

## AGENDA

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Meeting: **Cabinet**  
Place: **Kennet Room - County Hall, Trowbridge BA14 8JN**  
Date: **Tuesday 16 September 2014**  
Time: **10.30 am**

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### Membership:

Cllr Keith Humphries	Cabinet Member for Public Health, Protection Services, Adult Care and Housing (exc strategic housing)
Cllr Laura Mayes	Cabinet Member for Children's Services
Cllr Fleur de Rhé-Philippe	Cabinet Member for Economic Development, Skills and Strategic Transport
Cllr Jane Scott OBE	Leader of the Council
Cllr Jonathon Seed	Cabinet Member for Communities, Campuses, Area Boards, Leisure, Libraries and Flooding
Cllr Toby Sturgis	Cabinet Member for Strategic Planning, Development Management, Strategic Housing, Property, Waste
Cllr John Thomson	Deputy Leader and Cabinet Member for Highways and Streetscene and Broadband
Cllr Dick Tonge	Cabinet Member for Finance, Performance, Risk, Procurement and Welfare Reform
Cllr Stuart Wheeler	Cabinet Member for Hubs, Heritage & Arts, Governance (including information management), Support Services (HR, Legal, ICT, Business Services, Democratic Services)

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

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

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

## Part I

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

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

**1 Apologies**

**2 Minutes of the Previous Meeting (Pages 1 - 6)**

To confirm and sign the minutes of the Cabinet meeting held on 22 July.

**3 Declarations of interest**

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

**4 Leader's announcements**

**5 Public participation and Questions from Councillors**

The Council welcomes contributions from members of the public. This meeting is open to the public, who may ask a question or make a statement. Questions may also be asked by members of the Council. Written notice of questions or statements should be given to Yamina Rhouati of Democratic Services by 12.00 noon on Thursday 11 September 2014. Anyone wishing to ask a question or make a statement should contact the officer named above.

**6 Minutes - Capital Assets Committee held on 22 July 2014 (Pages 7 - 12)**

To receive and note the minutes of the Capital Assets Committee held on 22 July 2014.

### Health

**7 Public Health Annual Report 2013/14 (Pages 13 - 34)**

Report by Maggie Rae, Corporate Director

**8 Wiltshire Mental Health and Wellbeing Strategy - Draft for information prior to consultation (Pages 35 - 62)**

Report by Maggie Rae, Corporate Director

**9 Better Care Plan Fast Track and 100 Day Challenge (Pages 63 - 72)**

Report by Maggie Rae, Corporate Director

## **Finance**

**10 Insurance Services Tender (Pages 73 - 80)**

🔑 Report by Dr Carlton Brand and Carolyn Godfrey, Corporate Directors

**11 Report on Treasury Management Strategy 2013-14 - First Quarter ended 30 June 2014 (Pages 81 - 102)**

Report by Carolyn Godfrey, Corporate Director

**12 Revenue Budget Monitoring Period 4 2014/2015 (Pages 103 - 124)**

Report by Carolyn Godfrey, Corporate Director

## **Environment**

**13 Climate Local Initiative (Pages 125 - 154)**

Report by Dr Carlton Brand, Corporate Director

**14 Urgent Items**

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

## **Part II**

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

None

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

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## **CABINET**


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MINUTES of a MEETING held in KENNET ROOM - COUNTY HALL, TROWBRIDGE BA14 8JN on Tuesday, 22 July 2014.

Cllr Keith Humphries	Cabinet Member for Public Health, Protection Services, Adult Care and Housing (exc strategic housing)
Cllr Laura Mayes	Cabinet Member for Children's Services
Cllr Fleur de Rhé-Philippe	Cabinet Member for Economic Development, Skills and Strategic Transport
Cllr Jonathon Seed	Cabinet Member for Communities, Campuses, Area Boards, Leisure, Libraries and Flooding
Cllr Toby Sturgis	Cabinet Member for Strategic Planning, Development Management, Strategic Housing, Property, Waste
Cllr John Thomson	Deputy Leader and Cabinet Member for Highways and Streetscene and Broadband
Cllr Dick Tonge	Cabinet Member for Finance, Performance, Risk, Procurement and Welfare Reform
Cllr Stuart Wheeler	Cabinet Member for Hubs, Heritage & Arts, Governance (including information management), Support Services (HR, Legal, ICT, Business Services, Democratic Services)

Also in Attendance: Cllr Richard Gamble, Cllr Jon Hubbard, Cllr Gordon King  
Cllr Magnus Macdonald

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

### **Councillor John Thomson, Deputy Leader in the Chair**

#### **71 Apologies**

An apology for absence was received from the Leader, Councillor Jane Scott.

#### **72 Minutes of the Previous Meeting**

The minutes of the meeting held on 17 June 2014 were presented.

#### **Resolved:**

**To approve as a correct record and sign the minutes of the meeting held on 17 June 2014.**

**73 Declarations of interest**

No declarations of interest were made.

**74 Leader's announcements**

No announcements were made.

**75 Public participation**

The Deputy Leader explained that as was customary at meetings of Cabinet, any member of public present would be permitted to address Cabinet on items on the agenda. It was noted that no formal requests had been made to address this meeting.

**76 Minutes - Cabinet Committees**

The minutes of the under mentioned Cabinet Committees were presented:

**Resolved:**

**To receive and note the minutes of the following Cabinet Committees:**

**Capital Assets Committee held on 20 May 2014**

it was noted that Cllr Fleur de Rhé-Philippe's name in the list of those who had tendered an apology for the meeting needed to be included.

**Transformation Committee held on 17 June 2014**

**77 Adoption Agency Six Month Report**

Councillor Laura Mayes presented a report which sought to ensure that Cabinet was satisfied that the adoption agency was effective and achieving good outcomes for children, young people and service users.

This six monthly written report on the management, outcomes and financial state of the adoption agency was a statutory requirement and covered the period 1 October 2013 to 31 March 2014.

A number of significant changes had been implemented within the service in response to the continuing focus on adoption reform. Against a backdrop of continuing change and development, the service had improved its performance and risen to the challenges posed by the adoption reform agenda.

It was noted that the number of adoption orders granted had increased from 14 in 2012/13 to 40 in 2013/14 and the number of adopters approved increased from 26 in 2012/13 to 40 in 2013/14. It was noted that some parts of the adoption process were outside the control of the Council eg the family justice system and in particular the allocation of court time. However, reports were being improved to ensure all necessary information was documented to avoid the risk of deferrals by the courts.

Cllr Jon Hubbard confirmed that the Children's Select Committee had considered the matter and shared the opinion of Laura Mayes that the report presented was very encouraging and should be regarded as very good news indeed.

**Resolved:**

**That the report be noted and that Cabinet's congratulations for the hard work in bringing about the continued improvement of the service be conveyed to the Adoption Team.**

Reason for decision:

The 2011 Statutory Adoption Guidance and the 2011 Adoption Minimum Standards place a requirement on local authority adoption services to ensure that Wiltshire Council Cabinet is satisfied that the Adoption Agency is effective; achieving good outcomes for children, young people and service users; and complying with the conditions of registration.

**78 Annual Governance Statement 2013/14**

Councillor Dick Tonge presented a report which requested Cabinet to consider and provide any comment on the draft Annual Governance Statement (AGS) for 2013-14.

This process formed part of the Council's annual review of the effectiveness of its governance arrangements. Taking into account any comments from Cabinet and the Standards Committee, the AGS would be signed by the Leader of the Council and the Corporate Directors after final approval by the Audit Committee on 31 July 2014. The AGS would also form part of the Annual Statement of Accounts for 2013-14.

**Resolved:**

**That Cabinet notes the draft Annual Governance Statement which together with ongoing work by the Governance Assurance Group would be presented for final approval to the Audit Committee on 31 July 2014 and thereafter published with the Statement of Accounts.**

Reason for decision:

To prepare the Annual Governance Statement for 2013/14 for publication in accordance with the requirements of the Audit and Accounts Regulations 2011.

79 **Payment of Market Supplements to Social Worker and Social Work Manager Roles**

Councillor Laura Mayes presented a report which outlined the current difficulties being experienced in the recruitment of experienced social workers and social work managers in children's services and adult care operations.

The Corporate Leadership Team had therefore taken the operational decision on 23 June 2014 to pay market supplements to some specific social work roles where the impact of the recruitment difficulties on service delivery had become unsustainable. This was in accordance with the Council's existing Market Supplement policy.

This was designed to improve in particular the recruitment and retention of experienced social workers and managers in the safeguarding and MASH (multi agency safeguarding hub) which was critical to the delivery of services to vulnerable children in Wiltshire.

This was an operational decision and therefore delegated to officers. However, it was being drawn to Cabinet's attention to ensure it was satisfied from a safeguarding perspective. Cllr Mayes commented that as well as the supplement, there were other factors that also played a part in the retention of social workers such as manageable workloads and achieving a good work life balance.

**Resolved:**

**That Cabinet:**

- 1. Note and support the decision by Corporate Leadership Team on 23 June 2014 to pay 10% market supplement to level 3 and 4 social workers and a 15% market supplement to assistant team and team managers in the children's social care teams for safeguarding and MASH: and**
- 2. Note that the decision also included the provision to extend these market supplement payments to other experienced social worker and social work managers roles in other areas of children's services and within adult care operations where there is evidence of significant difficulties in recruiting, and where the inability to recruit is having an impact on service delivery that is deemed to be unsustainable and subject to the approval of the associate director for people & business, in conjunction with the relevant associate director.**

- 3. That a report be presented to a future meeting of Cabinet on other actions being taken to support much valued staff in these areas.**

Reason for decision

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

**80 Urgent Items**

There were no urgent items.

(Duration of meeting: 10.30 am - 11.10 am)

These decisions were published on the 25 July 2014 and will come into force on 4 August 2014
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The Officer who has produced these minutes is Yamina Rhouati, of Democratic Services, direct line 01225 718024 or e-mail [yamina.rhouati@wiltshire.gov.uk](mailto:yamina.rhouati@wiltshire.gov.uk)  
Press enquiries to Communications, direct line (01225) 713114/713115

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## **CABINET CAPITAL ASSETS COMMITTEE**


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MINUTES of a MEETING held in KENNET ROOM - COUNTY HALL, TROWBRIDGE BA14 8JN on Tuesday, 22 July 2014.

Cllr Fleur de Rhé-Philippe	Cabinet Member for Economic Development, Skills and Strategic Transport
Cllr Jonathon Seed	Cabinet Member for Communities, Campuses, Area Boards, Leisure, Libraries and Flooding
Cllr Toby Sturgis	Cabinet Member for Strategic Planning, Development Management, Strategic Housing, Property, Waste
Cllr John Thomson	Deputy Leader and Cabinet Member for Highways and Streetscene and Broadband
Cllr Dick Tonge	Cabinet Member for Finance, Performance, Risk, Procurement and Welfare Reform

Also in Attendance: Cllr Keith Humphries, Cllr Laura Mayes, Cllr Stuart Wheeler

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

### **Councillor John Thomson, Deputy Leader in the Chair**

#### **17 Apologies and Substitutions**

An apology for absence was received from Cllr Jane Scott.

Cllr Scott was substituted by Cllr Jonathan Seed.

#### **18 Minutes of the previous meeting**

The minutes of the meeting of the Capital Assets Committee held on 20 May 2014 were presented.

#### **Resolved:**

**To approve as a correct record and sign the minutes of the meeting held on 20 May 2014 subject to the inclusion of Cllr Fleur de Rhé-Philippe's name in the list of those who had tendered an apology.**

19 **Leader's Announcements**

There were no announcements.

20 **Declarations of interest**

There were no declarations of interest.

21 **Public Participation and Questions from Councillors**

The Deputy Leader explained that, as usual, any public present were welcome to address the meeting on any of the items on the agenda.

The Deputy Leader reported receipt of a question from Mr Andrew Hall, of Martingate Centre Ltd of Devizes concerning the disposal of the Corsham Mansion House and Library at Corsham, a copy of which is attached to the signed copy of these minutes and available online with these minutes.

Cllr Sturgis responded to the question by explaining that the bids in respect of Corsham Mansion House and Library would be discussed by Cabinet Members on the rising of this meeting. When asked, Cllr Sturgis confirmed that it was hoped that a decision could be made by the end of the month (July 2014).

22 **Urgent items**

There were no urgent items.

23 **Gypsy and Traveller Development Plan Document (DPD): Site Allocations**

 Cllr Toby Sturgis presented a report which informed members of the outcome of an assessment of council owned land for inclusion as potential new traveller sites in the Gypsy and Traveller Development Plan Document (DPD) and sought agreement to include these sites in the development plan process through to potential allocation in the draft plan.

**Resolved:**

**That the Capital Assets Committee endorse the inclusion of the Council owned land listed at Appendix 3 of the report for further assessment as part of the Gypsy and Traveller DPD process to help maintain a five year supply of sites throughout out the proposed plan period in accordance with national policy.**

Reasons for decision:

There are a number of drivers for pursuing the opportunity to include public land in the proposed Gypsy and Traveller DPD. These include:



- (i) The requirement to maintain a five year supply of traveller pitches included in national policy.
- (ii) The need to provide a choice in the size, type and location of traveller sites in Wiltshire.
- (iii) The legal requirement in the Housing Acts for councils to provide for the accommodation needs of Gypsies and Travellers in their area.
- (iv) The requirement in national policy for councils to respond positively to the accommodation needs of travellers, a commitment the Council has also made to the Wiltshire Core Strategy Inspector.
- (v) The benefits of reducing unauthorised encampments / developments.

**24 Exclusion of the Press and Public**

**Resolved**

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

Reason for taking the item in private:

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


No representations had been received as to why this item should not be held in private.

**25 Gypsy and Traveller Development Plan Document (DPD): Site Allocations**

**Resolved:**

That the Committee note the confidential appendix presented and in so doing, confirm its decision taken under minute no. 23 above.

**26 Gypsy, Roma and Traveller Project**

 Cllr Toby Sturgis presented a confidential report which asked members to note the update to the project costs and timescales involved and to consider the options open to the Council.

**Resolved:**

**That the Committee adopt the proposals as set out in the confidential report presented.**

Reason for decision:

To advise cabinet of the factors involved and options available with a view to arriving at an appropriate decision.

**Appendix**

Question from Mr Hall (signed minutes and online)

(Duration of meeting: 2.00 - 2.20 pm)

These decisions were published on the 25 July 2014 and will come into force on 4 August 2014
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The Officer who has produced these minutes is Yamina Rhouati, of Democratic Services, direct line 01225 713948 or e-mail [Yamina.Rhouati@wiltshire.gov.uk](mailto:Yamina.Rhouati@wiltshire.gov.uk)  
Press enquiries to Communications, direct line (01225) 713114/713115

## **MARTINGATE CENTRE LIMITED**

*CLYFFE HALL MEWS*

*MARKET LAVINGTON*

*NR DEVIZES, WILTS*

*SN10 4EB*

**Tel: 01380 812017**

**Fax: 01380 812098**

*✉ martingate@clyffe.com*

### **Question to Cabinet Capital Assets Committee**

Tuesday 22<sup>nd</sup> July, 2014

Good afternoon. I am a Director of Martingate Centre Limited. My company purchased the Centre from North Wiltshire Council in 2002 and our track record of refurbishing and managing the Centre clearly demonstrates our long term support for the town.

The Mansion House and Library site is also important to the future vibrancy of Corsham town centre, given its potential role in retail, job creation and education. The Committee will recall that the Council no longer needs the site and has sought to sell it for some years. Most recently, it offered the site for sale with a deadline for bids of 27 November 2013, some eight months ago.

In 2011, this Committee was informed that the cost to the tax payer to retain the site would exceed £850,000 for the Mansion House alone with a risk of increased costs due to its Listed status. The site is now effectively empty and our consultants have told us that urgent work is needed to protect the site not only from significant weather damage this winter, but also from possible public liability costs from youths breaking in. We have previously advised the Council of specific incidents in this regard.

There is now significant local interest in seeing the building reinstated, particularly in light of the heavy cost and liability to the tax payer if delayed further.

As one of the bidders in the process in a position to proceed with the purchase with immediate effect, could the Committee please confirm to us when it expects to select its preferred bidder? We understand the Committee has all of the necessary information it needs to make an informed final decision, but we are very willing to provide any additional information the Committee requires to expedite the decision process and bring about the regeneration of this important asset to the town.

Thank you.

*By email*

**Andrew Hall**

Martingate Centre Ltd

16<sup>th</sup> July 2014

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**Wiltshire Council**

**Cabinet**

**16 September 2014**

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**Subject: Public Health Annual Report 2013/14**

**Cabinet member: Cllr Keith Humphries - Public Health, Protection Services, Adult Care and Housing (exc. strategic housing)**

**Key Decision: No**

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## **Executive Summary**

The Director of Public Health has a statutory responsibility to produce an annual report for Public Health. The Health and Social Care Act 2012 states: "The director of public health for a local authority must prepare an annual report on the health of the people in the area of the local authority. The local authority must publish the report."

The purpose of the report is to inform the Cabinet members of Public Health activity in Wiltshire during 2013/14.

The report can also be found electronically on the Council website.

## **Proposal**

That Cabinet notes the Public Health Annual Report 2013/14.

## **Reason for Proposal**

To formally present the Annual Report to Cabinet and provide an opportunity to express any views.

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

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# Wiltshire's public health annual report 2013/14





# Welcome to the public health annual report for 2013-14

As the Director for Public Health for Wiltshire I have a statutory duty to produce an annual report on the health of our local population, to account for public health activity and to chart our progress.

Public health transferred from the NHS to the council on 1 April 2013 and this is our first report.

Our first year following integration into the council has brought with it huge opportunities to improve health outcomes. This report looks at what we achieved, as well as the wider public health workforce and how we will tackle the challenges facing us locally.

My team and I have been welcomed into the council by Leader, Jane Scott, her cabinet and by my fellow corporate directors. The public health team has become part of the wider council family and, as part of that bigger team, we have strengthened our commitment to delivering high quality public health services to our communities and to improving health outcomes for people living in Wiltshire.

We have worked hard to maximise the opportunity provided by the Health and Social Care Act 2012 and to work with our new council colleagues and to maintain links with colleagues in the NHS – both in the Clinical Commissioning Group and our local acute trusts.

While there is still more to do, I am confident that in Wiltshire we have developed a clear vision for public health on which to build in coming years.

The last year has brought us challenges and our new public health system was tested with the measles outbreak and significant flooding during the winter of 2013/14, but it was also a year of success.

This report summarises some of our key achievements in 2013/14 and I hope you enjoy reading about our work. The success we have had would not be possible without the support of my dedicated team, cabinet members, colleagues and partners to whom I am truly grateful.

*Maggie Rae*

**Maggie Rae**  
Director of Public Health and Corporate Director  
Wiltshire Council







# What is public health?

Public health is helping people to stay healthy and protecting them from threats to their health. We want everyone to be able to make healthier choices, regardless of their circumstances, to minimise the risk and impact of illness.

## There are three areas of public health

- **Health improvement**
- **Health protection**
- **Healthcare services**

Responsibility for public health was moved from the NHS to councils by the Health and Social Care Act 2012. Councils now have a duty to improve the health of the people in its area.

To achieve this, we commission a range of services from providers from different sectors. We work with Wiltshire's Clinical Commissioning Group (CCG) and representatives of the NHS Commissioning Board to create as integrated services as possible.

Other ways we are working to improve the county's health is by looking at planning and health policies, developing key partnerships with other agencies and by enabling a diverse provider market for public health improvement activities.

Our aim is to integrate public health into the heart of all public services which will help us to improve everyone's health. We are committed to improving the health of the most vulnerable as a priority.



# What does public health do?

Public health works to improve health outcomes for local populations by encouraging people to live healthy lifestyles and to help prevent them from becoming ill.

We do this by working with partners including GPs, schools, our communities, the military and others to educate people about the importance and impact of their lifestyle choices on their health.

This can be encouraging people not to smoke, to cook healthy balanced meals and to exercise regularly.

Many people are 'doing' public health without realising it - leisure centre staff are encouraging people to maintain or improve their health, social workers are working to ensure people live independently in their own homes while they are able to do so.

As part of the council's wider team we are now able to work more closely with these groups and others who directly or indirectly support our work.



## Who are we?

We are a small team of public health consultants, specialists in public health and a range of other roles. The team works closely with colleagues in adult social care, housing, communities, libraries and communications.

**We believe success will be making a real difference to people's lives. Success will mean different things to different people. We believe through working together we can achieve our aims to ensure people in Wiltshire live long, healthy and happy lives. That will be success.**

## Our wider public health team

It is now widely recognised that staying active and exercising is an essential part of being healthy. To support this work, leisure services have joined us and become part of our wider public health team.

This has been another exciting opportunity to maximise the potential of public health and improve health outcomes. We have set up a programme board which is responsible for integrating these two important services.

Our work focuses on helping people to live longer and healthier lives and to remain as independent as possible for longer. Working to reduce inequality in the provision of health services is also a priority.

Helping people to live healthy lives and to exercise more is crucial to reducing obesity, long term disease



Dr Steve Rowlands, Chair of Wiltshire's Clinical Commissioning Group and Council Leader, Jane Scott, Chair of the Wiltshire Health and Wellbeing Board signing the Joint Health and Wellbeing Strategy

and to help our growing older population to enjoy a better quality of life.

Bringing together public health and leisure means we can provide our

local population with the best possible support for achieving positive health outcomes and, by reducing demand on health services, ensure the future sustainability of our public services.

# How are we assessed?

The Public Health Outcomes Framework (PHOF) was introduced in April 2013 and sets out standards for public health. It details outcomes and indicators which help us monitor and assess how well we are doing to improve and protect the public health of our communities.

There are more than 60 indicators, which contribute to two main outcomes – how long people live and how well they live at all stages of life.

More information can be found at: [www.phoutcomes.info](http://www.phoutcomes.info)

Annual Health Profile:  
[www.apho.org.uk/resource/item.aspx?RID=142340](http://www.apho.org.uk/resource/item.aspx?RID=142340)

# Our vision and priorities

We are required by government to:

- provide appropriate access to sexual health services
- protect the health of the population and ensure plans are in place to achieve this
- ensure NHS commissioners receive the public health advice they need
- take part in the National Child Measurement Programme
- provide and promote NHS Health Check assessments
- provide elements of the Healthy Child Programme.

Our wider work programme focuses on protecting and enhancing the health and wellbeing of our communities by working together to make Wiltshire healthier.

More information can be found at:

[www.gov.uk/government/publications/healthy-lives-healthy-people-update-and-way-forward](http://www.gov.uk/government/publications/healthy-lives-healthy-people-update-and-way-forward)



# Our challenges

Wiltshire people are generally healthy – this is measured by life expectancy.

Current life expectancy for men is more than 80 years, at 80.4, for the first time. For women it is 83.9 years. The regional/national average is 79.2 years for men and 83 years for women.

We are all living longer as life expectancy continues to rise. Our work is to ensure people are able to continue to live active and independent lives.

We know there are variations in life expectancy across Wiltshire, with levels of deprivation influencing life expectancy.

We are working with communities where life expectancy is lower to improve their chances of leading healthy and active lives. We also work to prevent premature deaths - people who die before the age of 75.

Healthy life expectancy is a measure of how many years on average a person can expect to live in good health. These years can be measured from birth or from a given age such as 65.



## Life expectancy

Life expectancy in Wiltshire is statistically significantly higher than in England and similar to the South West. Having exceeded 80 years for the first time in 2009-11, male life expectancy in Wiltshire has risen further to 80.4 years in 2010-12. This is more than five years longer than in 1991-93 when it was 75.2 years. Female life expectancy reached 83.9 years in 2010-12 which was an increase of 3.7 years since 1991-93.

We know the biggest killers are cardio vascular disease, cancer and respiratory disease and we work with communities and other healthcare providers to encourage early diagnosis and prevention.

For more information about the Health and Wellbeing in Wiltshire please see the Joint Strategic Assessment for Health and Wellbeing:

[www.intelligentnetwork.org.uk/health/jsa-health-and-wellbeing](http://www.intelligentnetwork.org.uk/health/jsa-health-and-wellbeing)





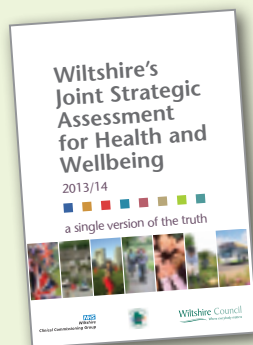
# What has happened so far

Our first year as part of the council has been busy and varied.

Work included dealing with and successfully containing a measles outbreak in April 2013.

We were able to test the resilience of our new working arrangements and worked with staff across the council and external partners to minimise the impact on the public and to protect public health.

We updated the Joint Strategic Assessment for Wiltshire 2013-14 which collates data from across the council and public sector partners and highlights key issues facing the area.



We supported around 2,500 people to stop smoking and ran a diabetes road show with the CCG, which helped 285 people.

In summer 2013, the council published its business plan for 2014 to 2017. For the first time public health is a key part and integrating public health into the heart of public services is now one of the council's 12 key actions.

The newly established Wiltshire Health and Wellbeing Board published the first Joint Health and Wellbeing Strategy which sets out how it will work to ensure people have the support they need to live longer healthier lives.



The integration of public health at the heart of all public services is one of the 12 key actions for the council during 2014-2017 and this will help the council deliver the vision and priorities.



## The aims of the strategy are to enable people to:

- Live longer
- Live healthily for longer enjoying a good quality of life
- Live independently for longer
- Live fairly – reducing the higher levels of ill health faced by some less well-off communities



More information about the Health and Wellbeing Board strategy can be found at:

[www.wiltshire.gov.uk/healthandsocialcare/jointhealthandwellbeingstrategy.htm](http://www.wiltshire.gov.uk/healthandsocialcare/jointhealthandwellbeingstrategy.htm)

# What we achieved in 2013-14

## Public health taking action in our communities

The second local community area joint strategic assessments (CA JSAs) were presented to communities across the county in February 2014. Partnership events were hosted by our 18 area boards and attended by more than 2,000 people.

Local community data was provided covering health and wellbeing, housing, environment, economy, leisure, children and young people, transport, community safety and arts and culture.

The events brought local people together to decide their local

priorities and to agree plans and projects for the next two years. Many ideas came from the events and the agreed priorities and networking opportunities provided will help us build stronger, more resilient communities.

For the first time the community area JSAs are available through a new website: [www.wiltshirejsa.org.uk](http://www.wiltshirejsa.org.uk), enabling communities to access data relating to their area.

Following the CA JSA events there has been interest in further sessions for older people, children and young people and housing tenants.

Between February and April 2014, 18 events took place and were attended by more than 2,000 members of the public and those representing community groups.



Website: [www.wiltshirejsa.org.uk](http://www.wiltshirejsa.org.uk)

## Wiltshire's BIG PLEDGE The Big Pledge

The Big Pledge encouraged people across the county to pledge to do something to improve their health and wellbeing.

The county wide initiative, in June 2014, covered everything from personal pledges to be more active, give up smoking, volunteer in the community to groups and organisations.

Some communities committed to become dementia aware and friendly communities, others pledged to arrange events such as the Big Walk and Big Tidy. Individuals completed physical or mental challenges, raised money, or made a difference to their local community through volunteering.





# Health improvement

## Early intervention

We are committed to ensuring our children have a healthy start in life. Wiltshire has been chosen to be an 'early intervention place' as part of a project led by the Early Intervention Foundation to establish best practice.

We are involved in identifying opportunities for shared health and early years education outcomes for children up to the age of five. This approach supports professionals from different agencies to work more closely to improve outcomes for families.

## Providing our children with the best start in life

Work to improve health outcomes begins at the very start of pregnancy. Obesity in pregnancy carries significant risks to both mother and baby. We are working with local maternity services to implement SHINE, an evidence-based healthy lifestyles support programme for pregnant women. Midwives will be trained to provide

the group based programme to motivate and help women to make healthy lifestyle choices.

## Birth environment audit

Where and how women give birth is important. An assessment of new parents was carried out and all birthing centres were visited. The information provided from the assessment was used to improve the service.

The work was carried out through the Wiltshire, Swindon and Bath and North East Somerset Maternity Strategy and Liaison Committee.

## Breastfeeding

The number of new mothers breastfeeding continues to rise. We support the local Mum2Mum breastfeeding scheme which trains volunteers who have breastfed their own children, to provide advice and help to new mothers.

In 2013/14 more than 80 volunteers completed the accredited training course and are now supporting women on postnatal wards and in local children's centres across the county.

The council supported Children and Young People's Community Health Services in Wiltshire to achieve the UNICEF Community Baby Friendly Initiative award.

Winning this highly acclaimed award reflects the work we have done to improve the standards of care to support breastfeeding and parent infant relationships.

The council has also joined the national breastfeeding scheme. The scheme encourages more mothers to breastfeed when out and about by providing safe and welcoming environments for mother and baby.

Breastfeeding initiation rates in Wiltshire are consistently higher than the national and regional averages, and have remained above 80% since 2008/09. In 2013/14 Wiltshire's breastfeeding rate at six to eight weeks has increased to 49.3% - the same as the south west regional average and higher than the national average for England (45.8%).

UNICEF Community Baby Friendly Awards photo



Breastfeeding event



(PICTURE and caption FOR UNICEF Community Baby Friendly



Breastfeeding? Talk to a mum who has.



## Supporting new parents and children in the early years

**Health visiting:** All families with children under the age of five now have the support of a health visitor and the service also provides additional support to those families who need it.

The Family Nurse Partnership is a new service for Wiltshire, offering a voluntary home visiting programme for first time mums and dads, aged 19 or under. A specially trained family nurse visits young parents regularly, from early in pregnancy until their child is two years old.

## School years

The school nursing service is a vital part of how we improve the health and wellbeing of school aged children.

Every school in Wiltshire has a named school nurse who supports children, young people and their families.

Our nurses hold weekly drop-ins at secondary schools where young people can go for information and advice. In 2014, public health invested an additional £74,000 in this programme to ensure we improve long term health and wider social outcomes for our children and young people.

### Case Study

#### Our work in action: The early years nutrition project

We are helping children to start eating healthily as young as possible by working with 150 nurseries that provide all day care for young children.

We are working to improve standards and are working with children's nurseries to ensure children are eating healthily. Food provided at day care centres was assessed and nurseries given advice on how they could improve their menus. All the nurseries involved acted on advice given and made simple yet effective amendments to their menus, helping us to reduce childhood obesity in the county.



29.4  
%

Almost one in three children in Year 6 is overweight or obese

One in five children in reception is overweight or obese

21.3  
%



## Reducing childhood obesity

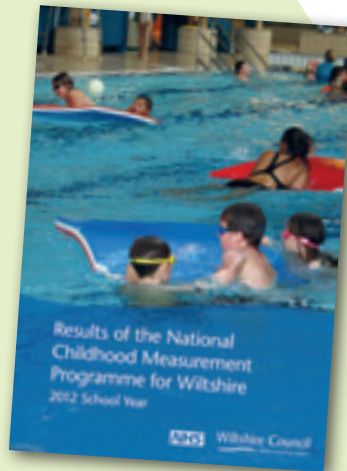
The National Child Measurement Programme (NCMP) records the height and weight of reception year children, aged four and five, and Year 6 pupils, aged ten and 11.

The results for 2013/14 showed the increase in overweight or obese reception age children appears to be stabilising.

Lower numbers of obese and overweight children were recorded in Year 6 during 2012/13 compared to the previous year.

Wiltshire has lower percentages of obese and overweight children compared to England or the south west.

Around one in five pupils in reception and one in three in Year 6 across Wiltshire were found to be obese or overweight. This equates to 1,053 obese and 1,247 overweight children across the county.



Lower numbers of obese and overweight children were recorded in Year 6 during 2012/13 compared to the previous year.

The annual NCMP data has been available since 2005 and means we can target resources at areas where children and their families are in most need of support to achieve healthy weight and growth.

## Sexual health and wellbeing

Our work to reduce the number of teenage pregnancies and improve young people's sexual health has continued to be successful.

Evidence shows that having children at a young age can have a negative impact on young women's health and well-being and limit education and career prospects.

Our teenage pregnancy rate continues to fall. In 2012 there were fewer than 200 teenage conceptions (ONS 2014) for the first time since the baseline was set in 1998.

This is a rate of 21.5 per 1,000 - our 2014 target was to lower the rate to 23 conception per 1000 females aged 15-17 and compares to a rate of 35.0 in Sept 2007 and 293 conceptions in 2007. In 2011 there were 211 conceptions showing the number of teenage pregnancies has been falling year on year since 2007.

The work we're doing is also having a positive impact on the number of girls under the age of 16 becoming pregnant.

The number has fallen to 42 in 2012 compared to 48 in 2011 and 55 in 2010.

The uptake of long acting reversible contraception (LARC) is a key part of our strategy to reduce unplanned pregnancy across all ages. LARC is considered the most effective form of contraception as it does not rely on remembering to take or use contraception to be effective.

The prescribing rate for LARC in Wiltshire is 76.8/1000 women, significantly higher than the national rate of 49/1000 and higher than the south west rate.

Wiltshire continues to provide the strategic leadership for the South West Improving Access to Contraception Programme.



