is required to confirm this. The detailed traffic modelling for Wiltshire's local road network which is being prepared by Highways England, will be crucial in this regard.

Risk Assessment

46. It is anticipated that engagement in this project will be controversial and it is likely that there will be conflicting views amongst the service areas involved and by Members. The Council will be required to formulate a corporate position on many of the issues considered and it is anticipated that this will be set by Cabinet following recommendations from officers.
47. Whilst these proposals are being further refined, the Council may need to reserve judgement on some matters until further information is available in order for the Council to make a fully informed decision on certain key aspects.

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

48. The DCO submission may be delayed which may jeopardise the current central government funding agreement.

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

49. The Council will continue to work closely with Highways England and other key stakeholders to manage the inputs required for the DCO submission.
50. The Council will have a number of opportunities within the DCO acceptance and examination process to inform the Planning Inspectorate on its views of the scheme and Highways England's engagement and work to date. This will include the statement on adequacy of community consultation, written representations, the statement of common ground and the local impact report. The Council will also attend any issue specific hearings as required.
51. The development of this scheme and the associated DCO process will be quite resource intensive for the Council and therefore additional resource will be allocated / secured as necessary utilising the previously agreed funding from Cabinet.
52. Members will be regularly updated and agreement sought at each of the key stages of the DCO process, subject to any delegated authority awarded to officers to ensure statutory timescales are met.

Financial Implications

53. A budget of £300,000 has been built into the Highways Budget to cover additional resource requirements for this programme. This is a recurring budget until 2019/2020.
54. The Council will have additional resource implications for the period post consent while the scheme is being delivered, if applicable. These will be identified in a future report to Cabinet.
55. Future financial implications in terms of maintenance and running costs as a result of the de-trunking of the A303 as part of the DCO process would need to be assessed and understood as part of the DCO process.

Legal Implications

56. It is Highways England who will be the lead body in any application for a DCO. The role of the Council within this process is as a statutory consultee (and one of the principal consultees).
57. We are at the statutory public consultation stage and it is important that the Council identify any issues that may need to be considered by the planning inspectorate to ensure that the “one stop” application process for nationally significant infrastructure is sound.
58. As well as providing the Council’s response to the public consultation documentation the Council will be obliged to provide a Local Impact Report and provide a report on the adequacy of public consultation.
59. As a result of the responses to the public consultation and the on-going assessments it is likely that further information will become available to the Council in order for it to fully assess the proposals. Therefore the Council should retain the ability to refine its position once the additional information becomes available including any associated developments necessary to ensure the effective delivery of the project.
60. This report identifies the process going forward and proposes delegations to ensure that the Council can meet the DCO process time-lines.

Options Considered

61. None

Conclusions

62. The case for dualling the A303 between Amesbury and Berwick Down has long been established through promoting economic growth in the South West, increasing safety, improving connectivity with neighbouring regions and protecting and enhancing the environment.

63. Following assessment of the proposals by Council officers, it is recommended that support is given to Highways England to further develop the detailed scheme and address the identified issues contained in Appendix 1. However, the Council must retain the ability to refine its position once the additional information required to fully assess the scheme is available.
64. In anticipation of this scheme being taken through the Development Consent Order (DCO) process, delegated authority is sought to ensure that the Council is able to fulfil its statutory obligations with respect to this road improvement scheme.
65. Members are asked to:
- Note the contents of this report
 - Agree the proposed response to Highways England for this statutory public consultation
 - To restate the Council's support in principle for the proposal from HE to bring about substantial improvements to the A303 at Stonehenge by building a dual carriageway and tunnel, subject to the considerations listed in Appendix 1
 - Agree the proposed delegated authority provisions outlined in paragraph 21 to enable the Council to fulfil its statutory duties with regard to the Development Consent Order (DCO) process for this road improvement scheme.

Alistair Cunningham (Corporate Director)

Date of report: 6th April 2018

Appendices

Appendix 1 – Wiltshire Council Statutory Consultation Response to Highways England for A303 Amesbury to Berwick Down (Stonehenge) Road Improvement Scheme

Background Papers

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

Report Contents:

1.	Acronyms and Abbreviations	3
2.	Introduction and Context	4
3.	Consideration of Strategic Economic Objectives	4
4.	Environmental Considerations	7
5.	Highways and Transport Considerations	9
6.	Public Rights of Way (PROW) Considerations	19
7.	Public Protection Considerations	27
8.	Ecology and Landscape Considerations	30
9.	Archaeology and World Heritage Site Considerations	34
10.	Built Heritage Considerations	39
11.	Flood Risk and Drainage Considerations	41
12.	Procedural Issues and Next Steps	42

Appendices

1A.	Information / Activities Required in Advance of DCO Application	43
1B.	Requirements for Inclusion in DCO Application	48

1. Acronyms and Abbreviations

Acronym / Abbreviation	Meaning / Description
A303	Route pre- and post- proposals
AADT	Annual Average Daily Traffic
AONB	Area of Outstanding Natural Beauty
AQMA	Air Quality Management Area
BOAT	Byway Open to All Traffic (as Restricted Byway but also includes mechanically propelled vehicles although mainly used as FP, BW, RB)
BW	Public Bridleway (pedestrians, horse-riders and bicycles)
CA	Conservation Area
CEMP	Construction Environmental Management Plan
DCO	Development Consent Order
DfT	Department for Transport
EA	Environmental Assessment
EIA	Environmental Impact Assessment
ES	Environmental Statement
FP	Public Footpath (pedestrians only)
HE	Highways England
HIA	Heritage Impact Assessment
ICOMOS	International Council on Monuments and Sites
LEMP	Landscape and Ecological Management Plan
LLFA	Lead Local Flood Authority
LVIA	Landscape and Visual Impact Assessment
MoD	Ministry of Defence
MPV	Mechanically Propelled Vehicle
New A303	Route proposed in this consultation
NPPF	National Planning Policy Framework
NPS	National Policy Statement
NRMM	Non-Road Mobile Machinery
NSIP	Nationally Significant Infrastructure Project
Old A303	Existing route
OUV	Outstanding Universal Value
PEIR	Preliminary Environmental Information Report
PROW	Public Rights of Way
RB	Restricted Byway (pedestrians, horse-riders, and non-mechanically propelled vehicles, includes horse-drawn vehicles and bicycles)
SoS	Secretary of State
SuDS	Sustainable Drainage System
TBM	Tunnel Boring Machine
TRO	Traffic Regulation Order
VPD	Vehicles Per Day
WCAS	Wiltshire Council Archaeology Service
WCS	Wiltshire Core Strategy
WFD	Water Framework Directive
WHS	World Heritage Site

2. Introduction and Context

1. Highways England (HE) is carrying out pre-application consultation on the dualling of the A303 and their preferred option of a tunnel following a similar line to the existing surface road, between 8 February 2018 and 23 April 2018. The proposal which is the subject of this consultation raises many considerations for the Council, which can be summarised into five key areas:
 - a) Proposal compliance with the strategy for this area of Wiltshire as set out in the Wiltshire Core Strategy (WCS) and within the context of relevant National Policy Statement (NPS) on infrastructure delivery and the wider planning context provided by the National Planning Policy Framework (NPPF).
 - b) The technical issues raised by the proposal and what, if any, mitigation should be required as a consequence of any potential impacts
 - c) Requirements to be applied to the Development Consent Order (DCO)
 - d) Any 'orders' or 'agreements' which should be required to implement any changes and ensure these are included within the DCO. This should include Heads of Terms of any S106 agreement, land acquisition orders, traffic regulation orders, sideroads orders, stopping up orders, temporary traffic orders, and public rights of way diversion orders.
 - e) Any community enhancement and / or mitigation of adverse impacts of the scheme including those that should be secured by way of a Community Benefit Fund or equivalent
2. The first consideration is how the proposals help deliver the Council's strategic objectives as set out in the WCS within the framework of the national policy set out in the NPPF and NPS. Secondly, consideration of the specific impacts that a scheme of this scale may have on the environment, transport and rights of way network need to be considered including if it is necessary and / or possible to mitigate them and if so by what means.

3. Consideration of Strategic Economic Objectives

Economic Considerations

3. The WCS is an economy-led strategy, which unequivocally places an emphasis on economic growth as the driving force behind meeting Wiltshire Council objectives of fostering stronger, more resilient communities. The underpinning idea of the strategy is to strengthen communities, wherever possible, by maintaining and increasing the supply of jobs to align with the delivery of new homes to ensure that Wiltshire remains strong and prosperous and addresses historic trends of out-commuting and non-affordability of homes.
4. In strategic planning terms, Wiltshire faces a number of challenges, of which reducing levels of out-commuting from many of the county's settlements is a significant one. Evidence suggests that lack of local job opportunities and pay differentials are a major driver meaning that higher earners commute out of the county to work. To address this, the self-containment of the main settlements needs to be improved to ensure that there are a wide range of appropriate employment opportunities available, reflecting the needs of inward investors and Wiltshire's communities. Delivering a good level of local employment opportunities close to

the main centres of population will help reduce the need to commute out of Wiltshire to seek work. Broadening the employment base and providing choice in the job market for Wiltshire's population is a key element of delivering resilient communities.

5. Strategic Objective 1: "Delivering a thriving economy" makes clear that "Wiltshire needs to encourage a buoyant and resilient local economy. The Core Strategy enables development to take place and encourages economic vitality, providing local jobs for Wiltshire's population, whilst ensuring that suitable development objectives have been met..."
6. The wider strategy of the WCS, is to accelerate the transition toward high value and innovative local jobs to offset the traditional declining sectors such as financial services. One of the key outcomes of the Strategic Objective 1 is that Wiltshire will have secured sustainable growth of established and emerging employment sectors, building on existing strengths, including defence-related employment, bioscience, advanced manufacturing and business services.
7. A significant part of the proposal falls within the Amesbury Community Area. The WCS vision for Amesbury states that the town will have good levels of employment, including the specialist sectors within the Ministry of Defence (MoD), QinetiQ at Boscombe Down and the scientific research at Porton Down.
8. Core Policy 4 identifies the Boscombe Down site in this community area as a Principal Employment Area as well as allocating 7 ha of employment land on the site. Core Policy 35 states that Wiltshire's Principal Employment Areas should be retained for employment purposes within use classes B1, B2 and B8 to safeguard their contribution to the Wiltshire economy and the role and function of individual towns. Proposals for renewal and intensification of the above employment uses within these areas will be supported.
9. Core Policy 37 relates to Military establishments, of which Boscombe Down is one. This policy offers support for new development at such operational facilities that help enhance or sustain their operational capacity.
10. Core Policy 4 also allocated 10 ha of employment land at Porton Down in the Amesbury community area, where the establishment of a private sector science park is currently ongoing.
11. There is therefore already a significant cluster of excellence centred on scientific defence, research and development operating in this community area and using this as leverage to attract synergistic inward investment is a key objective of the WCS. The area strategy for the Amesbury community area lists specific issues that need to be addressed in planning for this area. It recognises that the A303 corridor runs through the area and is a main arterial route from London to the south west. It suffers from problems, with intermittent stretches of single lane carriageway causing large delays at peak times. This has a knock-on effect on the attractiveness of the area for business and tourism investment.
12. Effective, efficient road links are fundamental to enable businesses to prosper and help to unlock further economic growth. The A303 scheme between Amesbury and Berwick Down will significantly reduce journey times which in turn will cut transport costs, and give businesses in Wiltshire better access to the market, suppliers and skills. Wiltshire's inward investment attractiveness will also be strengthened and the creation of an expressway will improve accessibility between businesses and their customers. The scheme will also help to link people with jobs and provide better access to their customers. The scheme will also help

to link people with jobs and provide better access to higher value, local jobs which in turn will contribute towards reducing out-commuting from Wiltshire.

13. At a regional level, the South West region is home to one of the largest concentrations of aerospace and defence activities in Europe and the largest cluster in the UK, with its local supply chain supporting 14 of the world's leading aerospace / defence companies. The centre of excellence developing at Boscombe Down and Porton Down is a significant part of this. The A303 scheme will consolidate this position by improving connections between regional business communities, enabling more efficient access to their supply chains as well as providing employees better access to high skilled jobs.

Conclusion on Economic Considerations

14. In principle, therefore, the proposal for the improved road will play a pivotal role in contributing towards the implementation of various key policy and strategy priorities set out in the WCS.
15. The established Plan for job growth set out in the WCS via facilitating growth of existing employers and delivering an attractive investment environment for new inward investment is key to the work of Wiltshire Council. This plan puts in place policies which will help both attract new inward investment and help existing business meet their aspirations in Wiltshire, as well as providing the right environment for business start-ups. The A303 scheme will remove a potential barrier to investment, improve connectivity between businesses and their customers, and provide employees with greater access to higher value jobs.

Tourism Considerations

16. Tourism plays a significant part in the economic health of Wiltshire and is worth over £779 million a year. Wiltshire has a wealth of natural and heritage assets which attract visitors from home and abroad that range from one of the world's most famous and recognisable monuments, Stonehenge, to renowned attractions such as Longleat Safari and Adventure Park to country houses, museums and gardens. Rural countryside with the Areas of Outstanding Natural Beauty (AONBs), Wiltshire's canal network, historic villages such as Lacock and farm and animal attractions also draw visitors to the area. Wiltshire is also well placed for visiting attractions such as the New Forest National Park, the Cotswolds, Bath Spa and the major resorts and beaches at Bournemouth and Poole. Wiltshire's built and natural environment is a key part of the tourism product and the future success of the area's tourism industry is, in many ways, dependent on the effective management and conservation of the environment.
17. The Spatial Vision of the WCS states that by 2026, Wiltshire's heritage will have been a major driver used to promote tourism for economic benefit.
18. Strategic Objective 1: "Delivering a thriving economy" recognises that the potential for tourism should be realised as a major growth sector through capitalising on the quality of the environment and location Wiltshire benefits from. The WCS identifies that one of the key outcomes of this objective will be that Wiltshire's tourism sector will have grown in a sustainable way, ensuring the protection and where possible enhancement of Wiltshire's environmental and heritage assets.
19. The WCS recognises that World Heritage Site (WHS) status offers the potential of considerable social and economic gains for Wiltshire in areas such as sustainable tourism, but that this will

require careful and sensitive management in order to protect the WHS and sustain its Outstanding Universal Value (OUV) (para 6.144). Large numbers of overseas visitors, as well as domestic tourists, consider Stonehenge a “must-see” attraction. However, there is a lack of capital made on this unique opportunity locally. The A303 scheme will reconnect Stonehenge with the rest of the WHS lying to the south of the A303, give the public greater access to the wider prehistoric landscape and improve the setting of the WHS, all of which will boost tourism in Wiltshire. An opportunity to explore and understand the wider WHS, should increase the dwell time spent by a proportion of visitors, which in turn will boost overnight stays in the area thereby boosting the local economy.

20. By upgrading the A303, improving journey times and accessibility to Wiltshire will help to boost tourism, increasing visitor expenditure, making Wiltshire more accessible to tourists, and potentially providing opportunities to promote Wiltshire’s strengths as a short break destination.

Conclusion on Tourism Considerations

21. The A303 scheme will have a twofold impact on tourism in Wiltshire. First, it will improve the setting of the WHS and access to the wider prehistoric landscape (see section below); second it will improve the accessibility of Wiltshire as a whole to tourists. This boost to tourism will then have positive impacts on the economy of the county, and therefore is in accordance with the economy-led policies set out in the WCS.

4. Environmental Considerations

22. Wiltshire’s WHS is a designated heritage asset of the highest international and national significance, and consists of two areas of approximately 25 sq. km centred on Stonehenge and Avebury. It is internationally important for its complexities of outstanding prehistoric monuments. The setting of the WHS beyond its designated boundary also requires protection as inappropriate development here can have an adverse impact on the site and its attributes of OUV.
23. The Spatial Vision of the WCS is that by 2026 (the end of the plan period), Wiltshire’s important natural, built and historic environment will have been safeguarded. Strategic Objective 5 seeks to protect and enhance the natural, historic and built environment and as part of this, the Stonehenge and Avebury WHS will be protected from inappropriate development and controlled in a way which sustains its OUV. Therefore, one of the key outcomes for Strategic Objective 5 is that the WHS and its setting will have been protected from inappropriate development in order to sustain its OUV.
24. The area strategy for the Amesbury community area as contained in the WCS, states that one of the specific issues to be addressed in this area relates to supporting the delivery of improvements to the A303 and that the council will continue to work with partners to ensure that any scheme does not compromise the WHS.
25. Core Policy 58 of the WCS aims to ensure that Wiltshire’s important monuments, sites and landscapes and areas of historic and built heritage significance are protected and enhanced in order that they continue to make an important contribution to Wiltshire’s environment and quality of life. Development should protect, conserve and where possible enhance the historic environment.

26. Core Policy 59 of the WCS states that to sustain the OUV of the WHS, opportunities will be sought that support the positive management of the WHS through development that, inter alia, reduces the negative impacts of road, traffic and visitor pressure.
27. Core Policy 6 of the WCS also seeks to protect Stonehenge and its setting so as to sustain its OUV. It explains that new visitor facilities will be supported where they:
 - a) Return Stonehenge to a more respectful setting befitting its WHS status,
 - b) Include measures to mitigate the negative impacts of the road.
28. Therefore, it was always the case that the advent of the new visitor centre was only part of the overall vision and that reducing impact of the roads was critical.
29. The WCS is clear, therefore, that sustaining the OUV of the WHS is a key consideration, and recognises that the A303 currently has a negative impact on the setting of the WHS. Currently, the A303 cuts through the middle of the WHS, and the roar of traffic and headlights are an intrusion on the peace and sanctity of Stonehenge, compromising its integrity and harming the setting of many monuments. The proposed tunnel would reconnect Stonehenge and the two-thirds of the WHS lying to the south of the A303 and currently cut off by it. The tunnel would make the setting of the ancient stone circle more tranquil, give the public greater access to the wider prehistoric landscape and improve the environment for wildlife.

The Environmental Assessment (EA)

30. The preliminary framework published by HE to inform the EA is the A303 Stonehenge, Amesbury to Berwick Down, Preliminary Environmental Information Report (PEIR), February 2018. Wiltshire Council considers this to be a robust framework for producing the necessary assessment. It accurately identifies the policy framework set out in local policy (WCS) and national policy (NPPF, NPS) and will provide the decision maker with an authentic and credible evidence base on which to base their assessment of whether the environmental benefits outweigh any negative impacts, when the latter are mitigated. The necessary decision on this planning balance can only be made by the competent decision maker on receipt of the output from the EIA process as set out in the EA, and Wiltshire Council requests that the policy priorities set out within this section be taken into account when that judgement is made.
31. The decision makers in this instance [as a Nationally Significant Infrastructure Project (NSIP), this scheme will be dealt with under the DCO] will need to ensure that the planning balance is addressed in relation to the adopted policy supporting the scheme to upgrade the A303 for the economic benefits and removal of the road from view, against other policies of the plan which seek to ensure that new development does not do significant harm to the OUV of the WHS, historic environment, ecology, landscape and residents. Wiltshire Council considers that the framework set out in the PEIR, will provide this evidence in an effective manner.

Conclusion on Environmental Considerations

32. Section 104(3) Planning Act 2008 states that the Secretary of State (SoS) must decide the application in accordance with the relevant NPS, unless some exceptions apply, one of which is at s104(7) Planning Act 2008 – *“if the [SoS] is satisfied that the adverse impact of the proposed development would outweigh its benefits.”* As stated above Wiltshire Council

considers that that the PEIR, provides a robust framework for producing the necessary assessment. It accurately identifies the policy framework set out in local policy (WCS) and national policy (NPPF, NPS) and will provide the decision maker with an authentic and credible evidence base on which to base their assessment of whether the environmental benefits outweigh any negative impacts, when the latter are mitigated.

33. Reducing the negative impact of the A303 on Stonehenge is a clear objective of the WCS, as well as protecting its setting. The proposal represents an opportunity not only to remove the existing harm that the current A303 has on the WHS, but also to ensure significant benefit to the WHS, as well as the natural environment.
34. Full and detailed Environmental and Heritage Impact Assessments will need to form part of the further work to be undertaken by HE, and detailed comments are provided below from specialist sections of Wiltshire Council to inform this work. Therefore, while there is strategic support for the proposals in principle, the decision must be made on the application of a balanced judgement through comparing benefits that will accrue against the extent of any environmental harm that will occur and how this can or cannot be mitigated.

5. Highways and Transport Considerations

35. Wiltshire Council is the highway authority for all roads and public rights of way in the vicinity of the scheme which do not form part of the A303 trunk road. As the local highway authority, the Council will be responsible for the on-going maintenance of all new roads and public rights of way which are associated with the A303 Stonehenge Scheme, and in respect of those parts of the existing trunk road which are to be downgraded in terms of their current highway status (de-trunked and / or converted status).
36. Where the term 'right of way' is used in the description under the Local Roads section, the precise nature of the right of way intended can be found in the schedule included in the Public Rights of Way section which follows. The consultation document drawings often refer to 'new byway' as a generic term to cover different categories of rights of way.
37. Since the non-statutory consultation reported to Cabinet on 14th March 2017, many of the scheme proposals have been clarified, and a better understanding of the likely detailed arrangements affecting local roads and rights of way has been established.
38. In relation to local roads and rights of way, the following issues are raised as a response to the consultation.

Local Roads

(From West to East)

39. The scheme extent at its western end remains much as previously understood, at the time of the non-statutory consultation, with the dual carriageway connecting to the existing dual carriageway near Yarnbury Castle, Berwick Down. The western section of the existing road will be downgraded to a byway and a private means of access between the existing eastbound layby and the tie-in area.

40. Through the village of Winterbourne Stoke it is intended that the nature of the existing carriageway will be downgraded to reflect local needs only and to facilitate a dedicated track for cyclists. The details of the arrangements for the village section of the road remain to be determined, but it is envisaged that the speed limit will be reduced from 40mph to 30mph through the village and that some traffic calming might be incorporated into the existing road to help facilitate the management of speeds at or below the speed limit.
41. From the layby west of Winterbourne Stoke to a point east of the village where the route needs to be changed to accommodate access to the proposed grade separated Longbarrow junction, the existing A303 will be de-trunked (with maintenance responsibilities passing to Wiltshire Council) but generally be retained in its current form as a local adopted road. The remaining section to the existing Longbarrow junction will be stopped up, with land likely reverting to the frontage landowners.
42. To the east of Longbarrow, the nature of the existing A303 will be dealt with as previously intended i.e. de-trunked and downgraded to provide for non-motorised users only (but with exemptions, as necessary, to provide for private access to agricultural land). The status of the 'old' section of the road, where general traffic is to be removed is detailed in the Rights of Way section below. The existing road construction materials are intended to be excavated and disposed of, the new surface will be a more natural chalk based material, but suitable for its intended use by equestrians, leisure cyclists and pedestrians, as well as for vehicular access to fields, where required.
43. The old road will be downgraded to a right of way from Longbarrow to the junction with Stonehenge Road, to the east of Amesbury, where the right of way will divert onto the Stonehenge Road. Local roads through Amesbury will be used to connect non-mechanical users to existing routes to the east side of town.
44. To the east of the Stonehenge Road junction it is not intended that any public access be made available on the former line of the A303. The future use of this section has not been determined, but it is assumed that the old road will be stopped up and the land, which it is understood to have been acquired by the Department for Transport (DfT) when the dualled section west of Countess Roundabout was constructed, will likely revert to HE, who will determine its future use and ownership (subject to Crichel Down Rules potentially applying).
45. Arrangements for Wiltshire, as Local Highway Authority, to take on the responsibility for those parts of the A303 to be de-trunked will be dealt with through negotiation with HE; the essential requirement on the part of Wiltshire Council will be to ensure that it receives an asset in good repair, where the need for structural maintenance in the foreseeable future being minimised.
46. A requirement will be sought to secure a de-trunked asset which will not require foreseen structural maintenance interventions for at least 5 years following the asset being vested in Wiltshire Council.

B3083

47. The proposals include a bridge to carry the B3083 under that part of the A303 forming part of the proposed Winterbourne Stoke northern bypass. As a support structure for the A303, the bridge will be maintained at the expense of HE. The bridge structure will be built off-line to the west of the existing road, and the alignment will reflect more closely local standards than

DfT standards as set out in the Design Manual for Roads and Bridges. The departures from standards will be sought in order to minimise local landscape impacts. Highways officers consider that a standard of new route to reflect the general standards of the existing route are appropriate in the circumstances, and would thus support a departure from standards.

Longbarrow Junction

48. The proposals for the new junction are now clarified; the form of junction is intended to be of a 'dumb-bell' type layout, with small roundabouts on both the north and south side of the new A303 with a single bridge crossing. The arrangement will allow for all traffic movements between the A303 and A360. It is standard practise that the Local Highway Authority takes responsibility for such roundabouts, with trunk road responsibilities ending at the termination of the mainline slip roads.
49. It is not intended at this stage that the junction be lit with conventional street lighting. It is normal for roundabouts to be lit, but unlike DfT standards for Wales and Scotland, lighting of roundabouts in England is not a mandatory design requirement. Wiltshire Council, as the highway authority taking responsibility for this junction, will need to be fully satisfied that safety has been given precedence over other considerations which might seek not to provide street lighting at this junction. Compromises to standard lighting provision will be considered, and will need to be agreed. HE will undertake a risk assessment before finalising the scheme proposals in relation to lighting at the junction.
50. If street lighting is deemed to be unnecessary on safety grounds, then the Council will need to protect its future interests in the roundabouts at the junction through an undertaking from HE to undertake a Stage 4 (Monitoring) Road Safety Audit at least 12 months following the completion of the scheme. A Stage 4 Road Safety Audit will help provide evidence of the need for lighting, or not, as the case may be.

A360

51. The new Longbarrow junction, being off-set to the west of the existing A360 will have new north and south side linking roads; consequently, there will be a redundant length of the existing A360 which will not be required to general traffic. It is proposed that to the south of the new A303 the redundant carriageway will be used as a right of way (subject to clarification – see paragraph 111 below)
52. To the north of the new A303 the redundant A360 carriageway will be used to provide for a pedestrian and cycle link which will extend, alongside the existing A360 (to be north of the tie-in point of the new junction connecting road), to the Visitor Centre. The route alongside the A360 may be wholly or partly within the WHS.

Old Stonehenge Road

53. The Stonehenge Road, close to its existing junction with the A303 will be closed to through traffic, although the road (and part of the 'old' A303 route) will be used to provide access via a private access road to serve e.g. the Stonehenge Cottages. A turning facility must be provided where its public use by vehicular traffic terminates. The closed part of the road will be retained as a right of way.

54. An issue of concern has been identified in relation to two farms (Park Farm and West Amesbury Farm), because the farms have a need to accommodate movements of large vehicles (combine harvesters, circa 4m wide), which could be problematic if the only access to the farms were to be via Amesbury. It is understood that matters relating to this issue are recognised by HE and attempts will be made to ensure that suitable and appropriate access arrangements are established. The solution to the problem might involve some minor changes to waiting restrictions within Church Street, to help remove local pinch points, which can be caused by on-street parking.

Countess Road (North and South) – A345

55. The existing roundabout will become grade separated, with the A303 mainline flying over the junction. Around the periphery of the junction it is intended to provide a cycle track, with signal controlled crossing at the slip road entry and exit arms. The full junction signalisation will likely be retained (full time, similar to existing) for safety reasons associated with the cycle track / slip road crossing points (although full signalisation will not be required for capacity reasons at the junction). The existing signals are on the trunk road and therefore the responsibility of HE. The responsibility for future maintenance of the proposed signals will likely pass to Wiltshire Council, for which a maintenance contribution will be sought.
56. The existing pedestrian underpass to the east side of the junction will be abandoned and filled; the siting of the existing underpass coincides with the required bridge foundations, and so it could not be retained for any purpose.
57. To the north and south of the junction there will be minimal changes to the A345, because the junction will essentially retain its existing layout at ground level.
58. Slip roads between A303 and A345 will generally be two-lane in width, but the eastbound on-slip will be a single lane with a facility retained for access to the Countess Services.
59. A contribution will be sought by the Council towards the future energy and maintenance costs associated with any traffic signals to be provided on the Countess Roundabout (for those costs which might fall to the responsibility of Wiltshire Council).

Amesbury Road

60. The Amesbury Road, to the north side of the A303, currently provides for two-way movement at the junction. In accordance with ambitions to make the A303 an Expressway, the eastbound entry from Amesbury Road to the A303 is intended to be removed, as its junction with the A303 is a substandard layout. It is proposed that Amesbury Road becomes a one-way road, in a north-easterly direction, with no entry southwards from its junction with Double Hedges. It is envisaged that existing agricultural access gates will be replaced with new access arrangement direct from Double Hedges. Appropriate signage will alert drivers to the change in circumstances.
61. To the south side of the A303, Amesbury Road will be kept as a public right of way, but downgraded from byway to bridleway.

Double Hedges (A3028)

62. Double Hedges currently provides for only an eastbound connection to the A303; left turns from the A303 are prohibited. This arrangement is proposed to be retained with only minor local junction changes.
63. Accordingly, Amesbury Road and Double Hedges together will provide for access between the eastbound carriageway of the A303 and Bulford Camp. Westbound traffic from the camp to the A303 would need to use roads connecting with Solstice junction, or junctions further to the west.

Allington Track

64. The existing junction of Allington Track with the A303 is materially substandard, and has to be closed for safety reasons and to facilitate future Expressway status. The road itself will be retained but downgraded north of the new connector road referred to below, to a bridleway. A new link between Allington Track and Amesbury Road and onwards to an extension of the adopted part of Equinox Drive is proposed alongside the southern boundary of the field adjoining the southern boundary of the A303. It is proposed that this will be provided as an all-purpose highway, having a carriageway width of 5.5m, and narrow verges. This would be consistent with or above the standard of the existing road through to Allington. It will be necessary for land to be acquired by HE to achieve this road link, and its successful delivery will ensure that current users are provided with a far safer access / egress movement at the A303, via the Solstice junction slip roads.
65. However, it is known that the track is currently used by QinetiQ at Boscombe Down for bringing large loads into the site (mostly at night, when flows on the A303 are minimal). This requirement (the need to accept large loads) can be anticipated to continue, and the potential increased use of the track should accommodate passing traffic over and above the standard 2.5m Construction and Use Regulations maximum width. At the least, the new road should be provided with widened passing places to help ensure that verge over-run is avoided.
66. A requirement will be sought to secure appropriate provision for large load vehicles to pass general traffic on the line of the alternative Allington Track connection to A303.

Local Diversion Routes and High Load Routes

67. On occasions, it will be necessary for the tunnelled section of the A303 to be closed to traffic, either for one or both directions. It is considered that closure will be an uncommon event, because planned maintenance works within either bore will be undertaken, where possible, at quieter periods, and two-way working will be introduced in the bore not subject to works.
68. On those occasions where an incident requires unplanned closure of one or both bores, diverted traffic will be directed via the A360, B3086, The Packway and A345 Countess Road North. This is an existing diversion route used when the A303 past Stonehenge is closed. A similar route will be used for the diversion of high loads (those over 6.1m high) which can't pass through the tunnel, although in this case the route will use the A3028 / Salisbury Road (avoiding the A303 flyover bridge at Countess Roundabout).
69. A condition will be sought to secure a scheme for the management of diverted traffic when access through the tunnel is partially or wholly unavailable. The scheme shall set out

arrangements for the signing of the alternative route and the management of traffic at the local, regional and national level to ensure that motorists are least inconvenienced by planned and unplanned closures, and that local diversion route traffic loads are minimised. The reduction in current 'rat-running' through Bulford and Larkhill as a result of the scheme is likely to more than compensate for the occasional need for the diversion route roads to accommodate diverted traffic.

Rollestone Crossroads

70. HE have acknowledged the deficiencies of the Rollestone Crossroads to sensibly accommodate the emerging traffic patterns in the area resulting from use of The Packway as a formal diversion route in the event of unplanned maintenance or incidents requiring closure of one or both tunnels, together with increasing local development needs.
71. A design has emerged for a slow bend to replace the crossroads layout, with two side road junctions to serve the 'Bustard' road arm and the Shrewton arm. Such a layout provides priority to the Rollestone Road / Packway route, and should help to discourage use of the Shrewton arm as a link between The Packway and the A360 (W). As a consequence, consideration should be given to Rollestone Road and The Packway (Airman's roundabout through to Stonehenge Inn roundabout) being numbered as the B3086 route, rather than the current route, along London Road and onwards through Shrewton to the A360.
72. The re-alignment of roads at the junction will reflect more closely local standards than DfT standards as set out in the Design Manual for Roads and Bridges design standards. The necessary departures from standards will be sought by HE in order to minimise local landscape impacts, as the site is both adjacent to the WHS boundary, and close to MoD operational land. Highways officers believe that new junction proposals reflecting the general turning movements and priorities sought on the existing route are appropriate in the circumstances, and that trunk road standards for bends would represent an over-design in or adjacent to this part of the WHS.
73. There will be a requirement to ensure that an acceptably designed scheme for the realignment of the Rollestone Crossroads junction is secured and implemented in accordance with a programme of works to be agreed.

Use of Local Routes as Haul Routes

74. It is anticipated that circa 1 million m³ of material may arise from earthworks associated with the tunnel scheme. It is proposed that all suitable material will be deposited on site (particularly to the east of Parsonage Down) as land-raise; cut material will generally be used for embankment fill for roadworks. Only unsuitable (contaminated) material will be removed from the site. The extent of the site, as shown by the red line boundary, includes all areas where fill material might be used. The majority of tunnel arisings will be used to raise ground levels at the western end of the site. Accordingly, the tunnel progress will proceed from west to east for the first tunnel, with the Tunnel Boring Machine (TBM) being turned to bore the second tunnel westwards. The first tunnel, and cross connecting tunnels will be used to move arisings towards the western portal. From there, it is anticipated that suitable usable material will be hauled via site roads principally within the line of the new road to the tipping point, with crossing points on the A36 and A303 only. Accordingly, any preconceived concerns about potential road damage and disruption caused to local communities should be substantially quelled.