Maggie Rae taking part in the Walk in White which launched the 'No Excuse for Abuse' campaign in September 2013

### The Chlamydia screening programme

targets young people aged 15-24 who are most at risk of Chlamydia infection.

Wiltshire is maintaining the high detection rate with 9.3% of young people who take the test found to be positive. We also have the highest performing service in the south west for contacting partners of patients with a positive result.

### The ZeeTee campaign,

challenging homophobic language and bullying in schools has now been run in 10 secondary schools with 25,000 students, teachers and members of the public signing a pledge for zero tolerance of homophobia and transphobia.



## Healthy adults and later life in Wiltshire

Cardiovascular disease (cardiac, stroke, diabetes) is one of the leading causes of death in Wiltshire, accounting for approximately 31% of all deaths.

Recent data suggests that in Wiltshire over 15,600 individuals registered with GPs have coronary heart disease, more than 9,300 have suffered a stroke or TIA (mini stroke) and more than 69,000 have hypertension.

There are also individuals who have these diseases and conditions who have not been identified, or who could prevent these diseases occurring if they took action.

In Wiltshire during 2013/14, 20% of the population aged 40-74 was invited to have NHS Health Checks to assess their individual risk of cardiovascular disease.

More than 33,000 invitations were sent out by GPs and more than 14,800 people responded and had a NHS health check. The overall take up rate of 45 per cent

in Wiltshire was higher than the average for the south of England (41 per cent).

NHS Health Checks in Wiltshire are paid for by Wiltshire Council - so they are free to patients and are offered by every Wiltshire GP practice.

A range of lifestyle services are also offered in Wiltshire which complement NHS health checks including stop smoking services, weight management services, Active Health physical activity programmes and health trainers.

It has been estimated that there are 7,000 people in Wiltshire who

It has been estimated that there are 7,000 people in Wiltshire who do not know they have diabetes.

do not know they have diabetes. The implications are profound. Left untreated, diabetes can cause complex health problems.

Of the 20,800 adults in Wiltshire who have been diagnosed with diabetes, approximately 90% of those have Type 2 diabetes.

We are working with NHS colleagues to improve the care of people with diabetes and to stop more people being diagnosed with Type 2 diabetes by increasing the population's awareness of the disease.

An annual diabetes summit started in 2012 aims to improve healthcare for people with diabetes. In October 2013, we held a diabetes road show in four Wiltshire towns to provide diabetes risk assessments to the public.

A total of 285 people were assessed with half being recommended to visit their GP. The major risk factor for type 2 diabetes is being overweight and the main reason for referral was weight, as 40% were overweight, 22% were obese, and 9% were morbidly obese.



Diabetes roadshow with Maggie Rae, Dr Steve Rowlands and Cllr Keith Humphries



14,800 people had an NHS Health Check during 2013/14



Nearly 19% of Wiltshire's population is over 64

## Health trainers

In 2014 we launched our innovative health trainer programme and it is now providing support to those who need it most across the county.

The aim is to provide one-to-one support to help people change and improve their health.

Following the success of the health trainer programme at HMP Erlestoke, Wiltshire Probation Trust, and Wiltshire Addiction Support Project (WASP), health trainers have been employed to work in each community area.

The 18 area boards supported the recruitment by encouraging local people to apply for the roles. The aim is to improve and protect the health and wellbeing of some of Wiltshire's most vulnerable adults and to reduce health inequalities.

The programme helps people to live healthier, more active and high quality lives by taking by supporting adults to:

- improve general wellbeing
- build self confidence and motivation
- be more active
- eat healthier food and be a healthy weight
- reduce or stop smoking
- drink less alcohol

All health trainers receive comprehensive training, completing the City and Guilds health trainer certificate before they can work with clients.

Our health trainers have a thorough understanding of the community they work in and work closely with staff in libraries, leisure centres, housing, health practitioners, children's centres and many other community groups and services.

This is an exciting new service and we now have health trainers in all community areas supporting the health and wellbeing of Wiltshire's adults.

"My biggest achievement is giving up smoking!"

"I can't believe the changes in my confidence from only six sessions, it makes me feel so good"

"I've cut down on eating rubbish I'm more active and feel better"

"I feel better and changing my diet has helped with my moods"

"The Health Trainer has given me incentive and motivation. I would not have done it without him. I didn't want to let him or me down!"



helping you  
to help yourself





## Leading healthy lives

The Active Health scheme provides physical activity programmes for people referred by healthcare staff, including patients with obesity, musculo-skeletal problems and who require rehabilitation after a stroke and heart attack.

'Strength and balance' classes for older people are offered through the scheme. Active Health is provided by exercise professionals in our leisure centres in partnership with the NHS.

Three month programmes are tailored for each individual and available across the county in leisure centres and other local facilities at a concessionary rate.

During 2013-14, around 3,000 people were referred to the scheme, a third of those was due to a client being overweight or obese. One in five referrals was for impaired strength or mobility.

Results show patients are achieving significant improvements in strength, mobility, memory, thinking and mood.

In Wiltshire, almost two-thirds of adults are estimated to be overweight and numbers are expected to continue to rise although recently the rise appears to be slowing.

In 2012 we introduced the slimming on referral scheme where GP surgeries can refer overweight patients for 12 weeks free classes at local Slimming World or Weight Watchers.

## Helping people to stop smoking

Smoking is the main avoidable cause of premature deaths in the UK. The impact of smoking tobacco reaches beyond individuals to their families and communities.

We have worked in partnership with Wiltshire Citizens Advice Bureau, Erlestoke Prison, People for Places pharmacies and NHS colleagues to help support people to stop smoking.

We have reached out to people by providing services innovatively through our libraries and leisure centres.

The Health Information and Support service (HISS) is a partnership project between Wiltshire Council (Library Service & Public Health), the NHS and Macmillan Cancer Support. The service is available at 12 libraries and provides information on healthy living, cancer and cardiovascular disease.

In 2013/13 the service dealt with 3964 enquiries, an 8% increase on the previous year.

A GP surgery advice project, a partnership between Wiltshire Public Health and Wiltshire Citizens Advice, has also enabled us to provide advice to patients registered at doctors' surgeries in deprived areas of Wiltshire.

In 2013/14 the project worked with 493 clients supporting them with advice on work, debt, housing and employment.

The scheme has proved successful with almost 2,400 patients referred in the first two years. Half of the patients attending classes lost at least 5% of their starting body weight. More than one in 10 lost 10% or more of their weight.

In the first two years of the slimming on referral programme,



**SMOKEFREE**  
WILTSHIRE

2013/2014  
**Stop Smoking Service Health Outreach Events**  
(Number of individuals tests and given information)

<b>Cholesterol</b>	892
<b>Lung</b>	221
<b>Blood Pressure</b>	801
<b>CO</b>	780
<b>Total referred to Stop Smoking Services</b>	228

Wiltshire Stop Smoking Service supported over 4,500 individuals and 2,451 successfully to quit smoking in 2013/14.



the total weight loss was a staggering 1,421 stones – almost nine tons.

Building on the success of the scheme, we now offer patients who do well a second period of 12 weeks free attendance at Slimming World or Weight Watchers.

# Reducing the harmful impact of drugs and alcohol

We lead on preventing and dealing with the damaging impact of drugs and alcohol on individuals, their loved ones and the wider community.

Our work, in partnership with the Wiltshire Community Safety Partnership (WCSP), has continued to reduce the impact of drug and alcohol abuse in our communities.

We have developed a Wiltshire Drug Strategy Implementation Plan and a Draft Alcohol Strategy with the council's partners in the WCSP.

The successful implementation of significant new substance misuse services in both the community and at HMP Erlestoke has been well received.

This year we have supported two successful bids to Public Health England, to enable us to increase support for those in need. We invested to improve facilities offered by Action on Addiction, a local residential rehabilitation provider, and for Alabare Christian Care to open additional supported housing for people who are stable and on recovering.

During 2013/14 we secured a three year 'preparation for employment' service to support the recovery process and reintegration into society for those who are stable and approaching the end of their treatment.

A housing process has also been developed for those with substance misuse issues who are in treatment to provide them with stability and promote recovery. This has been achieved by bringing together the council's expertise in housing and public health.

The work by the Alcohol Liaison Nursing services has meant fewer hospital beds have been taken up in the Salisbury Foundation Trust, Salisbury and Royal United Hospital, Bath.

The services work with people with alcohol problems to ensure that community treatment services are being used where appropriate. This results in people moderating their drinking habits or using specialist services meaning they don't need to go back into hospital.

Over the last year we have also focused on preventing addiction and improving public awareness.

We have extended alcohol identification and brief intervention work to GP practices and pharmacies to increase awareness of safer drinking levels in the wider population.

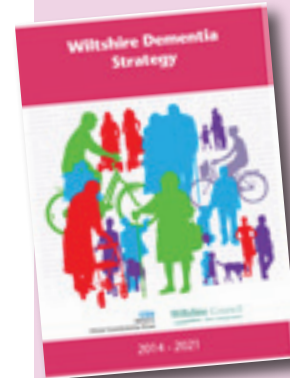


## Dementia

Public Health has assisted in the development of the Joint Wiltshire Dementia Strategy by providing vital population data and strategic advice. Public consultation on the strategy ended in May and public health will lead on the dementia prevention work.



We have also been working to support and promote Wiltshire's 'Before I Forget' campaign which seeks to support area boards to make their communities dementia aware. We have developed a 'how to' toolkit for the campaign and we are providing support and advice as it rolls out across the county.



More information is available at: [www.wiltshire.gov.uk](http://www.wiltshire.gov.uk)

[www.wiltshire.gov.uk/healthandsocialcare/socialcareadults/healthandmedicaladvice/mentalhealthdementia.htm](http://www.wiltshire.gov.uk/healthandsocialcare/socialcareadults/healthandmedicaladvice/mentalhealthdementia.htm)

## Falls

We continue to fund strength and balance classes throughout Wiltshire. We are looking to expand these and a primary falls prevention project by AgeUK.

The current Falls and Bone Health Strategy 2015-2020 will be revised following the results of our evaluation of existing primary falls prevention work and the development of a new system.

This will ensure a far more effective plan for Wiltshire is in place. Work is monitored by the Wiltshire Falls and Bone Health Group which includes our partners in Acute Trusts and the voluntary sector.



# Health protection

## Flooding

The first few months of 2014 saw some of the worst flooding across the country for several years. Wiltshire was badly affected, with 490 homes and 52 businesses flooded. Many roads were either partially or fully closed for two months.

Our new combined public health and protection service was central to the authority's emergency response. The emergency planning service coordinated an incident room and a 24-hour response capability throughout the two month period, whilst environmental health and

public health officers visited homes and communities affected by flooding.

Harnham Water Meadows



Pitton



Bishopstone



**MEASLES**  
Protect yourself, protect others

## Measles

In 2013 several cases of measles were recorded in Wiltshire, a number of which were linked to a gypsy and traveller site near Chippenham.

Many residents at the site were keen to protect their children with an MMR vaccination but they were unable to get to their GP during the day.

Measles spreads quickly, particularly in a close community such as a traveller site, and because of the large number of unvaccinated children the team arranged a vaccination clinic on the site itself.

A voluntary organisation with a double-decker bus visited the site every week as a mobile community centre. More than 40 residents, both adults and children, were vaccinated.

# Health protection

## Tick awareness campaign in Wiltshire

It's known that Wiltshire has a relatively high tick population. A campaign began in March to raise awareness and inform people how to avoid bites and how to remove ticks safely.

The awareness drive was supported by GP practices, pharmacies, schools, libraries, parish councils and promoted through the local media. Tick removal kits were provided for countryside volunteers.

## Healthcare associated infections (HCAIs)

We work to prevent healthcare associated infections with NHS England, Public Health England and NHS Wiltshire CCG to maintain surveillance, promote infection control and to protect the local community against preventable infections.

A report is provided to NHS Wiltshire CCG on a quarterly basis and work is being undertaken to strengthen arrangements with local independent hospitals.

This will support the surveillance arrangements and check whether discharge information consistently includes the infection status of patients.

## Sun and skin cancer awareness campaign

More people in Wiltshire develop skin cancer than in the south west and the rest of England.

Our sun awareness campaign is in its second year and events have been held across the county to raise awareness of the risks of skin cancer.

The council is reviewing its policy on sun awareness for outdoor workers and targeting children's centres and military families. A survey to assess awareness will help us plan future campaigns.

We also worked to raise awareness of the risks of excessive UV exposure. We assessed the cleanliness of tanning salons premises, maintenance of the equipment



Maggie Rae and Cllr Keith Humphries

and compliance with sunbed regulations. Advice and guidance was given where there were minor safety issues and this was acted upon by the salon operators.

There are around 110 new cases of melanoma (skin cancer) per year in Wiltshire with approximately 25 deaths per year.



Warmer weather



Outdoor workers



Beach proximity



# Healthcare services

## Working in partnership

Effective partnership working has been key to the success that has been achieved over the last year and providing the best health outcomes for our communities.

The Memorandum of Understanding (MOU) between Public Health Wiltshire CCG has been reviewed. Health covers areas where public health and the CCG work together to deliver health improvement, healthcare and health protection.

The Health and Wellbeing Joint Strategic Assessment (JSA), developed by public health, has been used by the CCG to demonstrate current population status and needs.

The community area JSAs and engagement events were attended by the CCG as key partners. Public health has a representative on each of the three CCG locality groups. They provide public health advice and support to CCG issues and promote public health campaigns.

Public health is fully engaged with the CCG on quality in healthcare, advising the commissioner and acute trust providers and providing additional data. This includes bringing a population and advocacy aspect to reviews of clinical policies and the use of NICE guidelines, and providing evidence-based reviews of proposed services.

We have been working with Wiltshire CCG on its five year plan and have provided advice and support with the development of the strategy and, as the lead for the prevention aspect of the plan, will continue to work with the CCG to ensure this achieves the outcomes chosen.

## Better value healthcare network

We are leading a multi-organisational group looking at the redesign of healthcare systems.

The group consists of social care, Wiltshire CCG, Avon and Wiltshire Mental Health Partnership (AWP), GPs and Healthwatch. The focus has been falls and bone health and designs for a new system will be presented to the Health and Wellbeing Board.

Wiltshire's work with this national group will help pave the way for a national framework. Further system redesigns are planned for the future.

## Sexual health services

Under the Health and Social Care Act, public health commission a number of healthcare services including sexual health. Here are some key facts about the current sexual health services provided in Wiltshire.



867

Young people obtained free condoms via **No Worries! pharmacies**

462

Young people obtained free condoms through **primary care**

5900

Young people were tested for **Chlamydia** with 507 testing positive (8.7%) of these 176 were treated in **No Worries! general practices** and 82 treated via **No Worries! in community pharmacy**. The remainder were treated in either **CaSH** or **GUM clinics**.

452

Young people accessed **No Worries!** through primary care

83

Young people aged under 16 had a **sexual risk assessment** – six were referred to CSC for safeguarding concerns

**No Worries!**

# Healthcare services

## Fuel poverty

Warm and Safe Wiltshire, a new service, will provide affordable warm homes, reduce the risk of fire and falls in the home, reduce the number of winter deaths and hospital admissions related to cold conditions.

The new service will specifically target vulnerable households through an intelligence-led approach supported by frontline health and social care professionals.



The Wiltshire Warm and Well scheme provides heavily subsidised and in many cases free home insulation.

It will maximise the economic and employment opportunities available by promoting energy efficient homes to less vulnerable households, the "able to pay" customers and the wider public.



## Case Study

### Working with Wiltshire's businesses

The Food Standards Agency provided funding for councils to provide practical coaching sessions to small food businesses to help raise standards.

We were successful in securing funding to work with takeaway food businesses that had low food hygiene rating scores between 2013 and 2014.

The programme promoted positive outcomes through advice rather than enforcement. The number of takeaways with a high food hygiene rating score was increased reducing the risk of food poisoning.

A total of 77% of the businesses inspected following the coaching visit have improved hygiene standards.



For further information please read our 2012/13 annual report:

[www.wiltshire.gov.uk/public-health-2012-2013-report.pdf](http://www.wiltshire.gov.uk/public-health-2012-2013-report.pdf)





An event to encourage women to be more active was held in the Atrium at County Hall in September 2013. British Olympic skeleton bobsleigh champion racer Shelley Rudman, from Pewsey, supported the event with Maggie Rae.

Information about Wiltshire Council services can be made available on request in other languages and formats such as **large print** and audio.

Please contact the council  
by telephone on **0300 456 0100**,  
or email [customerservices@wiltshire.gov.uk](mailto:customerservices@wiltshire.gov.uk)

**Wiltshire Council**

**Cabinet**

**16 September 2014**

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**Subject: Wiltshire Mental Health and Wellbeing Strategy – Draft for information prior to consultation**

**Cabinet member: Cllr Keith Humphries - Public Health, Protection Services, Adult Care and Housing (exc. strategic housing)**

**Key Decision: No**

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## **Executive Summary**

The purpose of this item is to present an update on the progress of the Wiltshire mental health strategy and the plans for its consultation process.

The draft Wiltshire Mental Health and Wellbeing Strategy (see Appendix 1) provides the strategic direction for Wiltshire Council and NHS Wiltshire Clinical Commissioning Group (CCG) in promoting mental health and wellbeing and supporting people with mental health problems and their carers over the next 7 years.

The aim of the strategy is to create environments and communities that will keep people well across their lifetime, achieving and sustaining good mental health and wellbeing for all.

Following the development of the draft strategy, the draft is being presented for approval to the Wiltshire Clinical Commissioning Board and to the Health Scrutiny panel for information and feedback in addition to this cabinet report. It is intended that a consultation period will subsequently run from 1<sup>st</sup> October 2014 until 31<sup>st</sup> December 2014. This will consist of Wiltshire Council and Wiltshire Clinical Commissioning Group who led the development of the strategy issuing an invitation to the general public and interested stakeholders to participate and provide feedback on the draft document. Following analysis of the responses, a final strategy will be produced and presented for formal approval. Commissioning and action plans will then be developed to deliver the agreed strategy.

## **Proposal**

That Cabinet approve the draft strategy and the proposed consultation process.

**Reason for Proposal**

To ensure that Cabinet are aware of the content of the draft strategy and the proposed consultation in advance of the consultation launch.

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

**16 September 2014**

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**Subject: Wiltshire Mental Health and Wellbeing Strategy – Draft for information prior to consultation**

**Cabinet member: Cllr Keith Humphries - Public Health, Protection Services, Adult Care and Housing (exc. strategic housing)**

**Key Decision: No**

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### **Purpose of Report**

1. This Cabinet report seeks approval of the draft Mental Health and Wellbeing Strategy and the proposed consultation process. The draft Wiltshire Mental Health and Wellbeing Strategy (see Appendix 1) provides the strategic direction for Wiltshire Council and NHS Wiltshire Clinical Commissioning Group (CCG) in promoting mental health and wellbeing and supporting people with mental health problems and their carers over the next seven years.

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

2. The Wiltshire Mental Health and Wellbeing Strategy aims to ensure that people are able to live well across their lifetime achieving and sustaining good mental health. The strategy also meets the Business Plan outcomes of:
  - a. Wiltshire has inclusive communities where everyone can achieve their potential
  - b. People in Wiltshire have healthy, active and high quality lives
  - c. People are as protected from harm as possible and feel safe

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

#### **Background**

2. The draft strategy provides the strategic direction for Wiltshire Council and NHS Wiltshire Clinical Commissioning Group (CCG) in promoting mental health and wellbeing and supporting people with mental health problems and their carers over the next 7 years.
3. The aim of the strategy is to create environments and communities that will keep people well across their lifetime, achieving and sustaining good mental health and wellbeing for all. It is a high level vision document designed to enable development of commissioning and delivery plans

address the key areas for development and which contribute to achievement of this overall aim.

4. In developing the strategy, stakeholder engagement has been undertaken with a wide variety of local professionals and partners who work within the field mental health, and with our service users via the Wiltshire Service User Network (WSUN). Key messages from the stakeholder and service user engagement are included in the draft strategy. In addition to we have taken into account key messages from international and national organisations such as the World Health Organisation, Department of Health, Royal Colleges, national reports including those from national mental health charities and our own strategic direction over the next five years. Evidence from the Joint Strategic Assessment has been used to underpin the strategy and highlight particular areas of focus.
5. In addition we have taken into account key messages from international and national organisations such as the World Health Organisation, Department of Health, Royal Colleges, national reports including those from national mental health charities and our own strategic direction over the next five years.

#### **Proposed consultation process**

6. Following the development of the draft strategy, the draft is being presented for information to the Wiltshire Clinical Commissioning Board and to the Health Scrutiny panel in addition to this cabinet report. It is intended that a consultation period will subsequently run from 1<sup>st</sup> October 2014 until 31<sup>st</sup> December 2014. This will consist of Wiltshire Council and Wiltshire Clinical Commissioning Group, who led the development of the strategy, issuing an invitation to the general public and interested stakeholders to participate and provide feedback on the draft document. During this period, further engagement events will take place with stakeholders and users via WSUN and other established forum.
7. Once the responses to the consultation have been analysed, a final strategy will be produced and presented for formal approval. Commissioning and delivery plans will then be developed to deliver the agreed strategy.

#### **Safeguarding Implications**

8. Safeguarding is a key priority for Wiltshire Council and NHS Wiltshire CCG, both in terms of the services that they deliver and commission and this applies equally to the Wiltshire Mental Health Strategy and its implementation. It is acknowledged that people with mental health difficulties can be at greater risk of being victims of crime or abuse, self-neglect and poor and undignified care, given that they often lack capacity and their situations can give rise to increased risk of exploitation, e.g. financial, and stress within care givers, if they are not in receipt of appropriate support and training.

9. Wiltshire Council and NHS Wiltshire CCG and the organisations that they commission have in place safeguarding policies, procedures and workforce development plans to ensure that safeguarding is and continues to be a key priority.

### **Public Health Implications**

10. The proposed public consultation on the Wiltshire Mental Health and Wellbeing Strategy helps to ensure that the population continues to be included in decision-making processes regarding their health and wellbeing.
11. Poor mental health can have a devastating impact on the quality of life for individuals their families and carers as well as a significant impact on the national economy. It has links to poverty and exclusion, unemployment, crime, chronic illness and anti-social behaviour. People with a mental health issue are more likely to die prematurely and to develop physical health issues. The national strategy for mental health, No Health without Mental Health: A cross-government mental health outcomes strategy for people of all ages (DH 2011), shows why tackling mental illness and promoting mental wellbeing is essential not only for individuals and their families but to society as a whole. Public Health staff will continue to work closely with Adult Social Care and NHS staff to develop and deliver this strategy, with a number of healthy living schemes already in place to assist in reducing the risk of developing mental health issues.
12. The outcomes of this strategy should help to reduce health inequalities and improve healthy life expectancy for the whole population of Wiltshire as well as people with mental health issues and their carers, and also may help to reduce the future prevalence. The Wiltshire Mental Health and Wellbeing Strategy is thus consistent and coherent with the aims of the Wiltshire Health and Well Being Strategy.

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

13. There are no environmental or climate implications in relation to this cabinet paper.

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

14. The strategy aims to ensure services will be delivered with due regard to equality legislation and that people with mental illness will have equitable access to services according to need. An equality analysis will be undertaken during the consultation period and will be presented alongside the final strategy.

### **Risk Assessment**

**Main risks associated with the proposed consultation on the Mental Health and Wellbeing Strategy:**

15. Raised expectations of what the mental health and wellbeing strategy will deliver amongst the general public, customers and partner organisations as a result of the strategy development and consultation. This will be managed through ensuring that priorities identified from the early engagement and the consultation are balanced within the overall resources available to deliver the strategy. This will be communicated within the final strategy and through a continuing programme of engagement with the general public, customers and partner organisations which will allow for priorities and progress to be communicated.

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

16. Resulting delay in commencement of the consultation period would lead to an extended period without a current Mental Health and Wellbeing Strategy in place and lack of clarity over mental health and wellbeing priorities to inform commissioning and delivery.

#### **Financial Implications**

17. There are no immediate financial implications of the proposal to launch a consultation on the Mental Health and Wellbeing Strategy. It is however, acknowledged that the key areas for development identified within the strategy may require some re-alignment of budget, particularly over the longer-term, to enable better cross-agency working.

#### **Legal Implications**

18. No direct legal implications have been identified in relation to the proposal.

#### **Proposal**

19. That Cabinet approve the draft strategy and the proposed consultation process.

#### **Reason for Proposal**

20. To ensure that Cabinet are aware of the content of the draft strategy and the proposed consultation in advance of the consultation launch.

**Frances Chinemana**  
**Associate Director Public Health and Public Protection**

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6<sup>th</sup> August 2014



## **Background Papers**

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

None

## **Appendices**

Appendix 1: Draft Mental Health and Wellbeing Strategy 2014 to 2021

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# Wiltshire Mental Health and Wellbeing Draft Strategy



**NHS**  
Wiltshire  
Clinical Commissioning Group

**Wiltshire Council**  
Where everybody matters

# Welcome

Welcome to the Wiltshire Mental Health Draft Strategy 2014 - 2021 (draft). Here we set out our ambition over the next three years to improve the mental health and emotional wellbeing of Wiltshire residents and meet the aims of the national mental health strategy.

We are already rising to the challenge of improving mental health and wellbeing and have achieved some key successes in recent years - but we know we need to go further to achieve our ambitions and improve outcomes.

Mental health is **'everybody's business'**. Change on this scale cannot be delivered by organisations working alone. We are committed to working together with individuals, families, employers, educators, communities and the public, private and voluntary sectors to promote better mental health and to drive transformation.



Maggie Rae  
Corporate Director,  
Wiltshire Council



Keith Humphries  
Cabinet Member,  
Public Health,  
Protection Services,  
Adult Care and  
Housing



Sheila Parker  
Portfolio Holder,  
Learning  
Disability and  
Mental Health



Deborah Fielding  
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Health Leads



Debbie Beale  
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**Our aim for Wiltshire is to create environments and communities that will keep people well across their lifetime.**

#### **Acknowledgements:**

This strategy is led by Frances Chinemana, Associate Director for Public Health and Public Protection and thanks is extended to all those involved in the development of the draft including: Alex Thompson-Moore, Victoria Hamilton, Mike Naji, Dugald Millar, Annie Paddock, Karen Spence, Wiltshire and Swindon Users Network and all the service users and professionals who shared their views and experiences.

Awaiting photo

Richard Hook  
GP Mental Health Leads

This seven year joint strategy sets out our strategic priorities for adult mental health and wellbeing provision in Wiltshire and our focus for delivering services, facilities and opportunities that empower people and enable independence. The strategy has been developed in consultation with key stakeholders and is in line with the national strategy “No Health without Mental Health” and with the Wiltshire Health and Wellbeing Strategy.

Our aim for Wiltshire is to create environments and communities that will keep people well across their lifetime, achieving and sustaining good mental health and wellbeing for all. We will do this through six areas of activity:

1. Prevention and early intervention (including mental wellbeing for expectant and new mothers)
2. Promoting emotional wellbeing and tackling stigma and discrimination
3. Personalised recovery based services with a wellbeing perspective
4. Effective and efficient use of resources to ensure value for money
5. Closer collaboration with service users, families and carers in the development of services
6. Joint working with a wider group of statutory services

Poor mental health can have a devastating impact on the quality of life for individuals their families and carers as well as a significant impact on the national economy. It has links to poverty and exclusion, unemployment, crime, chronic illness and anti social behaviour. People with a mental health issue are more likely to die prematurely and to develop physical health issues.

This strategy is primarily concerned with tackling mental ill health and promoting wellbeing in adults. Separate strategies exist or are being developed that are interdependent with the mental health strategy including the Dementia Strategy and the Children and Young People’s Emotional Health and Wellbeing Strategy. These and other strategies have been considered during the development of the Mental Health Strategy to ensure consistency. It will be essential to ensure that these links are further explored during the development of commissioning and delivery plans for the strategy in order to maintain the focus on good mental health and wellbeing across the whole life cycle and a whole person approach. Of particular importance is the approach to transitional care to ensure that our systems enable the individual to continue to have the best possible outcomes regardless of the stage they are at in their life cycle.





**'Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential'.**

## **Outcomes - How will the strategy improve things for people?**

Mental health is everyone's business, the national mental health strategy states, 'good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential'. There has been a fundamental change to the way public services are structured, and commissioned with an ethos to deliver identified outcomes which address the needs of the local population. Our local outcomes are underpinned by the National mental health strategy objectives which are:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination.

We will measure how successful our strategy is by developing measures and information that will help us to understand whether we are achieving these outcomes for people in Wiltshire.



## Who Contributed to this Strategy?

In addition to ensuring we have taken into account key messages from international and national organisations such as the World Health Organisation, Department of Health, Royal Colleges, national reports including those from national mental health charities and our own strategic direction over the next five years, stakeholder engagement has taken place with a wide variety of local professionals and partners who work within the field mental health, and with our service users via the Wiltshire Service User Network (WSUN).

### Key messages for the strategy from service users were:

- Essential to put the needs of the person first. Services should be person centred and wholly inclusive. The service user should be thought of in terms of the whole person and not just medically.
- There needs to be a greater effort to promote self-esteem and sense of worth. People need to be made aware that they can live well with mental health issues.
- Professionals, more particularly health and council services, should really embrace the third sector, understand the value of the work they do and recognise their worth.
- It is necessary to understand that different things work for different people at different times.
- Listen to the service users' they are the experts of experience. Treat them as you would wish to be treated.
- Improve community knowledge for professionals.

### Key messages for the strategy from professionals were:

- Early access, not a threshold that one has to reach a crisis and ease of access countywide
- Continuity across the system and a holistic approach to include things like housing, employment, finances, wide ranging interventions e.g. wildlife, LIFT, art, pets, farm
- Crisis does not occur only in office hours, people should be able to access the information or assistance they need regardless of when it is needed
- Better joining up – intra-service, across services, across ages.
- Gaps in service provision e.g. PTSD, autism, dual diagnosis, alcohol and drugs, veterans, personality disorder, parenting
- Community education and reducing the stigma. Prevention, promotion and the community including primary care, improving social capital



- Community care where appropriate
- Improved, accessible signposting of services available/where to go for help
- Service user centred, service user choice, service user involvement
- Develop peer support and carer support
- Accommodation
- Transport
- Use of IT effectively



# Why is Mental Health and Wellbeing a Priority?

## What do we mean by mental health and wellbeing?

It is where you have a sense of happiness and wellbeing arising from self empowerment, security, good relationships and healthy lifestyle choices.

The World Health Organisation defines mental health as:

**“a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”**

## Needs Assessment Summary

The national strategy for mental health, No Health without Mental Health: A cross-government mental health outcomes strategy for people of all ages (DH 2011), shows why tackling mental illness and promoting mental wellbeing is essential not only for individuals and their families but to society as a whole:

- At least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time.
- Almost half of all adults will experience at least one episode of depression during their lifetime.
- One in ten new mothers experiences postnatal depression.
- Mental ill health represents up to 23% of ill health in the UK and is the largest single cause of disability.
- People with severe mental illnesses die on average 20 years earlier than the general population
- The NHS spends around 11% of its budget on Mental Health, almost double that spent on cancer.



## Mental ill-health

The definition of ‘mental ill health’ or ‘mental health problems’ covers a very wide spectrum, from the worries and grief we all experience as part of everyday life to the most bleak, suicidal depression or complete loss of touch with everyday reality.

Stress and pressure

Depression

Anxiety  
(panic attacks/obsession)

Psychosis and  
Schizophrenia

Bi-polar disorder





## The Local Picture - Level of need in Wiltshire

The Wiltshire Joint Strategic Assessment (JSA) provides information on the current and future health and wellbeing needs of people in Wiltshire. The current JSNA can be found here:

[www.intelligentnetwork.org.uk/joint-strategic-assessment](http://www.intelligentnetwork.org.uk/joint-strategic-assessment)

In addition to the JSA there is also a Joint Strategic Assessment for Health and Wellbeing. The assessment for 2012/13 provides a summary of the current and future health and wellbeing needs of people in Wiltshire. Section 5 of the JSA for Health and Wellbeing focuses on the burden of ill health in relation to mental health and neurological disorders. It estimates that (based on the study Adult Psychiatric Morbidity in England 2007) approximately 60,000 adults in Wiltshire have a common mental disorder (CMD).

Some specific areas for consideration are additionally highlighted:

- Serious mental illness; psychosis and affective psychosis: Psychoses can be serious and debilitating conditions, associated with high rates of suicide. The Quality Outcome Framework 2010/11 mental health register which includes people with schizophrenia, bipolar affective disorder and other psychoses included 3,090 people in Wiltshire (0.7% of registered population).
- Suicide rates in the South West rose by 24% between 2007 and 2009. In England overall there was a rise of 10% over the same period. Between 2006 and 2009, there were 205 deaths in Wiltshire that were given a verdict of suicide or injury undetermined.
- Between 2002 and 2009 the South West saw a rise of 73% admission for self-harm, particularly in women aged 15-24, against a national rise of 49% over the same period. Wiltshire has a statistically significantly higher directly standardised rate for emergency hospital admissions for self-harm compared to England. 'Self-harm' includes a range of behaviours including self-cutting and poisoning. Self-harm is often thought to be a way of managing distress and involves differing degrees of risk to life and suicidal intent.