75. Because of the size of the scheme, there will also be considerable numbers of heavy goods vehicle movements delivering materials to the site. At this time, there is no information about the source of construction materials (which include coarse and fine aggregates, bitumen, cement etc.), but the likelihood is that it will come from many directions. Wiltshire Council should endeavour to ensure that, as far as is reasonably practicable, HE requires through contracts that road construction materials be delivered by way of the motorway and trunk road network, and that deliveries avoid using local county roads in the vicinity, many of which may be inappropriate for the nature of potential demand.
76. It is proposed that primary tunnel linings be fabricated on-site, at a compound west off the A360 near Longbarrow, where a batching plant will be set up, and that bitumen-bound road construction materials be mixed on-site too.
77. A requirement will be sought to ensure that the management of haul routes to and from the site, for inbound road and tunnel-making materials and outbound waste respectively maximises use of the trunk road network and minimises use of the local road network.

Construction Compounds

78. It is intended that the main compound area be sited to the west of the A360 near Longbarrow, with satellite sites at Countess and close to the River Till viaduct. No details are yet available as to how such compounds might be accessed, but the Countess site will likely lie behind Countess Services. The River Till viaduct satellite compound may require access from the B3083; this road is inappropriate as a construction site access from the north (Shrewton), and will likely need to be reinforced at its southern end if used as a haul route from the A303. Wiltshire Council will need to ensure that HE remediate any damage to local roads at no cost to the local tax payer. A pre-commencement condition survey of local roads potentially subject to construction traffic use will be a requirement of the Council in relation to any DCO consent. The Council will encourage as much construction traffic movement as possible to be contained within the operational construction site boundaries.
79. A requirement will be required to ensure that appropriate pre-commencement and post works visual and / or structural carriageway surveys are undertaken to ensure that any contract works road damage can be identified and rectified at no cost to Wiltshire Council.

Traffic Impacts

80. As previously identified, provisional traffic modelling outputs demonstrate that the scheme will provide the solution to the known problem of A303 traffic diverting, particularly at busier times, onto local routes. The principal diversion routes are predominantly used by westbound traffic, using routes either to the north or south of the A303. Traffic, by varying degree, uses the Solstice junction to access Salisbury Road to Bulford then westwards, or Countess Road North to Durrington, and onwards via The Packway, or through Amesbury to Stonehenge Road. Packway traffic returns to the A303 or A360 via the B3086, either via Airman's roundabout, or via Shrewton and Chitterne. All the diversion routes (or 'rat-runs' as they are often referred to) will experience a reduction in traffic flows, notably in the summer period when the rat-running is most severe. The traffic impacts are set out in the appendices and figures of the PEIR and the Preliminary Local Traffic Information document, both of which are included within the consultation package. Further work is being undertaken by HE to refine

the forecast traffic flows at the very local level. A resume of the information supplied is set out below.

81. The [PEIR](#) states:

5.8.16 The A36 towards Warminster is expected to experience increases in traffic flow this may cause a reduction in air quality, albeit not to concentrations above air quality objectives. Other routes expected to experience an increase in flows which may cause a reduction in air quality, albeit not to concentrations above air quality objectives, include:

- a) A36 towards Warminster;
- b) A360;
- c) Minor routes through Stockton and adjacent villages; and
- d) B3083 through Berwick St James and into Shrewton.

5.8.18 Traffic flows are expected to reduce, and therefore air quality improvements are expected, along the following routes:

- a) A338 towards Salisbury;
- b) A3028 towards Salisbury;
- c) Packway, the Rollestone Corner and Chitterne Road (B390); and
- d) Minor roads south of the A303, between the A360 and the A345.

82. Figure 1 of the consultation document '[Preliminary Local Traffic Information](#)' shows how Annual Average Daily Traffic (AADT) will increase or decrease on various roads in the vicinity of the scheme. It shows that the changes in traffic flows will not be altered through Berwick St James, and reducing by 1000 vehicles per day (vpd) on the A36 south of Deptford. Some clarification may be required to address apparent inconsistencies in the consultation document. HE stress that the figures presented in the consultation documents are preliminary and that further work is being undertaken, particularly in relation to refining the traffic model for the local roads, and that the apparent inconsistencies will be addressed. It is a concern that traffic is forecast to increase through Stockton and adjacent villages (the C10).

83. The routes currently most affected by traffic avoiding the Stonehenge area congestion will have reduced levels of daily traffic; the figures below represent the initial forecasts made by HE and all figures are rounded to nearest 100, and relate to the difference between with and without scheme scenarios:

Telegraph Hill (Salisbury Road)	1100
The Packway, Larkhill	3500
London Road, Shrewton	2500
B390 Chitterne	2900
Stonehenge Road	1800
London Road, Amesbury	200
A3028 east of Bulford	400

84. The reduction of flows in Stonehenge Road will reflect reductions on other local routes, including Salisbury Street. However, Durnford traffic wishing to travel westbound on the A303 might choose to use High Street, resulting in extra flows on High Street. The forecast reduction of 200 vpd on London Road will have a compensating effect for the signals controls at the end of High Street. Nevertheless, signals timings may need to be reviewed and adjusted as part of the scheme, following scheme opening.

85. The flows on Countess Road North are forecast not to vary significantly from existing flows.
86. There is currently no detailed explanation as to the forecast that the A345 will see up to 1200 vpd south of the A303, whilst reduction of 200 are forecast on Stockport Avenue and London Road, 1800 on Stonehenge Road and 2300 on A345 south of Stock Bottom. It is anticipated that these figures will be further explained once the local area detailed modelling has been undertaken and verified.
87. On the A303 itself, 2026 flows are forecast to increase by 11400 vpd to the west of Winterbourne Stoke, and 10700 to the east of Solstice Park. This suggests that future acute problems might be anticipated at the remaining Wiltshire single carriageway sections between Cricklade Bottom and Mere and Wylve to Stockton Wood, where the dual carriageways merge to single lane working.
88. In summary, the traffic figures presented for the consultation will need to be carefully reviewed to minimise any inconsistent views going forward to the DCO Examination.

Use of Byways 11 and 12

89. It is a matter of conjecture as to whether the current issues arising from use of (particularly) Byway 12, namely use by traffic to view the Stones and / or to camp illegally at the side of the byway, will be exacerbated or ameliorated as a result of the loss of the A303 at surface level past the Stones. If the former, then the Council would potentially have to take action at a later date to address issues if unacceptable consequences were to arise. Consequences might include increased traffic use of the wider byway lengths e.g. extra traffic using the A360 junction at Druids Lodge, or accessing from the north via Larkhill MoD roads, byway surface deterioration, illegal camping etc. A new link between Byways 11 and 12 is shown on the proposal's drawings; this matter is further addressed in the Public Rights of Way section of this report.
90. The Stonehenge Management Plan seeks to manage traffic within the WHS. Policy 6b of the Management Plan states: *Manage vehicular access to byways within the World Heritage Site to avoid damage to archaeology, improve safety and encourage exploration of the landscape on foot whilst maintaining access for emergency, operational and farm vehicles and landowners.*
91. It is understood that the partners to the Plan, other than the Council, would wish to see the traffic currently permitted to use the byways to be prohibited to the maximum extent practicable (i.e. a Prohibition of Driving Order). The Council has previously (2011) promoted such an Order, but this was not supported by the Inquiry Inspector. Circumstances may have changed significantly as a result of the proposed tunnelling scheme.
92. There are conflicting duties on the Council in relation to the consultation proposals; on the one hand, it has a duty to assert highway rights, and on the other it has a duty to protect archaeological interests. As noted below, the provision of a new link between the byways, to the south of the existing A303 line is objected to by the Council's Archaeological Service.
93. There are a number of options which have been considered by highways officers in the context of how Byways 11 and 12 should be addressed:

94. Option 1: To support the provision of a new link between Byways 11 and 12 as shown on the consultation proposal plans, and maintain vehicular use on the byways.
95. This option would be in conflict with the Council's archaeological interests in relation to the construction of the new link and in conflict with the objectives of the Management Plan. Furthermore, it is understood that Management Plan partners are all opposed to the provision of a new link between Byways 11 and 12 in the location proposed.
96. Option 2: To support a vehicular link between the byways on the line of the existing A303.
97. This option could be in conflict with the Management Plan, but would avoid the archaeological objections to the proposed alternative link and align with the Council's highways duties. It could perpetuate issues requiring intervention by the Council for example (i) the need to maintain the byways in a safe manner to accommodate non-agricultural traffic (e.g. cars, camper vans) (ii) the costs of interventions to address existing illegal camping on the highway, and its duty to prevent unlawful encroachment on any roadside waste comprised in a highway (iii) dealing with rubbish left by users, etc.
98. Option 3: To acknowledge the conflicts of interest associated and the likely objections to the retention of vehicular rights on linked Byways 11 and 12; for the Council to agree not to oppose the promotion of a Prohibition of Driving Order by HE through the statutory processes; and to make available such evidence that may be available to the Council in relation to supportive reasons for such an Order.
99. Option 3 would be in line with the Management Plan objectives (to manage traffic on the byways within the WHS), but the Council, having a duty to assert rights on its highways, would be cautious, given the outcomes of inquiries in 2005 and 2011, as to the promotion of such an approach.
100. Option 3 would also help inform the DCO Inspectors on an issue about which it is anticipated there may not be agreement between the various consultees.
101. It is recommended that Option 3 be pursued, so that HE can proceed to incorporate in their submitted design proposal a connection between Byways 11 and 12 along the line of the old A303, but without the level and nature of traffic use to which the partners to the Management Plan object.

Local Roads Issues to be Resolved

102. The statutory consultation appears to provide a clearer indication of the physical proposals and generally the transport consequences thereof. In general terms, the scheme proposals will result in the transport outcomes anticipated, namely (i) the removal of congestion on this part of the A303 corridor, (ii) a more reliable journey time for users of the road in the area, (iii) the avoidance of the proclivity for drivers to rat run on the grounds of actual or anticipated time savings compared with staying on the A303 and (iv) a consequential reduction of traffic on those routes currently used as rat runs. These impacts are all seen as positive.
103. In relation to those occasions where tunnel bores have to be closed for unplanned works, there will likely be potentially severe local impacts with traffic using the signed as well as unsigned alternative routes; this is considered to be unavoidable. However, with an

appropriate management plan in place, as referred to above, it is considered that the potential problems can be appropriately mitigated.

104. However, as in the case of many road improvement schemes, the improvement itself can result in increases in traffic on local connecting roads resulting from the attractiveness of the new road compared with its unimproved state. The A360 from Salisbury area, and the A345 Countess Road South to the A303 count amongst those routes which are anticipated to see additional traffic use. HE has confirmed that further refinement of traffic forecasting through the consultation period and beyond will allow for a more definitive view to be reached on this aspect of the scheme proposals prior to any submissions being made to the DCO Examination.
105. It is unlikely that additional traffic on the A360 will cause problems in the busiest periods, particularly given the constraints in peak period growth on e.g. the A36 in Salisbury, which suggests that additional traffic will likely be off-peak in the vicinity of the city. Outside the city area, there is not an existing capacity issue with the A360 between Salisbury and A303. Forecast traffic increases on the A345 north of Stock Bottom need to be further examined to determine the consequences for the route through Amesbury town area.
106. For the B3083, the route standard is poorer than the A360, and the impacts on the communities of Stapleford and Berwick St James will be more acute if additional traffic uses the route; current forecast suggest this will not be the case. It will be necessary for officers to ascertain the details of any such impacts, and to make representations accordingly.

Local Roads Traffic Regulation Orders (TROs)

107. Whilst the consultation does not address any need for traffic regulation associated with the scheme, it is inevitable that, as design proceeds, the detailed requirements for regulation will become clearer. For example, it is anticipated that there might be a need for regulation to address the changes anticipated through Winterbourne Stoke. When the impacts of the detailed proposals become clearer, it is anticipated that all regulatory requirements will be identified and addressed by HE in consultation with the Council. The Council will seek a requirement from HE at the DCO Examination to address all necessary TROs arising on local roads as a result of the works. Such a requirement may include potential speed, weight and waiting restrictions, as well as any orders to regulate traffic calming in Winterbourne Stoke and potential Cycle Track Act orders to regularise use of paths by cyclists.
108. A requirement will be sought to ensure that all traffic regulation orders relevant to this scheme are addressed within the DCO process and that the Council is compensated for any costs that it may incur in respect of any traffic regulation orders for which the Council might be responsible arising as an indirect consequence of the A303 Stonehenge Scheme.

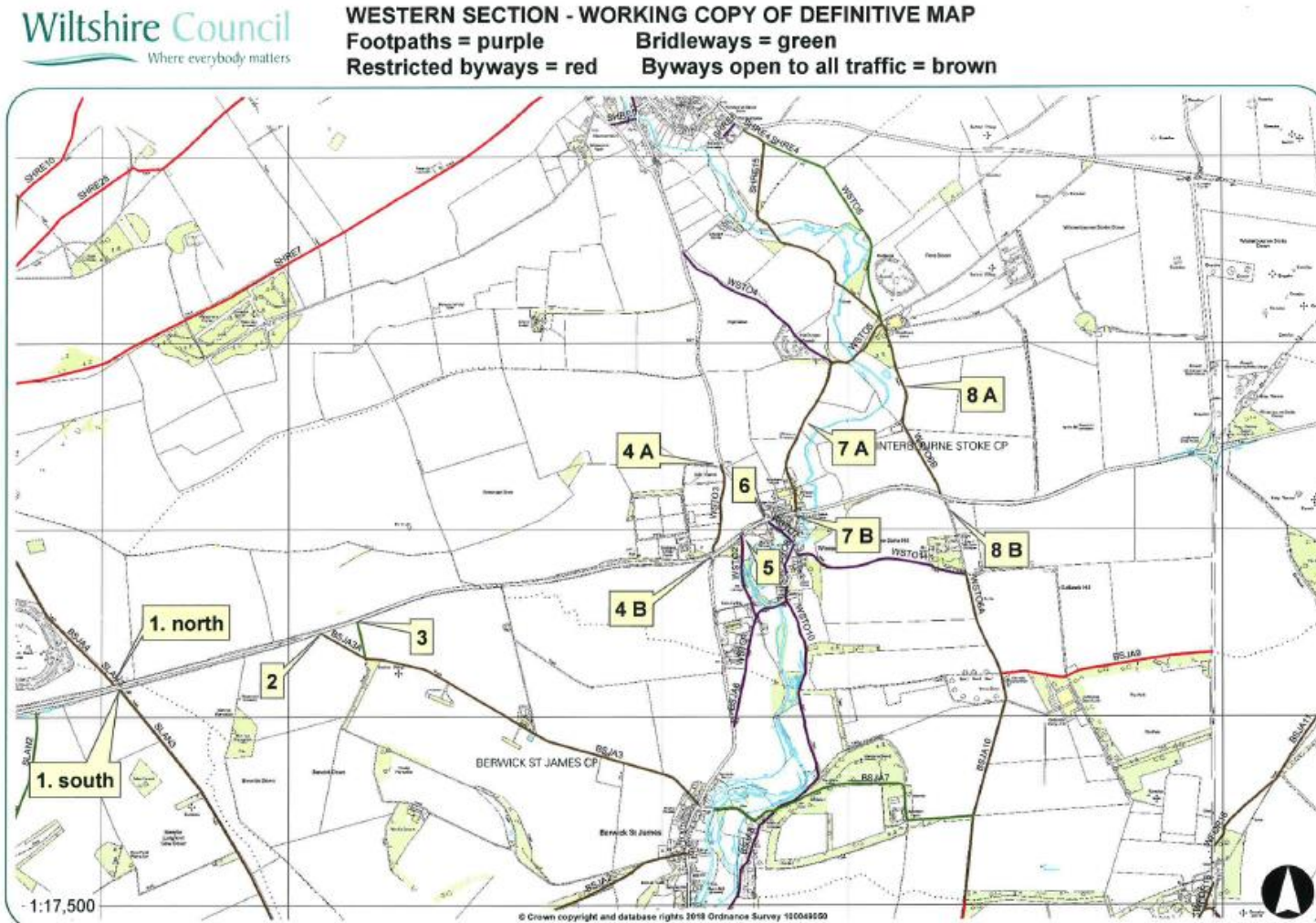
6. Public Rights of Way (PROW) Considerations

109. In general, the proposed solutions for the amendment of the public rights of way affected by the scheme are pragmatic and are therefore welcomed. However, in what is understood to have been an attempt to simplify the key to the maps, there has been a wide use of the word “byway” to encompass rights of way of differing status, which has already resulted in the Council’s Rights of Way officers receiving requests for clarification from confused members of the public and representatives of rights of way user groups.