Further information about mental health diagnoses, at risk groups and Wiltshire statistics can be found in the Wiltshire JSA for Health and Wellbeing, Section 4: burden of ill-health: mental health and neurological disorders.

The Wiltshire Health and Wellbeing Board Strategy 2014-15 highlights the importance of access to emotional support and to mental health awareness training within two of its key theme's on Prevention and Independence. The Wiltshire Council Business Plan and the CCG 5 Year plan also reflect the importance of mental wellbeing in delivering better overall health and resilience within communities and among individuals.

**Further information about mental health diagnoses, at risk groups and Wiltshire statistics can be found in the Wiltshire JSA for Health and Wellbeing, Section 4: burden of ill-health: mental health and neurological disorders.**



# How we will work together

## Joint Commissioning

To realise its vision of stronger communities in which everyone is able to achieve their potential Wiltshire Council and the Clinical Commissioning Group are committed to joint commissioning for mental health. This will build on existing arrangements which will enable a co-ordinated, efficient and therefore responsive and cost-effective service that allows for enhancing quality of life for all.

In line with our Joint Health and Wellbeing Strategy 2014-2015, and Wiltshire CCG's Five Year Plan 2014-2019, we seek to design and deliver mental health and wellbeing in the county to improve the service user experience and ensure that people can be confident that:

- I will be supported to live healthily
- I will be listened to and involved
- I will be supported to live independently
- I will be kept safe from avoidable harm.

For those with long-term enduring health issues we will work to enable the recovery journey and optimise independence and quality of life.

A concept has been developed for a future health and care Model for mental health which is in line with the CCG overall model for health and care as represented in their 5 year plan. This model identifies the different layers and levels of care and support required to manage ill health and establish and sustain wellness and independence; pictorial representation of this can be seen at Appendix 1.

Tackling unhealthy lifestyles, helping those at risk from ill health and dealing with the increase in illnesses associated with living longer is something public services, other agencies and communities need to do together. The model we propose for mental health and wellbeing is community based (in line with our approach across all health and wellbeing) and will focus on:

- strengthening social capital with our local partners and

organisations, optimising the opportunities offered by community campuses, area boards and other community resources such as voluntary and support groups

- enhanced seven day primary care and community based solutions with improved multidisciplinary services wrapped around general practice reducing reliance on acute care
- a simple point of access for health and social care and for these multidisciplinary teams to share data and information with increasing use of shared technology to avoid duplication in assessments
- encouraging personal responsibility
- addressing the wider determinants of poor mental health and wellbeing especially in vulnerable individuals, groups and communities.





# What difference have we made so far?

## What difference have we made so far?

The previous Mental Health Strategy for Wiltshire ran from 2011 and led to a variety of activity to improve the approach to mental health and wellbeing services in the County. There is no room for complacency, but there have been significant enhancements to services in the intervening period. Some of the more recent improvements are outlined in the following paragraphs and an itemised list of services currently commissioned in relation to mental health and wellbeing is provided at Appendix 2.

We now have two places of safety, available 24/7, for all ages, spread across the county for those needing urgent assessment under section 136 of the mental health act. There is an additional place of safety in the Swindon area which can be utilised. This has seen the number of people held in police custody under section 136 of the mental health act halve since 2011/12 in both adults and children and adolescents. This means that people are being assessed and looked after in appropriate places – those suspected of a crime and a mental health condition in police custody, those with a mental health condition only in a mental health place of safety. We also have a service where a mental health professional can be present in police custody suites to help with identification of people who may be experiencing a mental illness.

We have significantly increased investment in liaison psychiatry in all three of our acute hospitals serving Wiltshire in recognition that 30-45% of patients cared for in this setting have a psychiatric component to their morbidity, especially unplanned emergency presentations. Psychiatric input improves the quality and safety of care, and enhances effective discharge and ongoing community care.

Our self referral community psychology service Least Intervention First Time ('LIFT') is consistently in the top ten Improving Access to Psychological Therapies (IAPT) services in the country. We have a growing range of other initiatives that foster mental health and wellbeing such as Wiltshire Wildlife, Artlift, Greenspaces, Health Trainers, free swimming for school children in the holidays, Wiltshire school bullying video, mental health first aid training, day centre and employment support and we are committed to continue to invest in and support these and similar activities.

Where possible, individuals with mental health problems are treated in the community as this supports long term recovery, is more cost effective, preferred by patients and allows for building of community resilience and reduction of stigma and discrimination. The scope for improving decision making on whether to treat using an inpatient mental health service or within the community will be further explored. We are consistently achieving the NHS target for the proportion of people who are promptly followed up after discharge that were treated using a Care Programme Approach.

We currently commission a range of specialist mental health community services which include:

- Vocational
- Social inclusion
- Statutory and generic advocacy
- Community support
- Supported housing schemes

Residential care placements are purchased from a variety of providers, and provide accommodation with care and support for the most vulnerable service users, many of whom have long term and enduring mental health issues. Except in a few cases

**Psychiatric input improves the quality and safety of care, and enhances effective discharge and ongoing community care.**

it is always our intention to enable people to move onto less supported options and living independently in the community.

The development of these services to meet the future needs of the people of Wiltshire will be examined and set out in a Joint commissioning strategy.

In 2014 Avon and Wiltshire mental health partnership Trust (AWP) is commissioned by Wiltshire Clinical commissioning group to provide secondary clinical services and the mental health social work service is provided by Wiltshire Council. Additionally there are projects commissioned by public health to promote wellbeing and to deliver on the prevention agenda. A full list of these can be seen in the table at Appendix 1. Wiltshire CCG and AWP have agreed a local Commissioning for Quality and Innovation (CQUIN) for 2014/15 which is a set of actions and targets for improving service delivery.

The success of our approach so far is illustrated by the results of the national subjective wellbeing annual population survey 81.2% of respondents said they were satisfied with life, 72.8% had been happy yesterday, with 34.5% experiencing anxiety the previous day. These statistics show an improving trend and compared well against the national average.

# What will we seek to improve?



## What will we seek to improve?

To achieve the outcomes described on page 4 will require a holistic approach which touches on all aspects of a persons' life not just their medical needs and a recognition of the benefits of good quality housing, employment and supportive relationships.

It is important to identify and fill any gaps between public health and prevention and the primary and secondary mental health services in order to ensure the ongoing care of people with severe and ongoing mental health issues but who are not ill enough to meet current eligibility criteria for secondary care. There is a national drive to improve the number of people with mental health who are in employment (national figures indicate that only 1 in 10 are currently in employment) and it is important to determine what support can be provided to assist people in achieving their potential.

In order to deliver on our aim for Wiltshire, we will focus on some key areas for development. These priorities have been informed by the

outcomes of the stakeholder and service user focus groups, local and national policy development and the evidence of need in the Joint Strategic Needs Assessment.

### 1. Prevention and early intervention (including perinatal mental health)

- Ongoing support and education in acquiring life skills such as parenting, employment, aspiration, self-direction, participation, engagement and healthy lifestyle choices around eating, exercising and smoking.
- Recognise and innovate around known rising triggers to poor mental health, especially loneliness, unemployment, boredom, alcohol and drug use and self-harm.
- Create better signposting to resources and education that promote and support mental health and wellbeing, including volunteering, leisure and physical activity opportunities. This will include an information and advice portal currently being commissioned.

- Further develop the evidence base around mental health in Wiltshire to improve our understanding and inform service development (for example to gain a better understanding of excess mortality for people aged under 65 with psychosis).

### 2. Promoting emotional wellbeing and tackling stigma and discrimination

- Together with our partners, we will work with communities to ensure community life in Wiltshire supports mental health and wellbeing by promoting better understanding and awareness of mental health issues to reduce stigma.

### 3. Personalised recovery based services with a wellbeing perspective

- Provision of flexible preventative, support, education and treatment pathways, providing service users with the tools and confidence to manage and sustain their recovery and wellbeing.
- Explore the provision of increasingly diverse prevention, support, education and treatment pathways to maximise inclusivity for every type of mental health disorder. Our model will be that of a Recovery College where we aim to educate the service user to understand their own health issues and aid themselves in a journey of health and wellbeing. For example to provide specialised employment support for those with autism, or arts based therapy for those with chronic neuroses and school based mental health around social networking, emotional learning, bullying and violence. This could include options for peer support programmes.
- Care for people close to home or their place of choice ensuring continuity of care where possible and appropriate.



#### 4. Effective and efficient use of resources to ensure value for money

- Interdisciplinary working, training and care between mental health, emergency, prison and probation services.
- Review 'out of hours' service provision to ensure that people can access to the right type of care or advice whenever the need arises. Consider how improvements can be made across the whole system in order to minimise the need for out of hours.
- Implementation of the improvements outlined in the AWP CQUIN.
- Continue to work closely with our partners to ensure that care at times of crisis is appropriate and that the government Crisis Care Concordat (Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis) is implemented as appropriate across the county.

#### 5. Closer collaboration with service users, families and carers in the development of services

- Undertake analysis of gaps in service for specific areas of need and explore options for further development of services where

gaps exist. Areas might include: ADHD, personality disorder, provision of whole person services where a dual diagnosis exists, post-traumatic stress disorder, autism, veterans, perinatal/parent-child health, prison/probation mental health.

- to evaluate the ease of access and spread across the county of our services both acute and preventative, especially as many vulnerable individuals do not have independent transport, and respond accordingly.
- a commitment to assess and respond as appropriate to unexpected but significant new need and demand.

#### 6. Joint working with a wider group of statutory services

- Build on current collaboration between specialist mental health services, and partners involved in the wider determinants of wellbeing such as housing, employment, education, money advice, recreation, leisure and physical activity, psychological therapies, carers/families support groups, community and voluntary sector. This is of particular importance in ensuring positive outcomes for those with complex needs.

- Wider multi-disciplinary teams who work together to achieve positive outcomes for those with mental health issues and their families. Increased access to and utilisation of specialist knowledge including non-health professionals and carers/family members, clear pathways to access mental health assessment and advice.
- effective use of information technology, including data collection and sharing of information.
- Implement multi-agency mental health first aid training for staff with public facing roles to provide greater awareness of how to identify and deal with mental health issues without causing escalation.
- A clear and robust interface with Learning disability services.
- Ensure clear pathways through primary and secondary mental health services.
- Multiple assessments where much of the information is already known.
- Share and keep up to date good practice, skills, knowledge and relationships across teams, across disciplines, across employers, across the county, including modern technology, nationally delivered applications and assisted technology with professionals skilled in how to promote and use them.
- Continue to build robust safeguarding mechanisms, but also to promote safeguarding for internet and social media use, especially with more vulnerable groups.
- Ensure that services and resources are provided in such a way they are accessible to our urban and rural communities across the county.



# Other priority Areas

## Other Priority Areas

### Suicide and self-harm

Our primary objectives will be to:

- save lives
- interrupt the cycle of self-harm and suicide.

We will work to enhance protective factors and to reduce risk factors for suicide as outlined in the Suicide and Self Harm Prevention Strategy. We will provide people with support and encouragement to look after their mental health and wellbeing, one of the main risk factors for suicide. We will aim to provide evidence-based care for those affected by self-harm and suicide.

### Military and Veterans

The Wiltshire Council Business plan has an action to build on the work of the Military Civilian Integration Partnership and work closely with other partners to ensure that the right services and infrastructure are in place to support the forthcoming rebasing programme.

We will ensure that the mental health and wellbeing needs of the military and their dependent population as well as veterans are considered in the development of the commissioning and delivery plans which support this strategy.

### Accommodation and transport

- Complete implementation of any remaining relevant recommendations from the supported housing review
- continue to work with partners to assess and address accommodation needs and provision
- work with partners to explore ways of addressing the barrier lack of transport presents to people getting jobs and thus sustaining their mental wellbeing, and respond accordingly.



## Safeguarding

Helping to keep service users, their families and local communities safe from violence, abuse or neglect is essential when providing care for people with mental health problems.

We will work to help people recognise and deal with risks to themselves or others as confidentially as possible.

We will ensure that our safeguarding arrangements are underpinned by:

- Up to date policies and processes to safeguard children and adults at risk and to protect the public
- Staff trained in local safeguarding procedures
- Board level leadership and a specialist team that provides advice and support for practitioners in safeguarding people within their practice
- Active membership of local safeguarding and public protection multi agency partnerships working together with other agencies
- Listening to the safety concerns of service users and carers, families and communities.

## What resources will we make available to deliver this strategy?

In 2013, across all agencies we spent around £66.3m on services relating to mental health and wellbeing. This strategy focusses on doing things differently and improving the way we work together to improve outcomes for people. We will continue to work together to find ways of using the money we spend to have the greatest impact on our aims for Wiltshire.

## How will we know we have made a difference?

We will use a variety of quantitative and qualitative methods to assess the success of this Strategy, and these will focus on achieving positive outcomes for service users, patients and communities. This will include utilising established performance and outcomes frameworks and service user and patient feedback. Success will be regularly monitored through the Wiltshire Council Mental Health and Wellbeing Steering Group and the Mental Health Joint Commissioning Group with escalation via the Health and Wellbeing Board where appropriate.

## References

The following documents have informed the development of this service specification:

- Wiltshire Joint Health and Wellbeing Strategy 2013-2014.
- NHS Wiltshire CCG five year strategic plan 2014-2019
- Wiltshire Council Joint Strategic Needs Assessment. Mental Health. 2013-2014.
- National Service Framework for Mental Health, 1999 and 2002. Much progress has been made since then to transform the experience of many people affected by severe mental health problems.
- Liaison Psychiatry for every Acute Hospital: integrated mental and physical care. 2013. Royal College of Psychiatrists.
- Whole-person care: from rhetoric to reality. Achieving parity between mental and physical health. 2013. Royal College of Psychiatrists.
- HM Government Mental Health Crisis Care Concordat. Improving outcomes for people experiencing mental health crisis 2014
- No Health Without Mental Health: Delivering Better Mental Health for All Ages. 2011
- Securing excellence in commissioning for the Armed Forces and their families 2013.
- Think Autism: Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update. 2013
- NICE: Mental wellbeing and older people overview. 2013.
- New Horizons: towards a shared vision for mental health, 2009
- DH Strategic Commissioning Framework for Mental Health 2009-2014
- High Quality Care for All - NHS Next Stage Review Final Report 2008
- NICE. Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services.
- ONS: Estimates of subjective well-being from the first annual experimental Annual Population Survey (APS) 2013
- Modernising Mental Health Services in Bristol
- Guidance for commissioners of acute care – inpatient and crisis home treatment 2013.
- Behind Closed Doors, Acute Mental Health Care in the UK. The current state and future vision of acute mental health care in the UK, Rethink
- Mind. Listening to experience. An independent inquiry into acute and crisis mental healthcare. 2011.
- Refocusing the Care Programme Approach. 2008
- Time-to-Change: Inspiring people to work together to end the discrimination surrounding mental health
- Equality Act 2010: What do I need to know as a carer? 2010
- The Mental Health Capacity Act
- Care Quality Commission. Essential standards of quality and safety. What providers should do to comply with the section 20 regulations of the Health and Social Care Act 2008. 2010.
- Carers and Confidentiality in Mental Health 2004
- DH. Mental Health Promotion and Mental Illness Prevention, the economic case. 2011.
- HM Government. Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis. Feb 2014
- NHS England Parity of Esteem Programme
- Wiltshire Dementia Strategy, Wiltshire Children Emotional Health and Wellbeing Strategy, Wiltshire Suicide and Self Harm Prevention Strategy







## Appendix 2 - Current services commissioned in Wiltshire

This section outlines the current commissioned services for Adult Mental Health service users in Wiltshire.

### Wiltshire Clinical Commissioning Group

Service	Provider	Jointly Commissioned	Description	Comments
Improving Access to Psychological Services (IAPT)	AWP	No	Primary Care Psychology delivered in the community, anyone can self-refer into the service.	The service is delivering all the national targets. There could be more scope in the future to further develop the service and mainstream it to reduce demand on secondary, specialist mental health and acute care services.
Specialist Mental health Services	AWP	No	Services include adult mental health services and dementia services	Historically there have been concerns about the quality and performance of the services provided. As a result AWP have undertaken significant change and the CCG are working hard to ensure that the improvements delivered continue and are built on
Dementia Diagnosis and Prescribing in Primary Care	GPs	No	The diagnosis and prescribing and on-going care for patients with 'simple' dementia within primary care.	This is a new service which is being commissioned with GPs via a Service Level Agreement managed by the local NHS England Area team. The aim is to ensure that dementia is diagnosed and treated more quickly going forward.
Autistic Spectrum Disorder (ASD)	Three providers via AQP	No	Assessment and diagnosis of ASD	The three providers are AWP, ADRC, (Autism Diagnostic research Centre) and SEQUOL. Of the three providers AWP delivers the majority of work. Commissioning arrangement are being reviewed in 13/14.
ADHD	AWP	No	Service for assessment, diagnosis and care based on a shared care protocol with Wiltshire GPs	The service is currently spot purchased with AWP. Work is progressing to develop a local service based on a shared care protocol with GPs.
AWP CHC / Specialist placements	Various including AWP	S117 is jointly funded	These services comprise of numerous individual contracts to meet the needs of individual patients	These services are commissioned by the CHC team, not the Mental Health Commissioning team.
Two nursing home liaison nurses Two STAR liaison nurses	AWP	No	Community Liaison services to aid with community transformation and to modernise services prior to the Older people's MH service redesign work being taken forward.	The funding is for 12 months only as it is envisaged that when older people's MH services are redesigned more capacity will be made available in the community.
Eating Disorder services, (Tier 3)	Oxford Health	No	Community Eating Disorder services.	Tier 4 services are now commissioned by Specialist commissioning, hosted by NHS England

## Appendix 2 - Current services commissioned in Wiltshire

This section outlines the current commissioned services for Adult Mental Health service users in Wiltshire.

### Wiltshire Clinical Commissioning Group - continued

Service	Provider	Jointly Commissioned	Description	Comments
Eating Disorder services, (Tier 3)	Oxford Health	No	Community Eating Disorder services.	Tier 4 services are now commissioned by Specialist commissioning, hosted by NHS England
CAMHS Tier 3	Oxford Health	Yes	Community support for more complex mental health difficulties. Model of provision includes an outreach service (OSCA), CAMHS for children and young people with a learning disability and a specialist Family Assessment and Safeguarding Service (FASS) to support LA decision-making on whether children can safely remain with their parents.	Tier 4 adolescent inpatient facility at Marlborough House in Swindon is now commissioned by Specialist Commissioning, hosted by NHS England
Rape and sexual abuse support for adult women and men	Revival	No	Providing a non-judgemental, confidential, safe and supportive atmosphere in which you will be given the time and space to explore your present in relation to your past	
Community-based music therapy service working in the field of adult mental health	Soundwell	No	All sessions are participatory and user friendly - people have a wide selection of accessible, multicultural instruments to use. People do not need to have had any previous musical experience to participate in sessions	



## Wiltshire Council - Mental Health

Service	Provider	Jointly Commissioned	Description	Comments
Mental Health Social Work service	Wiltshire Council	No	Providing AMHP duties to all residents and social work to service users known to AWP. Two teams -46.93 FTE staff.	Setup in 2013 following disaggregation from AWP. Sits within Adult Care & Housing Operations Service area.
Specialist Mental Health Housing Team	Wiltshire Council	Yes (agreement for one post)	Providing a bridge between housing and mental health services. 2 FTE's	Staff are based within housing team but line managed by the Specialist Commissioning and Safeguarding Team/
Statutory Advocacy services provided	SWAN	No	Provision of a statutory service - independent mental capacity advocates IMCA and IMCA DOLs and Independent mental health advocates IMHA.	
Generic Advocacy services	SWAN	Yes	Provision of generic advocacy service aimed at vulnerable people which have a particular focus on safeguarding issues.	The NHS complaints service came to Wiltshire Council on 1st April 2013

## Community based services

Vocational Services (DCS0153)	Richmond Fellowship	Yes	A countywide service to improve the confidence, training and skills of service users to achieve work ambitions.	Extension agreed to 31st March 2015
Day Service (DCS0381)	Alabare Include	Yes	Mental Health day services to improve mental wellbeing. The services support personal recovery, increasing social inclusion and support to access mainstream services.	This contract runs from 1st August to 31st July 2013. An 18 month extension to 31st March 2015 has been agreed.
Intensive Community Support Service (DCS0500)	Together	No	A service for adults that require support of a 3-24 month period before transitioning to less supported services.	
Mental Health information and advice service (DCS0440)	Alabare Include	No	Management of a website and directory of resources, delivery of mental health first aid training and number of awareness events.	This contract runs from 1st August to 31st July 2013.
User engagement	WSUN – our time to talk	No	A service user group for people who use mental health services in Wiltshire.	



## Appendix 2 - Current services commissioned in Wiltshire

### Accommodation based services

Service	Provider	Jointly Commissioned	Description	Comments
Supported Housing	Various providers (DCS01810 Rethink)	No	14 Supported Accommodation schemes spread across the county. All deliver a low level of housing related support to prepare people for independent living in the community.	Mental Health Supported Housing Review was completed in February 2013.
Residential/ Nursing Care for Adults of Working Age / Older People	Various providers	No	Many placements are spot purchased due to the complexity of needs AOWA Placements funded by Wiltshire Council are managed through a weekly panel. OA Placements are funded by locality panels to block contracted beds or spot purchased beds in complex cases	Accreditation Scheme - Eight providers have been accredited. The scheme has been developed to ensure quality standards and build relationships.
Care and support at home	Various providers	No	Some packages are spot purchased due to the complexity of needs. There are commissioned providers covering a geographic area in Wiltshire under the H2LaH scheme.	





Wiltshire Public Health

Service	Provider	Jointly Commissioned	Description	Comments
CAB Debt management Project	CAB		Since September 2011, Wiltshire Citizens Advice has provided a one day per week dedicated debt advice service for the service users of Red Gables in Trowbridge. The aim of the project was to improve the mental wellbeing of individuals and to help them to manage their financial affairs themselves.	For 2013/14, CAB will deliver the service across Wiltshire, taking referrals from AWP Recovery Teams
Mental Health First Aid Training	MHFA accredited trainers		Public Health has commissioned Mental Health First Aid (MHFA) training courses which are made available to frontline staff that are most likely to come across people at high risk of developing mental health problems, such as Citizens Advice Bureau debt advisors, housing association staff and those working with older people living in very rural communities. MHFA provides a basic understanding of common mental health problems to enable those who are being trained to identify symptoms and to support someone who is having difficulties in seeking professional help.	
Books on Prescription	Wiltshire Libraries		Public Health commissions Wiltshire Wildlife Trust to provide a "green gym" service. Anyone with mental health problems can be referred (by their GP) to this service where they will be able to attend regular group sessions of conservation activities such as woodland management or countryside walks.	
Wellbeing Project	Wiltshire Wildlife Trust			

# Wiltshire Mental Health and Wellbeing Draft Strategy

ENABLE PEOPLE TO LOOK AFTER THEMSELVES  
ENSURE CHILDREN CAN LIVE, STUDY AND PLAY SAFELY  
LIVING LONGER  
GOOD NEIGHBOUR SCHEMES  
LIVING HEALTHILY  
PEOPLE FEEL SAFE  
LESS TIME IN HOSPITAL  
CUTTING WINTER DEATHS  
ACTIVE ADULTS AND CHILDREN  
KEEP PEOPLE WARM AND WELL IN THEIR HOMES  
BEING SAFE FROM AVOIDABLE HARM  
LIVING FAIRLY  
HEALTHY EATING  
LIVING INDEPENDENTLY  
STOPPING SMOKING  
REDUCE FALLS AND INJURIES FOR OVER 65s



## Clinical Commissioning Group

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**Wiltshire Council**

**Cabinet**

**16 September 2014**

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**Subject: Better Care Plan Fast Track and 100 Day Challenge**

**Cabinet member: Cllr Jane Scott OBE, Leader of the Council**

**Key Decision: No**

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## **Executive Summary**

To report to Cabinet on the development of Wiltshire's Better Care Plan, the Fast Track process and the progress in implementing elements of the Plan.

## **Proposal**

That Cabinet note the progress in becoming a national "Fast –tracked" Better Care Plan and the progress in implementing elements of the Plan

## **Reason for Proposal**

To keep Cabinet informed of the partnership work in delivering better health and social care for people in Wiltshire

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

**16 September 2014**

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**Subject: Better Care Plan Fast Track and 100 Day Challenge**

**Cabinet member: Cllr Jane Scott OBE, Leader of the Council**

**Key Decision: No**

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### **Purpose of Report**

1. To report on the development of Wiltshire's Better Care Plan and the progress in implementing elements of the Plan, including the Systems Review of the out-of-hospital system and the 100 Day Challenge.

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

2. The Better Care Plan supports the Council's goal to protect those who are most vulnerable in our communities. By ensuring that sufficient, safe and well-coordinated services are available to support health and care needs, it also supports two of the 6 outcomes set out in the business plan, namely:
  - People in Wiltshire have healthy, active and high-quality lives
  - People are protected from harm, as much as possible, and feel safe

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

#### **Background to the Better Care Plan**

3. The outcome of the Government spending review published in June 2013 included the announcement that a sum totalling £3.8 billion nationally would be allocated to a single pooled budget for health and social care services to work more closely together in local areas based on an agreed plan between the NHS and the Local Authorities. This money is now referred to as the Better Care Fund. The Better Care Fund (BCF) is a mandatory pooled budget intended to support and deliver integrated health and social care services; this will be introduced nationally in 2015/16. The Better Care Fund is not new funding for the health and care system but is made up of elements of existing clinical commissioning group (CCG) and local authority budgets.
4. In the Wiltshire, the total BCF budget in 15/16 of £27.0 Million. The national expectation is that this funding is used to develop integrated services which will reduce the need for hospital care and protect the existing level of social care services. It provides a platform for innovation and both the Council and the CCG are committed to developing a robust out-of-hospital model of care, including ill health prevention and self care



aspects, in partnership with all stakeholders across health and social care. There is a strong expectation, nationally and locally, that savings are realised through this innovation and the need for acute NHS services is reduced. This will allow the CCG to release the funding which they are required to contribute to the Better Care Fund on a recurrent basis.

5. Our plans are set out in the Better Care Plan which was submitted initially in February 2014. The delivery of the Plan is underpinned by a strong commitment to engage with all stakeholders, through direct consultation. Healthwatch Wiltshire has been involved in the preparation of the plan and will support implementation by ensuring that proposals are further consulted on over the coming year. Managerial and clinical leads from each of the main provider organisations in Wiltshire have also been actively involved in the Plan.
6. There is clarity across the system in terms of the challenges we are facing and a fundamental recognition that without change in the health and social care system there is a significant risk that demand will not be met and service quality will decline. There are a number of key challenges across the health and social care system in Wiltshire that needs addressing in particular:
  - Care and support is fragmented – plans do not link together which is inefficient and frustrating for those receiving the services
  - A high priority is placed on treatment and repair, rather than prevention and early intervention
  - Acute hospitals, specialist hospitals (including mental health) and emergency departments are under pressure with high levels of delayed transfers of care and extended length of stay
  - Too many people have to make a decision about their long-term care and support whilst they are in hospital, sometimes resulting in the wrong decision and unnecessary admission to a care home.
7. Delivery of the ambitions set out in the plan should make a tangible difference to people who use services, for example:
  - Support for people to remain healthy and well, through health and well being promotion and behaviour change (with appropriate staff training), earlier intervention, proactive care and support for people to help themselves
  - Better coordinated care and support throughout the entire care pathway and system, including mental health
  - Better care experiences 7-days a week and out-of-hours
  - More, and more targeted, support for carers and families
  - Fewer people being admitted to hospital unnecessarily and fewer delays in hospital.
8. For the organisations involved, the changes should:
  - Reduce hospital bed days
  - Reduce avoidable admissions
  - Reduce delayed transfers of care
  - Contain demand for services

- Successful reablement – more people living at home 3 months after discharge from hospital

## **Update on Better Care Plan July 2014 – Wiltshire in the top 6**

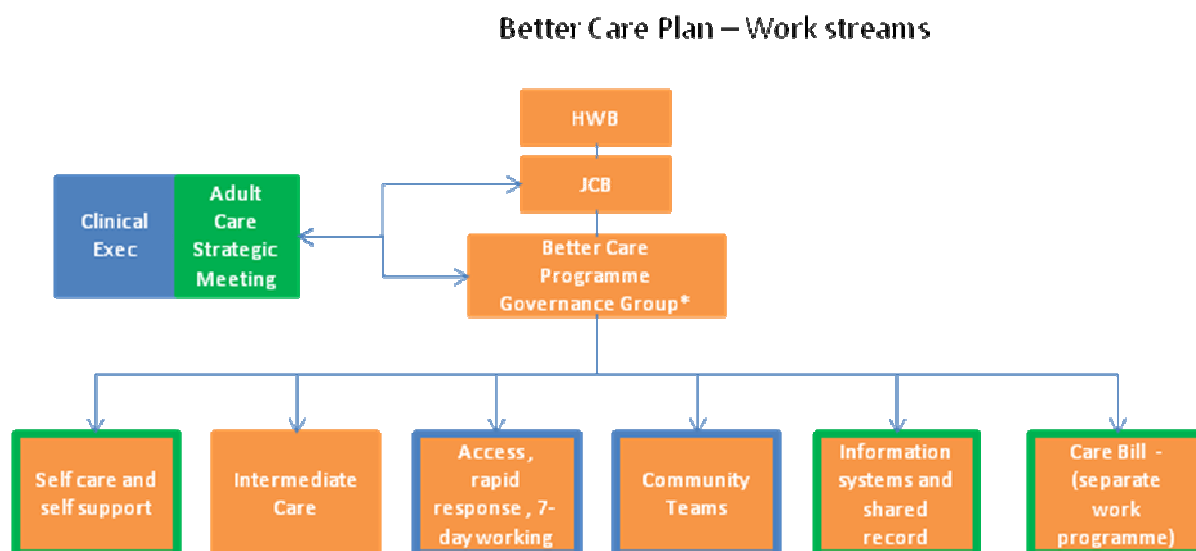
9. Since the Better Care Plan was first submitted in February 2014, the Department of Health has announced some concerns about how many of the local plans are being developed and whether they can be successful. There is also a clear expectation that the Better Care Plan has the full engagement of all providers, that alternative models of care are credible, integrated and can deliver with a focus on clear modelling of demand, cost and quality improvement. NHS England has therefore requested that all plans be resubmitted in September, following a new national template, providing more information in a number of areas, including customer/patient engagement; involvement of providers in developing plans and, in particular, an indication of the financial risks involved in delivering the plan. There is an expectation that every Health and Wellbeing Board develops a Risk Share Agreement, setting out what will happen if acute hospital activity does not reduce in line with projections in Better Care Plans.
10. Wiltshire's Better Care Plan is seen nationally as one of the best plans, and was been judged as one of 14 national "Fast-tracked" plans, to be used as an exemplar for other health and care communities. As a result of this "Fast-track" status, the CCG and Council have been allocated some support from NHS England and national consultants, to develop our plan further, particularly in the area of assessing the Return on Investment from our plans.
11. In the last month, the 14 Fast Tracked plans have been reduced down to 6, with Wiltshire remaining one of the top plans in the country, alongside Sunderland, Greenwich, Reading, Liverpool and Nottinghamshire.
12. A final version of our Fast Tracked plan will be submitted on 29<sup>th</sup> August and will be scrutinized by both Department of Health and Cabinet Office colleagues, in advance of a national announcement of successful fast-tracked plans in mid September. It is expected that Wiltshire will receive a ministerial visit as a result of the Fast Track status.

## **Making progress with delivery and the 100 Day Challenge**

13. The Wiltshire Health and Wellbeing Board have signed up to an initiative called the 100 Day Challenge. This is a system-wide approach, starting from 1<sup>st</sup> September, aiming to reduce the number of attendances and admissions for frail elderly patients in Wiltshire and reduce the amount of time they spend in Hospital. The 100 Day Challenge will provide an opportunity to test the new schemes (as set out in the paragraphs below) and ensure full commitment and collaboration across the system.
14. As part of the 100 Day Challenge, a daily dashboard of performance measures has been established, with daily monitoring and weekly issues logs and reports for formal monthly evaluation. This will give an

indication of which schemes are making a positive difference, and which require changing.

15. Delivery of the Better Care Plan depends upon delivery of results within the current year and the work has been spread across the six work programmes set out in the diagram below.



16. Progress has already been made with delivery and, from September, a number of new initiatives will be implemented.

**Self support and self care (including prevention) -**

- Work begun to ensure that prevention is an integral part of the entire Better Care Plan work programme with appropriate staff prevention and behaviour change training and awareness
- Enhanced Home from Hospital service commissioned from the voluntary sector to provide a “little bit of support” to people with low level care needs

**Intermediate care –**

- Improvements to hospital discharge planning in each of the acute hospitals, working closely with social care and community health services.
- Changes made to improve access to the existing STARR step-up and step-down beds, including access 7-days a week.
- Plans for a “Discharge to Assess” pilot scheme to go live in September to ensure that people are discharged from hospital with support and rehabilitation as soon as they are medically stable
- Plans for GPs to be able to directly access step-up beds in community hospitals from September.
- Plans for mental health support to step-up beds and Discharge to Assess, starting in September

### **Access, rapid response, 7-day working –**

- Acute hospitals introducing 'front door' initiatives to ensure frail older people are assessed rapidly and do not stay in hospital for longer than they need to.
- A plan for investment in seven-day services is being drawn up
- Enhancements to the NHS single point of access, with the introduction of a single telephone number.
- Improvements to the out-of-hours services provided by Medvivo, to include monitoring and care navigation for people who are assessed as being higher risk.

### **Community Teams –**

- Investment in additional community health capacity, and alignment of the current community health teams to work more closely with clusters of GP surgeries
- Identification of three "Demonstrator" sites where clusters of GP surgeries will be working more closely with community health teams, social care, mental health teams and the voluntary sector. The three Demonstrators are: Bradford and Melksham; Salisbury City; Calne.

### **Information systems and shared record –**

- Establishment of the "Single View of the Customer" programme, involving the Council, NHS, Police and other statutory agencies. A demonstrator day is being hosted by the Council on 2<sup>nd</sup> September.

### **Care Bill –**

- A programme of work has been established and an initial impact assessment has been undertaken.
- Further work is being done with regional social care colleagues on the potential financial impact.
- Scoping for the new requirement for a Care Account is underway.

## **Taking a system wide approach**

17. The Better Care Plan is underpinned by a review, supported by the Council's Systems Thinking Team, of the out of hospital system. The review has mapped out some typical customer journeys through the system, highlighting gaps and duplication between organisations. The next stage of the review is to undertake a 'check' stage, with participation from front-line staff from across the system, including social care, acute hospital clinicians, Help to Live at Home care providers. This stage will provide a detailed analysis of the current system, taking the perspective of people who use services. This stage will provide evidence for where change could have the biggest impact.

## **Engagement and consultation**

18. The Better Care Plan was drawn up with input from a range of stakeholders. It is now important that the plan is taken out to a wider

audience to ensure that public, patient and service user priorities are understood, and that local issues can be reflected in how services are delivered.

19. With this in mind, the Council and the CCG will be launching the Better Care Plan in September. Each Area Board will be hosting a Health Fair during September and October. These events will provide an opportunity to show a DVD about health and care integration in Wiltshire, to share copies of the Better Care Plan and discuss local issues and needs.
20. Healthwatch Wiltshire is also leading work on patient and service user engagement and will be working to support the systems review and the Care Act implementation.

### **Safeguarding Implications**

21. There are no direct implications for safeguarding. However, the Better Care Plan will support the delivery of efficient and safe services across the whole health and care system, and therefore has an indirect impact on ensuring that vulnerable people are safeguarded.

### **Public Health Implications**

22. The Better Care Plan and the work programme places a high priority on prevention and provides an opportunity for joining up social care, NHS and public health commissioning, particularly in the area of staff awareness and training regarding behaviour change.
23. The Self Help and Self Care (Prevention) work stream includes work on falls prevention, diabetes prevention, stroke prevention and other health and well being promotion all of which is led by Public Health.

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

24. There are no direct implications for environment / climate change.

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

25. The Better Care Plan has no direct implications for equalities. The initiatives set out in the plan will help ensure that health and care services are available across the whole system to anyone who needs to access them.

### **Risk Assessment**

26. The Better Care Plan includes a Risk Register and each work stream has its own risk register. These risks are monitored and managed by the Better Care Programme Governance Group.
27. The most significant risks in the plan are as follows



- The introduction of the Care Act, which could result in a significant increase in demand for assessments and an increase in the cost of care provision from April 2016. An initial impact assessment has been undertaken and a range of cost pressures identified. Provision has been made within the Better Care Fund for 2015-16 to be held against this risk.
- The expected shift to community services will not deliver the expected benefits, because of the acuity levels of people requiring services. Robust monitoring and contingency plans are in place and there is a new national requirement to set out a 'Risk Share agreement with Acute hospitals in the event that acute activity does not reduce in line with plans.

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

28. There is a national requirement to complete a Better Care Plan in order to access the Better Care Fund.

### **Financial Implications**

29. The Better Care Fund is a clear driver for integration and investment from the BCF has been allocated in the plan as set out in the table below. Within these allocations are existing commitments for both the Council and the CCG.

<b>Scheme</b>	<b>2014-15</b>	<b>2015-16</b>
Self Care and Self Support (Prevention)	1.47m	2.47m
Intermediate Care	6.8m	8.3m
Access, Rapid Response and 7-day working	3.39m	6.89m
Information Systems (SVOC)	1.2m	0.0m
Care Act	0.13m	2.5m
Protecting Social Care	9.18m	9.18m
Customer/Patient engagement	0.1m	0.1m

30. The Better Care Plan assumes reductions in activity across the acute sector equating to £3.6m per annum, and the detail of these assumptions is set out within the detail of the Plan.
31. There is an expectation that the Health and Wellbeing Board will sign off a "Risk Share" agreement which sets out the contingency arrangements for funding acute activity if plans do not deliver the anticipated changes. This risk share is currently being drawn up with support from consultants who are supporting the Fast Track areas.

## **Legal Implications**

32. The transfer of funds between the NHS and the Council will be covered by Health Act 2006 Flexibilities – Section 256 Agreements. The Council and the CCG already have a framework in place for such agreements, known locally as the Joint Business Agreement. This agreement has been drawn up by the Council's Legal Team.

## **Options Considered**

33. Participation in the Better Care Plan and the Better Care Fund is a national requirement which is not optional.

## **Conclusions**

34. The Better Care Plan and the Better Care Fund present opportunities for improving the coordination of health and care in Wiltshire and will be launched formally in September. The Area Board Health Fairs in September and October will provide an opportunity to profile the work to-date and consult with local communities on priorities for health and care.

**James Cawley, Associate Director - Adult Care Commissioning,  
Safeguarding and Housing  
James Roach, Associate Director of Integration (Joint Wiltshire Council  
and Clinical Commissioning Group appointment)**

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Report Author:

Sue Geary, Head of Service, Performance, Health and Workforce  
Telephone 01225 713922

## **Background Papers**

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

Better Care Plan – updated July and August 2014

## **Appendices**

None

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**Wiltshire Council**

**Cabinet**

**16 September 2014**

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**Subject: Insurance Services Tender**

**Cabinet member: Cllr Richard Tonge - Finance, Performance, Risk, Procurement and Welfare Reform**

**Key Decision: Yes**

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## **Executive Summary**

Our current 5 year contract with Zurich Municipal for Insurance Services ends on 31/03/2015. This contract covers our potential financial liabilities for a variety of insurance claims, including our properties, motor fleet and drivers and public liabilities.

The report sets out two options to provide this cover and asks that a decision is made on these options, which are:

- 1) Re-tender the Insurance service contract with a third party provider, or
- 2) Self Insure the costs of Insurance claims and costs to repair damage to our own assets from the Council's financial resources.

## **Proposals**

1. To continue with insurance cover with a third party provider.
2. To delegate the decision on which lots to procure and which to self insure to the Cabinet Member for Finance and the Associate Director for Finance.

## **Reason for Proposal**

Not having insurance cover in place would expose the Council to significant financial risk.

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



**16 September 2014**

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**Subject: Insurance Services Tender**

**Cabinet member: Cllr Richard Tonge - Finance, Performance, Risk, Procurement and Welfare Reform**

**Key Decision: Yes**

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### **Purpose of Report**

1. To set out the options available to the council following the end of the current insurance services contract on 1<sup>st</sup> April 2015.

To ask the Cabinet to make a decision on whether to continue to buy Insurance cover with a third party provider or whether to cover the full costs of all insurance claims and costs to repair damage to our own property from its own financial resources.

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

2. The provision of insurance cover helps to maintain all aspects of the Business Plan by providing a level of financial certainty in a financially volatile claims market.

### **Background**

3. Our current insurance services contract is with Zurich Municipal, which commenced on 01/04/2010, following a full tender process. This agreement was for five years and ends on 31/03/2015. The current annual cost of the contract is £1.058 million. The major areas of cover include:
  1. General Property – all major risk associated with property, fire, flood etc and theft via forced entry. We insure all properties in our portfolio, including office buildings, housing stock and non-independent schools, where the school has decided to take cover with us.
  2. Leaseholds and Right to Buy Property – Same cover as general properties for Right to buy flats or maisonettes.
  3. Industrial and Commercial Properties - Same cover as general properties plus loss of income
  4. Casualty (Public liability & Employers Liability) – all claims for injury or damage to third party property and all claims made by staff or ex staff for injury, illness or disease contracted whilst employed by the Council and for professional negligence, libel and slander by a member of our staff.

5. Motor fleet – comprehensive cover for drivers of our vehicles against own damage and damage to third parties
6. Engineering Inspections – to inspect all our major engineering plant and machinery. It is required by law.
7. Personal Accident and Public Health – School pupils attending work experience or school trips. Public liabilities from undergoing public health activities.

The cover we have in place with Zurich Municipal sets excesses on any one claim (generally from £100,000 to £250,000) for all our major risk areas. We also have a limit, known as a 'stop loss', on the amount of money we have to pay in claims in any one insurance year. This limit ranges from £0.650m to £1.5 million depending on insurance type. If we reach our 'stop loss', Zurich Municipal will pay the full cost of claims, including our excess.

The day to day management of the insurance services contract works in the following way:

- We have an in house Insurance team consisting of 5 staff totalling 4.38 FTE's. The team deal with all insurance claims that come into the Council. They set up the claims and gather evidence.
- If the claim is estimated to be under a value of £50,000, the claim is managed by our insurance team, including corresponding with the claimant, gaining legal advice if necessary and making decisions on liability.
- If the claim is estimated to be over £50,000, we refer the claim to Zurich Municipal, who take on the claims handling. The exception to this rule are motor vehicle claims, where Zurich Municipal deal with all aspects of the claim, regardless of estimated cost, and our insurance team are involved in gathering evidence and making payments only.
- Zurich Municipal's claims handlers would then decide whether or not to appoint dedicated legal services from a panel of legal firms available to them. In the majority of cases specialist legal advice is sought. We are informed of claims progress throughout the claim period and invited to attend claims meetings
- When the claim is settled we are informed of the amounts to pay and legal costs involved. We would only pay up to our excess, with Zurich Municipal being responsible for paying the remainder.
- If we have reached our stop loss in any one insurance year the full cost of the claim would be paid by Zurich Municipal. It should be noted that the costs of insurance claims are paid based on when the incident occurred, not when it was reported.

If we re-tendered the contract we would look to replicate this way of working.

## **Main Considerations for the Council**

### **4. The options**

#### **4.1 Buying Insurance cover from a third party provider**

If we go out to tender, by law we have to split the insurance types into separate lots. These lots would be:

Lot 1 – Property – General property not in lots 2 or 3 and non-independent schools

Lot 2 – Property – Leaseholds and Right to Buy

Lot 3 – industrial and Commercial Properties

Lot 4 – Casualty (public and employee liability)

Lot 5 – Motor Fleet

Lot 6 – Engineering inspections

Lot 7 – Personal Accident and Public Health

We do not have to award a contract for all of these lots if we tender for them, as long as we state this in our tender.

It is accepted practice that Local authorities buy third party insurance cover. Not doing so would mean that the Council would have to meet the full costs of any claims from its budget or reserves. The current cover provides a level of financial assurance that large claims, above our excess and stop loss, will be covered by our insurers, reducing the level of financial risk. The current cover therefore limits our overall liability to pay one high value claim or a succession of high value claims. This also provides security on future years costs as claims are paid by the insurer in place at the time of the incident.

During the annual renewal process we would have flexibility to reduce the overall sums insured, what we insure and the level of our excesses. So the costs of the contract are flexible as the Council's business model changes. For instance one of our plans is to reduce the number of buildings we hold. Selling off property would reduce our level of cover with a reduction in the premiums.

#### **4.2 Self Insure**

Insurance companies are able to spread their risk and losses on claims across a vast number of contracts, so if one contract suffers a major loss, income from other contracts will cover the costs. They can further mitigate their exposure to claims by 're-insuring', which means our insurers buy their own insurance cover with another insurance company with agreed excesses and stop losses. This reduces the overall financial risk the Insurer is exposed to.

If we were to self insure we could not spread the risk of large claims as the full cost of the claim would have to be met by the Council's resources.

The level of this risk is hard to determine, but one recent public liability claim paid by a local authority and its insurers cost them a combined £7million. A major fire at County Hall could cost in the region of £40 million to rebuild. Our limit on loss would be £100,000 under our current insurance policy, but under self insurance we would pay for the full rebuild.

If the Council were to self insure additional staff and external professional costs would also be incurred.

### **Safeguarding Implications**

5. None

### **Public Health Implications**

6. None

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

7. The council has a climate change adaptation plan which aims to mitigate and prepare for unavoidable climate change in order to minimise damage and claims.

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

8. None

### **9. Risk Assessment**

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

10. The Council will have to self insure from 01/04/2015. This would leave the Council with a significant financial risk.

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

11. If a tender is run, there is a risk of increased premiums. This risk will be managed in the following ways:
  - 1) There will be a rigorous risk analysis of the insurance cover we take out. This will involve analysing all the elements of our current cover and deciding if we need to continue to buy this insurance or if our current excesses are at the right level. We will use previous claims history and premium costs to make these decisions in order to drive value out of the insurance contract. We will work with our brokers and key internal stakeholders to undergo this analysis and may also decide to commission an actuarial evaluation of our current levels of insurance to aid this process. This is a key part of the tender process and is an exercise which is carried out every year during the renewal process;



- 2) Making it clear in our tender documentation that we reserve the right not to award a contract on a particular lot. This will give us the opportunity to carry out a risk and reward analysis when evaluating the bids received;

### **Financial Implications**

12. Self Insuring would mean there is no limit on the value of potential insurance liabilities. This would leave the Council with a potential major financial risk as one large insurance claim against it or major incident damaging one of its assets would have to be paid from the Council's budget and reserves. Therefore buying insurance cover means that we reduce the level of financial risk significantly in terms of the total amount the council would have to spend in the case of a major incident or a string of high value claims. One major fire, string of floods or incident involving a member of public for which we are liable would leave us in a vulnerable position regarding our finances.

### **Legal Implications**

13. Contracts of insurance are subject to the Public Contract Regulations (PCR) (2006). For insurance contracts of the size in contemplation here the PCR require an open and fair tender procedure which is advertised across the EU. It is unlikely that such a tender would reach a conclusion with contracts signed in under six months.

### **Conclusions**

14. Self insuring would significantly increase the level of financial risk to the Council. There would be no limit of the costs paid out in insurance claims or costs to pay for damage to council assets would have to be paid for from the Council's resources. It would be wise to continue to take out insurance cover with a third party provider as it limits our potential financial loss in current and future years.

### **Proposal**

15.
  1. To continue with insurance cover with a third party provider
  2. To delegate the decision on which lots to procure and which to self insure to the Cabinet Member for Finance and the Associate Director for Finance.

### **Reason for Proposal**

16. Not having insurance cover in place would expose the Council to significant financial risk

**Michael Hudson, Associate Director - Finance, Revenues & Benefits and Pensions**

**Barry Pirie, Associate Director – Business and People Services**

Report Author: Darren Law, Head of Business Services Finance, 01225 713905,  
darren.law@wiltshire.gov.uk

04.08.2014

### **Background Papers**

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

None

### **Appendices**

None

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**Wiltshire Council**

**Cabinet**

**16 September 2014**

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**Subject: Report on Treasury Management Strategy 2014-15 – First Quarter ended 30 June 2014**

**Cabinet member: Councillor Richard Tonge  
Finance, Performance, Risk, Procurement and Welfare Reform**

**Key Decision: No**

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## **Executive Summary**

The Council has adopted a Treasury Management Strategy and an Annual Investment Strategy (AIS) for 2014-15, which can be found in the Cabinet meeting on 11<sup>th</sup> February 2014 agenda in the reports pack at the following link, <http://cms.wiltshire.gov.uk/ieListDocuments.aspx?CId=141&MId=7217&Ver=4>, Item 9, Pages 201 to 283.

In addition to an Annual Report, the policy requires quarterly reports reviewing the Treasury Management Strategy (TMS). This is the first quarterly report of 2014-15 and covers the period from 1 April 2014 to 30 June 2014.

## **Proposals**

The Cabinet is asked to note the contents of this report in line with the Treasury Management Strategy.

## **Reasons for Proposals**

To give members of the Cabinet an opportunity to consider the performance of the Council in the period to the end of the quarter against the parameters set out in the approved Treasury Management Strategy for 2014-15.

This report is a requirement of the Council's Treasury Management Strategy.

**Carolyn Godfrey  
Corporate Director**

**16 September 2014**

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**Subject: Report on Treasury Management Strategy 2014-15 – First Quarter ended 30 June 2014**

**Cabinet member: Councillor Richard Tonge  
Finance, Performance, Risk, Procurement and Welfare Reform**

**Key Decision: No**

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## **1. Background & Purpose of Report**

- 1.1 The Council adopted a Treasury Management Strategy for 2014-15 at its meeting on 25 February 2014, incorporating Prudential Indicators (PrIs), Treasury Management Indicators (TrIs) and an Annual Investment Strategy, in accordance with the Prudential Code for Capital Finance in Local Authorities (the Prudential Code). The Strategy report can be found in the Cabinet 11 February 2014 agenda reports pack, Item 9, Pages 201 to 283 at <http://cms.wiltshire.gov.uk/ieListDocuments.aspx?CId=141&MId=7217&Ver=4>.
- 1.2 The Council agreed that, in addition to an Annual Treasury Report reviewing the year as a whole, quarterly reports would be submitted to Cabinet reviewing the Treasury Management Strategy. This report covers the first quarter of 2014-15, ended 30 June 2014.

## **2. Main Considerations for the Cabinet**

- 2.1 This report reviews management actions in relation to:
- a) the PrIs, TrIs originally set for the year and the position at the 30 June 2014;
  - b) other treasury management actions during the period; and
  - c) the approved Annual Investment Strategy.

### **Review of Prudential and Treasury Indicators and Treasury Management Strategy for 2014-15**

- 2.2 The following is a review of the position on the key prudential and treasury indicators for the three months to 30 June 2014.
- 2.3 A full detailed listing of the indicators required by the CIPFA Prudential Code, Treasury Management Code and Treasury Management Guidance Notes is given in Appendix 1.



## Key Prudential Indicators

### Prl 2 – Ratio of Financing Costs to Net Revenue Stream

	<b>2013-14 Actual Outturn</b>	<b>2014-15 Original Estimate</b>	<b>2014-15 Revised Estimate</b>
General Fund	6.2%	7.1%	6.6%
Housing Revenue Account	15.3%	14.7%	14.9%

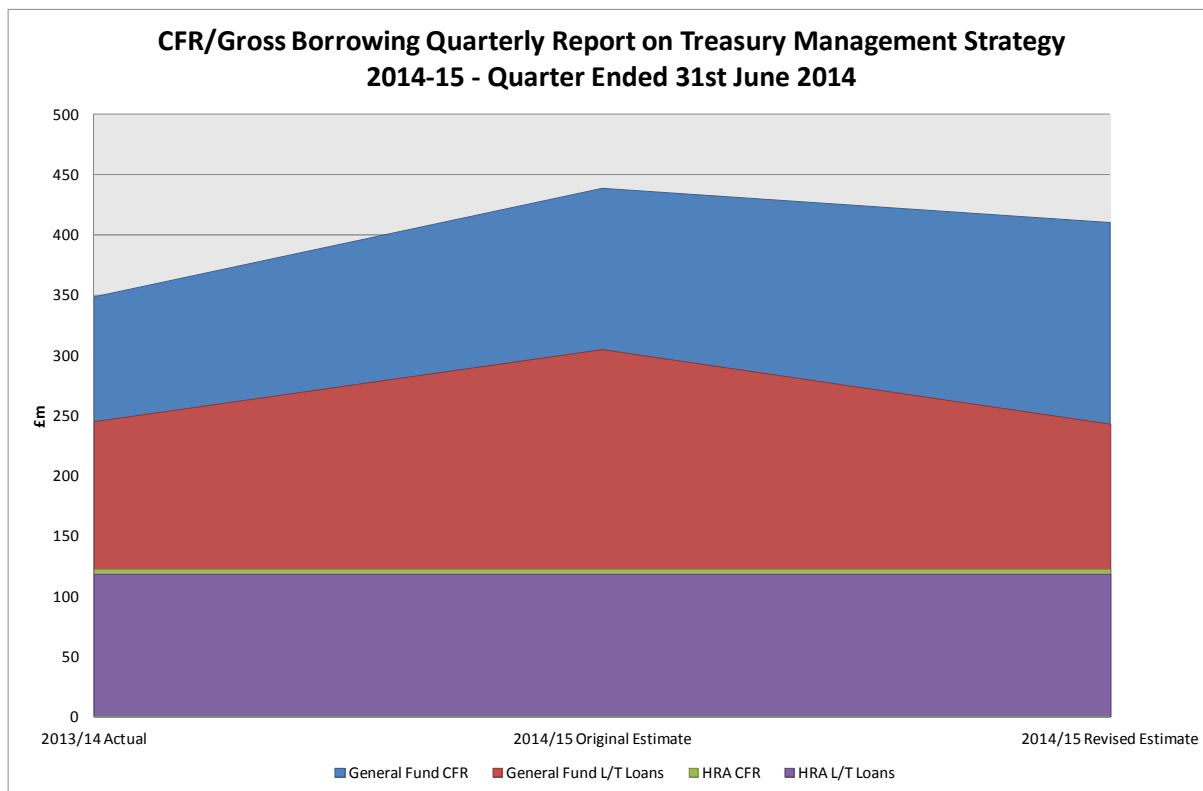
- 2.4 In Prl 2 above the General Fund revised estimate for 2014-15 is lower than the original due to a reduction in financing cost and a fall in expected investment income.

### Prl 4 – Gross Borrowing compared to Capital Financing Requirement (CFR)

	<b>2013-14 Actual Outturn £ million</b>	<b>2014-15 Original Estimate £ million</b>	<b>2014-15 Revised Estimate £ million</b>
CFR – General Fund	348.6	438.7	410.5
CFR – HRA	122.6	122.6	122.6
Gross Borrowing – General Fund	245.2	305.1	263.1
Gross Borrowing – HRA	118.8	118.8	118.8
<b>CFR not funded by gross borrowing – General Fund</b>	<b>103.4</b>	<b>133.6</b>	<b>147.4</b>
<b>CFR not funded by gross borrowing – HRA</b>	<b>3.8</b>	<b>3.8</b>	<b>3.8</b>

- 2.5 Prl 4 measures the so called “Golden Rule” which ensures that over the medium term net borrowing is only for capital purposes.
- 2.6 The main reasons for the difference in the 2014-15 revised and original estimates are:
- a decrease in the capital financing requirement; and
  - a revision of the external borrowing requirement. It is anticipated that borrowing may increase in 2014-15 by approximately £20 million, any increase in capital financing requirement in excess of this being funded (internally) by a reduction in investments. Using ‘internal cash’, where it is available, to fund further increases in CFR, through cash flow management, rather than borrowing externally reduces the cost of borrowing, depending on duration, (from about 4.5%, externally, dependent on loan term, to 0.5%, internally).

The CFR not funded by gross borrowing is represented graphically as follows:



### Key Treasury Management Indicators within the Prudential Code

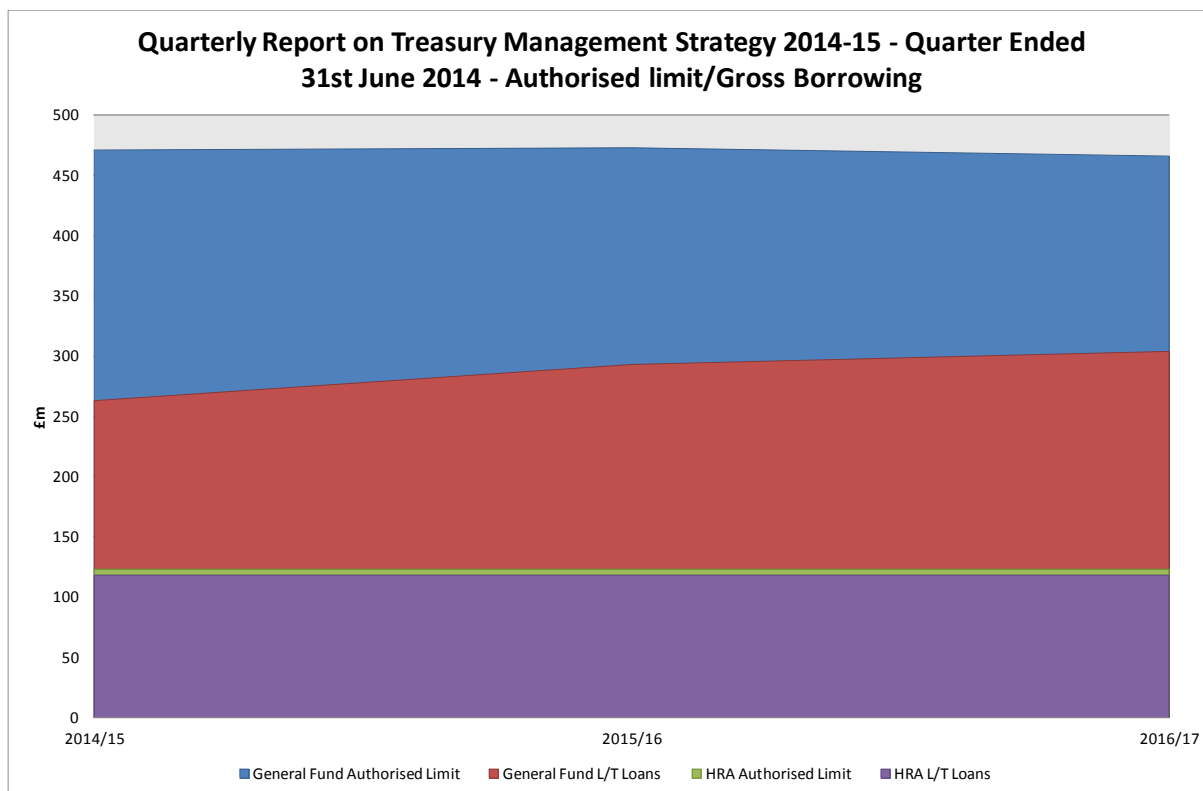
2.7 The Operational Boundary and Authorised Limit, as approved by Council in February as part of the Treasury Management Strategy, detailed below are control limits and do not compare with actual borrowing figures as capital funding requirements are not automatically taken as loans and may be funded from cash balances.

#### Trl 1 – Authorised Limit for External Debt

Authorised Limit	2014-15 £ million	2015-16 £ million	2016-17 £ million
Borrowing – General Fund	471.2	473.2	466.1
Borrowing – HRA	123.2	123.2	123.2
Other Long Term Liabilities	0.2	0.2	0.2
<b>TOTAL</b>	<b>594.6</b>	<b>596.6</b>	<b>589.5</b>

2.8 The External Debt limit includes a margin above the Operational Boundary to allow for any unusual or unpredicted cash movements. The limit has not been exceeded in the reporting period.

2.9 This can be represented graphically against expected borrowing to show the expected 'gap' between the Authorised Limit and the expected debt:

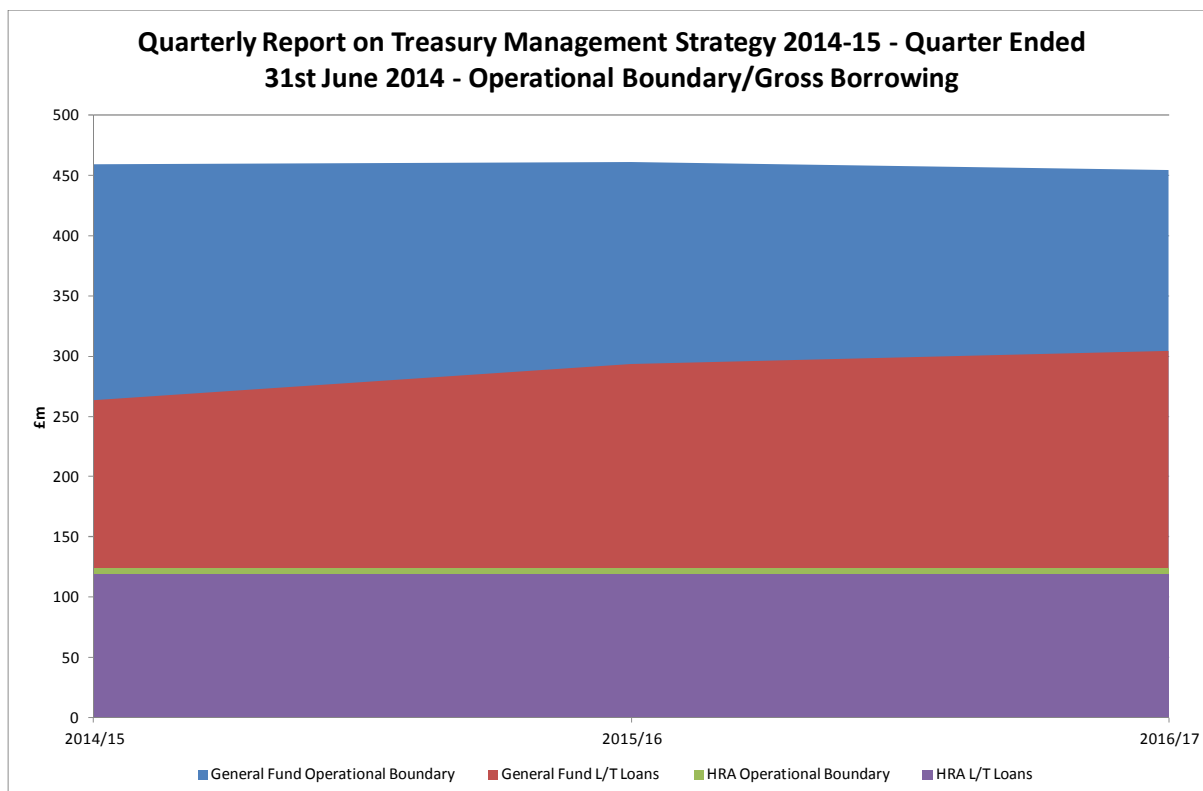


## Trl 2 – Operational Boundary for External Debt

<b>Operational Boundary</b>	<b>2014-15 £ million</b>	<b>2015-16 £ million</b>	<b>2016-17 £ million</b>
Borrowing – General Fund	459.7	461.6	454.8
Borrowing – HRA	123.2	123.2	123.2
Other Long Term Liabilities	0.2	0.2	0.2
<b>TOTAL</b>	<b>583.1</b>	<b>585.0</b>	<b>578.2</b>

2.10 The Operational Boundary is set at a limit that facilitates the funding of the Council's entire financing requirement through loans, if this was the most cost effective approach. The limit was set to anticipate expected expenditure and has not been exceeded during the reporting period (maximum borrowing during the period was £364.0 million).