110. Additionally, the plans show a number of paths and tracks that are not recorded as public rights of way and are not known to have any legal status as such; some of these routes are available for use by the public as permissive paths or as part of a wider landscape to which there is general public access, but as far as Rights of Way officers of the Council are aware there is no intention on the part of landowners for them to be designated as public rights of way.
111. It is unfortunate and regrettable that this initial response must, therefore, be prefaced with the statement that the consultation in this respect is at best confusing and at worst misleading, so clarification of the real intentions is going to be needed at the earliest possible opportunity by using the correct terms of public footpath (FP), public bridleway (BW), restricted byway (RB), byway open to all traffic (BOAT), cycletrack (with or without pedestrian and equestrian rights) and permissive paths.
112. Taking the west to east approach as used in the local roads response above, observations are made within the tables below:

Plan 1 – Western Section – Winterbourne Stoke Bypass to Longbarrow Roundabout

An extract of the Working Copy of the Definitive Map of Public Rights of Way to match the Western Section is contained below for information. Please note that this displays the existing PROW network and not the changes which HE propose as a result of the scheme.



No. on Plan	PROW Number	Recorded Status	Interaction with Proposal	HE Proposal	Wiltshire Council Comments
1	SLAN 3	BOAT	Crosses A303	MPVs to use existing crossing. Status of new routes to be created on north and south of A303, linking to Green Bridge No. 1 and shown as “byway” is unclear	New routes need to be created as minimum of RB, but if created as BOAT then A303 crossing could be closed? Also see BSJA 3A and BSJA 3
2	BSJA 3A	BOAT	Meets A303	Missing from consultation plans	Needs to be stopped-up and BSJA 3 retained as BOAT. Unless direct access is to be retained from BSJA 3 onto A303, new route on south side of A303 needs to be BOAT to link to SLAN 3
3	BSJA 3	BW and BOAT	Meets A303	Appears to meet “Byway with private means of access” to Green Bridge No. 1 (Fig 5.4)	Needs to be BOAT to prevent cul-de-sac. If no direct access to be retained onto A303, new route on south side of A303 needs to be BOAT, to both west and east
4	WSTO 3	BOAT	Meets old A303	Proposed re-alignment of B3083 will affect northern end of WSTO 3	Small diversion proposed at northern end to meet re-alignment of B3083
5	WSTO 2	FP	Meets old A303	Old A303 to be downgraded to local road	No change
6	WSTO 7	FP	Meets old A303	Old A303 to be downgraded to local road	No change
7a	WSTO 5	BOAT	Crosses new A303	No mention – to pass under the River Till viaduct	Ensure sufficient headroom available
7b	WSTO 5	BOAT	Meets old A303	Old A303 to be downgraded to local road	Creates cul-de-sac BOAT
8a	WSTO 6B	BOAT	Meets new A303	Green Bridge No. 2 to carry “byway” across new A303	Preserve as BOAT
8b	WSTO 6B	BOAT	Over new A303 (Green Bridge No. 2) Meets old A303	Old A303 to be downgraded to local road	

Plan 2 – Central Section – Including World Heritage Site

An extract of the Working Copy of the Definitive Map of Public Rights of Way to match the Central Section is contained below for information. Please note that this displays the existing PROW network and not the changes which HE propose as a result of the scheme.

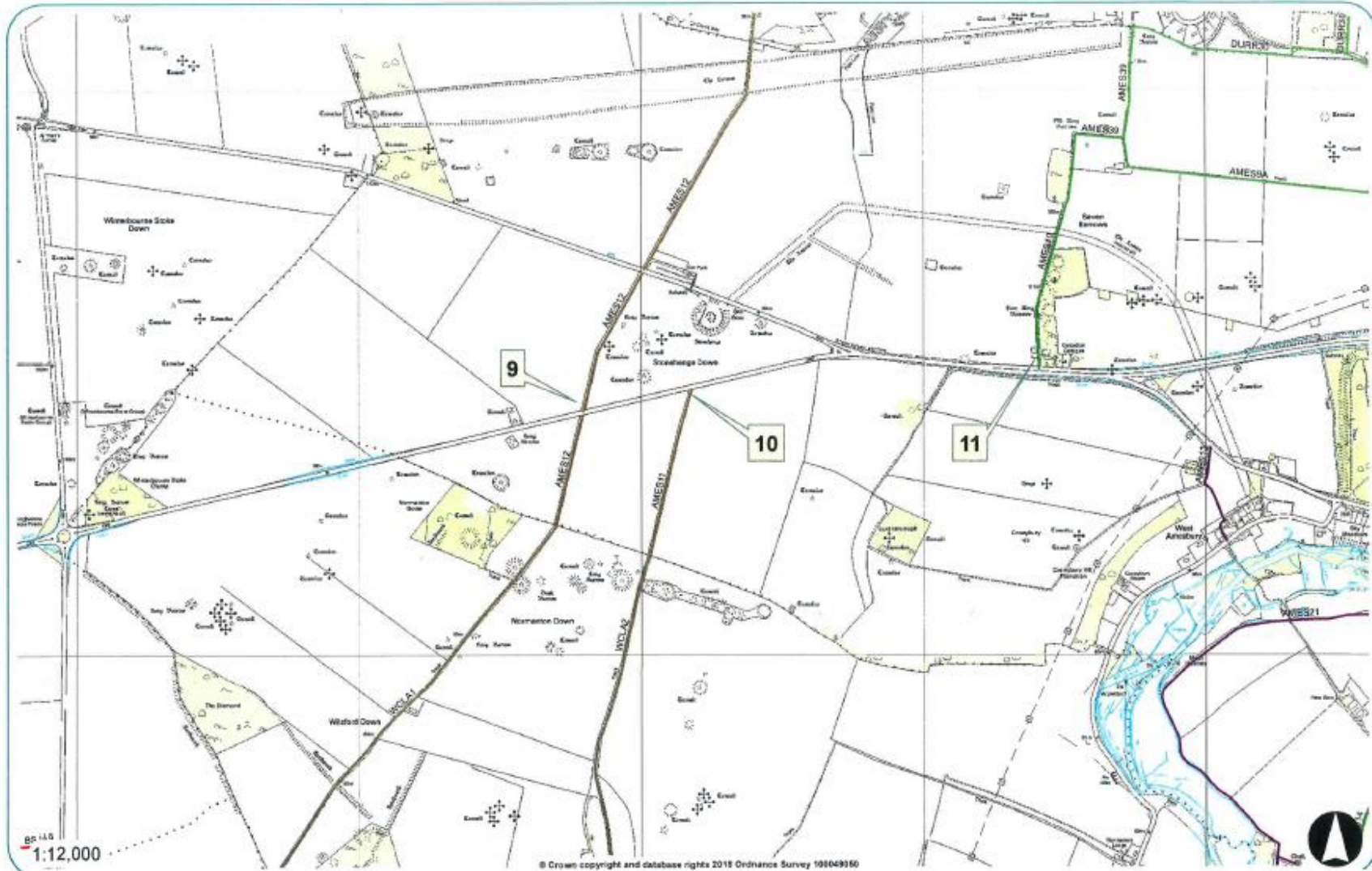
CENTRAL SECTION - WORKING COPY OF DEFINITIVE MAP

Footpaths = purple

Bridleways = green

Restricted byways = red

Byways open to all traffic = brown



No. on Plan	PROW Number	Recorded Status	Interaction with Proposal	HE Proposal	Wiltshire Council Comments
9	AMES 12	BOAT	Crosses old A303	Old A303 vehicle rights to be extinguished but consultation states that Byway 12 will continue to lead north over the road. HE supports removal of MPV rights on 11 and 12. Retention of old A303 as private vehicular access between Longbarrow Roundabout and Old Stonehenge Road also proposed as "byway"	Highway Authority has Highways Act 1980 S.130 duty to prevent, as far as possible, the stopping-up of the highway. MPV rights (if retained) on BOAT would need to be preserved over the crossing point of old A303. Status of public rights to be retained on old A303 between Longbarrow Roundabout and Old Stonehenge Road should be RB
10	AMES 11	BOAT	Meets old A303	Old A303 vehicle rights to be extinguished. Byway to be diverted to join 12. HE supports removal of MPV rights on 11 and 12	Creates cul-de-sac BOAT. Highway Authority has Highways Act 1980 S.130 duty to prevent, as far as possible, the stopping-up of the highway. Diversion suggested is reasonable as access is possible north on BOAT 12, but proposed diversion route is known to not be supported by National Trust and Historic England, so an alternative solution is required (see recommendation made in paragraphs 89-101 above). If the balance of interests is such that Prohibition of Driving Orders are made to exclude mechanically propelled vehicles from BOATs 11 and 12, no new link between the two needs be created as all non mpv users will be able to use the on-surface track of the current A303 as long as that track is created as a RB.
11	AMES 10	BW	Meets old A303	Old A303 vehicle rights to be extinguished. Private vehicle access to Custodian Cottages to be retained	Will make good link to former A303 route

Plan 3 – Eastern Section – Countess Junction to Solstice Park Junction

An extract of the Working Copy of the Definitive Map of Public Rights of Way to match the Eastern Section is contained below for information. Please note that this displays the existing PROW network and not the changes which HE propose as a result of the scheme.

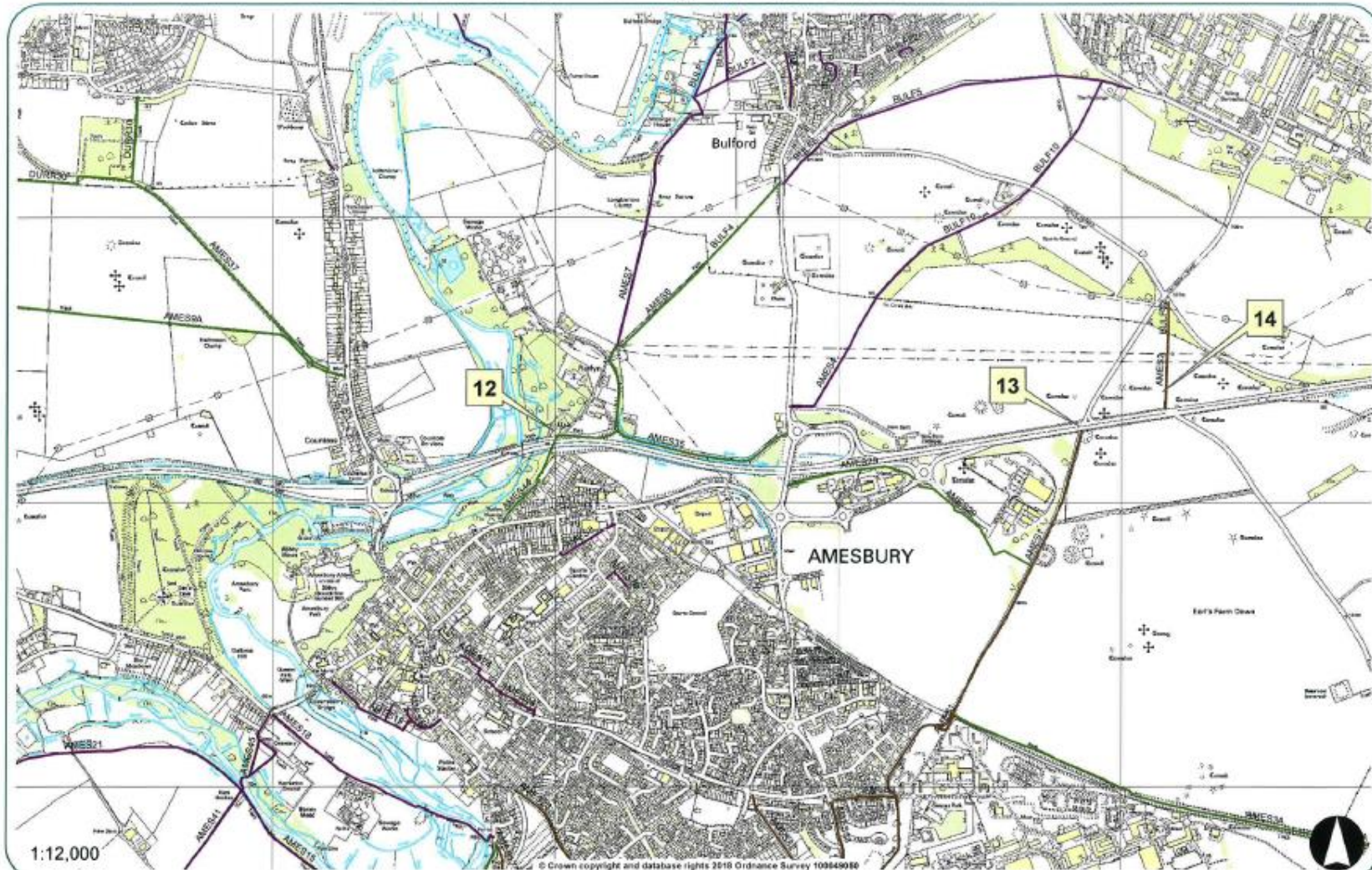
EASTERN SECTION - WORKING COPY OF DEFINITIVE MAP

Footpaths = purple

Bridleways = green

Restricted byways = red

Byways open to all traffic = brown



No. on Plan	PROW Number	Recorded Status	Interaction with Proposal	HE Proposal	Wiltshire Council Comments
12	AMES 44	BW	Cross A303 over bridge	Not mentioned	Bridge to be retained to maintain access
13	AMES 1	BOAT	Meets A303 south of A303	AMES 1 to be stopped up and connection A303 closed. New link between Allington Track and Amesbury Road created south of A303. AMES BW 29 is incorrectly shown as "byway"	Adequate provision to south. Look at alternatives for going north of A303
14	AMES 2	BOAT	Meets A303 north of A303	AMES 2 to be stopped up and connection to A303 closed	No provision north. No connection south of A303

7. Public Health and Public Protection Considerations

113. Wiltshire Council is the responsible authority for the implementation of a broad range of Government Regulation related to public protection. Law such as Environmental Protection Act, 1990 and the Environment Act, 1995 means Wiltshire Council must consider a number of factors in determining whether the location of a development is appropriate. We must have regard to a wide range of issues such as:

- Noise and vibration
- Air quality
- Contaminated land
- Lighting
- Odour

114. We therefore welcome the opportunity of contributing to this process and have produced the following response to help prevent or mitigate potential impacts on the development and on the other land uses near to it. We aim to ensure that people live and work in safe and healthy environments.

Noise and Vibration

115. The NPS (paras 5.186 and 7) recognises that noise and vibration from national network infrastructure can have a negative impact on both human life and health and on wildlife and biodiversity, and refers to the national Noise Policy Statement for England.

116. Potential impacts include:

- Construction phase noise from road and tunnel construction including hours of work, vibration (tunnelling and piling operations), positioning of work compounds and plant and vehicle storage
- Operational long-term impact from traffic noise particularly on elevated sections and where future development may introduce new dwellings adjacent to the new route

Considerations

117. Construction methodology and plant requirements have not yet been confirmed and these will have a significant impact on noise generation during the construction phase.

118. It is recognised that the PEIR contains only a qualitative assessment of construction noise and vibration assessment based on the application of best practicable means to minimise noise and vibration levels.

119. It should be noted that noise monitoring to produce a baseline noise survey at a selection of locations along the proposed scheme is being carried out in early 2018, therefore the detailed information on existing background noise levels is not yet available to determine the impact of noise in both the construction and operational phases of the project. However, a detailed Construction Environmental Management Plan (CEMP) is required to address noise and vibration issues related to the construction phase. This plan is needed to ensure industry best practice is followed to mitigate negative noise impacts.

Recommended Requirements on Noise and Vibration

120. Construction Phase:

- a) A qualitative assessment of noise and vibration impacts arising from construction works must be undertaken and included in the ES that will be submitted with the DCO application.
- b) A requirement that a CEMP is to be submitted to and agreed by the Local Authority prior to the commencement of the construction phase to identify measures to mitigate noise and vibration from the construction phase of the scheme, including the siting, construction and operation of construction compounds and satellite offices, and use of low noise / low vibration methods. Specific emphasis is to be made to mitigating noise from construction of the elevated sections of the road at Countess Roundabout and over the River Till north of Winterbourne Stoke, and vibration at Stonehenge Cottages from the tunnel boring operations.
- c) Requirement to meet prior consent process under Section 61 of the Control of Pollution Act 1974 in respect to the construction phase of the scheme.

121. Operational Phase:

- d) Details of noise associated with the operation of plant serving the tunnel are to be agreed with the Local Authority prior to its commissioning.
- e) Tyre generated road noise shall be minimised from the scheme to protect the local amenity.
- f) Road noise exposure shall be minimised for receptors from the viaduct over the River Till north of Winterbourne Stoke, and from the flyover at the Countess roundabout to protect the local amenity.

Air Quality

122. The NPS (para 5.3 and 5.4) recognises the potential for increases in vehicle emissions from both the construction and operational phases of projects on the national networks, and that the effect of national schemes can extend well beyond the DCO boundary. Current UK and EU legislation set out health based ambient air quality objectives which need to be complied with by the proposed scheme.

Potential Impacts

123. Potential impacts include:

- Impact from both the construction phase particularly during the summer months (soil stripping, spoil disposal, creations of cuttings and bunds)
- Long-term traffic related pollution at relevant exposures (residential properties)
- Wider potential impacts on existing Air Quality Management Areas (AQMAS) in Salisbury

Considerations

124. There could be adverse effects during the construction phase of the proposed scheme in relation to construction dust and non-road mobile machinery (NRMM) and vehicle emissions. These could be suitably minimised by the application of industry standard mitigation measures.
125. At this stage in the proposed scheme details in relation to construction vehicles, the construction schedule, associated activities and detailed plant equipment are not yet available, therefore only a qualitative discussion of potential construction air quality impacts associated with these sources is provided in the PEIR.
126. Air quality from the operational phase of the road scheme has been assessed as having a low impact.