2.11 This can also be represented graphically against expected borrowing to show the expected 'gap' between the Operational Boundary and the expected debt:

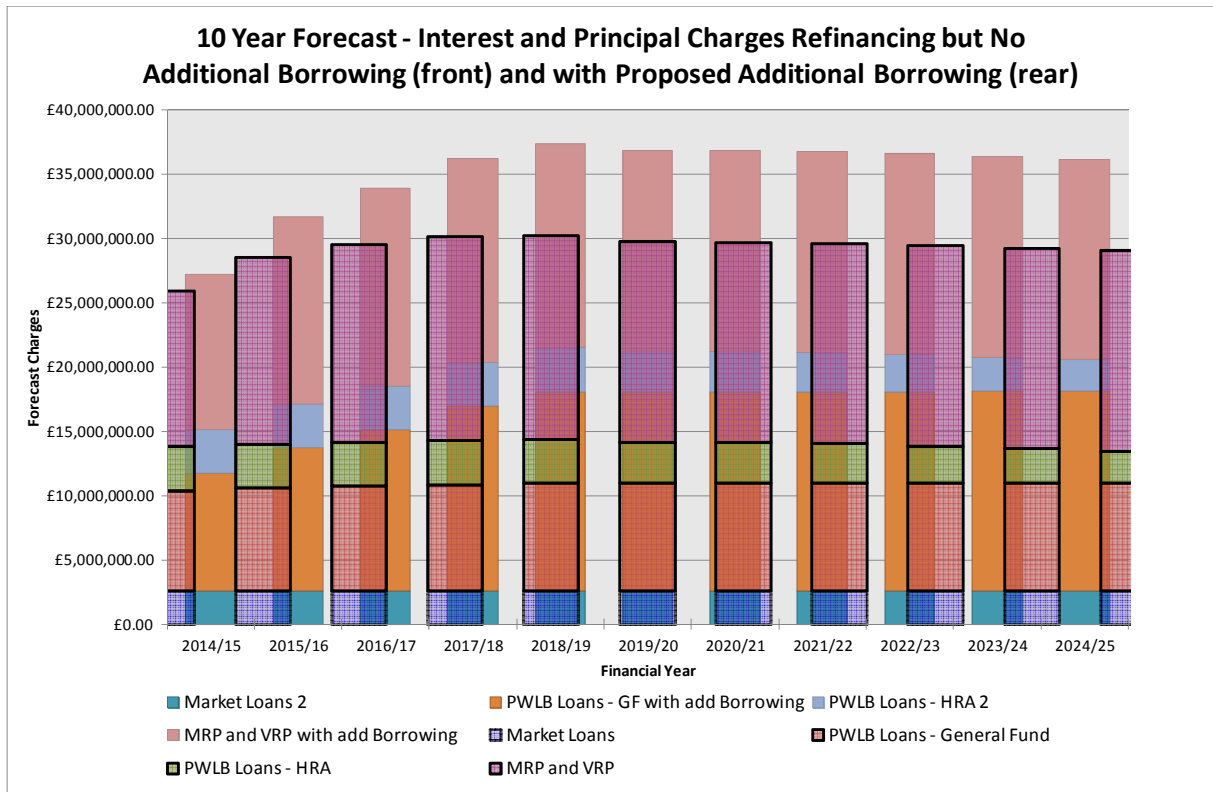


### Trl 3 – External Debt

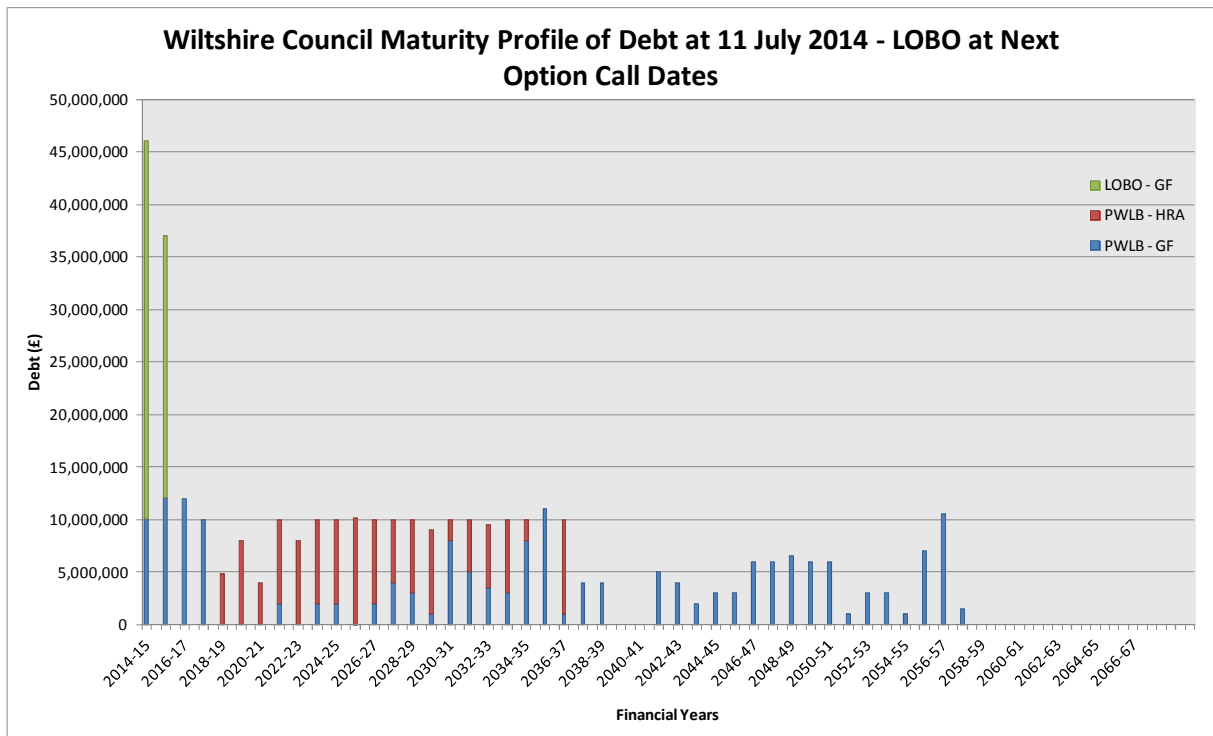
	<b>31/03/14 Actual £ million</b>	<b>30/06/14 Actual £ million</b>	<b>31/03/15 Expected £ million</b>
Borrowing – General Fund	245.2	243.2	263.1
Borrowing – HRA	118.8	118.8	118.8
<b>Total Borrowing</b>	<b>364.0</b>	<b>362.0</b>	<b>381.9</b>
Other Long Term Liabilities	0.2	0.2	0.2
<b>TOTAL</b>	<b>364.2</b>	<b>362.2</b>	<b>382.1</b>

2.12 Trl 3 shows the gross External Debt outstanding, both long-term loans and temporary borrowing. A £2 million General Fund PWLB loan was repaid, on maturity, in June 2014. This has resulted in a reduction in borrowing, the repayment being contained within the Councils cash flow, through a reduction in investments rather than refinancing. The figure for actual borrowing at 31 March 2014 is stated at the amount that reflects actual outstanding external borrowing at the end of 2013-14 (i.e. excluding accounting adjustments, such as accrued interest and effective interest rate adjustments).

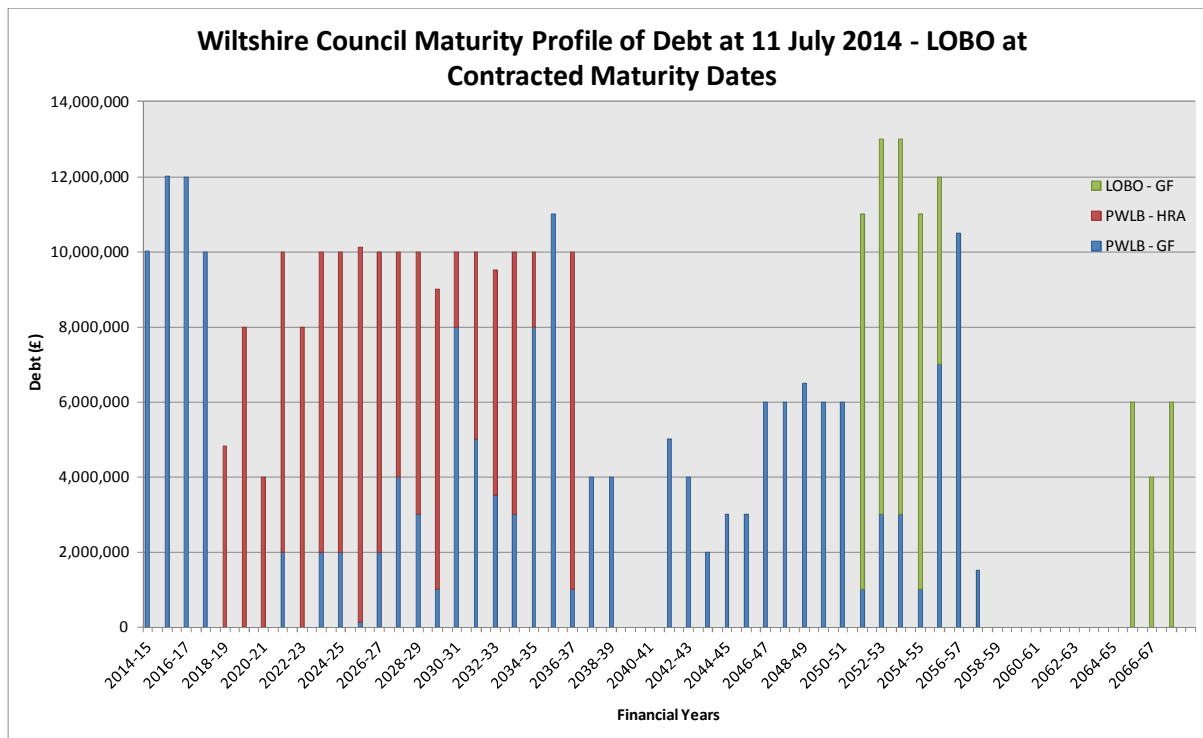
2.13 The total cost of borrowing to fund capital expenditure (General Fund and HRA) is currently £25.873 million per annum, made up of interest costs (£13.785) and principal charges (minimum revenue provision) (£12.088 million). A ten year forecast based on current borrowing with maturing loans being refinanced, compared with the proposed additional borrowing to fund major capital projects, mainly campuses, is given below:



2.14 The following graphs show the period over which the current external debt matures, based on: a) the earliest repayment date (next option call date) in the case of LOBO loans (see also Appendix 2), and b) LOBO loans at their contracted maturity dates:







**Key Treasury Management Indicators within the Treasury Management Code**

Trl 6 – Principal Sums invested for periods of longer than 364 days

2.15 This Trl is now covered by the Annual Investment Strategy for 2014-15, which set a limit of £30 million. During the three months of 2014-15 no cost effective investments have been identified. The Authority however holds a number of money market funds and a 35 day notice deposit account, which offer attractive interest rates and, in the case of money market funds, instant access for flexibility of cash management.

Trl 7 - Local Prudential Indicator

2.16 In addition to the main maturity indicators it was agreed as part of the Treasury Management Strategy, approved by Council in February, that no more than 15% of long term loans should fall due for repayment within any one financial year. The maximum in any one year is currently 12.7% (£46 million) in 2014-15. However, £36 million relates to the treatment of LOBO loans, which are shown as maturing at the date (the “call date”) on which the lender has the right to increase the interest rate. Indications are that interest rates will move upwards, either in the last quarter of 2014 or the first quarter of 2015. However, interest rates are expected to increase slowly and it is, therefore, unlikely that these loans will be “called” in 2014-15. A summary maturity profile is shown in Appendix 2.

**Other Debt Management Issues**

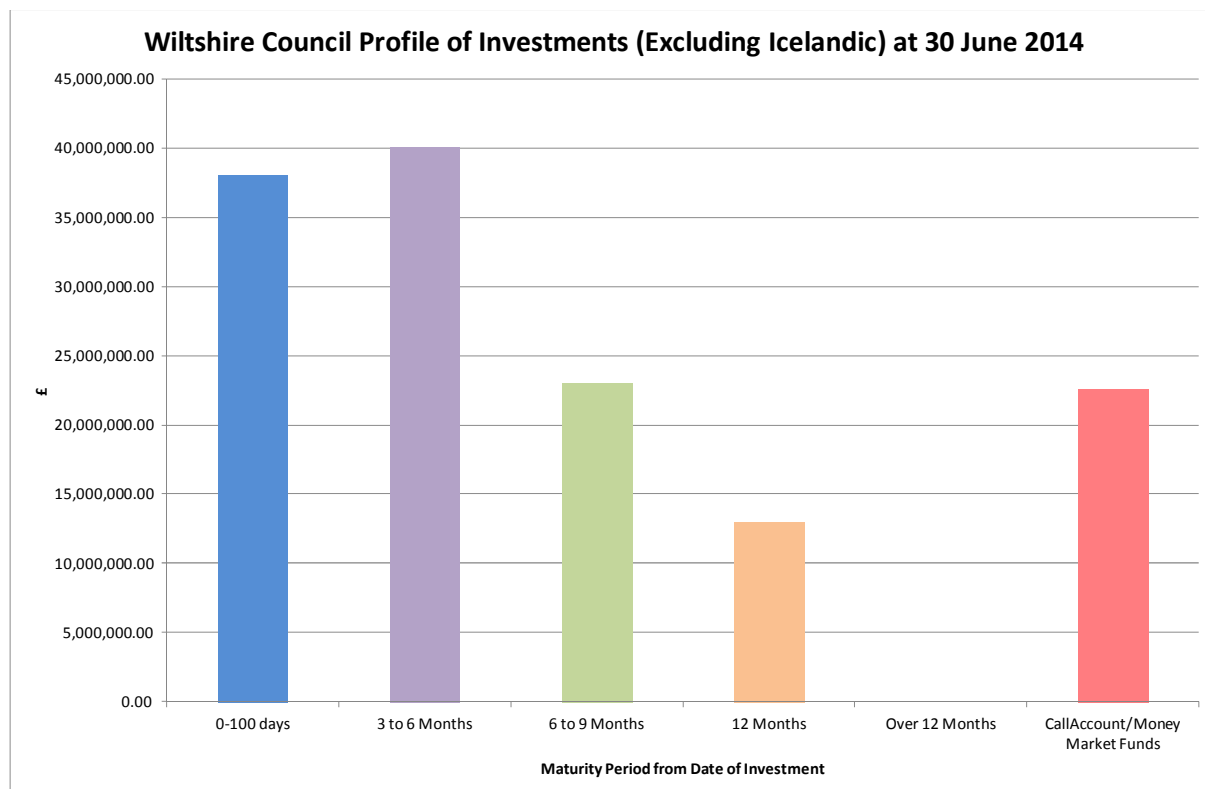
Debt Rescheduling

2.17 No opportunities to reschedule PWLB debt have been identified during the period, mainly because of the high level of premiums payable for early repayment of debt. This is continually monitored and any opportunities to reschedule cost effectively will be considered, should they arise.

## Cash Surpluses and Deficits

### *Short Term Surpluses and Deficits*

2.18 Any short term cash surpluses or deficits have been managed through temporary deposits or loans, respectively. Temporary deposits outstanding at 30 June 2014 amounted to £137.7 million, including outstanding Icelandic bank deposits (£1.159 million), shown at their current estimated recoverable amounts, as detailed in Appendix 3. The graph below shows the maturity profile of the Council's investments, excluding Icelandic bank deposits.



### *Icelandic Banks*

2.19 There have been no further repayments from the Icelandic banks since those reported to Cabinet on 21 November 2013, as part of the quarterly report for the end of September 2013.

2.20 To date the Council has recovered approximately £10.2 million of the original £12 million deposited in 2008.

2.21 Based on the latest information, the Council is expecting to recover up to 95% of its deposits with Heritable (94% already recovered) and 100% of its deposit in Landsbanki. However, repayments from Landsbanki are likely to be completed over several more years and are subject to fluctuations in foreign exchange rates and the Icelandic capital controls, which currently remain in place.

2.22 On Thursday 30th January 2014 a number of local authorities sold their Landsbanki claims through a competitive auction process. Wiltshire Council decided not to sell its claim at that time (at a potential loss of £300,000), for less than the 100%, to be received eventually by waiting for the remaining distributions, as indicated by the Winding-up Board. The Council is, however,

keeping the matter under review and is in regular receipt of offers from parties interested in buying our claim.

- 2.23 The Council has decided to continue with ongoing support from the Local Government Association (LGA) and Bevan Brittan in respect of its position now that several authorities have sold their claims. The Council, together with LGA/Bevan Brittan, will be reviewing the need for continuing support arrangements at the end of August 2014, when it is hoped the situation will become clearer.

#### *Longer Term Cash Balances*

- 2.24 Interest rate movements in the period have not provided many opportunities for an increased return by longer term investment of the more permanent cash surpluses, such as reserves and balances. However, the availability of any appropriate longer term investment opportunities is continually monitored, such as those that offer “special tranche rates”.
- 2.25 Rates have remained relatively low, which is, therefore, reflected in rates available, including the “special tranche rate” investments. Details of investments outstanding are shown in Appendix 3.

### **Review of Investment Strategy**

- 2.26 The Treasury Management Strategy Statement (TMSS) for 2014-15, which includes the Annual Investment Strategy, was approved by the Council on 25 February 2014. It sets out the Council’s investment priorities as being:

- a) Security of capital;
- b) Liquidity; and
- c) Yield.

- 2.27 The Council will also aim to achieve the optimum return (yield) on investments commensurate with proper levels of security and liquidity. In the current economic climate it is considered appropriate to keep investments short term to cover cash flow needs but also to seek out value available in higher rates in periods up to 12 months with highly credit rated financial institutions, using Sector’s suggested creditworthiness approach, including sovereign credit rating and Credit Default Swap (CDS) overlay information provided by Sector.
- 2.28 All investments have been conducted within the agreed Annual Investment Strategy and made only to authorised lenders within the Council’s high credit quality policy.
- 2.29 Credit ratings are incorporated within the approved Investment Strategy as detailed within the Treasury Management Strategy 2014-15 and the current ratings have been shown against the deposits outstanding in Appendix 3.

### **3. Environmental and Climate Change Considerations**

- 3.1 None have been identified as arising directly from this report.

#### **4. Equalities Impact of the Proposal**

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

#### **5. Risks Assessment and Financial Implications**

5.1 All investment has been at fixed rates during the period. The Council's current average interest rate on long term debt is 3.798%, which, according to the latest available information, remains one of the lowest rates amongst UK local authorities.

5.2 The primary treasury management risks to which the Council is exposed are adverse movements in interest rates and the credit risk of counterparties.

5.3 Investment counterparty risk is controlled by assessing and monitoring the credit risk of borrowers as authorised by the Annual Investment Strategy.

#### **6. Legal Implications**

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

#### **7. Public Health Implications**

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

#### **8. Safeguarding Considerations**

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

#### **9. Options Considered**

9.1 The availability of any longer term investment opportunities, such as those offered by "special tranche rates", is continually monitored.

#### **10. Conclusion**

10.1 Cabinet is asked to note the report.

**Michael Hudson**  
**Associate Director, Finance, Revenues & Benefits and Pensions**

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Report Author:

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**Background Papers**

The following unpublished documents have been relied on in the preparation of this Report: NONE

## **Appendices**

- Appendix 1 Prudential and Treasury Indicators for 2014-15, 2015-16 & 2016-17
- Appendix 2 Summary of Long Term Borrowing 1 April 2014 – 30 June 2014
- Appendix 3 Summary of Temporary Loans and Deposits 1 April 2014 – 30 June 2014



**Prudential and Treasury Indicators for 2014-15, 2015-16 & 2016-17**

**Prudential Indicators**

Prl 1 – Capital Expenditure

1. The table below shows the revised figures for capital expenditure based on the current capital approved budget.

	<b>2013-14 Actual Outturn</b>	<b>2014-15 Original Estimate</b>	<b>2014-15 Revised Estimate</b>	<b>2014-15 Actual To date 30/06/14</b>
	<b>£ million</b>	<b>£ million</b>	<b>£ million</b>	<b>£ million</b>
General Fund	84.5	132.1	175.7	7.6
HRA	6.2	10.2	15.0	0.5

2. The (revised) estimate for 2014-15 has increased since the original estimate was formulated because budgets including Campuses and Education schemes have been reprogrammed from 2013-14 forward into 2014/2015 to reflect the revised expenditure profile. The revised estimates have also been amended to reflect the most up to date capital spending expectations.
3. The Capital Programme is monitored closely throughout the year and progress on the programme is reported to the Cabinet Capital Asset Committee (CCAC). The Month 4 2014-2015 report (as at 31 July 2014) was taken to CCAC on 16 September 2014.

Prl 2 – Ratio of Financing Costs to Net Revenue Stream

	<b>2013-14 Actual Outturn</b>	<b>2014-15 Original Estimate</b>	<b>2014-15 Revised Estimate</b>
General Fund	6.2%	7.1%	6.6%
Housing Revenue Account	15.3%	14.7%	14.9%

The General Fund revised estimate for 2014-15 is lower than the original due to a reduction in financing cost estimates and a fall in expected investment income.

**Prudential and Treasury Indicators for 2014-15, 2015-16 & 2016-17**

Prl 3 – Estimate of Incremental Impact of Capital Investment Decisions on the Council Tax

4. This indicator is only relevant at budget setting time and for 2014-15 was calculated as being £-4.39.

Prl 4 – Gross Borrowing compared to Capital Financing Requirement (CFR)

	<b>2013-14 Actual Outturn £ million</b>	<b>2014-15 Original Estimate £ million</b>	<b>2014-15 Revised Estimate £ million</b>
CFR – General Fund	348.6	438.7	410.5
CFR – HRA	122.6	122.6	122.6
Gross Borrowing – General Fund	245.2	305.1	263.1
Gross Borrowing – HRA	118.8	118.8	118.8
<b>CFR not funded by gross borrowing – General Fund</b>	<b>103.4</b>	<b>133.6</b>	<b>147.4</b>
<b>CFR not funded by gross borrowing – HRA</b>	<b>3.8</b>	<b>3.8</b>	<b>3.8</b>

5. Prl 4 measures the so called “Golden Rule” which ensures that over the medium term net borrowing is only for capital purposes.
6. CFR not funded by gross borrowing represents capital expenditure met by internal borrowing, i.e. funded from the Council’s own funds, such as reserves and balances and working capital (an accounting term for the difference, at a point in time, between what the Council owes and what is owed to it).
7. Internal borrowing is cheaper than external borrowing, however, the ability to borrow internally will depend upon the sufficiency of reserves, balances and working capital. The sufficiency needs to be monitored and projections carried out to indicate where any adverse movements are expected, that could jeopardise the Council’s cash flow position, making it necessary to replace internal borrowing with external borrowing.
8. The main reason for the difference in the 2014-15 revised and original estimates are:
  - a) a decrease in the capital financing requirement;
  - b) a revision of the external borrowing requirement. It is anticipated that borrowing may increase in 2014-15 by approximately £20 million, any increase in capital financing requirement in excess of this being funded (internally) by a reduction in investments. Using ‘internal cash’, where it is available, to fund further increases in CFR, through cash flow management, rather than borrowing externally reduces the cost of borrowing, depending on duration, (from about 4.5%, externally, dependent on loan term, to 0.5%, internally); and

**Prudential and Treasury Indicators for 2014-15, 2015-16 & 2016-17**

Prl 5 – Compliance with the CIPFA Code of Practice for Treasury Management in the Public Services

9. All actions have been compliant with the CIPFA Code of Practice.

**Treasury Management Indicators within the Prudential Code**

10. The Operational Boundary and Authorised Limit, as approved by Council in February as part of the Treasury Management Strategy, detailed below, are control limits and do not compare with actual borrowing figures as capital funding requirements are not automatically taken as loans and may be funded from cash balances.

Trl 1 – Authorised Limit for External Debt

<b>Authorised Limit</b>	<b>2014-15 £ million</b>	<b>2015-16 £ million</b>	<b>2016-17 £ million</b>
Borrowing – General Fund	471.2	473.2	466.1
Borrowing – HRA	123.2	123.2	123.2
Other Long Term Liabilities	0.2	0.2	0.2
<b>TOTAL</b>	<b>594.6</b>	<b>596.6</b>	<b>589.5</b>

11. The External Debt limit includes a margin above the Operational Boundary to allow for any unusual or unpredicted cash movements. The limit has not been exceeded in the reporting period.

Trl 2 – Operational Boundary for External Debt

<b>Operational Boundary</b>	<b>2014-15 £ million</b>	<b>2015-16 £ million</b>	<b>2016-17 £ million</b>
Borrowing – General Fund	459.7	461.6	454.8
Borrowing – HRA	123.2	123.2	123.2
Other Long Term Liabilities	0.2	0.2	0.2
<b>TOTAL</b>	<b>583.1</b>	<b>585.0</b>	<b>578.2</b>

12. The Operational Boundary is set at a limit that facilitates the funding of the Council's entire financing requirement through loans, if this was the most cost effective approach. The limit was set to anticipate expected expenditure and has not been exceeded during the reporting period (maximum borrowing during the period was £364.0 million).

**Prudential and Treasury Indicators for 2014-15, 2015-16 & 2016-17**

Trl 3 – External Debt

	<b>31/03/14 Actual £ million</b>	<b>30/06/14 Actual £ million</b>	<b>31/03/15 Expected £ million</b>
Borrowing – General Fund	245.2	243.2	263.1
Borrowing – HRA	118.8	118.8	118.8
<b>Total Borrowing</b>	<b>364.0</b>	<b>362.0</b>	<b>381.9</b>
Other Long Term Liabilities	0.2	0.2	0.2
<b>TOTAL</b>	<b>364.2</b>	<b>362.2</b>	<b>382.1</b>

13. Trl 3 shows the gross External Debt outstanding, both long-term loans and temporary borrowing. A £2 million General Fund PWLB loan was repaid, on maturity, in June 2014. This has resulted in a reduction in borrowing, the repayment being contained within the Councils cash flow, through a reduction in investments rather than refinancing. The figure for actual borrowing at 31 March 2014 is stated at the amount that reflects actual outstanding external borrowing at the end of 2013-14 (i.e. excluding accounting adjustments, such as accrued interest and effective interest rate adjustments).

**Treasury Management Indicators within the Treasury Management Code**

Trl 4a – Upper Limit on Fixed Interest Rate Exposures

**The Council's upper limit for fixed interest rate exposure for the period 2014-15 to 2016-17 is 100% of net outstanding principal sums.**

Trl 4b – Upper Limit on Variable Interest Rate Exposures

**The Council's upper limit for variable interest rate exposure is 50% for 2014-15, 50% for 2015-16 and 55% for 2016-17 of net outstanding principal sums.**

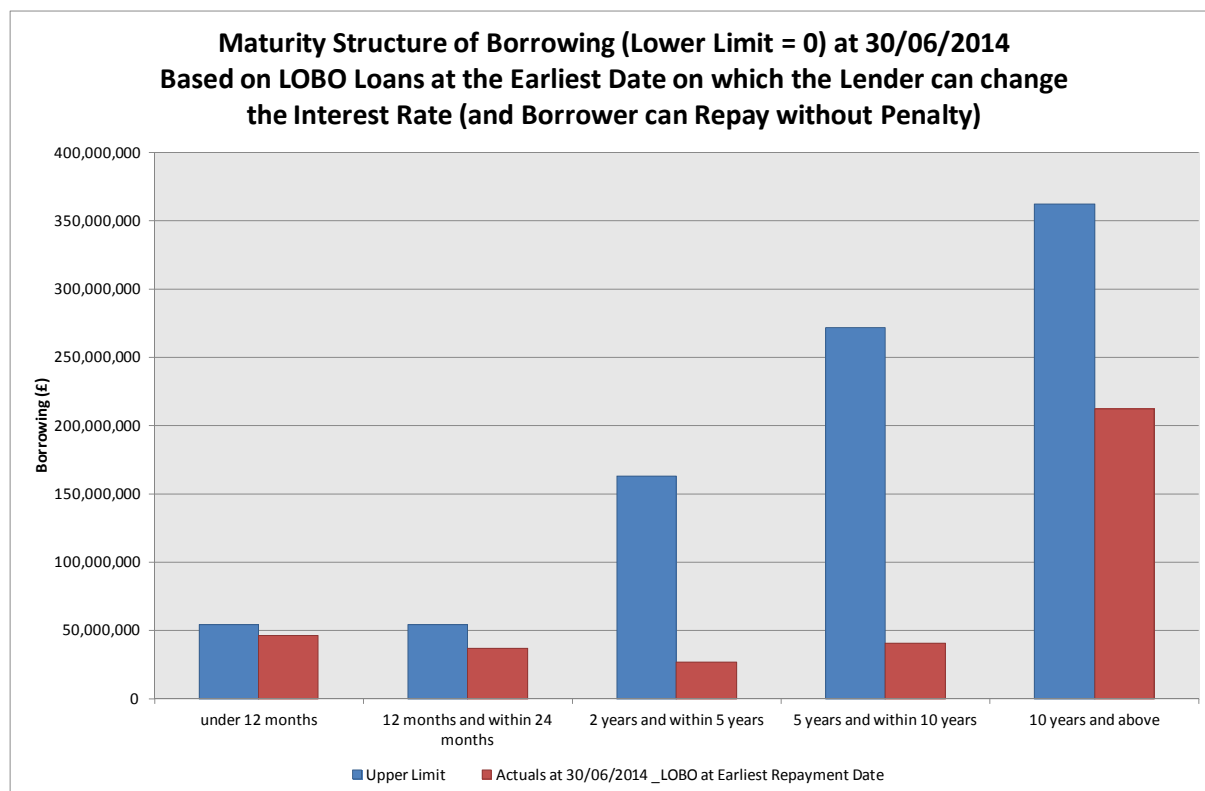
14. Options for borrowing during the period were considered, however, (mainly) due to the premium that would be incurred on the early repayment of debt and the desire to maintain the Council's relatively low average borrowing rate, no new borrowing was taken.

**Prudential and Treasury Indicators for 2014-15, 2015-16 & 2016-17**

Trl 5 – Upper & Lower Limits on the Maturity Structure of Borrowing

Limits on the Maturity Structure of Borrowing	Upper Limit	Lower Limit	Position at 31/06/14
Maturing Period:			
- under 12 months	15%	0%	13%
- 12 months and within 24 months	15%	0%	10%
- 2 years and within 5 years	45%	0%	7%
- 5 years and within 10 years	75%	0%	11%
- 10 years and above	100%	0%	59%

15. The table above and the following graph show that the actual maturity structure is within the agreed limits.



16. No long term borrowing has been taken during the period. If interest rates are favourable and an opportunity exists to take further borrowing this year we will look to match borrowing with this maturity structure.

Trl 6 – Principal Sums invested for periods of longer than 364 days

17. This PrI is now covered by the Annual Investment Strategy for 2014-15, which set a limit of £30 million, as approved by Council in February as part of the Treasury Management Strategy. During the first three months of 2014-15 no cost effective investments have been identified. The Authority however holds



**Prudential and Treasury Indicators for 2014-15, 2015-16 & 2016-17**

a number of money market funds and a 35 day notice deposit account, which offer competitive interest rates and, in the case of money market funds, instant access for flexibility of cash management.

Trl 7 - Local Prudential Indicator

18. In addition to the main maturity indicators it was agreed in the approved Treasury Management Strategy that no more than 15% of long term loans should fall due for repayment within any one financial year. The maximum in any one year is currently 12.7% (£46 million) in 2014-15. However, £36 million relates to LOBO loans and, although interest rates are likely to move upwards, either in the last quarter of 2014 or the first quarter of 2015, they are expected to increase slowly thereafter and it is, therefore, unlikely that these loans will be “called” in 2014-15. A summary maturity profile is shown in Appendix 2.

**SUMMARY OF LONG TERM BORROWING 1 APRIL 2014 – 30 JUNE 2014**

**Loans Raised During the Period**

Date Raised	Lender	Amount (£m)	Type	Interest rate (%)	Maturity date	No. of years
No Loans were raised during the period						
<b>Total</b>		0.000				

**Average period to maturity (years)** 0.00

**Average interest rate (%)** 0.00

\* Loans taken to restructure \*\* Loans taken for purchases instead of leasing

**Maturity Profile at 30 June 2014**

Year	Amount (£m)					% age		Average rate (%)	
	PWLB	Market Loans (LOBO)		Total		Earliest Repay	Contracted Maturity	Earliest Repay	Contracted Maturity
		Earliest Repay	Contracted Maturity	Earliest Repay	Contracted Maturity				
(A)	(B)	(C)	(A)+(B)	(A)+(C)					
1 to 5 years	48.842	61.000	-	109.842	48.842	30.3	13.5	3.910	3.360
6 to 15 years	90.123	-	-	90.123	90.123	24.9	24.9	3.013	3.013
16 to 25 years	87.500	-	-	87.500	87.500	24.2	24.2	3.872	3.872
26 to 50 years	74.500	-	45.000	74.500	119.500	20.6	33.0	4.497	4.449
Over 50 years	-	-	16.000	-	16.000	-	4.4	-	4.298
<b>Totals</b>	300.965	61.000	61.000	361.965	361.965	100.0	100.0	3.798	3.793

**Average period to maturity (years)** 15.61 24.65

CIPFAs Guidance Notes on Treasury Management in the Public Services recommends that the Treasury Management Strategy Reports include LOBO (Lender Option Borrower Option) loans at the earliest date on which the lender can require payment, deemed to be the next 'call date'. At that date the lender may choose to increase the interest rate and the borrower (the Council) may accept the new rate or repay the loan (under the current approved Treasury Management Strategy, the Council would repay the loan). Whether or not the lender chooses to exercise their right to alter the interest rate will depend on market conditions (interest rates). Current market conditions, where interest rates are predicted to remain low for some time and the pattern of any future interest rate rises will almost certainly be a slow rise over a number of years, indicate that it is highly unlikely that lenders will call the loans in the immediate future.

The alternative method of determining the maturity profile of LOBO loans, based on contracted maturity dates, is used in the 2013-14 year end outturn.

The table above includes the maturity profiles using both the earliest date on which the lender can require payment and the contracted maturity dates.