Recommended Requirements on Air Quality

127. Construction Phase
- a) No materials shall be burnt on the development site during the construction phase of the scheme.
 - b) A CEMP is to be submitted to and agreed by the Local Authority prior to the commencement of the construction phase to identify measures to mitigate dust generated during the construction of the scheme.
 - c) Traffic diversions should not involve routing traffic through AQMAs.
128. Operational Phase
- d) To examine the legacy impact of the development on Air Quality on A36 and A350 AQMAs and implement mitigation measures where a negative impact on Air Quality is predicted at relevant receptors.

Light Nuisance

129. The NPS (para 5.81) recognises that artificial light from both the construction and operational phases can cause negative local impacts.

Potential Impacts

130. Potential impacts include:
- Impact of artificial lighting (for working and security) during the construction phase
 - Lighting associated with the Countess Roundabout flyover

Recommended Requirements on Light Nuisance

131. These include:

- a) A CEMP is to be submitted to and agreed by the Local Authority prior to the commencement of the construction phase to identify measures to mitigate light nuisance from artificial lighting used as part of the construction phase.
- b) All artificial lighting shall be so sited as not to cause light intrusion or nuisance to residential dwellings in the area adjacent to the scheme.

Private Water Supplies

132. The NPS (para 5.219) identifies the potential adverse impact of infrastructure developments on local water quality, which in this case would include those sources of private water supplies in the area impacted by the proposed scheme.

Considerations

133. The Council is responsible for monitoring and risk assessing several private water supplies in Winterbourne Stoke which provide drinking water to a number of properties.

Recommended Requirements on Private Water Supplies

134. These include:
- a) The private water supplies and associated hydrology and land drainage must be protected from any impacts from both the construction and operational phases of the scheme, including any sewage disposal from construction compounds.
 - b) A CEMP is to be submitted to and agreed by the Local Authority prior to the commencement of the construction phase to identify mitigation measures to prevent potential contamination of ground water sources from the construction phase.
 - c) Mitigation measures must be in place to prevent potential contamination of ground water sources from the final scheme's operational infiltration road drainage system.

8. Ecology and Landscape Considerations

135. Wiltshire Council has regulatory responsibility for managing Wiltshire's natural environment and landscape. These responsibilities include oversight of:
- International – Special Areas of Conservation, Special Protection Areas and Ramsar Sites 99
 - National – Sites of Special Scientific Interest and National Nature Reserves
 - Local – County Wildlife Sites, Protected Road Verges and Local Geological Sites
 - Area of Outstanding Natural Beauty (AONBs)
 - New Forest National Park (NFNP)
 - Stonehenge and Avebury World Heritage Site (WHS).
136. The NPS (para 5.144) identifies the need for the assessment of likely significant landscape and visual effects in accordance with current best practice. In decision making, great weight should be given to nationally designated landscapes and their settings (para 5.150-5.155).

137. The NPS (para 5.20-5.23) further identifies the requirement for projects to demonstrate how biodiversity gain is achieved. This includes the identification of all potential impacts on statutory and non-statutory designated sites for nature conservation and on protected species (para 5.26-5.35) and the provision of appropriate and sufficient mitigation measures (para 5.36-5.38).
138. Core Policies 50 and 51 of the WCS seeks to protect, conserve and enhance Wiltshire's distinctive ecology, habitats and landscape character. Wiltshire Council welcomes the opportunity to advise on these important proposals.

Western Section

139. A soil handling strategy should be prepared to current best practice for the handling and placement of soils at Parsonage Down east.
140. The applicant should provide cut and fill calculations to give confidence that there will be neither a shortfall nor a surplus of material to achieve the design proposal, either of which could have an impact on landscape, visual and ecological effects.
141. Acoustic modelling for the acoustic / screen bunds e.g. to the north of Winterbourne Stoke and acoustic barriers e.g. to the Till Valley flyover should be provided to demonstrate the design is fit for purpose.
142. Detailed design proposals for the green bridges where they have an ecological function should be wholly agreed in advance of approval / construction.
143. While the creation of additional chalk grassland at Parsonage Down is very welcomed, there is concern that some existing "stepping stones" of chalk grassland that support significant populations of rare invertebrates and which are within HE's current soft estate, are becoming degraded due to lack of appropriate management, particularly the Protected Road Verge at Yarnbury Castle. The scheme could include a target to incorporate remedial management of this road verge, to maximise the effectiveness of the provision of new habitat for invertebrates in the local area.

River Till Viaduct

144. Officers are very supportive of the multi-span decks that allows for the penetration of light to the River Till.
145. A screen to the parapet would be preferable to provide acoustic attenuation. Although it will not provide visual screening per se, it could reduce light spill from car headlamps if constructed from appropriate materials.

A303 / A360 Longbarrow Junction

146. The isolated 'internal' grass verges could provide a green refuge for invertebrates and sedentary slow worms. Recommend seeding with a suitable wild flower mix and implementing appropriate monitoring and management.
147. The no lighting design for dark skies is welcomed. However, if it is shown necessary to light the junction, consideration must be given to Annex II bats which may be crossing at this point,

which is slightly west of the existing junction. This should be checked once the bat data has been analysed and interrogated.

Central Section

148. Consideration should be given to any opportunity to underground the existing overhead electricity cables and removal of the pylons.

Location of Green Bridge No. 4

149. The, as yet, unpublished bat data should be consulted to determine if there are any ecological reasons why Green Bridge 4 should **not** move to the east.
150. There are not really any landscape impacts for either option, however either may have a bearing on the WHS.

Cutting on the Western Approach to the Tunnel

151. With regard to landscape and ecology, either option would provide similar effects. Obviously, the green banks (rather than a retained structure) would be more beneficial for local landscapes, habitats and driver experience, however it is understood that consideration given to land taken within the WHS will weigh heavily in the planning balance.
152. The retaining wall design does give rise to a dramatic fall and there is no mention of safety rails or fencing. This has landscape (visual) and ecological implications e.g. fencing would need to secure the site from a variety of wildlife (e.g. from the smaller brown hares and hedgehogs to larger badgers and deer), visitors to WHS, farmers and livestock.

Western Entrance to the Tunnel

153. With regard to landscape and ecology, officers will support either option of tunnel entrance design.
154. The canopy design is a technical issue to be resolved, however officers consider that either will have similar landscape and ecological benefits. However, the open canopy could generate some adverse landscape and ecological effects from escaping light pollution at night and protective fencing. It is felt that there is a possibly unknown potential impact for ecology e.g. bats flying through the holes, other wildlife falling through. The holes would need to be grated.

Eastern Section A303 Flyover at Countess Roundabout

155. The existing roundabout is landscaped with trees and shrubs. Changing the design to the open un-landscaped flyover represents a loss for biodiversity.

Preliminary Environmental Information Report (PEIR)

156. Officers are continuing to work with HE consultants in scoping the Landscape and Visual Impact Assessment (LVIA). At this stage, the PEIR has identified potential landscape and visual impacts during construction and operation including:

- a) Direct physical and temporary change to the rural landscape as a result of construction, storage compounds and PROW diversions.
 - b) Several high sensitivity receptors including residents of Winterbourne Stoke, PROW and visitors to WHS will experience temporary adverse visual effects during the construction period.
 - c) In operation, there are likely to be permanent beneficial landscape and visual effects due to improved tranquillity, habitat creation and a reduction in landscape severance.
 - d) Residual adverse visual effects will remain within the Till Valley due to the viaduct and for the users of the PROW network.
 - e) Primary mitigation is embedded within the project. It is welcomed that the design and mitigation is based on a landscape character approach e.g. following the smooth rolling contours that characterise chalk downland avoiding harsh engineered lines.
157. The PEIR identifies potential impacts to ecology in fairly general terms at this point in time, although it is considered that all major issues have been highlighted and where necessary, these will be further investigated.
158. It is understood that analysis of the bat data is still ongoing. All bats are protected under European and UK legislation, especially those listed on Annex II of the European Habitats Directive. Once the survey data has been comprehensively examined, Wiltshire Council will work with HE to ensure sufficient mitigation measures are implemented such that the scheme will be compliant with current legislation.
159. However, a significant amount of survey effort has been conducted in relation to this proposal and efforts have been made to avoid the most sensitive habitat areas that support or potentially support protected species. It is welcomed that the positioning of the proposed route will not result in loss of any irreplaceable habitats and that the scope to create new and replacement habitats has been identified. With suitable management prescriptions within the footprint of the scheme and of adjacent HE soft estate, there is potential for a net gain for biodiversity.

Recommended Requirements

160. Further requirements in addition to the ES should include:
- a) A holistic Landscape and Ecological Mitigation Strategy that combines the recommendations from the LVIA and ecological survey reports.
 - b) A Landscape and Ecological Management Plan (LEMP) which details the maintenance and management of HE 'soft' estate for the section of road in the short, medium and long term to ensure the success and viability of newly created habitats / landscape mitigation.
 - c) A CEMP that details the methods of protection for ecological systems during the construction process.
 - d) A Soil Handling Strategy detailing the storage and placement of soils to be used for the land raise at Parsonage Down east and the restoration of chalk grassland habitat.

- e) Acoustic modelling as detailed above.
- f) That the SoS considers appropriate conditions on any permission to secure the above-mentioned objectives to be discharged in liaison with Wiltshire Council at the appropriate point of the implementation process.

9. Archaeology and World Heritage Site Considerations

Background and Policy Context

- 161. The Wiltshire Council Archaeology Service (WCAS) has a statutory duty to advise the Local Planning Authority on the impact of development proposals on archaeological remains in the County, both within and outside of the Stonehenge and Avebury WHS. Officers take into consideration direct physical impacts on known and potential designated and undesignated heritage assets, issues of setting and visual impact, and in the case of the WHS, possible impact on the attributes of OUV. In relation to the A303 Improvement Scheme (the Scheme), the service will also have a responsibility for the monitoring and discharge of archaeological conditions / requirements imposed as part of the DCO. In addition to its formal statutory role, WCAS have been engaged with the proposed Scheme's development over the last few months via a number of working groups associated with the project such as the Heritage Monitoring and Advisory Group and Scientific Committee.
- 162. The Council co-funds (with Historic England) and hosts the WHS Coordination Unit within the Archaeology Service. The Unit currently consists of a WHS Partnership Manager and a WHS Partnership Officer tasked with implementing the policies and objectives in the WHS Management Plan.
- 163. In assessing the potential development impacts of the proposed Scheme, WCAS is obliged to assess the Scheme in relation to a number of policy documents including:
 - The 2015 Stonehenge and Avebury WHS Management Plan with its key policies for the protection and enhancement of the OUV of the WHS. This plan has been formally endorsed and adopted by Wiltshire Council in 2015.
 - The WCS (2015) includes a specific robust policy (Policy 59) to ensure the protection of the WHS and its setting from inappropriate development to sustain its OUV.
 - National Planning Policy Framework (NPPF 2012) paras 128-9 and 132 and Practice Guidance Further Guidance on World Heritage Sites (2014). These documents set out that substantial harm to or loss of designated heritage assets of the highest significance should be wholly exceptional.
 - National Policy Statement for National Networks (2014) paragraphs 5.120-142
 - The ICOMOS Guidance on Heritage Impact Assessments for Cultural Properties (2011). This is designed to inform the assessment of possible development impacts in relation to OUV.

Preliminary Environmental Information Report (PEIR)

164. Chapter 6 of the PEIR considers the likely significant effects on the Scheme on cultural heritage. The chapter will be used as a baseline for the development of the Environmental Impact Assessment (EIA) and the Heritage Impact Assessment (HIA). The PEIR is general and provisional, at this stage the impacts cannot be fully assessed until the results of the forthcoming archaeological evaluation fieldwork can be considered.
165. The PEIR identifies that changes from the implementation of the proposed Scheme will produce potential impacts on individual heritage assets both inside and outside of the WHS; the attributes of OUV of the WHS; and on the OUV of the WHS as a whole. The impacts can be positive, negative, or a combination of both.
166. The document details the general benefits of the Scheme which include the removal of the existing severance caused by the A303 at the centre of the WHS between the proposed portal locations. This will improve the setting of key groups of monuments and improve access and visual connectivity between them. The removal of the A303 as it crosses the Avenue to the west of the proposed Eastern Portal will help to reconnect the two parts of this linear monument currently severed. The removal of the Longbarrow Roundabout and stopping up of the A360 at this point will be beneficial to the setting of the Winterbourne Stoke Barrow Cemetery Group and its visual relation with other barrow groups in the western part of the WHS.
167. A number of potential adverse impacts on heritage assets are also outlined and include the removal of around a dozen archaeological features in the line of the new carriageways and portals, impact of new infrastructure on the setting of monuments and new severance within the WHS caused by the proposed western portal approach road. Although some mitigation measures can be built in to minimise impacts, the potential adverse impacts cannot be removed completely.

Key Issues by Scheme Area

Western Section: Winterbourne Stoke Bypass to Longbarrow Junction

Parsonage Down East

168. The proposed deposition of chalk from the tunnel in this location is going to negatively impact on a number of known archaeological features, including settlement and burial features from prehistoric and Roman times. The area has not yet been archaeologically evaluated. When it is, it is likely that further features will be identified and some of these may be highly significant and may need to be preserved in situ at the current ground surface level. Until the evaluation and assessments of this area are completed (with requisite consents from the land owner) it is too early to judge if the proposed deposition and landscaping will be acceptable across the whole of this area.

River Till Viaduct

169. Archaeology officers have no preference for either option presented (a or b).

A303 / A360 Longbarrow Junction

170. WCAS welcome the Scheme's approach to minimising light pollution impacts by not providing permanent surface lighting within the WHS or at the proposed Longbarrow junction. However, design solutions and options are needed to minimise light pollution to dark skies from car headlights.

Central Section: Within the WHS

The Cutting in the WHS on Western Approach to Tunnel

171. The proposed new length of expressway within the WHS will be damaging to below ground archaeological features and to the visual setting of monuments and groups of monuments in the WHS. The damage can be minimised to some extent by the proposal to put it within a deep cutting. The option to use vertical retaining walls to minimise land take to a width of 41 metres is the more desirable option.

Green Bridge No. 4

172. The new landscape severance caused by the new cutting within the WHS needs further mitigation than currently proposed. There is an issue here with severance of the visual relationship between the barrow groups north and south of the proposed new road cutting, especially the Winterbourne Stoke Group and Diamond Group which needs to be minimised. Physical access is also severed in this location. The proposed Green Bridge No. 4 at the A360 crossing will provide some mitigation but not enough. An alternative bridge is proposed at 150m east of the junction. The service's view is that both bridges are required to minimise the impact on the WHS. Therefore, the preference is for both option a and b. The width of each bridge needs to be carefully considered and assessed in relation to the visual setting of key monuments. In WCAS's view, both together a minimum combined length of 100 metres will be required. There is a consensus from other Council services that this approach is acceptable.

Western Portal

173. The Western Portal is proposed to be located within the WHS north west of Normanton Gorse immediately to the south of the existing A303. Two options have been presented for the tunnel entrance and canopy. In order to minimise visual impact on attributes of OUV, the fully grassed canopy would be preferable. This will also help to minimise light pollution. Therefore, officer's preference is option a: fully grassed over canopy with external buildings.

Proposed Link (BOAT) Between Byways 11 and 12

174. This proposed new link will have a negative impact on below ground archaeology and on the setting of key monuments in this part of the WHS.
175. The proposal is in contradiction of Policy 6b of the WHS Management Plan (2015): *Manage vehicular access to byways within the WHS to avoid damage to archaeology, improve safety and encourage exploration of the landscape on foot.*
176. WCAS advise that this proposal is removed from the Scheme.

177. Other approaches and options have been outlined in paragraphs 89-98. Option 3 seems to be the most suitable and this would be an acceptable way forward.

Eastern Section: Countess Junction to Just Beyond Solstice Park Junction

Eastern Portal

178. The Eastern tunnel portal is proposed to be located to the East of King Barrow Ridge and the Avenue. The design and location of the portal needs to carefully consider the setting of key monuments in this part of the WHS, especially the Avenue to the east and Vespasian's Camp to the south.

Rollestone Crossroads

179. The proposed modified highway layout at Rollestone Corner is in an area of significant designated and non-designated archaeological monuments. This area has not yet been evaluated. An evaluation will need to be completed and the results included in the EIA.

Countess Flyover

180. Two options are presented for the flyover. Internationally significant Mesolithic remains and deposits with paleoenvironmental potential have recently been discovered in and around the Blick Mead area relating to the River Avon (south west of Countess roundabout and West of Amesbury Abbey). Therefore, the design of the flyover infrastructure needs to be minimised to protect these deposits with a solution having minimum ground intrusion. The visual setting of the Iron Age hillfort at Vespasian's Camp also needs careful consideration. Until further work is done, it is not clear if option a or b will be preferable in terms of ground impact and setting.