**SUMMARY OF TEMPORARY LOANS AND DEPOSITS 1 APRIL 2014 – 30 JUNE 2014**

**Deposits Outstanding at 30 June 2014**

<b>Borrower</b>	<b>Amount £m</b>	<b>Terms</b>	<b>Interest Rate</b>	<b>Sector Credit Rating at 30/06/2014</b>
Lloyds TSB Bank	5.000	Fixed to 11-Aug-14	1.01	Blue - 12 Months
Ulster Bank Ltd *	8.000	Fixed to 16-Sep-14	0.92	No Rating (rating suspended 13 March 2014)
DBS Bank Ltd.	8.000	Fixed to 13-Oct-14	0.50	Purple - 24 Months
Standard Chartered Bank	8.000	Fixed to 14-Oct-14	0.61	Red - 6 Months
Canadian Imperial Bank of Commerce	8.000	Fixed to 16-Jul-14	0.50	Orange - 12 Months
Nationwide Building Society	8.000	Fixed to 01-Jul-14	0.47	Green - 100 days
National Bank of Abu Dhabi	8.000	Fixed to 01-Oct-14	0.52	Red - 6 Months
National Australia Bank	8.000	Fixed to 01-Oct-14	0.49	Orange - 12 Months
Commonwealth Bank of Australia	6.000	Fixed to 01-Jul-14	0.42	Orange - 12 Months
Barclays Bank	8.000	Fixed to 15-Jul-14	0.44	Green - 100 days
Australia and New Zealand Bank	8.000	Fixed to 31-Oct-14	0.49	Orange - 12 Months
Deutsche bank	8.000	Fixed to 12-Aug-14	0.46	Green - 100 days
Lloyds TSB Bank	7.000	Fixed to 16-Feb-15	0.80	Blue - 12 Months
Overseas Chinese Banking Corporation	8.000	Fixed to 16-Feb-15	0.57	Orange - 12 Months
Nodea Bank Finland	8.000	Fixed to 15-Aug-14	0.51	Orange - 12 Months
Svenska Handelsbanken AB	7.826	No fixed maturity date	0.50	Orange - 12 Months
BlackRock Money Market Fund	0.059	No fixed maturity date	0.39	AAA
J P Morgan Money Market Fund	0.005	No fixed maturity date	0.30	AAA
Prime Rate Money Market Fund	0.070	No fixed maturity date	0.41	AAA
Goldman Sachs	0.009	No fixed maturity date	0.37	AAA
Ignis Money Market Fund	14.591	No fixed maturity date	0.43	AAA
Heritable Bank	0.000	Est Recoverable Amount	6.00	N/A
Heritable Bank	0.000	Est Recoverable Amount	6.00	N/A
Heritable Bank	0.000	Est Recoverable Amount	6.00	N/A
Heritable Bank	0.000	Est Recoverable Amount	5.42	N/A
Landsbanki	1.138	Est Recoverable Amount	6.10	N/A
Landsbanki	0.021	Est Recoverable Amount	4.17	N/A
<b>Total</b>	<b>137.719</b>			

\*The suggested duration associated with Ulster Bank was 12 months (Blue - Government backed as part of RBS Group) at the time the deposit was taken out. However, since that time, following a review, the banks credit rating has been downgraded by Moodys Rating Agency and Capita Asset Services suspended their rating on 13 March 2014, although they remain Government backed as part of the RBS Group and still retain parental support.

Outstanding deposits with Icelandic Banks are shown at the estimated recoverable amount, which takes account of the latest estimated impairments and all repayments received to date (30 June 2014). Following the last (significant) repayment, the estimated recoverable amounts relating to the Heritable Bank investments have been reduced to nil, on the basis of current indications, that there may not be any further repayments, a recovery level of 94% having been attained. Apart from the final entry, the interest rates are the original rates. The last entry reflects the amount paid out in ISK (Icelandic Krona) which is being held in an interest bearing escrow account in Iceland and, as recommended by CIPFA, accounted for as a 'new' investment.

Investments held at the end of the first quarter of 2014-15 (as highlighted) are £61.392 million higher than they were at 31st March 2014. This is due to the timing of cash flows, particularly in respect of the 'front loading' of funding since the change in the collection of National Non-domestic (Business) Rates (NNDR) under Business Rates Retention.

**SUMMARY OF TEMPORARY LOANS AND DEPOSITS 1 APRIL 2014 –  
30 JUNE 2014**

**Transactions During the Period**

Type	Balance 1 Apr 14 £m	Raised		Repaid		Balance 30 June 14 £m	Interest Variance * High/Low(%)
		Value £m	No.	Value £m	No.		
<b>Temporary loans</b>							
- General	0.000	0.000	0	0.000	0	0.000	
Total	<b>0.000</b>	<b>0.000</b>	<b>0</b>	<b>0.000</b>	<b>0</b>	<b>0.000</b>	
<b>Temporary deposits</b>							
- General	38.159	93.000	12	16.000	2	115.159	1.01/0.42
- HSBC Overnight	1.500	62.300	26	63.800	26	0.000	0.20/0.20
- Call Accounts	0.020	7.806	2	0.000	0	7.826	0.55/0.45
- Money Market Funds	36.648	108.837	32	130.751	31	14.734	0.43/0.30
Total	<b>76.327</b>	<b>271.943</b>	<b>72</b>	<b>210.551</b>	<b>59</b>	<b>137.719</b>	

\* Interest variance is the highest/lowest interest rate for transactions during the period.

\* In terms of general deposits, the high of 1.01% was obtained in August 2013 on a 12 month deposit.

**General deposits include impaired Icelandic investments less any repayments that have been received, to date.**

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**Wiltshire Council**

**Cabinet**

**16 September 2014**

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Subject: **Revenue Budget Monitoring Period 4 2014/2015**

Cabinet Member: **Cllr Dick Tonge – Finance, Performance, Risk,  
Procurement and Welfare Reform**

Key Decision: **No**

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## **Executive Summary**

This report advises members of the revenue budget monitoring position as at the end of Period 4 (end of July 2014) for the financial year 2014/2015 with suggested actions as appropriate.

Overall therefore the forecasts suggest a £1.770 million overspend if no further action is taken. This is 0.5% of the Council's net budget. The purpose of budget monitoring is to identify such risks in order to allow management to address issues. This time last year a £2.067 million overspend was forecast and action taken to correct that ensured a balanced budget at year end. Action is currently being assessed to identify areas where savings can be made. An updated position will be reported to Cabinet in the next budget monitoring report for period 7 (October). It is forecast that a balanced budget will be achieved by 31 March 2015.

The Housing Revenue Account (HRA) is forecast to be underspent by £0.5 million.

The year-end general fund reserves balance is projected to be £10.965 million. This is in line with the council's financial plan and recommendations by the Section 151 Officer.

## **Proposal**

Cabinet is asked to note the outcome of the period 4 (end of July) budget monitoring, and approve the transfer of £3.2 million to Learning Disabilities from repayment to General Fund Reserves.

## **Reason for Proposal**

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

**Carolyn Godfrey, Corporate Director**

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## Wiltshire Council

### Cabinet

16 September 2014

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Subject: **Revenue Budget Monitoring Period 4 2014/2015**

Cabinet Member: **Cllr Dick Tonge – Finance, Performance, Risk,  
Procurement and Welfare Reform**

Key Decision: **No**

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### Purpose of Report

1. To advise members of the revenue budget monitoring position as at the end of Period 4 (end of July 2014) for the financial year 2014/2015 with suggested actions as appropriate.

### Background

2. The Council set the 2014/2015 budget at its meeting on 25 February 2014. The report focuses on forecast exceptions to meeting the original budget and actions required to balance it. Comprehensive appendices showing the individual service headings are included in Appendix C. More details on any revisions to the original base budgets in year are also included in the report.

### Summary

3. The projected year end position for the relevant accounts after the proposal recommended is as follows:

	Revised Budget Period 4 £ m	Profiled Budget to date £ m	Actual to date £ m	Projected Position for Year £ m	Projected Overspend/ (Underspend) £ m
General Fund Total	333.063	194.493	144.968	334.833	1.770
Housing Revenue Account	(1.322)	(4.799)	(5.398)	(1.822)	(0.500)

### General Fund Monitoring Process

4. Budget managers regularly monitor their income and spend. This has identified the areas where costs have risen quicker than forecast. The period 4 report shows more detailed information and includes a number of smaller variances. Full details of service area figures are included in Appendix C.
-

5. As in previous reports, this report focuses on the larger variances and the managerial actions arising to help to ensure a balanced budget at year end. As last year, Budget Monitoring reports to members will be taken to Cabinet in September, December, February and June.

### **Budget Movements in Period**

6. There have been a small number of budget movements in the period. These are all due to virements and structural changes since the report for budget setting in February 2014. A full trail is shown in appendix A and further details of major virements in the period are included in appendix B. The major structural change relates to the old transformation unit. During the period the program office was moved to Corporate Function & Procurement (£2.419 million) and customer services to Business Services (£1.576 million) from Transformation (£3.995 million).
7. During the period a large piece of work was undertaken with Adults Operation and Commissioning to review the base budget position. This led to some virements which had two main purposes:
  - To realign care budgets to reflect opening commitments, allowing budgets to be set and monitored in terms of activity and unit cost; and
  - To hold funding for demographic growth centrally until allocation can be agreed as part of the ongoing monitoring of activity. Further virements will be required to allocate funding for demographic growth to service areas.
8. These figures include a £900,000 draw from reserves for market supplements for social workers and social work manager's roles that was approved by cabinet in their meeting of 22 July 2014.
9. The budget set by Council in February for 2014/2015 originally assumed £3.2 million would be needed to repay reserves for 2013/14 funding of redundancies. However, due to strong financial management and action more savings were delivered in 2013/14 that following outturn now mean that this was funded in that year and as a result this repayment to reserves is no longer required this year. Cabinet is asked to note the outcome of the period 4 (end of July) budget monitoring, and approve the transfer of £3.2 million to Learning Disabilities from repayment to General Fund Reserves..

### **General Fund Forecast Details**

10. Overall the majority of services spend is in line with budget profiles and forecasts. There are a very small number of services which have identified larger variances at this stage of the year than originally planned. Service Associate Directors are seeking compensating actions to bring these back in line.

## **Adult Social Care**

11. Adults with learning disabilities is projecting an overspend, consistent with 2013/2014. This reflects the cost of care packages. It is proposed that £3.2 million is vired from Movement on Reserve to help mitigate this variance. The Council is working on longer term plans to address this matter going forward in 2015/16 and beyond.
12. If this is approved after the transfer of £3.2 million Adult Social Care services would therefore currently be projecting an overspend of £1.756 million. To enabled further improvement in monitoring of adult care budgets in terms of activity and cost care budgets were realigned at the start of the year to reflect opening / ongoing commitments. Early indications are that activity is broadly in line with targets with increased packages for care at home and reduced residential and nursing placements. Unit costs are higher than budgeted for and this in part is felt to reflect the increased complexity of those placements that are being made. Complex and higher cost cases are being reviewed through a dedicated resources as part of a plan of recovery.
13. Funding allocated at budget setting for demographic growth has not yet been allocated across adult care budgets in full and is being held within the Resources Strategy & Commissioning budget. Growth funding will be allocated to support key demographic pressures and to support the priorities within the Better Care Plan.

## **Children's Social Care**

14. Children's Social Care budgets are projected to overspend by £0.076 million. This is net after accounting for the transfer of £0.9 million from reserves as approved by Cabinet in July 2014 as part of a longer term recovery plan. This relates to the current key budget risk relating to the cost of agency staff. The recent decision to support recruitment of permanent staff through the application of Market Supplements should mitigate against increased numbers of agency staff and it is expected that agency costs will reduce during the year.
15. Placements budgets for Looked After Children are not currently projected to overspend. Detailed monitoring of activity indicates that there is an increase in in-house foster care placements compared with the budget and a reduction in residential and agency foster care placements. This is part of the service plans to manage costs and quality of the service and whilst unit costs for residential placements are higher than budgeted they are less overall and will continue to be monitored during the year.

## **Public transport**

16. The Public Transport budget is forecasting increased costs of £0.5 million as a result of securing continuation of both education & public transport contracts following the Hatts Travel group entering into administration. The increased costs reflect an emergency provision of service in short term and anticipated increase in base line cost for services when re-tendered. Work is on going to fully clarify the increased costs in 2014/2015 financial year and on an annual basis, as well as assessing the effect between education & public budgets.

## **Waste**

17. Waste is currently forecasting an overspend of £1 million. This mainly relates to extra landfill tax tonnage estimates. Work is on going to fully clarify the volumes and costs in 2014/2015 financial year.

## **Facilities Management**

18. Facilities Management is forecast to be £0.500 million overspent, this is due to a number of factors; the major one being delays to the programme of vacating properties. This has generated additional unbudgeted pressures on utilities, maintenance, cleaning and other associated costs. Further work is being undertaken on a recovery plan is place to mitigate these pressures.

## **Corporate**

19. The Movement on Reserves variance of £0.9 million represents £0.9 million draw for Children's Social Care and approved by members in July 2014.
20. Capital financing is forecast to be £1.0 million underspent at the year end. This is partly due to a high level of reprogramming of expenditure after the budget was set in February 2014. This reduced spend means there is a reduced planned requirement to borrow funds during 2014/15, reducing the revenue cost assumptions for servicing any borrowing.
21. Restructure and Contingency shows an underspend of £0.812 million. The savings identified are continually being reviewed for robustness and to look for other potential savings.
22. Central Government Grants show extra income of £0.638 million. This is due to extra grants announced and received since the budget was set, including Local Services Support Grant and Council Tax New Burdens.
23. Overall, therefore after applying £3.2 million for Learning Disabilities, the period 4 report identifies potential cost pressures of £1.770 million. Work is ongoing to manage this and a balanced budget is anticipated.



## Housing Revenue Account Monitoring Update

24. Budget figures on the Housing Revenue Account (HRA) have been reviewed as part of the regular monitoring process.
25. The HRA is forecast to be £0.500 million underspent on its revenue budgets. This is primarily caused by an underspend on the repairs and maintenance function. This area is currently being reviewed to realign the budgets going forward.

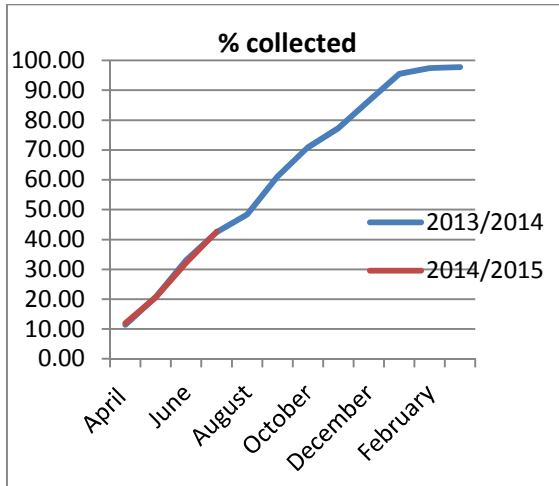
## DEBT MANAGEMENT

26. The following table includes Council's main areas of debt. This table will be expanded in the next monitoring report for outturn. This will include details of aged debt and description of the areas of debt.

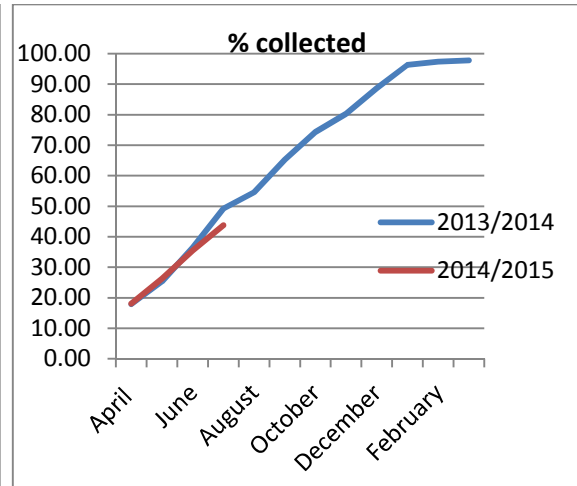
Type of Debt	Net Debit raised for year £ million	Unpaid Debt to End of July 2014 £ million	Value of debt over 1 year old £ million	Bad Debt provision brought forward £ million
Council Tax	262.406	11.617	5.771	2.594
NNDR	144.409	4.304	1.173	0.928
General Fund <sup>*1</sup>	NA	23.230	3.333	2.924

\*1 - Included in General Fund Debt is £13 million of NHS debt raised in July and due to be receipted in August for social care and Better Care Fund, as such this is a Cashflow timing issue as opposed to a debt and can be excluded.

27. The latest monitoring for Council Tax and National Non-Domestic Rates (NNDR) shows that the amount and percentage of tax/rates due is above the amount collected for this time last year as show in the graphs below.
28. It should be noted that there has been a change in collection method since period 4. Business rates can now be paid over 12 months instead of the 10 month in the prior year. This has meant that the collection rate is lower than last year at this stage, however there has not been an increase in non payment from payment plans.



Council Tax



Business Rate

## Reserves

29. The tables below provide the forecast as at period 4 on the general fund balance held by the council. The latest forecast on general fund balances currently stands at £10.965 million at 31 March 2015.
30. A draw from reserves of £0.900 million was approved by members at the July Cabinet to cover the additional spending on Children's Social Care.

General Fund Reserve	£ million	£ million
Balance as at 1 April 2014		(11.865)
Original Contribution in 2014/2015	(3.200)	
Draw from reserves not required per outturn 2013/2014	3.200	
Draw from reserves for Children's Social Care	0.900	
Planned over/ (under)spend in reserves for year. Currently breakeven.	0.000	
Total Forecast movement		0.900
<b>Forecast Balance 31 March 2015</b>		<b>(10.965)</b>

31. At present it is assumed that all other areas currently overspending will be on line by the year end following management action. A review of the assessment of need has been undertaken by the Section 151 Officer to link all the General Fund balances to risk.

## **Overall Conclusions**

32. This report has identified a shortfall if no further action is taken on the general fund budget of £1.770 million at period 4 due to cost pressures / shortfalls in income. Officers are currently taking action to address this and further monitoring reports will be brought to Cabinet throughout 2014/15.
33. The early identification of potential issues is part of sound and prudent financial management. Action to address this year's forecast should be taken where officers have the delegated powers to do so and this is underway and based on previous experiences it is anticipated that a balanced budget will be delivered by 31<sup>st</sup> March 2015.

## **Implications**

34. This report informs member's decision making.

## **Risks assessment**

35. If the Council fails to take actions to address forecast shortfalls, overspends or increases in its costs it will need to draw on reserves. The level of reserves is limited and a one off resource that cannot thus be used as a long term sustainable strategy for financial stability. Budget monitoring and management, of which this report forms part of the control environment, is a mitigating process to ensure early identification and action is taken.

## **Equalities and diversity impact of the proposals**

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

## **Financial implications**

37. This is a report from the Chief Finance Officer and the financial implications are discussed in the detail of this report. It is forecast that a balanced budget will be achieved by 31 March 2015.

## **Legal Implications**

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

## **Public Health Implications**

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

## **Environmental Implications**

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

## **Safeguarding Implications**

41. Safeguarding remains a key priority for the Council and this report reflects the additional investment for 2014/2015 to support the ongoing spend in looked after children and safeguarding.

## **Proposals**

42. Cabinet is asked to note the outcome of the period 4 (end of July) budget monitoring, and approve the transfer of £3.2 million to Learning Disabilities from repayment to General Fund Reserves.

## **Reasons for proposals**

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

## **Background Papers and Consultation**

None

### **Contact Name:**

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Report author: Matthew Tiller, Chief Accountant

## **Appendices:**

Appendix A: Revenue Budget Movements 2014/2015

Appendix B: Major Virements between Service Area from Original budget

Appendix C: Revenue Budget Monitoring Statements

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## Wiltshire Council Revenue Budget Movements 2014/2015

Service	Original Budget	Structural Changes	Revised Original Budget	In Year Virements to Period 4	Revised Budget Period 4	Major Virements See Appendix B
£m	£m	£m	£m	£m	£m	
<b>Adult Social Care Operations</b>						
Older People	51.025	0.000	51.025	0.045	51.070	
Other Vulnerable Adults	9.016	0.000	9.016	0.648	9.664	*
Learning Disability	39.964	0.000	39.964	1.938	41.902	*
Mental Health	21.602	0.000	21.602	(1.872)	19.730	*
<b>Adult Care Commissioning, Safeguarding &amp; Housing</b>						
Resources, Strategy & Commissioning	1.618	0.000	1.618	2.445	4.063	*
Housing Services	4.887	0.000	4.887	0.000	4.887	
<b>Public Health &amp; Public Protection</b>						
Public Health Grant	0.000	0.000	0.000	0.250	0.250	
Other Public Health & Public Protection	3.075	0.216	3.291	0.060	3.351	
Leisure	2.194	(0.052)	2.142	(0.075)	2.067	
<b>Children's Social Care, Integrated Youth &amp; Preventative Services &amp; 0-25 SEN/Disability Service</b>						
Children's Social Care	30.332	0.000	30.332	1.606	31.938	*
0-25 Service: Disabled Children & Adults	13.038	(0.162)	12.876	(0.098)	12.778	
Integrated Youth & Preventative Services	2.982	(0.347)	2.635	(0.093)	2.542	
<b>Quality Assurance, Commissioning &amp; Performance, School &amp; Early Years Effectiveness</b>						
School Effectiveness	3.227	0.000	3.227	0.198	3.425	
Business & Commercial Services	(0.861)	0.000	(0.861)	0.000	(0.861)	
Safeguarding	1.236	0.000	1.236	0.098	1.334	
Funding Schools	0.000	0.000	0.000	0.000	0.000	
Commissioning & Performance	7.565	0.509	8.074	0.053	8.127	
<b>Economic Development &amp; Planning Services</b>						
Economy & Regeneration	3.245	(0.005)	3.240	0.775	4.015	*
Development Services	0.723	0.000	0.723	(0.074)	0.649	
<b>Highways &amp; Transport</b>						
Highways Strategic Services	5.672	0.000	5.672	0.178	5.850	
Public Transport	10.322	0.000	10.322	0.204	10.526	
Education Transport	7.862	0.000	7.862	(0.150)	7.712	
Local Highways & Streetscene	9.741	0.000	9.741	1.724	11.465	*
Car Parking	(5.941)	0.000	(5.941)	0.000	(5.941)	
<b>Environment &amp; Leisure</b>						
Waste	31.978	0.000	31.978	0.000	31.978	
Environment Services	5.961	(0.216)	5.745	0.052	5.797	
<b>Communications, Community Area Boards, Libraries, Arts, Heritage &amp; Culture</b>						
Communications	1.644	0.000	1.644	0.128	1.772	
Libraries, Arts, Heritage & Culture	4.954	0.057	5.011	0.104	5.115	
<b>Corporate Function &amp; Procurement</b>						
Corporate Function & Procurement	4.956	2.419	7.375	0.052	7.427	
<b>Finance</b>						
Finance, Revenues & Benefits, & Pensions	3.178	0.000	3.178	(0.071)	3.107	
Revenues & Benefits - Subsidy	0.000	0.000	0.000	0.000	0.000	
<b>Legal &amp; Governance</b>						
Legal & Governance	2.710	0.000	2.710	0.000	2.710	
<b>People &amp; Business Services</b>						
Human Resources & Organisational Development	4.079	0.000	4.079	0.182	4.261	
Business Services	2.016	1.576	3.592	0.075	3.667	
Facilities Management	14.515	0.000	14.515	0.061	14.576	
Information Services	11.946	0.000	11.946	0.000	11.946	
<b>Corporate Directors</b>						
Corporate Directors	0.592	0.000	0.592	0.000	0.592	
Transformation	3.827	(3.995)	(0.168)	0.036	(0.132)	
<b>Corporate</b>						
Movement on Reserves	3.200	0.000	3.200	(7.888)	(4.688)	*
Capital Financing	24.099	0.000	24.099	0.000	24.099	
Restructure & Contingency	0.070	0.000	0.070	(0.591)	(0.521)	*
General Government Grants	(17.429)	0.000	(17.429)	0.000	(17.429)	
Corporate Levys	8.243	0.000	8.243	0.000	8.243	
<b>2014-2015 Budget Requirement</b>	<b>333.063</b>	<b>0.000</b>	<b>333.063</b>	<b>0.000</b>	<b>333.063</b>	
HRA Budget	(1.322)	0.000	(1.322)	0.000	(1.322)	
	<b>331.741</b>	<b>0.000</b>	<b>331.741</b>	<b>0.000</b>	<b>331.741</b>	

More details are given of major virements and structural movements in Appendix B. These areas are marked above with \*



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## Major Virements between Services Areas from Original Budget to APPENDIX I

Net virements over £500,000

### **Other Vulnerable Adults**

Virements from review of Adults budgets

**In Year Virements period 1-4**

### **Learning Disability**

Draw form Reserves for Learning Disability

Virements from review of Adults budgets

**In Year Virements period 1-4**

### **Mental Health**

Virements from review of Adults budgets

**In Year Virements period 1-4**

### **Resources, Strategy & Commissioning**

Virements from review of Adults budgets

Other budget realignments

**In Year Virements period 1-4**

### **Children's Social Care**

Draw form Reserves for market supplements for Social Workers

Draw from Earmarked Reserves

Other budget realignments

**In Year Virements period 1-4**

### **Economy and Regeneration**

Savings to be found returned to central contingency

Draw from Earmarked Reserves

Other budget realignments

**In Year Virements period 1-4**

### **Local highways & Streetscene**

Draw from Earmarked Reserves

Other budget realignments

**In Year Virements period 1-4**

### **Movement to/from Reserves**

Draw form Reserves for Learning Disability

Draw form Reserves for market supplements for Social Workers

Release from Earmarked Reserves to other services

**In Year Virements period 1-4**

### **Restructure & Contingency**

Savings to be found returned to central contingency from economy & regeneration

Release of redundancy provsion to other services

**In Year Virements period 1-4**

£m
0.648
0.648
3.200
(1.262)
1.938
(1.872)
(1.872)
2.442
0.003
2.445
0.900
0.630
0.076
1.606
0.400
0.338
0.037
0.775
1.810
(0.086)
1.724
(3.200)
(0.900)
(3.788)
(7.888)
(0.400)
(0.191)
(0.591)



**Wiltshire Council Revenue Budget Monitoring Statement: Period 4**

		<i>Original Budget</i>
		<i>£m</i>
<b><u>Adult Social Care Operations</u></b>		
Older People	Gross Costs	60.993
	Income	(9.968)
	Net	<b>51.025</b>
Other Vulnerable Adults	Gross Costs	9.603
	Income	(0.587)
	Net	<b>9.016</b>
Learning Disability	Gross Costs	42.481
	Income	(2.517)
	Net	<b>39.964</b>
Mental Health	Gross Costs	25.241
	Income	(3.639)
	Net	<b>21.602</b>
<b><u>Adult Care Commissioning, Safeguarding &amp; Housing</u></b>		
Resources, Strategy & Commissioning	Gross Costs	1.695
	Income	(0.077)
	Net	<b>1.618</b>
Housing Services	Gross Costs	7.848
	Income	(2.961)
	Net	<b>4.887</b>
<b><u>Public Health &amp; Public Protection</u></b>		
Public Health Grant	Gross Costs	14.587
	Income	(14.587)
	Net	-
Other Public Health & Public Protection	Gross Costs	4.234
	Income	(1.159)
	Net	<b>3.075</b>
Leisure	Gross Costs	7.890
	Income	(5.696)
	Net	<b>2.194</b>
<b><u>Children's Social Care, Integrated Youth &amp; Preventative Services &amp; 0-25 SEN/Disability Service</u></b>		
Children's Social Care	Gross Costs	32.208
	Income	(1.876)
	Net	<b>30.332</b>
0-25 Service: Disabled Children & Adults	Gross Costs	34.802
	Income	(21.764)
	Net	<b>13.038</b>

Integrated Youth & Preventative Services	Gross Costs	7.614
	Income	(4.632)
	Net	<b>2.982</b>
<b><u>Quality Assurance, Commissioning &amp; Performance, School &amp; Early Years Effectiveness</u></b>		
School Effectiveness	Gross Costs	7.122
	Income	(3.895)
	Net	<b>3.227</b>
Business & Commercial Services	Gross Costs	(0.841)
	Income	(0.020)
	Net	<b>(0.861)</b>
Safeguarding	Gross Costs	1.389
	Income	(0.153)
	Net	<b>1.236</b>
Funding Schools	Gross Costs	280.049
	Income	(280.049)
	Net	-
Commissioning & Performance	Gross Costs	31.326
	Income	(23.761)
	Net	<b>7.565</b>
<b><u>Economic Development &amp; Planning Services</u></b>		
Economy & Regeneration	Gross Costs	3.615
	Income	(0.370)
	Net	<b>3.245</b>
Development Services	Gross Costs	5.132
	Income	(4.409)
	Net	<b>0.723</b>
<b><u>Highways &amp; Transport</u></b>		
Highways Strategic Services	Gross Costs	8.282
	Income	(2.610)
	Net	<b>5.672</b>
Public Transport	Gross Costs	13.974
	Income	(3.652)
	Net	<b>10.322</b>
Education Transport	Gross Costs	8.466
	Income	(0.604)
	Net	<b>7.862</b>
Local Highways & Streetscene	Gross Costs	10.452
	Income	(0.711)
	Net	<b>9.741</b>
Car Parking	Gross Costs	1.725
	Income	(7.666)
	Net	<b>(5.941)</b>
<b><u>Waste &amp; Environment</u></b>		
Waste	Gross Costs	35.828

	Income	(3.850)
	Net	<b>31.978</b>
Environment Services	Gross Costs	7.351
	Income	(1.390)
	Net	<b>5.961</b>
<b><u>Communications, Community Area Boards, Libraries, Arts, Heritage &amp; Culture</u></b>		
Communications	Gross Costs	1.749
	Income	(0.105)
	Net	<b>1.644</b>
Libraries, Arts, Heritage & Culture	Gross Costs	5.983
	Income	(1.029)
	Net	<b>4.954</b>
<b><u>Corporate Function &amp; Procurement</u></b>		
Corporate Function & Procurement	Gross Costs	5.137
	Income	(0.181)
	Net	<b>4.956</b>
<b><u>Finance</u></b>		
Finance, Revenues & Benefits, & Pensions	Gross Costs	15.885
	Income	(12.707)
	Net	<b>3.178</b>
Revenues & Benefits - Subsidy	Gross Costs	118.775
	Income	(118.775)
	Net	-
<b><u>Legal &amp; Governance</u></b>		
Legal & Governance	Gross Costs	4.476
	Income	(1.766)
	Net	<b>2.710</b>
<b><u>People &amp; Business Services</u></b>		
Human Resources & Organisational Development	Gross Costs	5.820
	Income	(1.741)
	Net	<b>4.079</b>
Business Services	Gross Costs	3.854
	Income	(1.838)
	Net	<b>2.016</b>
Facilities Management	Gross Costs	14.870
	Income	(0.355)
	Net	<b>14.515</b>
Information Services	Gross Costs	12.248
	Income	(0.302)
	Net	<b>11.946</b>
<b><u>Corporate Directors</u></b>		
Corporate Directors	Gross Costs	0.619
	Income	(0.027)
	Net	<b>0.592</b>



Transformation	Gross Costs	6.895
	Income	(3.068)
	Net	<b>3.827</b>
<b>Corporate</b>		
Movement on Reserves		3.200
Capital Financing		24.099
Restructure & Contingency		0.070
General Government Grants		(17.429)
Corporate Levys		8.243
	Net	<b>18.183</b>
<b>Wiltshire Council General Fund Total</b>	<b>Gross Costs</b>	<b>877.560</b>
	<b>Income</b>	<b>(544.497)</b>
	<b>Net</b>	<b>333.063</b>
Housing Revenue Account (HRA)	Gross Costs	24.561
	Income	(25.883)
	Net	<b>(1.322)</b>
<b>Total Including HRA</b>	<b>Gross Costs</b>	<b>902.121</b>
	<b>Income</b>	<b>(570.380)</b>
	<b>Net</b>	<b>331.741</b>

<i>Revised Budget Period 4</i>	<i>Profiled Budget to Period 4</i>	<i>Actual to date</i>	<i>Projected Position for Year</i>	<i>Projected Variation for Year: Overspend / (Underspend)</i>	<i>Variation as % of Revised Budget: Overspend / (Underspend)</i>
<i>£m</i>	<i>£m</i>	<i>£m</i>	<i>£m</i>	<i>£m</i>	
62.592 (11.522)	24.089 (4.594)	21.146 (3.722)	64.165 (11.522)	1.573 -	2.5% -
<b>51.070</b>	<b>19.495</b>	<b>17.424</b>	<b>52.643</b>	<b>1.573</b>	<b>3.1%</b>
10.252 (0.588)	3.914 (0.223)	4.582 (0.305)	11.501 (0.588)	1.249 -	12.2% -
<b>9.664</b>	<b>3.691</b>	<b>4.277</b>	<b>10.913</b>	<b>1.249</b>	<b>12.9%</b>
44.419 (2.517)	16.757 (0.999)	17.475 (0.250)	44.949 (2.517)	0.530 -	1.2% -
<b>41.902</b>	<b>15.758</b>	<b>17.225</b>	<b>42.432</b>	<b>0.530</b>	<b>1.3%</b>
22.929 (3.199)	9.151 (1.352)	8.020 (0.277)	23.780 (3.199)	0.851 -	3.7% -
<b>19.730</b>	<b>7.799</b>	<b>7.743</b>	<b>20.581</b>	<b>0.851</b>	<b>4.3%</b>
4.141 (0.078)	1.597 (0.026)	0.611 (0.004)	1.694 (0.078)	(2.447) -	(59.1%) -
<b>4.063</b>	<b>1.571</b>	<b>0.607</b>	<b>1.616</b>	<b>(2.447)</b>	<b>(60.2%)</b>
7.848 (2.961)	2.440 (0.817)	3.243 (1.157)	7.848 (2.961)	- -	- -
<b>4.887</b>	<b>1.623</b>	<b>2.086</b>	<b>4.887</b>	<b>-</b>	<b>-</b>
14.837 (14.587)	4.945 (4.862)	6.907 (7.294)	14.837 (14.587)	- -	- -
<b>0.250</b>	<b>0.083</b>	<b>(0.387)</b>	<b>0.250</b>	<b>-</b>	<b>-</b>
4.238 (0.887)	1.413 (0.347)	1.110 (0.510)	4.238 (0.887)	- -	- -
<b>3.351</b>	<b>1.066</b>	<b>0.600</b>	<b>3.351</b>	<b>-</b>	<b>-</b>
7.023 (4.956)	2.561 (1.652)	1.910 (1.725)	6.673 (4.956)	(0.350) -	(5.0%) -
<b>2.067</b>	<b>0.909</b>	<b>0.185</b>	<b>1.717</b>	<b>(0.350)</b>	<b>(16.9%)</b>
33.673 (1.735)	10.691 (0.265)	10.170 (0.203)	33.749 (1.735)	0.076 -	0.2% -
<b>31.938</b>	<b>10.426</b>	<b>9.967</b>	<b>32.014</b>	<b>0.076</b>	<b>0.2%</b>
35.341 (22.563)	11.470 (0.549)	11.668 (0.085)	35.341 (22.563)	- -	- -
<b>12.778</b>	<b>10.921</b>	<b>11.583</b>	<b>12.778</b>	<b>-</b>	<b>-</b>

7.030 (4.488)	2.929 (0.331)	2.726 (0.524)	7.030 (4.488)	- -	- -
<b>2.542</b>	<b>2.598</b>	<b>2.202</b>	<b>2.542</b>	-	-
7.013 (3.588)	2.094 (1.649)	2.481 (1.866)	7.013 (3.588)	- -	- -
<b>3.425</b>	<b>0.445</b>	<b>0.615</b>	<b>3.425</b>	-	-
(0.841) (0.020)	0.017 (0.005)	0.034 1.821	(0.841) (0.020)	- -	- -
<b>(0.861)</b>	<b>0.012</b>	<b>1.855</b>	<b>(0.861)</b>	-	-
1.504 (0.170)	0.478 (0.124)	0.507 (0.113)	1.504 (0.170)	- -	- -
<b>1.334</b>	<b>0.354</b>	<b>0.394</b>	<b>1.334</b>	-	-
264.750 (264.750)	66.286 (1.959)	34.123 (12.120)	264.750 (264.750)	- -	- -
-	<b>64.327</b>	<b>22.003</b>	-	-	-
31.874 (23.747)	11.468 (1.183)	11.551 (0.034)	31.874 (23.747)	- -	- -
<b>8.127</b>	<b>10.285</b>	<b>11.517</b>	<b>8.127</b>	-	-
4.844 (0.829)	1.626 (0.276)	2.155 (0.066)	4.844 (0.829)	- -	- -
<b>4.015</b>	<b>1.350</b>	<b>2.089</b>	<b>4.015</b>	-	-
5.315 (4.666)	1.772 (1.800)	1.790 (2.114)	5.315 (4.666)	- -	- -
<b>0.649</b>	<b>(0.028)</b>	<b>(0.324)</b>	<b>0.649</b>	-	-
7.237 (1.387)	2.336 (0.446)	2.065 (0.340)	7.237 (1.387)	- -	- -
<b>5.850</b>	<b>1.890</b>	<b>1.725</b>	<b>5.850</b>	-	-
12.661 (2.135)	3.985 (1.282)	3.830 (1.167)	13.161 (2.135)	0.500 -	3.9% -
<b>10.526</b>	<b>2.703</b>	<b>2.663</b>	<b>11.026</b>	<b>0.500</b>	<b>4.8%</b>
8.401 (0.689)	2.031 (0.603)	1.967 (0.513)	8.401 (0.689)	- -	- -
<b>7.712</b>	<b>1.428</b>	<b>1.454</b>	<b>7.712</b>	-	-
12.057 (0.592)	3.859 (0.451)	0.755 0.849	12.057 (0.592)	- -	- -
<b>11.465</b>	<b>3.408</b>	<b>1.604</b>	<b>11.465</b>	-	-
1.725 (7.666)	0.575 (2.524)	0.576 (2.354)	1.725 (7.666)	- -	- -
<b>(5.941)</b>	<b>(1.949)</b>	<b>(1.778)</b>	<b>(5.941)</b>	-	-
35.387	9.384	7.717	36.387	1.000	2.8%

(3.409)	(0.381)	(1.660)	(3.409)	-	-
<b>31.978</b>	<b>9.003</b>	<b>6.057</b>	<b>32.978</b>	<b>1.000</b>	<b>3.1%</b>
7.384	2.671	2.674	7.384	-	-
(1.587)	(0.562)	(0.555)	(1.587)	-	-
<b>5.797</b>	<b>2.109</b>	<b>2.119</b>	<b>5.797</b>	-	-
1.852	0.703	0.716	1.852	-	-
(0.080)	(0.027)	0.001	(0.080)	-	-
<b>1.772</b>	<b>0.676</b>	<b>0.717</b>	<b>1.772</b>	-	-
6.722	2.578	2.857	6.722	-	-
(1.607)	(0.437)	(0.292)	(1.607)	-	-
<b>5.115</b>	<b>2.141</b>	<b>2.565</b>	<b>5.115</b>	-	-
7.999	2.346	3.865	7.999	-	-
(0.572)	(0.191)	(0.313)	(0.572)	-	-
<b>7.427</b>	<b>2.155</b>	<b>3.552</b>	<b>7.427</b>	-	-
15.214	4.370	4.786	15.214	-	-
(12.107)	(2.488)	(3.081)	(12.107)	-	-
<b>3.107</b>	<b>1.882</b>	<b>1.705</b>	<b>3.107</b>	-	-
118.775	39.592	35.993	118.613	(0.162)	(0.1%)
(118.775)	(39.573)	(40.650)	(118.775)	-	-
-	<b>0.019</b>	<b>(4.657)</b>	<b>(0.162)</b>	<b>(0.162)</b>	
4.629	1.215	2.286	4.629	-	-
(1.919)	(0.561)	(1.096)	(1.919)	-	-
<b>2.710</b>	<b>0.654</b>	<b>1.190</b>	<b>2.710</b>	-	-
6.002	1.831	1.888	6.002	-	-
(1.741)	(0.612)	(0.878)	(1.741)	-	-
<b>4.261</b>	<b>1.219</b>	<b>1.010</b>	<b>4.261</b>	-	-
5.631	1.880	3.052	5.631	-	-
(1.964)	(0.655)	(1.488)	(1.964)	-	-
<b>3.667</b>	<b>1.225</b>	<b>1.564</b>	<b>3.667</b>	-	-
14.932	7.610	6.046	15.432	0.500	3.3%
(0.356)	(0.119)	(0.152)	(0.356)	-	-
<b>14.576</b>	<b>7.491</b>	<b>5.894</b>	<b>15.076</b>	<b>0.500</b>	<b>3.4%</b>
12.249	4.084	7.223	12.249	-	-
(0.303)	(0.017)	(0.133)	(0.303)	-	-
<b>11.946</b>	<b>4.067</b>	<b>7.090</b>	<b>11.946</b>	-	-
0.619	0.284	0.341	0.619	-	-
(0.027)	(0.005)	0.013	(0.027)	-	-
<b>0.592</b>	<b>0.279</b>	<b>0.354</b>	<b>0.592</b>	-	-

2.868	0.998	1.196	2.868	-	-
(3.000)	(1.000)	(1.182)	(3.000)	-	-
<b>(0.132)</b>	<b>(0.002)</b>	<b>0.014</b>	<b>(0.132)</b>	-	-
(4.688)	(2.721)	(3.788)	(3.788)	0.900	(19.2%)
24.099	3.041	2.903	23.099	(1.000)	(4.1%)
(0.521)	0.754	0.148	(1.333)	(0.812)	155.9%
(17.429)	(3.173)	(3.514)	(18.067)	(0.638)	3.7%
8.243	3.509	2.716	8.243	-	-
<b>9.704</b>	<b>1.410</b>	<b>(1.535)</b>	<b>8.154</b>	<b>(1.550)</b>	<b>(16.0%)</b>
<b>860.830</b>	<b>269.440</b>	<b>230.507</b>	<b>862.600</b>	<b>1.770</b>	<b>0.2%</b>
<b>(527.767)</b>	<b>(74.947)</b>	<b>(85.539)</b>	<b>(527.767)</b>	-	-
<b>333.063</b>	<b>194.493</b>	<b>144.968</b>	<b>334.833</b>	<b>1.770</b>	<b>0.5%</b>
24.561	3.441	2.830	24.061	(0.500)	(2.0%)
(25.883)	(8.240)	(8.228)	(25.883)	-	-
<b>(1.322)</b>	<b>(4.799)</b>	<b>(5.398)</b>	<b>(1.822)</b>	<b>(0.500)</b>	<b>37.8%</b>
885.391	272.881	233.337	886.661	1.270	0.1%
(553.650)	(83.187)	(93.767)	(553.650)	-	-
<b>331.741</b>	<b>189.694</b>	<b>139.570</b>	<b>333.011</b>	<b>1.270</b>	<b>0.4%</b>

**Wiltshire Council**

**Cabinet**

**16 September 2014**

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**Subject: Climate Local Initiative**

**Cabinet Member: Cllr Toby Sturgis – Strategic Planning, Development Management, Strategic Housing, Property, Waste**

**Key Decision: No**

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## **Executive Summary**

The purpose of this report is to recommend that Wiltshire Council becomes a signatory to the Local Government Association's Climate Local initiative, which replaces the Nottingham Declaration on climate change. The report also provides an overview of progress made in tackling climate change since the council signed the Nottingham Declaration in 2009.

## **Proposals**

That Cabinet:

- (i) Agrees that the Cabinet Member for Strategic Planning, Development Management, Strategic Housing, Property and Waste signs the Climate Local initiative on behalf of the council and that the action plan at **Appendix 1** be published on the council website.
- (ii) Notes the significant progress made since signing the Nottingham Declaration on climate change.
- (iii) Notes council activity to tackle fuel poverty and promote low carbon technologies and encourages further public engagement on this matter.

## **Reason for Proposals**

With total energy costs of £13.6 million in 2014/15, Wiltshire Council is one of the biggest employers in the county. It therefore has a responsibility to ensure it is doing everything it can to reduce its energy use and set an example for its communities across the county.

Climate Local is a Local Government Association initiative to drive and support council action on climate change. The initiative is the only one of its type in England and is the successor to the old Nottingham Declaration on Climate Change which Wiltshire Council signed in 2009.



As of April 2014, 87 local authorities had signed up to Climate Local, including Hampshire County Council, Gloucestershire County Council, Oxfordshire County Council and Bath & North East Somerset Council.

By signing up to Climate Local, councils across the country are capturing the opportunities and benefits of action on a changing climate, through leading by example, saving on their energy bills, generating income from renewable energy, attracting new jobs and investment, reducing flood risks and managing the impacts of extreme weather.

Wiltshire Council has been taking action on climate change since 2009 and continues to drive down carbon emissions across the county as demonstrated in **Appendices 2 and 3**. The Climate Local initiative provides a mechanism for communicating and recognising these achievements.

**Dr Carlton Brand**  
**Corporate Director**

## Wiltshire Council

### Cabinet

16 September 2014

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**Subject:** Climate Local Initiative

**Cabinet Member:** Cllr Toby Sturgis – Strategic Planning, Development Management, Strategic Housing, Property, Waste

**Key Decision:** No

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### Purpose of Report

1. To recommend that Wiltshire Council signs the Climate Local Initiative and publishes the action plan at **Appendix 1** on its website.
2. To review progress since the council became a signatory to the Nottingham Declaration on climate change in 2009.

### Relevance to the Council's Business Plan

3. Reducing carbon emissions and preparing for unavoidable climate change addresses two of the council's priorities:
  - (i) To protect those who are most vulnerable - through reducing fuel poverty and ensuring communities are prepared for the impacts of climate change.
  - (ii) To boost the local economy - through stimulating green jobs locally.
4. The council's Business Plan commits the council to reducing its carbon footprint and increasing recycling (p18). The Plan (Outcome 3) also aspires to:
  - reducing fuel poverty in the county;
  - lowering the carbon footprint of households, businesses and public services through energy efficient buildings and renewable technology;
  - promoting sustainable transport;
  - supporting people and places to deal with unavoidable climate impacts, such as flooding.

### Main Considerations for the Council

5. Climate Local is an LGA initiative to drive, inspire and support council action on climate change. The initiative is the only one of its type in England and is the successor to the old Nottingham Declaration on Climate Change which Wiltshire Council signed in 2009.

6. As of April 2014, 87 local authorities had signed up to Climate Local, including Hampshire County Council, Gloucestershire County Council, Oxfordshire County Council and B&NES. When signing up to the initiative, councils are required to publish an action plan and review this on a regular basis. The Wiltshire Climate Local Action Plan, set out at **Appendix 1**, will enable the council to achieve the commitments in its Business Plan.
7. Wiltshire Council has been taking action on climate change since 2009 and continues to drive down its own carbon footprint, as well as carbon emissions across the county.
8. The council aims to reduce its annual carbon footprint by 11,823 tCO<sub>2</sub> by March 2017 compared with its 2010/11 footprint. The [Carbon Management Plan](#), updated in 2014, sets out how this will be achieved through rationalising and improving the council estate, working with schools, delivering more energy efficient street-lighting and reducing emissions from the council's fleet.
9. A review of progress and up-to-date consumption data is set out at **Appendices 2 and 3**. Highlights include:
  - 661 planning applications for renewable technologies were received, of which 93% were approved.
  - The council facilitated the insulation of 1,430 homes across Wiltshire using £0.5 million invested by energy companies.
  - The council has attracted a further £1.4 million external funding for carbon reduction projects plus a £0.6 million 0% loan.
  - 112 invest to save energy efficiency projects have been implemented at a cost of £4.1 million, saving 2,475 tonnes of CO<sub>2</sub> and £730,000 on council energy bills annually (includes 2014/15 projects).
  - The council has set up an Energy Management System certified to ISO50001 standard.
  - Business mileage emissions were reduced by a third in 2013/14 from 2010/11 peak.
  - Over thirty schools have engaged in programmes to reduce their energy costs and carbon emissions.
  - The Wiltshire Core Strategy includes specific policies around renewable energy and sustainable construction.
  - Installation of biomass boilers at twelve schools and one campus, generating income from the sale of heat and the government's renewable heat incentive, while saving on schools' running costs.
  - Installation of the largest single-roof local authority-owned solar panel system in the UK on the new Northacre Resource Recovery Centre in Westbury, covering an area equivalent to seven tennis courts.
  - Installation of 2,500 high efficiency boilers in council housing by 2018.

## Background

10. In June 2010, Cabinet noted the responsibilities the authority has with regard to climate change; the implications for policy development and service delivery; the risks relating to the discharge of these responsibilities; and the council's performance at that time. Cabinet agreed that the Climate Change Board (now ECO Board) should oversee the delivery of these responsibilities and monitor

future performance and approved the establishment of a long-term carbon reduction fund.

11. Cabinet further agreed that in order for the environmental implications of all council decisions to be fully considered, all committee reports should address key questions relating to environmental impact.
12. Since that date, an ambitious ECO Strategy has been published (2011) and significant success has been achieved through the associated programmes of work. In 2012 the council won the climate change impact award in the Wiltshire Wildlife Trust Corporate Green Awards and in 2013 the council was shortlisted for the Local Government Chronicle's national energy efficiency award.
13. In February 2014, the council's second Carbon Management Plan was published, showing significant progress in reducing the council's carbon footprint and generating annual savings on energy bills. The energy consumption data for 2013/14 shows further progress (see **Appendix 2**).
14. According to government data, Wiltshire's per capita carbon emissions have fallen from 8 tonnes of carbon dioxide (tCO<sub>2</sub>) in 2005 to 6.7 tCO<sub>2</sub> in 2012. This reflects a reduction in emissions nationally, but remains higher than the 2012 South West average of 6.1tCO<sub>2</sub> and national average of 6.2 tCO<sub>2</sub>. The higher figure for Wiltshire is entirely attributable to higher transport emissions, as domestic and industry emissions match the national and regional averages. This cannot be explained by emissions from the M4 motorway or diesel railways. They are excluded from these figures as deemed to be outside the scope of local authority influence.

### **Changes to National Policy since 2010**

15. Under the Carbon Reduction Commitment (CRC) scheme, in April 2010 the council became liable to pay £12 for every tonne of CO<sub>2</sub> emitted. This liability included carbon emissions from schools until March 2014. Since April 2014 schools are no longer included in the council's CRC footprint but streetlights are included and the council has to pay £16 for every tonne of CO<sub>2</sub> emitted.
16. The National Planning Policy Framework published in 2012 makes addressing climate change one of the core land use planning principles for both plan-making and decision-taking. To be found sound, Local Plans need to reflect this principle and enable the delivery of sustainable development in accordance with the policies in the National Planning Policy Framework. These include the requirements for local authorities to adopt proactive strategies to mitigate and adapt to climate change in line with the provisions and objectives of the Climate Change Act 2008, and co-operate to deliver strategic priorities which include climate change.
17. The feed-in tariff which incentivises the generation of green electricity has been widely taken up since 2010, and the renewable heat incentive which is the world's first long-term financial support programme for renewable heat was launched in 2011.

18. Energy companies now only fund insulation measures for vulnerable households. Under the Green Deal, other households are expected to take out loans to cover the cost of any energy efficiency measures. These loans are paid back through electricity bills.
19. The government's solar strategy published in 2014 sets out a road map for increasing the contribution of solar energy to meet the UK's energy requirements.
20. In April 2014, the Intergovernmental Panel on Climate Change (IPCC) released the last in a series of three reports, which together assess the physical evidence that climate change is happening, the expected impacts over the course of this century and what would need to happen to curb the rise in greenhouse gases.

### **Safeguarding Implications**

21. Tackling fuel poverty and the impacts of climate change will have a positive effect on safeguarding as impacts disproportionately affect vulnerable children and adults.

### **Public Health Implications**

22. The public health implications of climate change are significant; for example, from the impacts of floods and heat waves. Air pollution also has negative health impacts. Many common air pollutants are 'climate active', and reducing emissions will lessen the warming effect on our climate. A warming climate also threatens to make air quality worse, with the prevalence of harmful photochemical smog likely to increase throughout longer, hotter summers. Both sets of emissions largely arise from the same combustion processes – vehicle engines, power generation, homes and industry - therefore an integrated approach to tackling air quality and climate change are beneficial.
23. The benefits of reducing greenhouse gas emissions will be felt several decades in the future, whilst air quality benefits are felt 'here and now' in the form of improved public health and environmental improvement.

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

24. Reducing the council's environmental impact is the subject of this report.

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

25. The council's work to promote insulation schemes has focused particularly on vulnerable households as they are most at risk of fuel poverty. For example, project ACHIEVE trained up unemployed young people to deliver energy saving advice and devices to vulnerable households.

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

26. Climate Local is a voluntary initiative but as neighbouring councils have signed up to it, there is a reputational risk if Wiltshire Council does not. There is also the risk of failure to demonstrate the priority and importance of the related actions and outcomes within our Business Plan.

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

27. There are no negative implications to signing up to Climate Local as the council is already committed to taking action in all the areas listed in **Appendix 1**. The Action Plan will be reviewed annually to ensure that any changes are accurately reflected in the council's commitments.

### **Financial Implications**

28. There are no additional financial implications to signing the Climate Local initiative as all the actions in **Appendix 1** are already resourced. By taking actions to reduce energy use, the council stands to make significant savings given that total energy and transport costs for the council were £13.6 million in 2013/14, including £0.4 million for CRC costs. **Appendix 2** sets out the costs relating to the council's energy use.
29. Total spend on energy and transport costs (excluding CRC) was approximately £13 million in 2009/10 and £12 million per year for the subsequent three financial years. Over the period 2009/10 to 2013/14, the unit prices paid by the council for gas have increased by 50% and electricity by 8%. This shows the importance of reducing consumption to avoid large increases in bills.
30. The council has spent £4.1 million on energy efficiency and renewable energy projects since 2009 (including 2014/15 projects). These are projected to generate £0.73 million savings per year, paying back in less than six years on average.
31. In addition, the council is investing in an oil to biomass conversion programme across twelve schools at a cost of £2.7 million. Projected income to the council from the renewable heat incentive for schools and campuses using biomass boilers comes to circa £4 million over 20 years.
32. The council has succeeded in obtaining £1.4 million external funding for carbon reduction projects (including £0.4 million for electric vehicle charging points) plus a £0.6 million 0% loan for energy efficiency investments.
33. The CRC scheme cost for 2013/14 came to £0.42 million, of which schools paid £0.16 million. Costs for 2014/15 and beyond are projected to be £0.5 million per annum which will need to be borne corporately as schools are no longer included in the CRC scheme.



## Legal Implications

34. There are no specific legal implications stemming from this voluntary initiative. However, addressing climate change is a key requirement for local authorities, as set out in the Climate Change Act 2008. Further information on the council's responsibilities relating to Climate Change and to the legislative and policy framework can be found in the report to Cabinet dated 22 June 2010 (Agenda Item 11). In addition, since that date, the Energy Act 2011 has been enacted which sets out the legal framework for the Green Deal, as well as the CRC Energy Efficiency Scheme Order 2013 which sets out revisions to the CRC scheme.

## Options Considered

35. The council could opt not to sign up to the Climate Local initiative; however, this would not be recognising the significant progress of the past five years or current commitments to continue this work.

## Conclusions

36. The council has made significant progress in tackling its carbon emissions and energy costs since it signed the Nottingham Declaration on Climate Change in 2009. The Climate Local initiative offers an opportunity for the council to restate its commitment to tackling climate change at the local level and to communicate both progress to date and planned actions over the coming years.

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## Background Papers

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

None

## Appendices

- Appendix 1: Climate Local Wiltshire – our commitments and actions
- Appendix 2: Costs and consumption data relating to the council's energy use
- Appendix 3: Review of progress

## Climate Local Wiltshire: Our commitments and actions - 2014

Wiltshire Council recognises it has significant scope to reduce emissions from buildings, surface transport and waste. Wiltshire Council recognises that carbon reduction and climate change can act as major drivers for local government resulting in multiple benefits including supporting local economic growth and community wellbeing as well as controlling spending, improving efficiency, delivering effective services and reducing carbon.

In order to create an 'energy smart' low carbon future and make Wiltshire more resilient to a changing climate we make the following commitment(s):

Area of Action	Commitment	Specific Action	Delivery	Measure	Timescale and Resources
Page 133 <b>Built Environment</b>	<b>Reduce our contribution to carbon emissions in Wiltshire</b>	Publish and implement Carbon Management Plan (CMP).  Develop and implement Carbon Action Plans.	<b>Wiltshire Council</b>  Fleet, Street lighting, Facilities Management, Transformation, Economic Development and Planning	11,823 tonne reduction per annum of CO <sub>2</sub> emissions by 2016/17 on 2010/11 figure.	<b>Timescale:</b> 2016/17 CMP target  <b>Resources:</b> Existing staff resources within Wiltshire Council  <b>Resources:</b> Invest To Save Budget



Area of Action	Commitment	Specific Action	Delivery	Measure	Timescale and Resources
Built Environment	<b>Reduce our contribution to carbon emissions in Wiltshire</b>	Implement streetlight dimming policy with new management system and supporting infrastructure to be substantially completed and operational by the end of 2014/15.	<b>Wiltshire Council</b>  Highways and Transport	Estimated 1,958 tonnes of carbon to be saved annually	<b>Timescale:</b> To end 2014/15  <b>Resources:</b> Existing staff resources within Wiltshire Council. £2 million approved for the introduction of the street lighting central management system and associated changes,
Built Environment	<b>Low Carbon Developments</b>	To encourage developers using levers such as planning policy and building control to help move new building and refurbishment schemes closer towards meeting low – carbon standards.	<b>Wiltshire Council</b>  Economic Development and Planning, Transformation	Number of new development schemes supported by robust Sustainable Energy Strategies and delivering Code for Sustainable Development levels of 4, 5, and 6.  Number of commercial developments supported by robust Sustainable Energy Strategies and delivering BREEAM	<b>Timescale:</b> Ongoing  <b>Resources:</b> Existing staff resources within Wiltshire Council

Area of Action	Commitment	Specific Action	Delivery	Measure	Timescale and Resources
				<p>'Very Good status, rising to 'Excellent' status.</p> <p>Installed MW of renewable energy sources</p>	
<p><b>Built Environment</b></p> <p>Page 136</p>	<p><b>Low Carbon Developments</b></p>	<p>Identify opportunities for energy mapping, masterplanning and technical and economical feasibility studies for district heating and cooling networks for businesses, housing developments, army rebasing, council buildings.</p>	<p><b>Wiltshire Council</b></p> <p>Economic development and Planning,</p>	<p>Measuring and monitoring of energy savings – financial, kWh and CO<sub>2</sub></p>	<p><b>Timescale:</b> Ongoing</p> <p><b>Resources:</b> Existing staff resources within Wiltshire Council Department of Energy and Climate Change funding stream, 2014 – 2016</p>
<p><b>Built Environment</b></p>	<p><b>Low Carbon Developments</b></p>	<p>Develop evidence based interventions from timber study</p>	<p><b>Wiltshire Council</b></p> <p>Economic development and Planning, Transformation</p> <p><b>Forestry Commission</b></p>	<p>Deliver existing untapped timber resource to market</p> <p>Add value into existing processing and supply chains with improved competitiveness, developing rural skills and knowledge base</p>	<p><b>Resources:</b> Existing staff resources within Wiltshire Council</p>

Area of Action	Commitment	Specific Action	Delivery	Measure	Timescale and Resources
				Expansion of existing provision support to sectoral SMEs and Woodland Owners	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 137</p> <p><b>Built Environment</b></p>	<p><b>Promote the delivery of Sustainable Urban Drainage Schemes to support new development across Wiltshire</b></p>	<p>To actively promote the installation of appropriately designed sustainable urban drainage schemes in Wiltshire’s new developments.</p> <p>To ensure that appropriate funding mechanisms are in place to support the long-term maintenance of sustainable urban drainage schemes.</p>	<p><b>Wiltshire Council</b></p> <p>Economic development and Planning, Transformation</p>	<p>Number of new developments incorporating appropriate Sustainable Urban Drainage Schemes</p> <p>Number of sustainable urban drainage schemes supported by long-term maintenance bonds</p>	<p><b>Timescale:</b></p> <p>Ongoing</p> <p><b>Resources:</b></p> <p>Existing staff resources within Wiltshire Council</p>
<p><b>Built Environment</b></p>	<p><b>Promote Renewable Energy</b></p>	<p>To embed robust and defensible policies to support and incentivise the delivery of renewable energy designed to support new development and the green economy.</p> <p>To deliver a step change in the</p>	<p><b>Wiltshire Council</b></p> <p>Economic development and Planning, Transformation</p>	<p>Number of developments offering and delivering renewable energy solutions to maximise energy efficiency</p>	<p><b>Timescale:</b></p> <p>Ongoing</p> <p><b>Resources:</b></p> <p>Existing staff resources within Wiltshire Council</p>



Area of Action	Commitment	Specific Action	Delivery	Measure	Timescale and Resources
		<p>energy efficiency of new and existing developments based on robust evidence and prevailing legislation.</p> <p>To prepare and provide regular progress reports on the effectiveness of council policy in terms of promoting renewable energy.</p>	<b>Forestry Commission</b>	Renewable energy installations permitted by the local authority	
Page 138 <b>Environment - Transport</b>	<b>Increase rapid EV infrastructure in the Wiltshire</b>	OLEV funding to install a network of electric vehicle charge points on main routes within Wiltshire.	<b>Wiltshire Council</b> Environmental Services	Number of electric vehicle charging posts installed and utilised	<b>Resources:</b> Existing staff resources within Wiltshire Council
<b>Environment - Transport</b>	<b>Increase public sector estate EV infrastructure in the Wiltshire</b>	OLEV funding to install a network of electric vehicle charge points in public sector estate within Wiltshire.	<b>Wiltshire Council</b> Environmental Services	Number of electric vehicle charging posts installed and utilised	<b>Resources:</b> Existing staff resources within Wiltshire Council
<b>Environment - Transport</b>	<b>Replacement of Diesel pool car vehicles</b>	Replacement of 10 diesel pool car vehicles with a combination of Ultra Low Emission Vehicles (ULEVs), electric vehicles (EVs) and hybrid vehicles.	<b>Wiltshire Council</b> Environmental Services	Review pool car utilisation, miles travelled, fuel consumed and CO <sub>2</sub> produced	<b>Resources:</b> Existing staff resources within Wiltshire Council

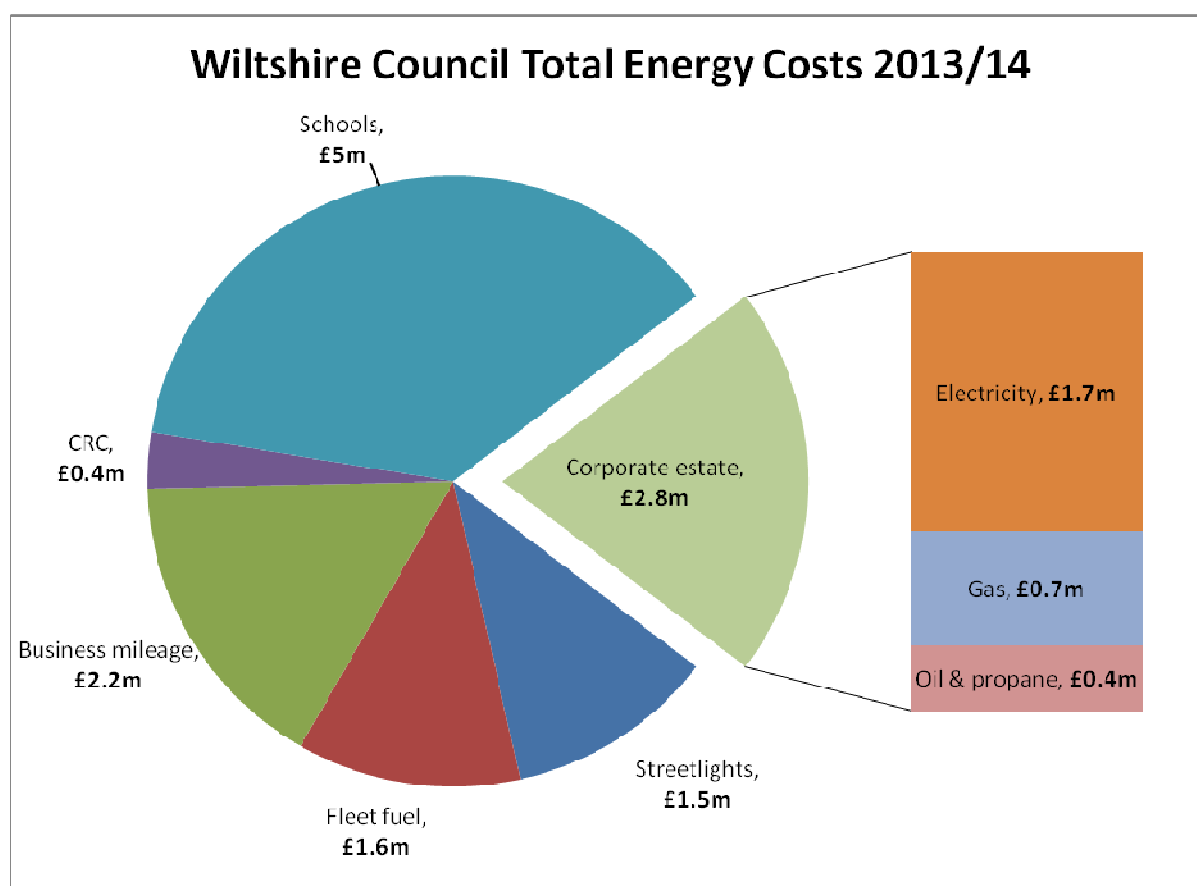
Area of Action	Commitment	Specific Action	Delivery	Measure	Timescale and Resources
Environment - Transport	Grey fleet miles and Operational miles – reduction	Identify which teams and departments are travelling the most grey fleet miles and operational miles and work towards a solution to reduce this.	Wiltshire Council Environmental Services	Review reports for mileage travelled. This along with the CO <sub>2</sub> figure is reported as a key performance indicator	<b>Resources:</b> Existing staff resources within Wiltshire Council
Environment - Transport	Green Driving/Eco Driving	To have in-cab driver intervention telematics installed in small vans, following trial period.	Wiltshire Council Environmental Services	Review van utilisation, miles travelled, fuel consumed and CO <sub>2</sub> produced	<b>Resources:</b> Existing staff resources within Wiltshire Council
Waste and Recycling	Recycling and Diversion of Waste from landfill	The council will pursue a target of reducing waste after recycling and composting from 606 kilos per household achieved in 2011-12 to 545 kilos per household 2 by 2015-16.	Wiltshire Council Waste and Environment	Kg/household/year	<b>Resources:</b> Existing staff resources within Wiltshire Council with input from contractors
Waste and Recycling	Recycling and Diversion of Waste from landfill	Achieve a recycling rate of 50% by 2020	Wiltshire Council Waste and Environment	% of waste recycled	<b>Resources:</b> Existing staff resources within Wiltshire Council with input from contractors

Area of Action	Commitment	Specific Action	Delivery	Measure	Timescale and Resources
Waste and Recycling	Recycling and Diversion of Waste from landfill	The council will seek to increase the range of recyclates collected at household recycling centres (HRCs), where it is feasible and economic to do so, with a focus upon biodegradable and hazardous wastes and service to residents	Wiltshire Council  Waste and Environment	Range of material collected	<b>Resources:</b> Existing staff resources within Wiltshire Council with input from contractors
Page 140 Waste and Recycling	Recycling and Diversion of Waste from landfill	The council will seek to extend the scope of community re-use activities based at HRCs, provided these can be achieved safely and legally	Wiltshire Council  Waste and Environment	Number of re-use activities undertaken	<b>Resources:</b> Existing staff resources within Wiltshire Council with input from contractors
Waste and Recycling	Recycling and Diversion of Waste from landfill	<p>The council will recover energy or otherwise divert from landfill sufficient tonnage of Municipal Solid Waste (MSW), in addition to that diverted by recycling and composting, to achieve</p> <ul style="list-style-type: none"> <li>• a landfill rate of 25% or less of total MSW by 2014</li> <li>• a landfill rate equivalent to less than 35% of the biodegradable municipal waste tonnage landfilled at 1995 by 2019-20.</li> </ul>	Wiltshire Council  Waste and Environment	<p>% of waste sent to landfill</p> <p>% of biodegradable municipal waste tonnage landfilled compared to the 1995 tonnage)</p>	<b>Resources:</b> Existing staff resources within Wiltshire Council with input from contractors

## Wiltshire Council energy cost and consumption data up to 2013/14

### Total energy costs

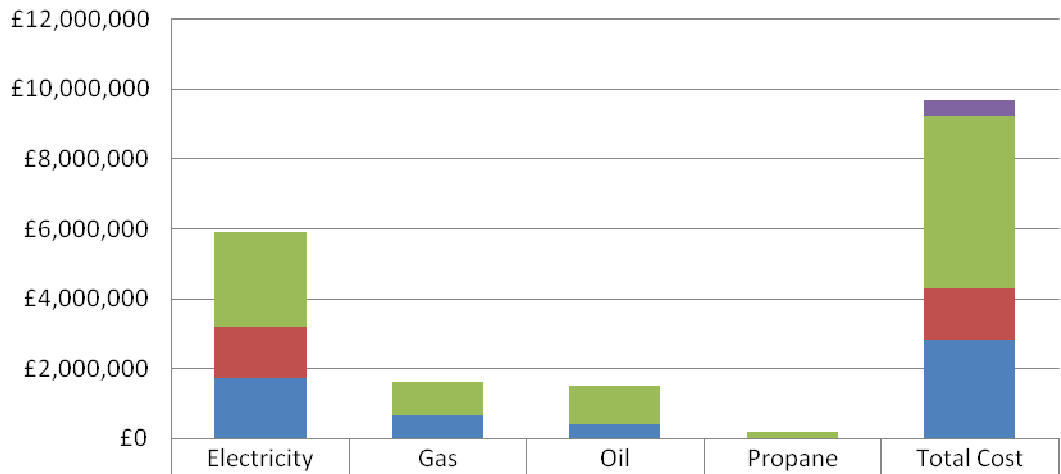
Energy and transport costs for the council totalled £13.6 million in 2013-14. The pie chart below shows the breakdown of these costs.