South of A303 / Solstice Park

181. In order to facilitate the proposed closure of the Allington Track, a new route is proposed to be created between the Allington Track and Equinox Drive in Solstice Park. This proposal includes a divergence of the AMES 1 byway to avoid the group of Scheduled Barrows (Ratfin Barrows). This proposal is welcomed. However, the new proposed divergence of AMES 1 cuts across an area which has known archaeological features and has not been subject to archaeological evaluation and assessment. This needs to be undertaken and mitigation measures proposed in order for this to be acceptable.

Construction Compounds: Material Storage and Stockpile Areas

182. Compounds and temporary spoil storage areas have been proposed outside of the WHS. WCAS are aware that some of these are archaeologically sensitive. Others have not yet been evaluated and need to be as soon as possible and the results fed into the EIA. The proposed compound and spoil storage area at Countess East contains significant archaeological remains including a Roman building and Saxon settlement. It may be difficult to use some or all of this area as proposed. Detailed consideration of the archaeological remains here will need to be set out in the EIA and Mitigation Strategy (see below).
183. Mitigation requirements for these areas will need to be addressed in the CEMP.

Archaeological Evaluation and Assessment: Further Requirements

184. A considerable amount of archaeological evaluation, both within and outside of the WHS, is still required before the submission of the DCO. This includes the Western and Eastern portal sites, the Winterbourne Stoke bypass section, the new junction area and the new dual carriageway within the WHS. An Archaeological Evaluation Strategy has been agreed by WCAS and a detailed programme for the work has also been agreed. Although the programme has started at the Eastern Portal site (February 2018), there has been some delays with the start of work in other areas. The evaluation will need to include not only total coverage of the proposed expressways, portals and junctions but also the proposed road all drainage areas, attenuation ponds, compounds, access routes and spoil storage areas. Officers stress that all of this work needs to be in advance of the submission of the DCO.
185. WCAS would advise that this is completed as early as possible so that the results can be used to help influence the final design of the Scheme and will inform the EIA and Mitigation Strategy.
186. Officers would expect to see a full and detailed ES submitted with the DCO covering all aspects of the historic environment. This should also include a full assessment on the impact of OUV carried out in accordance with the ICOMOS Guidance on Heritage Impact Assessments for Cultural Properties (2011). This assessment has not yet been done in relation to the proposed Scheme.
187. These assessments will need to consider construction impacts, and temporary impacts need to be assessed in the same way as permanent impacts (direct and indirect). The results of the EIA and HIA will need to feed into an Archaeological Mitigation Strategy and CEMP. These documents will need to be presented with the DCO.

Conditions and Requirements

188. An Archaeological Mitigation Strategy will need to be agreed and its implementation secured by a condition / requirement attached to any grant of consent. The Strategy may include the need to preserve in situ key archaeological remains or a programme of archaeological excavation and recording (including reporting, publication and dissemination of the results).

Community Benefits and Legacy

189. The provision of a Community Benefit Fund or equivalent to help deliver heritage benefits of the proposed Scheme is essential. Measures should be made for the provision of adequate museum storage for finds and archaeological archives arising from the archaeological fieldwork, as well as heritage interpretation and implementation of projects linked to the key objectives in the WHS Management Plan (2015).

Summary of Archaeological and Historic Environment Issues

190. WCAS over the last few months has worked in conjunction with other heritage agencies and HE in developing the proposed Scheme. What officers can say here is still outline and limited as detailed design of the Scheme has not yet been done and the archaeological / historic environment evaluation and assessments are not completed. There is, as yet, no EIA or HIA.

- 191. It is clear that the removal of the A303 through the WHS inherent in the proposed Scheme will bring huge benefits for the centre of the WHS. However, there will be some adverse impacts from the proposed new infrastructure especially on the west side of the WHS with the construction of a new length of expressway.
- 192. The EIA and HIA must objectively assess potential impacts and if they can or can't be mitigated, as well as benefits. Only once these assessments have been done can a carefully considered decision be made on the relative balance of beneficial or adverse impacts on heritage and the OUV of the WHS.
- 193. If the archaeological evaluation, EIA and / or HIA, raises significant adverse impacts that cannot be mitigated, then WCAS may have to raise these as concerns in our DCO response.
- 194. This, and a number of other issues raised above, will need to be addressed in the DCO application in order for the WCAS to recommend full support of the final Scheme.

10. Built Heritage Considerations

- 195. The scheme affects several built heritage assets, both designated and undesignated. These were highlighted in the earlier consultation response; since then, all sites of interest along the route have been visited by the relevant officer with the AECOM heritage consultant, and general agreement exists regarding the likely extent of the scheme's impacts. There are no aspects that are considered likely to reach a level of 'substantial harm', in NPPF terms; where 'less than substantial harm' is identified, the NPPF provides for a balancing exercise with public benefits.

Key Considerations From West to East

Winterbourne Stoke Conservation Area (CA), Manor House (II*)

- 196. The removal of the busy road from the northern edge of the settlement (bar a very small number of roadside dwellings on the north side of the road) would be positive in that it would be a quieter and safer place.
- 197. The disconnection of the village from the through-traffic is perhaps also a minor negative impact, in that it becomes a quiet rural village with few reasons to visit; one would imagine there would be an impact on the viability of the two businesses reliant on passing trade, however these are outside of the CA and therefore contribute little to its character and setting.
- 198. View to the north of the CA, up the Till Valley, will be significantly altered with the introduction of the viaduct and the associated landscaping. This is higher than previously anticipated; however, it is also visually lighter in terms of construction, the degree of visible structure (especially below the carriageways) is pleasingly modest; officers see no particular reason on heritage grounds to express a preference for the parapet treatment. The planting of the eastern embankment would help hide it, and there are other pockets of trees in the surrounding landscape so they won't look out of place as they might on top of the Plain.
- 199. The new Till Valley crossing would have an increased impact on the setting and outlook of the cottages at Foredown House and the barn at Foredown Barn (960m NNE of the cottages), but these are both undesignated and only of local interest, with the level of harm to their heritage significance being at the lower end of 'less than substantial'.

Milestone, 850m East of Longbarrow Roundabout (II)

200. The milestone itself would, in officer's opinion, be unaffected however it would now be alongside a byway rather than a major route. Milestones are of course not widely relied upon by travellers in the 21st century and the improved ability to stop and look at them safely, is also a benefit.

Stonehenge Cottages (Undesignated, of Modest Heritage Interest)

201. The setting of the cottages would be significantly changed by the proposals; however, this seems to be entirely positive with the removal of the busy road from its surroundings, making it much quieter and safer.

Milestone, Stonehenge Road, West Amesbury (II)

202. The milestone itself would be unaffected however it would now be on a dead-end rather than a major national route. This has also previously been affected, when the A303 turned it into a slip road.

Amesbury Abbey (Grade I), its Park (II*), Lodges (Kent and Diana's House, both II*), Follies (II*), Boundary Walls (II* and II), Bridges (II* and II), all within Amesbury Conservation Area

203. The setting of the lodges and bridge on Countess Road would be affected to a modest degree by the flyover, this impact, while greater than the existing roundabout layout, would still be at the lower end of the scale as that area of its landscape setting is already so altered.
204. The park is bounded by or very close to the A303 for about 1.6km. There is a significant barrier of trees and other vegetation between most of the designated assets and the road, and this appears to be retained entirely; the area of the registered park that abuts the road is less formally laid out than much of the rest. A belt of trees on the north side of the A303 contributes positively to the outlook from the roadside edge of the park, the future of which isn't clear from the consultation document. There appears to be no negative impact on the setting of the Abbey and the park.

Countess Farm (Farmhouse, Two Granaries, Two Barns and Stables, All Grade II)

205. This site is most affected by the scheme, lying immediately adjacent to the highways of both A303 and Countess Road. The flyover would be elevated along its southern boundary, thus introducing views of high level traffic and increased noise to the site. Efforts should be made to ensure that the existing trees and vegetation along the southern boundary are retained, so as best to mitigate the impacts on the farmstead. Where this proves impossible, similar new planting should be required. Certainly, the impacts on this site would be significant; it is certainly arguable that the proposal would only slightly worsen an existing negative impact, when compared with its pre-A303 setting, and that this must therefore be 'less than substantial'. Visual links between the south and north sides of the A303 are already prevented by the landscaped roundabout, so it is the view of officers that the landscaped flyover offers a more rural-friendly view than the urban-engineering look of the open option.

Ratfyn Farm (Grade II) Lies Around 200m to the North of the Existing Carriageway

206. Traffic separation for the flyover begins at about this point, but the prominence of the road would be little altered, it would remain set against the treed cliff of Lords Walk. Streetlighting of this area would have a degree of urbanising effect on the setting of the Listed Building; if it is essential, then it should be tightly focused on the relevant area and not spill any more than absolutely necessary.

11. Flood Risk and Drainage Considerations

207. As Lead Local Flood Authority (LLFA), Wiltshire Council has a number of duties and powers to control and minimise flood risk under planning legislation, the Flood and Water Management Act 2010, the Land Drainage Act 1991 and the Wiltshire Land Drainage Byelaws 2014. This scheme may have impacts on all aspects of Ground Water and Surface Water, standard highway drainage and a number of consents from both Wiltshire Council and the Environment Agency concerning water quality and volumes of water may need to be addressed as pre-requisites for the DCO on a case-by-case basis.
208. Although the overarching strategy is now in place, HE will still need to supply further details on ground investigations prior to final approval by the Council. Ongoing monitoring of boreholes is being undertaken by HE and their consultants to allow a greater understanding of the catchment issues within the scheme's catchment. Long term monitoring for up to 5 years after construction is expected to be required and the monitoring equipment may also need to remain in place after construction in order to confirm that the design is functioning as intended and address any mitigation works.
209. The application will be required to comply with all planning policies and decisions on planning applications for major developments to ensure that sustainable drainage systems (SuDS) for the management of run-off are put in place. This will need to include consultation with Wiltshire Council as LLFA on the management of surface and ground water. It will be for HE to demonstrate that the proposed scheme will not increase the flood risk to others within the catchment area. The Council will need to be able to satisfy themselves that the proposed minimum standards of operation are appropriate.
- a) The DCO will need to ensure that there are clear and ongoing maintenance arrangement for ongoing maintenance of the highway drainage systems over the lifetime of the development. Consents may be required for all works within 8.0m of watercourses under the Wiltshire Land Drainage Byelaws 2014 and HE will therefore need to ensure compliance with the 2014 Byelaws where working within 8 metres of a watercourse.
 - b) The proposed development may need to include SuDS to ensure that the discharge from the site has been reduced (this is covered under planning policies etc.). Peak flow control (ensuring that peak flow from the developed site is minimised, to reduce flood risk downstream) and rate of run will need to ensure the peak flow is no worse than at present. Volume control (ensuring that the total volume of runoff from the site is minimised, to reduce flood risk downstream) and overall quantity of water entering local watercourses arising from run off from the site should be no worse than existing position. However, concerning flood risk on and off site, planning policy requires an overall reduction of flood risk of 20%.

- c) Designing for long term maintenance considerations will need to be within the design statement so far as frequency and methods are concerned.
210. Flood and drainage officers are happy with the progress so far in respect of the potential land and highway drainage impact although HE will need to ensure that all planning conditions and government guidance such as Planning Policy, Ciria Guidance, Water Framework Directive (WFD), and the Flood and Water Management Act 2010 are fully complied with.

12. Procedural Issues and Next Steps

211. As a NSIP, this scheme will be dealt with under the DCO process. The role of the Council within this process is therefore as a statutory consultee. The Council has considered its position on a number of aspects as set out in this statutory consultation response. The Council wish to make clear to HE that it is fully committed to the DCO process, and supports this proposal in principle, but subject to the making of an objective balanced planning judgement in relation to the outputs of the assessments necessary to address the detailed comments set out in this consultation response.
212. For clarity, the Council has summarised the information and activities required to be undertaken in advance of the DCO application from its perspective and those requirements which it believes should be included within the DCO documentation in Appendices 1A and 1B respectively. These are not intended to be an exhaustive list as additional requirements may be identified once the detailed designs for the scheme are more advanced.
213. The Council asks that HE takes these comments into full consideration.

Appendix 1A

Information / Activities Required in Advance of DCO Application

1. Within its consultation response, the Council has summarised the information and activities required to be undertaken in advance of the DCO application in order for it to be able to fully assess the scheme proposals and their associated impacts. For ease, these have been replicated in the paragraphs below.
2. This is not intended to be an exhaustive list and further information, assessment and documentation may be identified as required once the scheme proposals are further developed.

Detailed Scheme Design Proposals:

3. It is acknowledged that the detailed scheme design is still evolving and will be influenced by consultation responses and assessment and survey data. However, Wiltshire Council requires clarity on the following aspects of the scheme proposals:
 - a) The exact arrangements for the western section of the existing road at the western end between the existing eastbound layby and the tie-in area and the specifics of access to be provided.
 - b) The exact arrangements for the old A303 through Winterbourne Stoke village, including the incorporation of any traffic calming measures.
 - c) The exact arrangements for the local road created by de-trunking the existing A303 from the layby west of Winterbourne Stoke to a point east of the village where the route will change to accommodate access to the proposed grade separated Longbarrow junction.
 - d) The exact arrangements for the downgrading of the existing A303 to the east of Longbarrow for non-motorised users and any exemptions for private access to agricultural land as required.
 - e) The exact arrangements for the creation of a right of way from Longbarrow to the junction with Stonehenge Road, to the east of Amesbury.
 - f) The exact arrangements and future use for the old A303 to the east of Stonehenge Road junction.
 - g) The alignment of the bridge structure for B3083 and the proposed applicable standards.
 - h) The outcome of the risk assessment to be undertaken on any compromises to lighting at Longbarrow junction.
 - i) The exact arrangements for the right of way to be created on the redundant length of the existing A360 to the south of the new A303 resulting from the new Longbarrow junction.
 - j) The exact arrangements for all impacted PROW, including SLAN 3, BSJA 3A, BSJA 3, WSTO 3, WSTO 2, WSTO 7, WSTO 5 and WSTO 6B, resulting from scheme proposals in the Western Section of the scheme.

- k) The detailed design proposals for the green bridges.
- l) The exact arrangements to be employed for grass verge management, protection, enhancement and monitoring.
- m) The exact arrangements for the pedestrian and cycle link created using the redundant A360 carriage to the north of the new A303 extended through to the Visitor Centre.
- n) The exact arrangements for the Old Stonehenge Road, including the provision of a turning facility and vehicular access arrangements for the two affected farms and Stonehenge Cottages.
- o) The exact arrangements for all impacted PROW, including AMES 12, AMES 11 and AMES 10, resulting from scheme proposals in the Central Section of the scheme.
- p) The exact arrangements for the tunnel approach and portal designs, including the provision of any safety rails, fencing or grating and associated lighting.
- q) The exact arrangements for the signalisation of the existing Countess roundabout and creation of a cycle track.
- r) The exact arrangements for the design of the Countess flyover infrastructure, including any planting / screening proposals.
- s) The exact arrangements for Amesbury Road to the north side of the A303.
- t) The exact arrangements for the proposed Double Hedges local junction changes.
- u) The exact arrangements for the new link between Allington Track and Amesbury Road on onwards to an extension of the adopted part of Equinox Drive resulting from the proposed closure of the Allington Track junction with the A303, including the provisions for large loads.
- v) The exact arrangements for the modification of Rollestone Crossroads junction, including the agreement of applicable standards and any resultant modification to the current local road network.
- w) The exact arrangements for all impacted PROW, including AMES 44, AMES 1 and AMES 2, resulting from scheme proposals in the Eastern Section of the scheme.
- x) The construction methodology and associated plant requirements.
- y) The exact arrangements for the excavation, re-use, storage and transportation of material arising from earthworks associated with the tunnel scheme.
- z) The exact arrangements for the required construction materials, including the source and associated vehicle movements associated with its delivery to site.

- aa) The exact arrangements for access to the primary construction compound sited to the west of the A360 near Longbarrow, and satellite sites at Countess and close to the River Till viaduct, and any associated impact / requirements for the local road network.
 - bb) Regulatory requirements required as result of the road improvement scheme. These should be identified and addressed by HE in consultation with the Council. Requirements may include potential speed, weight and waiting restrictions, as well as any orders to regulate traffic calming in Winterbourne Stoke and potential Cycle Track Act orders to regularise use of paths by cyclists.
4. Agreement from the Council should be sought on the above, once the proposals are finalised.

Surveys / Further Assessment Required to be Completed:

5. It is acknowledged that a large amount of survey and analysis work has been completed to date. However, all parties recognise that more is needed to be undertaken to fully assess the impacts of the scheme.
6. Council officers have identified the need for the following survey / further assessment work to be undertaken and urge HE to complete this as soon as possible.
- a) Baseline noise survey to be conducted at a selection of locations along the proposed scheme route.
 - b) Analysis and interrogation of Annex II bat data.
 - c) Acoustic modelling for the acoustic / screen bunds and acoustic barriers.
 - d) Archaeological evaluation fieldwork to be completed and considered for the Western and Eastern portal sites, the Winterbourne Stoke bypass section, the new junction area and the new dual carriageways within the WHS, all compounds, soil storage areas and drainage / ponds with appropriate mitigation identified and incorporated into scheme proposals.
 - e) Ground investigations from a flood risk and drainage perspective to be undertaken and information supplied to the Council for consideration and agreement.