CRC is the Carbon Reduction Commitment which the council pays each year to government for every tonne of CO<sub>2</sub> emitted. Until 2013/14 the cost was £12 per tonne, but this has risen to £16 per tonne in 2014/15 and will rise further in future years in line with the Retail Price Index. CRC costs in 2013/14 made up just 3% of total spend on energy and transport, but this is clearly set to rise.

Excluding transport, the spend on energy for the corporate estate and schools (including CRC) came to £9.6 million in 2013/14, as shown in the graph overleaf. This graph shows that electricity costs are more than three times the cost of gas. It also shows that schools as a whole are spending more on heating oil than they are on gas.

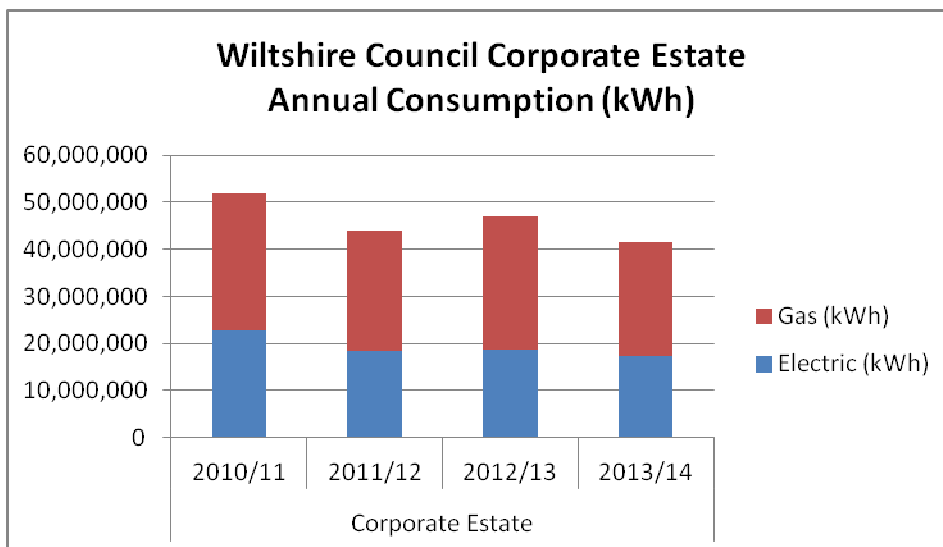
## Wiltshire Council energy costs 2013-14



CRC					£423,288
Schools, incl academies	£2,716,483	£955,500	£1,103,674	£189,149	£4,964,806
Streetlights	£1,465,135				£1,465,135
Corporate estate	£1,717,630	£681,406	£406,508	£7,585	£2,813,129

### Corporate estate energy consumption

The council's energy consumption from its corporate estate is generally showing a downward trend, as illustrated below:



Note: This is not weather corrected data, which explains the rise in gas consumption due to the very cold winter of 2012/13.

## Streetlights



This graph shows that streetlight costs have increased in recent years. This is largely due to population growth which means that more streets are adopted every year by the council as new homes are built. Road improvements can also result in increased street lighting costs through more lighting and illuminated signage.

New street lighting units with energy saving features such as dimming and LED light sources are being introduced gradually on new streets, but these still increase overall costs, just not as much.

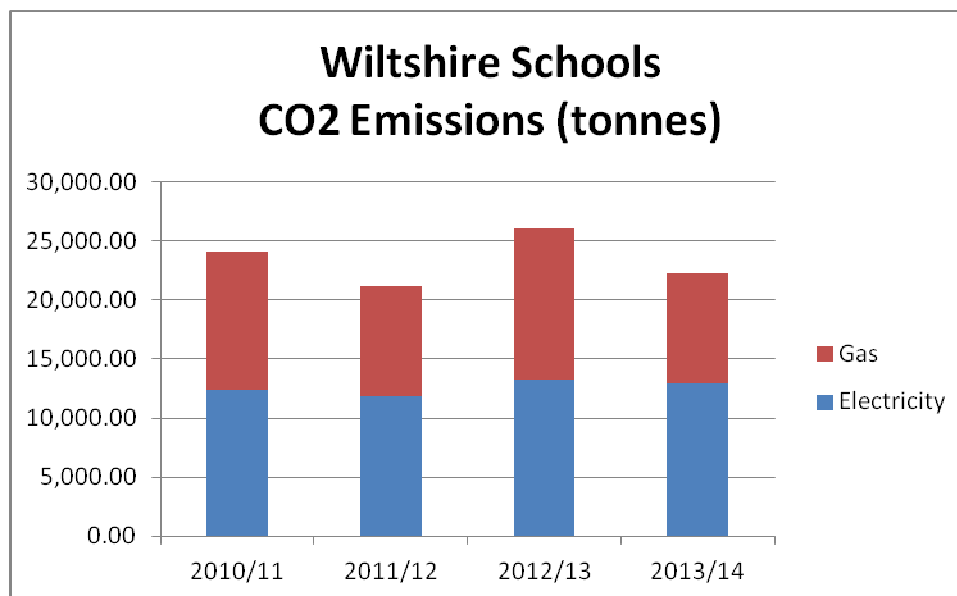
Approximately 600 lanterns/columns were changed in 2013/14 as part of an ongoing maintenance programme, each saving on average 30% on previous. However, this will only realise approximately 50000kWh in savings (approximately 0.30% of total consumption).

In order to tackle the issue holistically, the council is investing £2 million over two years on a new Central Management System (CMS) for street lighting. The CMS for street lighting was activated in Trowbridge at the end of July which introduced part night lighting in the town and surrounding area. This initiative was well received by Trowbridge Area Board. The system will be rolled out for other towns over the coming months.

## Schools

Over thirty schools have engaged in targeted programmes to reduce their energy costs and carbon emissions. However, this represents only a small minority of our total of 234 schools county-wide.

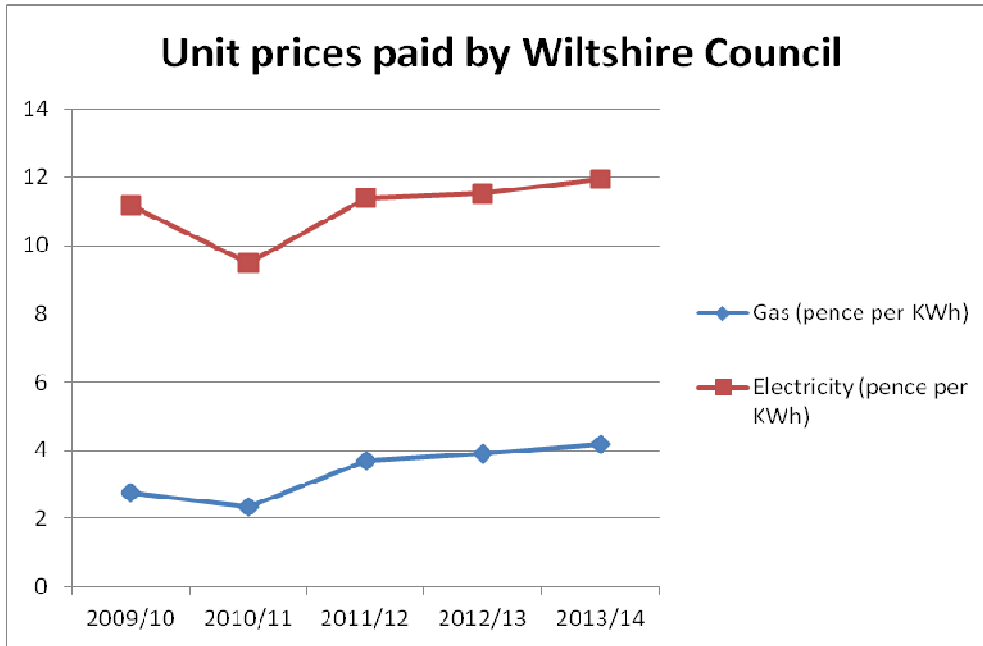
The graph below shows that emissions are fluctuating in line with the severity of the winters in recent years. As existing schools extend and new schools open in response to population pressures, it is likely there will be a rise in emissions. The Army basing programme in particular is expected to bring a significant number of school age dependents into the county over the coming years.



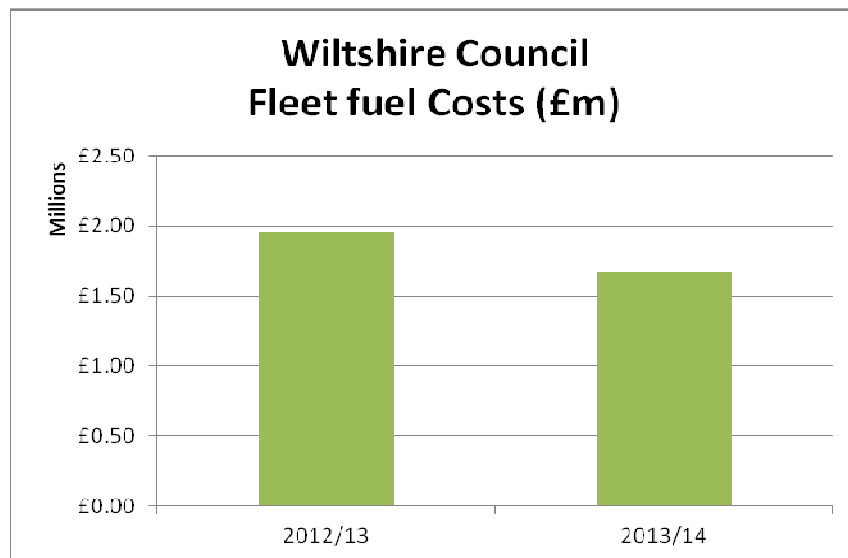
## Unit prices

The average unit rate paid by the council for energy on its corporate estate, schools and streetlights has increased significantly over the period 2009/10 to 2013/14. The graph overleaf shows that the unit prices paid by the council for gas over that period have increased by 50% and electricity by 8%. Oil prices have fluctuated much less and are now at a similar level to the 2010/11 unit price.





## Fleet Operational mileage

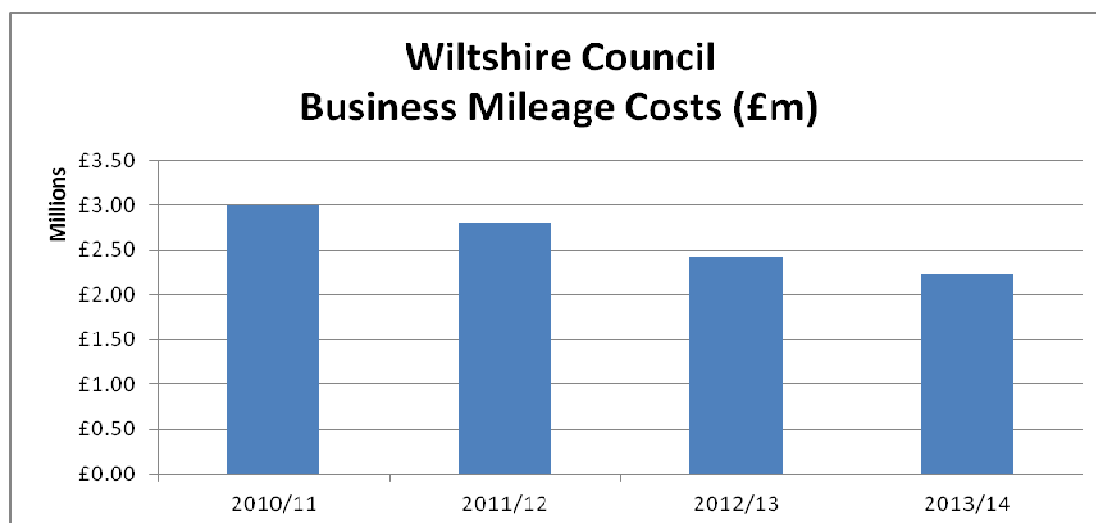


Costs have fallen from £1.95 million in 2012-13 to £1.67 million in 2013-14, which equates to a 14% reduction.

A contribution to the decrease in operational fleet mileage is the reduction of vehicles and improved vehicle utilisation. We have reduced the fleet by approximately 350 vehicles, plant and equipment.

Seven Ultra Low Emissions Vehicles and three electric pool cars have been purchased through the invest to save fund. A further ten ultra low emissions pool cars will be purchased in 2014/15. Savings from this are projected to total £170,000 per year on fuel and maintenance.

## Business mileage



Total business mileage costs have been reduced by a third in 2013/14 from the 2010/11 peak.

Following a corporate initiative to reduce business mileage, a 6.5% total reduction in miles driven was achieved between 2012/13 and 2013/14. Councillors, who account for 3% of all business mileage, reduced their mileage by 11% over the same period.

The reduction in cost to the authority was 8.5% over the same period, with costs being £203,000 less in 2013/14 than 2012/13.

The reduction in mileage and costs are attributable to a reduction in staff following voluntary redundancy and a new harmonised travel policy which pays less per mile for some staff. Through investment in cutting edge technology, including virtual servers, cloud computing, VOIP telephones and energy efficient laptops for staff, the communication tool Lync, and hot desking, staff are no longer required to travel to meetings which also means significant savings on travel time and business mileage.

## Review of progress

The council's Energy, Change and Opportunity Strategy (published in 2011) sets out the council's strategy to reducing emissions and dealing with unavoidable climate change. The council's climate change adaptation plan was published in 2012 and its second carbon management plan was published in 2014. An energy resilience action plan is currently being prepared.

The council has been taking action on a number of fronts to tackle climate change. Progress is set out below:

1. Reducing the council's carbon footprint and energy costs ..... i
2. Working with schools ..... iii
3. Working with households in Wiltshire..... iv
4. Working with Wiltshire businesses ..... vi
5. Working with communities in Wiltshire..... vii
6. The council's role as local planning authority ..... viii

### 1. Reducing the council's carbon footprint and energy costs

The latest data for 2013-14 energy consumption, including trends since 2010, is set out at Appendix 2. The council is taking action on a number of fronts to reduce its energy spend and carbon footprint as set out in the latest [Carbon Management Plan](#) 2014-17.

#### Smart metering

The council has installed smart meters across its estate. The data from these meters helps establish where progress has been made and areas that need to be focussed on. The council has been certified to the ISO 50001 standard for its Energy Management System. This involves measuring current energy consumption levels and showing continuous improvement in tackling them.

#### Invest to save programme

The council has established an invest to save programme for carbon reduction. Energy efficiency projects have been identified across the estate, and a revolving carbon reduction fund has been set up.

Total spend (including planned spend in 2014-15):	£ 4.1million
Total cost savings (including from planned spend):	£ 0.73 million
Total carbon reduction (including planned spend):	2,475 tCO <sub>2</sub>
Total Projects:	112

## Overall Performance (including planned)

Fund simple payback: 6.7 years

Total cost of carbon reduction: £ 1,583 per tCO<sub>2</sub>

Energy efficiency projects installed on our estate in each community area:

Area	# Projects
Amesbury	6
Bradford-on-Avon	2
Calne	1
Chippenham	17
Corsham	3
Devizes	13
Malmesbury	6
Marlborough	11
Melksham	6
Pewsey	2
Salisbury	24
Tisbury	1
Trowbridge	11
Warminster	2
Fleet projects	2
<b>TOTAL</b>	<b>112</b>

### Project technologies used:

- Lighting (LED, induction, T5)
- Insulation (loft, cavity wall, pipes)
- Controls (lighting, new buildings, efficient motor controls)
- Combined heat and power (CHP)
- Boilers (more efficient gas boilers, biomass boilers, oil to gas conversion)
- Pool covers
- Draught proofing
- Voltage optimisation
- Heat recovery
- Air source heat pumps
- Telemetry
- Solar photovoltaic panels
- Hybrid, ultra low emissions and electric vehicles
- Mini district heating
- Telemetry

A biomass boiler has been installed at Corsham campus and systems are being designed for two further campuses and an outdoor education centre. All are scheduled to be completed by December 2015.

A peer review of other local authorities places Wiltshire Council in leading position, with 16 biomass systems across a variety of scenarios (see schools update below) with commensurate technical understanding in-house.

## 2. Working with schools

### School energy reduction

The council has installed smart meters in all schools where technically feasible, ensuring that electricity and gas consumption can be tracked remotely and used for educational purposes.

The council has run a number of programmes in schools as follows:

- In autumn 2011 Wiltshire Council ran the Collaborative Low Carbon Schools Service programme in partnership with the Carbon Trust. It worked with 12 schools to advise on reducing energy costs and carbon emissions. It was a huge success with one of the schools, Pewsey Primary, beating 30 schools to win a national award. Of the Wiltshire schools that participated, 70% made a saving. Savings of 184 tonnes CO<sub>2</sub> and £31,318 (plus CRC savings of £2,213) were identified with no additional investment by the schools.
- In 2012/13, the council ran the 'Cut Carbon Cut Costs' programme, working with eleven schools in the Trowbridge cluster helping them to save energy.
- The council also ran the Young Energy People Scheme with Hardenhuish School in 2012. Through this scheme, students carried out an energy survey and reported to the senior leadership team and governors. A number of measures have been implemented as a result, ranging from boiler conversions to LED lighting and new insulation.
- Through the EU funded [SEACS](#) programme, an energy ambassador was employed for 18 months to work with schools from late 2012 to early 2014. Nine schools received in depth support from the SEACS ambassador and reported savings on electricity of up to 40%. Ad hoc support was provided to a further three schools, and resources and videos were produced for use by all schools.

A number of the invest to save projects listed in section 1 above have been installed in schools, with the school paying back savings to the council's revolving fund.

### Oil to biomass conversion programme

The authority has also invested in an ambitious programme of biomass boiler installations in twelve schools which were previously heated by oil. Income is guaranteed to the council from the government's Renewable Heat Incentive (RHI) over a 20 year period. Schools will save on their running costs as heating oil is more expensive than biomass.

The authority currently has installed and commissioned three systems at Tisbury St John's School, Rowdeford School and Tidworth Clarendon Juniors School. There are a further five sites where biomass is in final stages of installation and commissioning, one of these being a large secondary school, Hardenhuish. All installations are due to be complete by the end of 2014.

### 3. Working with households in Wiltshire

#### Home insulation schemes and boiler replacements

Working in partnership with Severn Wye Energy Agency, Wiltshire Council ran the **Warm and Well Scheme** from 2010 to 2014. This scheme gave householders the opportunity to have replacement boilers or their lofts and cavity walls insulated for free, or at a significantly discounted rate depending on their circumstances. This simple, yet effective, service proved to be very popular with residents with more than 1,649 measures being installed in 1,430 homes across the county. This has resulted in £712,000 of improvements to Wiltshire's housing stock, of which energy companies contributed 71% and clients contributed 9% of the costs, leaving Wiltshire Council to fund 20% of the total.

The council is replacing standard 65% efficient gas boilers in council housing with new 90% efficient condensing boilers. This has the effect of reducing the CO<sub>2</sub> emissions of each property by 1.025 tonnes per year. To date, 713 boilers have been replaced, which equates to a reduction of 731 tonnes per annum of CO<sub>2</sub> production. The council is committed to replacing approximately 2,500 boilers by 2018 giving a total reduction of 2,562 tonnes per annum.

The council is intending to install solar photovoltaic panels at the Nadder Close sheltered housings scheme in Tisbury. This 20KW (80 Panel) installation should result in a saving of 10.2 tonnes per annum of CO<sub>2</sub>.

The council is also planning to install solar photovoltaic panels on each of the 23 bungalows at the Parsons Green sheltered housing scheme in Shrewton and replace the existing oil fired communal heating system with individual air source heat pumps serving each bungalow.

**Project ACHIEVE** - ACtions in low income Households to Improve Energy Efficiency through Visits and Energy diagnosis. This unique three year project, the only one of its kind in the UK, trained unemployed people to make home visits and give energy saving and income advice to vulnerable householders in Wiltshire. The project ran from 2011 to June 2014. Nine advisors were trained in total. Energy saving devices such as low energy bulbs, TV power downs and reflective radiator panels were installed in 206 households. The majority of visits were undertaken in households made up of persons over 60 and many clients lived alone. 188 clients (91%) were in receipt of an income related benefit.

#### Collective energy switching

The council bid for and received £60,000 government funding in 2013/14 to launch and promote collective switching for energy bills. To date 2,100 households in Wiltshire have taken part in the [Ready to switch](#) scheme. Depending on the offer, between 10 and 20% are accepting the offer to switch. In the last round of switching registrants who could make a saving were looking at an average saving of £133 for a dual fuel switch.

### **Energy monitors in libraries**

Between 2010 and 2013, all of the county's libraries (including mobile libraries) stocked energy monitors available for the public to borrow, allowing residents to keep an eye on their energy use. This proved to be an extremely popular initiative with some libraries reporting waiting lists to deal with the high demand and almost 700 monitors borrowed over a 12 month period.

### **Sustainable transport**

The council received £4.25 million from the Local Sustainable Transport Fund in June 2012.

The fund is being used for:

- The Transwiltshire rail project
- The Connecting Wiltshire website and associated projects
- Personalised Travel Planning
- Various marketing and promotional events/stuff
- Other associated projects
- £60k is allocated for electric vehicle charging points on station car parks at Bradford on Avon (installed), Chippenham, Trowbridge and Westbury (yet to be installed)

### **Rapid charging points for electric vehicles**

£225,000 was received in 2013/14 for rapid charging points from the government's Office for Low Emissions Vehicles (OLEV). The council provided 25% match funding. Rapid charging points are due to be installed in the following six council car parks by September 2014, for use by the general public:

- Melksham: King Street SN12 6HB
- Trowbridge: Duke Street BA14 8AE
- Corsham Post Office Lane: SN13 0BS
- Salisbury: Brown Street SP1 1HE
- Warminster: Station Road BA12 9BR
- Chippenham Gladstone Road: SN15 3DW

The council has also received £180,000 from OLEV in 2014/15 for charging points at campuses.



## 4. Working with Wiltshire businesses

### Energy efficiency and renewable energy installers network

The council has partnered with Severn Wye Energy Agency and Gloucestershire local authorities to develop the [Link to Energy](#) installers network. This is a free-to-use online database helping householders to find sustainable energy installers and tradespeople in their area.

### Business awards

The council has supported the Wiltshire Wildlife Trust's corporate green awards and Salisbury Chamber of Commerce Green Business award since 2010.

### Developing the biomass heating industry in Wiltshire

Through a dedicated part time biomass officer, the authority has supported and built good links with thirty biomass-related businesses (installation and feedstock/fuel supply); this represents almost all Wiltshire based biomass businesses. The officer also provides technical and market situation support to internal programmes (strategic energy planning and inward investment), community, private and third sector groups. This has directly led to several feasibilities and around ten biomass installations in a range of situations from golf clubs to large houses and agricultural holdings.

The authority has also completed a study into the economic value of the timber and forestry sector in Wiltshire. This new work provides strong thematic evidence to inform a range of interventions to support the rural economy and job creation. The work has further informed the advancement of European Structural Investment Fund Activity 2.3 *Innovation for Natural Capital – investing in natural capital, landscape and environment*. This has in turn resulted in new partnerships with the Local Nature Partnership, LEADER groups and Forestry Commission as projects are developed to secure funding for sustainable rural economic growth. It is understood from partners that Wiltshire is a leading position with no other local authorities in the South West having such a strong evidence base.

### Development of district heating opportunities

The council built a partnership with Defence Science Technology Laboratories (Dstl) and Public Health England (PHE) at Porton Down to complete a bid to the Department of Energy and Climate Change's (DECC) Heat Network Delivery Unit. In June 2014, the council secured £53,600 to carry out detailed energy mapping, masterplanning and technical and financial feasibility study to fully understand the future potential for an efficient energy network at Porton Down. The council is providing 33% match funding.

The study will identify more efficient ways to heat, power and cool the operations at the site through the local generation of energy and reuse of waste heat in buildings. It is likely that significant energy savings can be made which it is hoped will reinforce the case for consolidation and further investment in Life Science activity at Porton.

## Solar photovoltaic installation at Westbury resource recovery centre

The council has worked in partnership with Hills Waste to install the largest single-roof Local Authority-owned solar panel system in the UK on the new Northacre Resource Recovery Centre (RRC) in Westbury. The 1,248 solar panels – covering an area equivalent to more than seven tennis courts – will generate over 280,500 units (kWh) of electricity each year. This electricity, all of which will be consumed on site at Northacre RRC, will help to power the mechanical biological treatment process used to turn household waste into solid recovered fuel in place of it being sent to landfill.

The benefits of the solar panel system to Wiltshire Council are significant, with annual bill savings and income from the Feed-in Tariff of over £55,000, as well as annual CO<sub>2</sub> emission reductions of 148 tonnes. Over 20 years the benefits are expected to exceed £1.5 million, and avoid CO<sub>2</sub> emissions of over 2,720 tonnes. Crucially for a plant such as Northacre RRC with a high energy requirement, the unit price of electricity produced by the panels over the system's 25 year life is significantly less than the current rate for grid supplied electricity.

## 5. Working with communities in Wiltshire

Through the EU funded SEACS programme, an energy ambassador was employed for 18 months to work with community groups. 27 events were organised or attended to promote the energy saving message, reaching an estimated 1,500-2,000 participants.

Community projects and materials are as follows:

**Affordable warmth:** Marlborough has the potential to provide an exemplar of how communities can participate.

**Promotion of biomass:** An initial pilot Woodfuel Safari, based on the Devon model.

**Energy retrofitting of community buildings:** 10 pilot energy audits carried out in partnership with Community First, Community First

**Cosy Homes:** developed first through the Transition Marlborough draught-busting work, and refined through working with Melksham Energy Group, to concentrate on problem areas.

**Green Doors/ Green Open Homes:** Two Green Doors events in 2014, with a total of 28 homes opening to visitors, following the South Wiltshire pilot led by the Wilton Community Land Trust in 2013 and supported by SEACS.

A further three groups are considering organising similar events in future.

**Green Fairs and other energy events:** At least five events planned for 2014. Audiences vary from 50 to 200+. SEACS has provided some help with publicity, identifying stall-holders etc. Materials available: Green Fairs Top Tips, list of county environmental organisations, energy display and leaflets.

**Promotion of LED bulbs:** Developed by Melksham Energy Group, with SEACS funding, and is now available on loan to others.

**Thermal imaging:** Six Wiltshire groups already had some experience of thermal imaging (TI) when the SEACS project started, with some also owning their own cameras. Training to increase technical skills was provided through SEACS in winter 2103, and the council camera loaned out to groups. TI has been used to support the Marlborough Affordable Warmth project, and as part of Green Doors information, with future plans to use it to develop very local street action (Bradford on Avon) and in promotion (Devizes).

**Transition Streets:** A member of Transition Marlborough attended Transition Streets training as part of SEACS, and is currently seeking funding to take this forward.

**Video training:** This was provided for Transition Marlborough, who had received a grant to buy a video camera but lacked the skills to make the most of it.

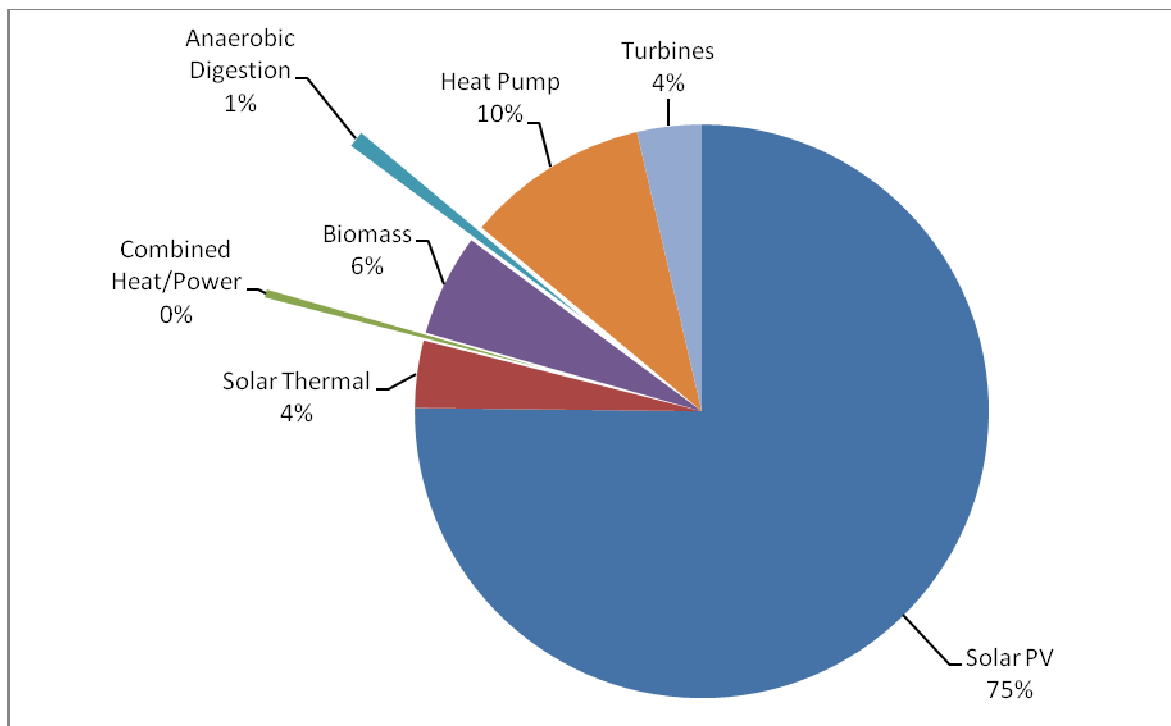
## 6. The council's role as local planning authority

### Wiltshire Core Strategy

Core policies 41 and 42 specifically encourage renewable energy and sustainable construction in the county. The Core Strategy is expected to be adopted later in 2014.

### Planning applications for renewable technologies

Since 2009, the council has received 661 applications for renewable technologies. Three quarters of these applications were for solar photovoltaics (PV) as illustrated below. 93% of all applications for renewable technologies were approved.



*Planning applications received by technology type*