Scheme Impacts:

7. Once the detailed design proposals for the scheme are known, further information will be required by the Council in order to fully assess the associated impacts of the proposals. To assist the Council with this, further information is required as follows:

Highways and Transport

Local Roads:

- a) Clarification on the apparent inconsistencies in the consultation documentation relating to traffic impacts and detailed explanation of the forecasted levels.

- b) Refinement of the forecast traffic flows at the very local level is required for agreement with Council officers.

Public Protection

- c) Detailed assessment of noise and vibration impacts associated with the scheme proposals to be undertaken, for agreement of appropriate mitigation measures with the Council.
- d) Detailed assessment of air quality impacts associated with the scheme proposals to be undertaken, for agreement of appropriate mitigation measures with the Council.
- e) Detailed assessment of light nuisance associated with the scheme proposals to be undertaken, for agreement of appropriate mitigation measures with the Council.
- f) Detailed assessment of impacts to private water supplies associated with the scheme proposals to be undertaken, for agreement of appropriate mitigation measures with the Council.

Ecology and Landscape

- g) Cut and fill calculations should be provided to give confidence that there will be neither a shortfall nor a surplus of material to achieve the design proposal, either of which could have an impact on landscape, visual and ecological effects.
- h) Acoustic modelling for the acoustic / screen bunds e.g. to the north or Winterbourne Stoke and acoustic barriers e.g. to the Till Valley viaduct should be provided to demonstrate the design is fit for purpose.

Archaeology and World Heritage Site

- i) Archaeological evaluation fieldwork to be completed and considered to assess impact of scheme proposals on designated, non-designated and unidentified archaeological features.
- j) Impact to dark skies to be considered from road and junction lighting and car headlights to ensure design solutions and options minimise light pollution.
- k) Visual setting impacts associated with Countess flyover and Till Valley viaduct to be assessed and mitigated.

Documentation to Accompany DCO Application:

- 8. A comprehensive suite of documentation is required to accompany the DCO application for this scheme. Wiltshire Council requests that this includes the following:
 - a) An Environment Statement which must objectively scrutinise the potential impacts on all aspects of the scheme, including the historic environment and OUV.
 - b) A full and detailed Heritage Impact Assessment.
 - c) A full and detailed Environmental Impact Assessment.

- d) A Construction Environmental Management Plan which addresses impacts relating to noise and vibration, air quality, light nuisance, potential contamination of ground water sources, protection of ecological systems and impacts on archaeological features with associated mitigation relating to the construction phase of the scheme.
 - e) A Soil Handling Strategy, which is prepared in accordance with current best practice, for the handling and placement of soils at Parsonage Down east and the restoration of chalk grassland habitat.
 - f) A Landscape and Visual Impact Assessment.
 - g) A holistic Landscape and Ecological Management Plan, which detail the maintenance and management of HE 'soft' estate for the road in the short, medium and long term to ensure the success and viability of newly created habitats / landscape mitigation.
 - h) An Archaeology Mitigation Strategy.
 - i) A Flood and Drainage Strategy.
9. These documents should be prepared by HE in conjunction with Council officers and partner organisations, with draft copies available for review and agreement prior to submission.

Appendix 1B

Requirements for Inclusion in DCO Application

1. The Council has identified a number of requirements, which it believes should be included within the DCO application, within its response to the statutory consultation. These are replicated within the paragraphs below for ease.
2. These are not intended to be an exhaustive list and further requirements may be identified as the scheme proposals are further developed.

Highways and Transport

Local Roads:

3. A requirement will be sought for those parts of the A303 to be de-trunked to secure an asset which will not require foreseen structural maintenance interventions for at least 5 years following the asset being vested in Wiltshire Council.
4. If street lighting is deemed to be unnecessary on safety grounds, then the Council will need to protect its future interests in the roundabouts at the junction through an undertaking from HE to undertake a Stage 4 (Monitoring) Road Safety Audit at least 12 months following the completion of the scheme. A Stage 4 Road Safety Audit will help provide evidence of the need for lighting, or not, as the case may be.
5. A contribution will be sought by the Council towards the future energy and maintenance costs associated with any traffic signals to be provided on the Countess Roundabout (for those costs which might fall to the responsibility of Wiltshire Council).
6. A requirement will be sought to secure appropriate provision for large load vehicles to pass general traffic on the line of the alternative Allington Track connection to A303.
7. A condition will be sought to secure a scheme for the management of diverted traffic when access through the tunnel is partially or wholly unavailable. The scheme shall set out arrangements for the signing of the alternative route and the management of traffic at the local, regional and national level to ensure that motorists are least inconvenienced by planned and unplanned closures, and that local diversion route traffic loads are minimised.
8. There will be a requirement to ensure that an acceptably designed scheme for the realignment of the Rollestone Crossroads junction is secured and implemented in accordance with a programme of works to be agreed.
9. A requirement will be sought to ensure that the management of haul routes to and from the site, for inbound road and tunnel-making materials and outbound waste respectively maximises use of the trunk road network and minimises use of the local road network.
10. A requirement will be required to ensure that appropriate pre-commencement and post works visual and / or structural carriageway surveys are undertaken to ensure that any contract works roads damage can be identified and rectified at no cost to Wiltshire Council.

11. A requirement will be sought to ensure that all traffic regulation orders relevant to this scheme are addressed within the DCO process and that the Council is compensated for any costs that it may incur in respect of any traffic regulation orders for which the Council might be responsible arising as an indirect consequence of the A303 Stonehenge Scheme.

Public Protection

Noise and Vibration:

12. A qualitative assessment of noise and vibration impacts arising from construction works must be undertaken and included in the Environmental Statement that will be submitted with the DCO application.
13. A requirement that a Construction Environmental Management Plan is to be submitted to and agreed by the Local Authority prior to the commencement of the construction phase to identify measures to mitigate noise and vibration from the construction phase of the scheme, including the siting, construction and operation of construction compounds and satellite offices, and use of low noise / low vibration methods. Specific emphasis is to be made to mitigating noise from construction of the elevated sections of the road at Countess Roundabout and over the River Till north of Winterbourne Stoke, and vibration at Stonehenge Cottages from the tunnel boring operations.
14. Requirement to meet prior consent process under Section 61 of the Control of Pollution Act 1974 in respect to the construction phase of the scheme.
15. Details of noise associated with the operation of plant serving the tunnel are to be agreed with the Local Authority prior to its commissioning.
16. Tyre generated road noise shall be minimised from the scheme to protect the local amenity.
17. Road noise exposure shall be minimised for receptors from the viaduct over the River Till north of Winterbourne Stoke, and from the flyover at the Countess roundabout to protect the local amenity.

Air Quality:

18. No materials shall be burnt on the development site during the construction phase of the scheme.
19. A Construction Environmental Management Plan is to be submitted to and agreed by the Local Authority prior to the commencement of the construction phase to identify measures to mitigate dust generated during the construction of the scheme.
20. Traffic diversions should not involve routing traffic through Air Quality Management Areas (AQMAS).
21. To examine the legacy impact of the development on Air Quality on A36 and A350 AQMAS and implement mitigation measures where a negative impact on Air Quality is predicted at relevant receptors.

Light Nuisance:

22. A Construction Environmental Management Plan is to be submitted to and agreed by the Local Authority prior to the commencement of the construction phase to identify measures to mitigate light nuisance from artificial lighting used as part of the construction phase.
23. All artificial lighting shall be so sited as not to cause light intrusion or nuisance to residential dwellings in the area adjacent to the scheme.

Private Water Supplies:

24. The private water supplies and associated hydrology and land drainage must be protected from any impacts from both the construction and operational phases of the scheme, including any sewage disposal from construction compounds.
25. A Construction Environmental Management Plan is to be submitted to and agreed by the Local Authority prior to the commencement of the construction phase to identify mitigation measures to prevent potential contamination of ground water sources from the construction phase.
26. Mitigation measures must be in place to prevent potential contamination of ground water sources from the final scheme's operational infiltration road drainage system.

Landscape and Ecology:

27. Further requirements in addition to the Environmental Statement should include:
 - a) A holistic Landscape and Ecological Mitigation Strategy that combines the recommendations from the LVIA and ecological survey reports.
 - b) A Landscape and Ecological Management Plan (LEMP) which details the maintenance and management of HE 'soft' estate for the section of road in the short, medium and long term to ensure the success and viability of newly created habitats / landscape mitigation.
 - c) A CEMP that details the methods of protection for ecological systems during the construction process.
 - d) A Soil Handling Strategy detailing the storage and placement of soils to be used for the land raise at Parsonage Down east and the restoration of chalk grassland habitat.
 - e) Acoustic modelling for the acoustic / screen bunds and acoustic barriers should be provided to demonstrate the design is fit for purpose.
 - f) That the SoS considers appropriate conditions on any permission to secure the above-mentioned objectives to be discharged on liaison with Wiltshire Council at the appropriate point of the implementation process

Archaeology and WHS:

28. An Archaeological Mitigation Strategy will need to be agreed and its implementation secured by a condition / requirement attached to any grant of consent.

29. A CEMP that details the methods of protection for buried and upstanding archaeological remains during the construction process.
30. A requirement will be sought for the provision of a Community Benefit Fund or equivalent to help deliver heritage benefits of the proposed scheme.

Flood Risk and Drainage:

31. The application must comply with all Local planning policies and decisions on planning applications to major developments to ensure that sustainable drainage systems for the management of run-off are put in place. This will include:
 - a) Consult with Wiltshire Council as Lead Local Flood Authority (LLFA) on the management of surface water.
 - b) It is for HE to demonstrate that the proposed scheme does not increase the flood risk to others within the catchment.
 - c) Wiltshire Council must be able to satisfy themselves that the proposed minimum standards of operation are appropriate.
 - d) DCO requirements to ensure that there are clear arrangements in place for future and ongoing maintenance over the lifetime of the development (including maintenance of any attenuation ponds and flood defences) within the catchment.
 - e) DCO requirements to ensure appropriate arrangements are in place to deal with surface and ground water within the catchment.
 - f) Requirements may be required for all works within 8.0m of watercourses as Wiltshire Council byelaws.
 - g) The proposed development should include sustainable drainage system (SuDS) to ensure that the discharge from the site has been reduced.
 - h) Peak flow control (ensuring that peak flow from the developed site is minimised, to reduce flood risk downstream).
 - i) Volume control (ensuring that the total volume of runoff from the site is minimised, to reduce flood risk downstream).
 - j) Flood risk within the development (ensuring that flood risk to the development from off-site runoff and from the site drainage is mitigated).
 - k) Designing for maintenance considerations are within the design statement with frequency and methods.

This page is intentionally left blank

Wiltshire Council

Cabinet

24 April 2018

Subject: Melksham King George V Field

**Cabinet member: Councillor Toby Sturgis - Spatial Planning,
Development Management and Property**

Key Decision: No

Executive Summary

Wiltshire Council is the sole trustee of the field which is held on trust as a King George V Field (the Trust).

Although the Trust is not registered with the Charity Commission it is a charity and falls under the jurisdiction of the Charity Commission under the name King George's Fields Melksham and has been given the unregistered organisation number 3947897.

This report sets out the steps and decisions required to enable Melksham Town Council to take responsibility for this property.

It also recommends that those decisions be made by Cabinet on behalf of Wiltshire Council as sole trustee of the Trust and that authority be given to the Corporate Director for Growth Investment & Place to enter into any legal documentation that may be necessary to give effect to those decisions.

Proposal(s)

That members resolve:

- a) that Wiltshire Council, in its capacity as sole trustee of the King George's Field (the Trust), make any changes to the Trust documents that may be necessary to appoint Melksham Town Council as a trustee of the Trust and to resign as a trustee following that appointment,
- b) that officers should, if appropriate, liaise with the Charity Commission and Fields in Trust to seek, if required, the approval of either of those bodies for the appointment of Melksham Town Council as trustee of the Trust,
- c) following the securing of any such approval and the appointment of Melksham Town Council as trustee of the Trust to transfer the Legal Title to the King George's Field to Melksham Town Council and then resign as trustee of the Trust, and
- d) to authorise the Corporate Director for Growth Investment & Place to enter into any legal documentation which is required to enable the above to be implemented.

Reason for Proposal

To enable the Legal Title of the King George's Field, Melksham that is the subject of the Trust to pass to Melksham Town Council in the most cost effective and efficient way.

Alistair Cunningham
Corporate Director

24 April 2018

Subject: Melksham King George V Field

**Cabinet member: Councillor Toby Sturgis - Spatial Planning,
Development Management and Property**

Key Decision: No

Purpose of Report

1. This report seeks approval to taking all steps necessary to ensure the transfer of the Legal Title to the King George V Field, Melksham to Melksham Town Council.

Relevance to the Council's Business Plan

2. The proposal will contribute towards the devolution of services and associated assets to towns and parishes as it will enable the King George V Field, Melksham to be transferred to Melksham Town Council. Under the *Strong Communities* priority Wiltshire Council's Business Plan states that *more services and assets will be devolved to parish councils and community groups*.

Main Considerations for the Council

3. Melksham Town Council has requested that the King George V Field in Melksham be transferred to it. In normal circumstances the approved Service Devolution and Community Asset Transfer policy adopted by Cabinet on 7th November 2017 would prevent the transfer being completed until Melksham was due to be considered in accordance with the programme to be prepared. However, as Wiltshire Council holds the property as sole trustee of King George's Field (the Trust) it will need to be dealt with separately. An early transfer of the property would enable it to be managed at the appropriate level without waiting.

Background

4. The land shown edged red on the plan at Appendix 1 was bought in 1937 using funds raised by public subscription. In 1938 it became a King George V Field. Although the Trust is not registered with the Charity Commission it is a charity and falls under the jurisdiction of the Charity Commission under the name King George's Fields Melksham and has been given the unregistered organisation 3947897. Wiltshire Council became the sole trustee of the Trust upon it becoming a unitary council in 2009. Melksham Town Council wish to take over responsibility for the

property. The steps set out in this report are those which are necessary to satisfy the requirements of the Charity Commission and Fields in Trust to ensure the smooth transfer of Legal Title of the property to Melksham Town Council.

5. Melksham Town Council has formally resolved to apply to become the trustee of the Trust and has applied to Wiltshire Council to do so.
6. Wiltshire Council hold the King George's Field as sole trustee. Cabinet is the decision making body for the Trust. Decisions relating to the Trust must be made as trustee of the King George's Field. These decisions are set out below.
7. The decisions to be made as trustee are:
 - to make any changes to the Trust documents that may be necessary to permit the appointment of Melksham Town Council as trustee,
 - to appoint Melksham Town Council as trustee,
 - to transfer the Legal Title to King George's Field to Melksham Town Council and
 - to resign as a trustee upon the registration at the Land Registry of the transfer of the Legal Title to Melksham Town Council.
8. The resolution to authorise the Corporate Director for Growth Investment & Place to enter into all necessary legal documentation to enable the above to be implemented.

Safeguarding Implications

9. None

Public Health Implications

10. None

Corporate Procurement Implications

11. None

Equalities Impact of the Proposal

12. None

Environmental and Climate Change Considerations

13. None

Overview and Scrutiny Engagement

14. Overview and Scrutiny undertook a rapid scrutiny exercise to contribute to the development of the council's revised Asset and Service Devolution

and Community Asset Transfer Policy, which was adopted by Cabinet on 7th November.

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

15. The principal risk that may arise if the proposed decision is not taken is financial. That responsibility for the maintenance of the property will remain with Wiltshire Council.

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

16. There may be a legal risk if the proposed actions are not taken in the correct order. However, the council's solicitor will be heavily involved in the process and will ensure that the process is followed correctly.

Financial Implications

17. The Trust receives a small amount of rental income from properties within the field. This income, together with any costs associated with managing the field, will be passed to Melksham Town Council. Other financial implications are limited to the cost of dealing with the legal process required to complete the transactions and documents required.

Legal Implications

18. This is a legal process which if carried out correctly will result in the appointment of Melksham Town Council sole trustee of the Trust and the transfer of the Legal Title to the asset held on behalf of the Trust passing to Melksham Town Council.

Options Considered

19. There are two options available in this case. These are:
 - Remain the sole Trustee of the Trust and retain the Legal Title to the land (do nothing)
 - Transfer the trusteeship and Legal Title to the land
20. If Wiltshire Council remains the sole Trustee of the land it must retain Legal Title to the land and will retain the responsibility for maintenance and management.
21. Transferring both the trusteeship and the Legal Title to the land will ensure that the Legal Title and control of the field rest with Melksham Town Council. There will be some legal work required to make this happen but this is the best outcome for the long term management of the area.

Conclusions

22. As indicated above, taking the steps required to enable Melksham Town Council to be appointed a trustee of the Trust and, following that

appointment, the transferring the Legal Title to the town council will result in the best outcome for the future management of this land as it can be managed at the most appropriate level of authority.

Alistair Cunningham
Corporate Director

Report Author: John Price, Estate Surveyor

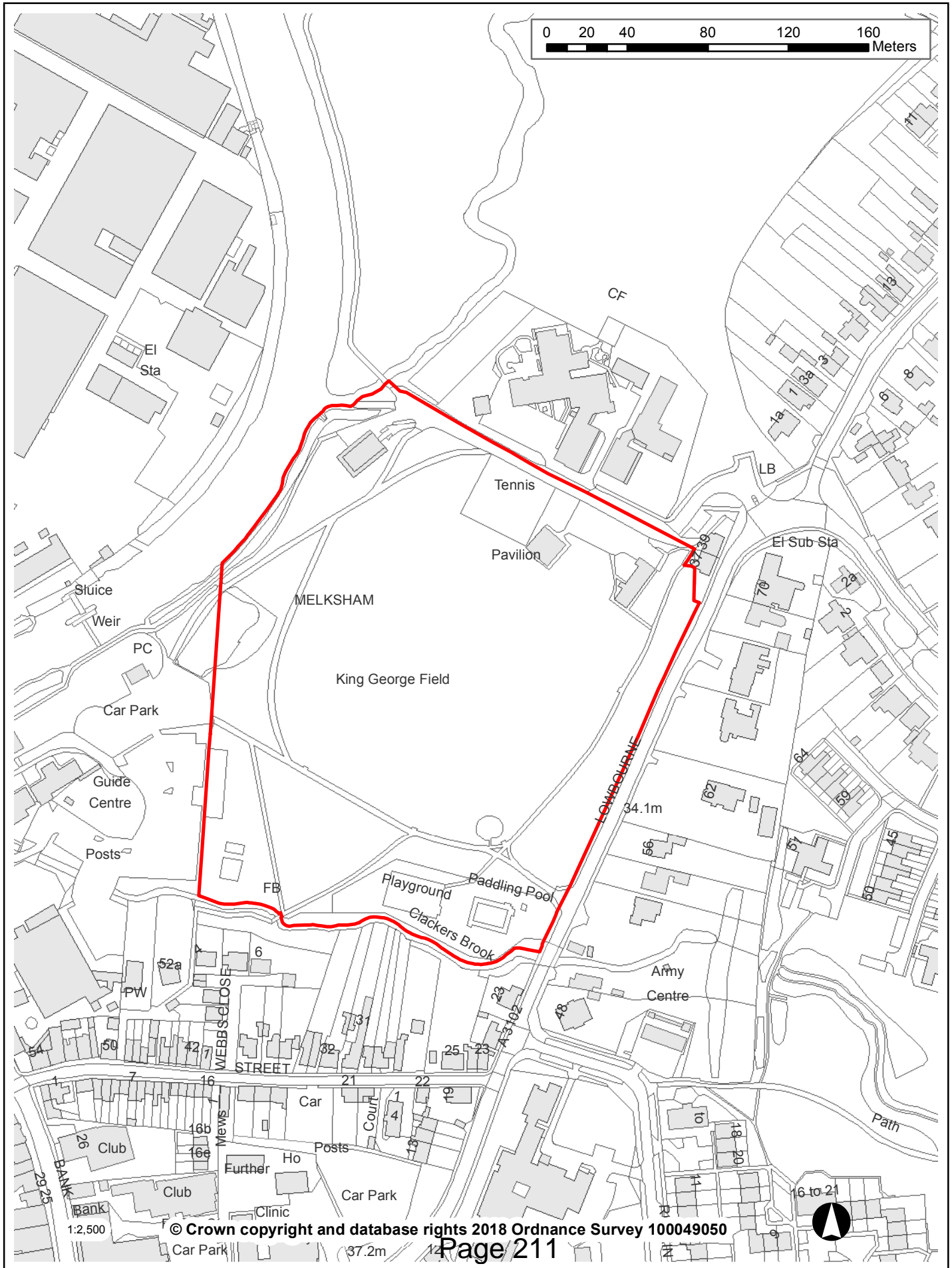
Background Papers

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

None

Appendices

Appendix 1: Plan



This page is intentionally left blank

Wiltshire Council

Cabinet

24th April 2018

Subject: Disposal of freehold interest of assets

**Cabinet members: Toby Sturgis
Cabinet Member for Spatial Planning, Development
Management and Strategic Property**

Key Decision: Yes

Executive Summary

The council continually reviews and rationalises its asset portfolio in order to identify assets where the freehold interest can be considered for sale. A total of 3 assets are considered to be surplus to the Council's operational requirements and it is recommended they be added to the disposals list and progressed to sale in support of the Council's wider capital programme.

Proposal(s)

- That members confirm that freehold interest of the 3 assets can be sold by the Council.
- That members note the continuing approach set out in paragraph 8
- Authorise the Director for Housing and Commercial Development to dispose of freehold interest of the assets, or in absence Corporate Director for Growth, Investment and Place.

Reason for Proposal

To confirm the freehold interests of the assets can be sold in order to generate capital receipts in support of the Council's capital programme.

**Alistair Cunningham
Corporate Director**

Subject: Disposal of freehold interest of assets

**Cabinet members: Toby Sturgis
Cabinet Member for Spatial Planning, Development
Management and Strategic Property**

Key Decision: Yes

Purpose of Report

1. The purpose of this report is to declare that freehold interest of the 3 assets can be sold by the Council.

Relevance to the Council's Business Plan

2. The disposal of assets raises capital to assist and support the Council's medium term financial plan (MTFP) which subsequently supports the Council's Business Plan and its aims and targets. Specifically, the business plan describes taking a *commercial approach to managing assets* as part of the *Working with partners as an innovative and effective council* priority.

Main Considerations for the Council

3. Since its inception in 2009 the council has sold assets in excess of £70m. There are a number of other assets in the programme which are currently scheduled to be marketed and sold between now and the end of 2019/20 and it is anticipated that they will realise in the region of £30m.
4. In addition, the 3 assets listed in Annex I are recommended for disposal of the freehold interest which will be sold over the next few years.

Background

5. The receipt of capital from the sale of assets is used to support the capital programme of investment in the communities of Wiltshire. Examples of the types of investment made and programmed to be made are provided in the Council's Budget but they range from investment in better roads, waste collection and recycling, extra care homes, health and wellbeing centres and initiatives to provide better and more efficient customer access to Council services.
6. Running, managing and holding assets is expensive but with careful investment as described above, services can be transformed and

delivered in a way that improves customer satisfaction and relies less on needing a building/asset for service delivery.

7. Assets then become surplus to the core requirements of the Council and once sold, the capital realised can then be used to support further investment.
8. At Cabinet on 12th Septmeber 2017, the Cabinet resolved that the Council would not consider domestic / low value requests for land purchases. By way of background, the Council receives a number of requests for purchase of land, ranging from small scale residential/domestic requests to larger site purchases. Resource is currently not available for a number of the domestic / low value requests to be considered and below sets out 3 tests that need to be met for the Council to consider disposals:
 - a. The land in question is not held by the Council as public open space
 - b. The purchaser will pay all costs associated with the disposal (internal and external surveyor and legal costs)
 - c. The land is being sold to support a wider Council objective or being supported / promoted by department of the Council (for example the Housing Revenue Account)

Overview and Scrutiny Engagement

9. Overview and Scrutiny monitor the capital programme via its Financial Planning Task Group. The task group will consider the latest Capital Budget monitoring report on 18th December 2017.

Safeguarding Implications

10. There are no safeguarding implications with this proposal.

Public Health Implications

11. There are no public health implications with this proposal.

Procurement Implications

12. The decision to dispose of the freehold interest does not have any direct procurement implications. However, when the appointment of agents to market the assets or when pre-marketing surveys are required, their procurement is carried out in accordance with the Council's procurement rules and policies.

Equalities Impact of the Proposal

13. None

Environmental and Climate Change Considerations

14. Where a sale envisages potential development, any environmental and/or climate change issues are best considered through the planning application process.

Risk Assessment

15. Regular reports on progress of property disposals are provided to this Committee within the Capital Monitoring Report. These reports are based on a review of risks of each disposal that takes into account legal issues and 3rd party interests over the asset, planning, market conditions and other factors to review and adjust future receipt out turn forecasts.

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

16. The MTFP for the Council is, in part, dependent on the success of the disposal of property and assets. Failure to decide to declare new freehold interests to be sold or failure to sell those that are currently declared will impact on the council's ability to achieve its business plan.

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

17. A risk that may arise is that due to legislative or other changes a service need arises for an asset after it has been sold and the Council then has to look to acquire or rent in an asset. However, the list of assets has been considered by the Corporate Directors and Directors and no service has identified a need that could be fulfilled by any of the properties on the list in Annex I.

Financial Implications

18. As explained above, the realisation of capital from the sale of assets is used to support the MTFP and Council Business Plan. Reducing sales and the delivery of capital receipts will reduce the amount that the Council can invest in its communities and/or be used to reduce borrowings and thus free up revenue for delivering services. The disposal of surplus assets is not only integral to the council's medium term financial planning but often makes good asset management sense too.

Legal Implications

19. There are no legal implications with the paper other than it will result in legal work to formalise them. In respect of the assets being put forward as part of this report, each asset is to be sold at or above market value, thus ensuring that the best price properly payable will be received thus satisfying the requirements of s123 of the Local Government Act 1972. Market value will be determined by either open marketing of the sites or through an external valuation being procured to reflect any special circumstances. The assets will also be categorised as strategic assets due to their strategic importance to contribute to the MTFP and will not be available for Community Asset Transfer unless this Committee subsequently decides otherwise.

Options Considered

20. The alternative options would be to transfer the properties in another way or to not dispose of them at all, both of these have been discounted for the reasons set out in this report.

Conclusions

21. Declaring additional assets surplus to the requirements of the Council will provide additional funds for the Medium Term Financial Plan and Council's Business Plan.

Proposal

22. That members confirm that freehold interest of the 3 assets can be sold by the Council.
23. That members note the continuing approach set out in paragraph 8
24. Authorise the Director for Housing and Commercial Development to dispose of freehold interest of the assets, or in absence Corporate Director for Growth, Investment and Place.

Reason for Proposal

25. To confirm the freehold interests of the assets can be sold in order to generate capital receipts in support of the Council's capital programme and to maximise the amount of capital from them to support the MTPF and Council Business Plan.

Alistair Cunningham
Corporate Director

Report Author:
Mike Dawson
Asset Manager (Estates & Asset Use)

Background Papers

None

Appendices

Annex I: Asset List

This page is intentionally left blank

APPENDIX I – List of Assets

Wiltshire Council

Cabinet

24th April 2018

SITE DETAILS

SITE 1.

Land adjacent King George V Playing Field, Melksham (aka skatepark)

UPRN – 20282S1 / 01102

Brief description / sale information:

This relates to the remainder of the skatepark adjacent to King George V Playing Field, which is subject to a Cabinet decision for transfer of the trusteeship to Melksham Town Council. The whole of the skatepark is not within the land held in trust and it would be prudent for the whole of the skatepark to be in single ownership. The transfer would be at nil consideration with terms of the transfer in line with the Service Devolution and Asset Transfer Policy. This is being considered an exception to the Policy approach, due to the pending transfer of the remainder after the trusteeship passes to Melksham Town Council.

Should Cabinet not agree to transfer the trusteeship this land will not transfer.

Self-build / Custom-build considerations:

The site is not suitable for a custom/self-build plot, given the size of the plot.

Location Plan – Site Extent Subject to Survey (Not to Scale)



SITE DETAILS

SITE 2.

GRASS VERGES AND AREA OF LAND IN FRONT OF CHURCH FARM, SEDGEHILL

UPRN – 03011S0

Brief description / sale information:

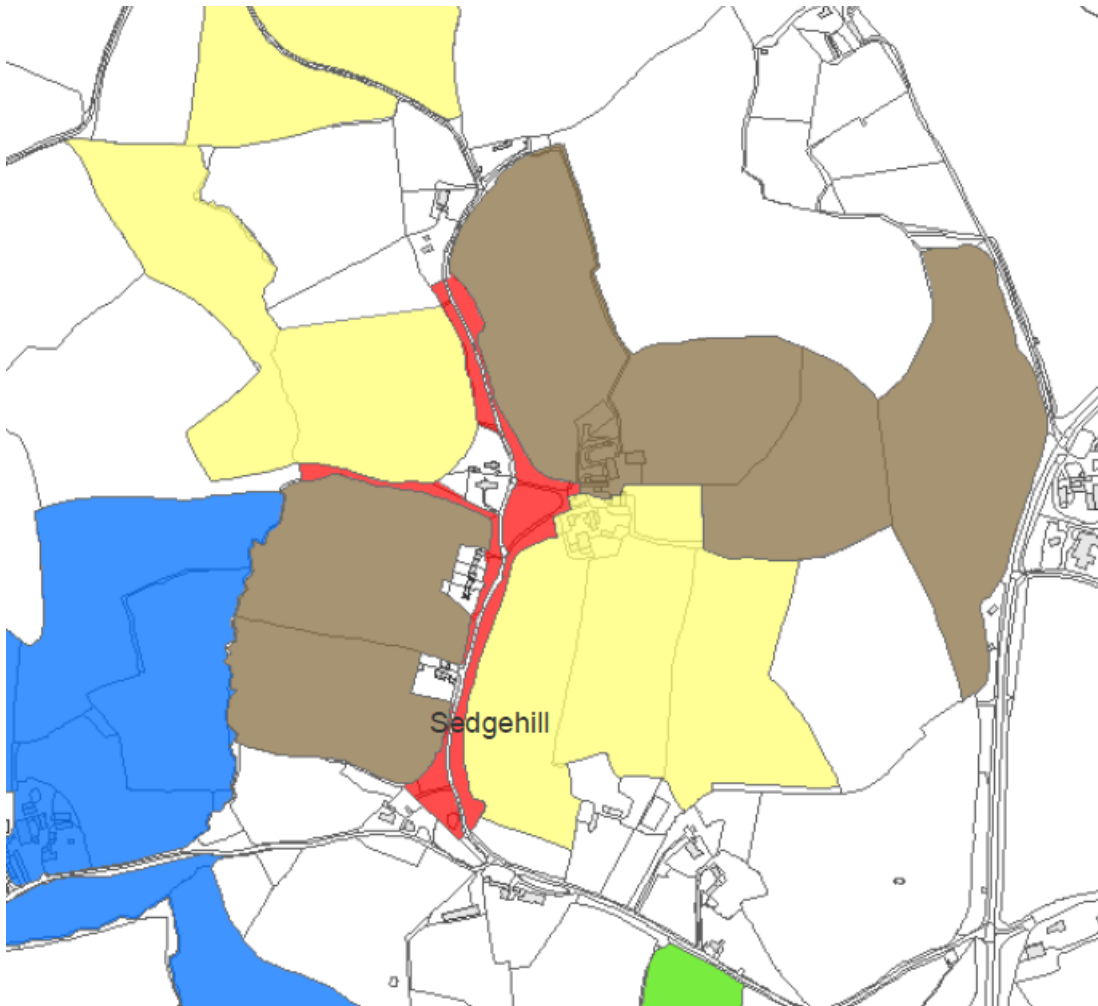
Wider farms estate at Sedgheill comprising approximately 300 acres was declared surplus via a CCAC decision dated 17th January 2017. There are also a number of grass verges, land use as a bridleway and an area of land adjacent to Church Farm totalling approximately 5 acres which are not adopted highway or common land but were also never included in the farm tenancies. These areas are illustrated shaded red on the plan below.

The Council wishes to dispose of these in order to discharge it's liability for maintenance in the area. It is likely that some of this land will be sold to the Parish Council (possibly in the form of a Community Land Trust) for a nominal sum and some of this land will be sold with Church Farm as part of the planned open market sale. The decision as to how the land will be split between the Parish Council and Church Farm and the terms of the disposal will reflect the Council's requirement to satisfy s.123 of the Local Government Act 1972.

Self-build / Custom-build considerations:

The site not suitable for a custom/self-build plot, because it is not residential building land.

Location Plan – Site Extent Subject to Survey (Not to Scale)



SITE DETAILS

SITE 3.

MARLBOROUGH KELHAM GARDENS

UPRN – 50496S1

Brief description / sale information:

An 'L' shaped area of land of approximately 1,620m². Two adjacent landowners, who are both utility companies have access rights over the site. CCAC granted approval to dispose of the site on 03 July 2017 on the basis of a "sale to local residents/owners and subject to an overage provision".

The site has some complexities and sale by auction is the most appropriate way to dispose of the site and ensure best consideration was obtained.

Following market testing by retained agents, Strakers, it has emerged that there is a level of market interest in the site from a variety of potential purchasers over and above that originally envisaged. Strakers have reported circa 50 registered enquiries requesting information about the site demonstrating a broad range of potential purchasers have expressed interest in the site.

In order to ensure best consideration, under s123 of Local Government Act, and to allow all interested parties the opportunity to bid for the site, it is recommended that authority is given to dispose of the site on the open market without restriction.

Self-build / Custom-build considerations:

The site is suitable for a custom/self-build plot subject to planning although the existence of access rights for adjacent land owners, potential contamination, flood risk, utilities on site as well as other factors are significant site constraints.

Location Plan – Site Extent Subject to Survey (Not to Scale)

