

AGENDA

Meeting: Health Select Committee

Place: Kennet Room - County Hall, Bythesea Road, Trowbridge, BA14 8JN

Date: Thursday 22 September 2022

Time: 10.30 am

Please direct any enquiries on this Agenda to Matt Hitch
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Road, Trowbridge, direct line or email matthew.hitch@wiltshire.gov.uk

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

[Watch the meeting live HERE.](#)

This Agenda and all the documents referred to within it are available on the Council's
website at www.wiltshire.gov.uk

Membership:

Cllr Johnny Kidney (Chairman)	Cllr Antonio Piazza
Cllr Gordon King (Vice-Chairman)	Cllr Pip Ridout
Cllr Clare Cape	Cllr Mike Sankey
Cllr Mary Champion	Cllr David Vigar
Cllr Caroline Corbin	Cllr Tony Pickernell
Cllr Dr Monica Devendran	Cllr David Bowler
Cllr Howard Greenman	

Substitutes:

Cllr Liz Alstrom	Cllr Tom Rounds
Cllr Trevor Carbin	Cllr Ian Thorn
Cllr Mel Jacob	Cllr Kelvin Nash
Cllr Ricky Rogers	

Stakeholders:

Irene Kohler	Healthwatch Wiltshire
Diane Gooch	Wiltshire Service Users Network (WSUN)
Sue Denmark	Wiltshire Centre for Independent Living (CIL)

Meeting Date

This meeting was originally scheduled to take place on 15 September. Following the death of Her Majesty the Queen and entering the official mourning period, the Chief Executive as Proper Officer, in consultation with the Leader of the Council, has considered guidance on the holding of public meetings. He has decided that in the period up to Her Majesty the Queen's funeral (which it is anticipated will take place on Monday 19th September) all official Council meetings will be postponed as a mark of respect under to the "unforeseen circumstances" provisions in the Constitution for postponing meetings.

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Bourne Hill, Salisbury
Monkton Park, Chippenham

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Public Participation

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

For extended details on meeting procedure, submission and scope of questions and other matters, please consult [Part 4 of the council's constitution](#).

The full constitution can be found at [this link](#).

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

AGENDA

PART I

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

1 **Apologies**

To receive any apologies or substitutions for the meeting.

2 **Minutes of the Previous Meeting** (*Pages 7 - 12*)

To approve and sign the minutes of the meeting held on 5 July 2022.

3 **Declarations of Interest**

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

4 **Chairman's Announcements**

To note any announcements through the Chairman.

5 **Public Participation**

The Council welcomes contributions from members of the public.

Statements

If you would like to make a statement at this meeting on any item on this agenda, please register to do so at least 10 minutes prior to the meeting. Up to 3 speakers are permitted to speak for up to 3 minutes each on any agenda item. Please contact the officer named on the front of the agenda for any further clarification.

Questions

To receive any questions from members of the public or members of the Council received in accordance with the constitution.

Those wishing to ask questions are required to give notice of any such questions in writing to the officer named on the front of this agenda no later than 5pm on **Wednesday 14 September 2022** in order to be guaranteed of a written response. In order to receive a verbal response, questions must be submitted no later than 5pm on **Friday 16 September**. Please contact the officer named on the front of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.

Details of any questions received will be circulated to Committee members prior to the meeting and made available at the meeting and on the Council's website.

6 **Primary Care Update** (*Pages 13 - 32*)

To receive an update on the delivery of Primary Care in Wiltshire following the update received in March 2022 (minutes [here](#)).

7 **Domestic Abuse External Grant Allocation - Year Two (2022-23)**

To consider the allocation of grant funding from the Department for Levelling Up, Housing and Communities (DLUHC) to support victims and their families experiencing domestic abuse in Wiltshire.

Report to follow.

8 **Substance Misuse - Proposed Spend Allocations for the Supplementary Grants** (*Pages 33 - 48*)

To review the proposals for the use of the grant funding presented to Cabinet on 13 September.

9 **Business Plan Performance Metrics** (*Pages 49 - 74*)

The Committee will compare performance against the stated health related goals in the Council's Business Plan 2022-32, its strategic risks and proposed future developments. It will note the following relevant indicators and consider future arrangements for more detailed scrutiny of performance:

- Percentage of children who are physically active.
- Percentage of adults who are physically active.
- Referrals into the reablement service.

10 **Forward Work Programme** (*Pages 75 - 78*)

The Committee is invited to review its forward work programme in light of the decisions it has made throughout the meeting.

11 **Urgent Items**

To consider any other items of business that the Chairman agrees to consider as a matter of urgency.

12 **Date of Next Meeting**

To confirm the date of the next meeting as 1 November 2022, at 10:30am.

PART II

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

None.

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Health Select Committee

MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 5 JULY 2022 AT KENNET ROOM - COUNTY HALL, BYTHESEA ROAD, TROWBRIDGE, BA14 8JN.

Present:

Cllr Johnny Kidney (Chairman), Cllr Gordon King (Vice-Chairman), Cllr Clare Cape, Cllr Mary Champion, Cllr Dr Monica Devendran, Cllr Tony Pickernell, Cllr Antonio Piazza, Cllr Mike Sankey, Cllr David Vigar, Diane Gooch and Cllr Trevor Carbin (Substitute)

Also Present:

Cllr Richard Clewer, Cllr Jane Davies and Cllr Tony Jackson

42 **Apologies**

Apologies were received from Councillors Howard Greenman, Pip Ridout and David Bowler, and from Irene Kohler and Sue Denmark.

Councillor Bowler was substituted by Councillor Trevor Carbin.

43 **Minutes of the Previous Meeting**

The minutes of the meeting held on 7 June 2022 were presented for consideration, and it was,

Resolved:

To approve and sign the minutes as a true and correct record.

44 **Declarations of Interest**

There were no declarations.

45 **Chairman's Announcements**

Through the Chairman Members were reminded that as of 1 July 2022 the Integrated Care System was formally established across the Bath, Swindon and Wiltshire areas.

With the Vice-Chairman the quality of services offered by NHS healthcare providers within the county was being reviewed. This included reviewing their annual quality accounts. Responses were sent to Wiltshire Health and Care,

AWP, South West Ambulance Service Trust, and Salisbury Hospital Foundation Trust.

Finally, it was proposed to hold an inquiry day later in the year to consider pressures on the ambulance system, particularly handovers at accident and emergency units.

46 **Public Participation**

There were no questions or statements submitted.

47 **Salisbury Campus Scheme**

Salisbury NHS Foundation Trust was in the process of seeking capital funding in relation to its current day surgery unit, which was a time limited. A replacement with an elective care centre was proposed to provide day surgical care in a purpose built environment. The views of the health Select Committee were being sought, in particular relating to any further engagement.

Laurence Arnold, Programme Director, attended the meeting virtually to present a report detailing the capital development opportunities being explored at Salisbury Hospital. Details were provided of the current level of provision with theatres and patients.

The Committee discussed the report and update. Questions were asked about the types of surgery that would be undertaken, the intention for a dedicated admission area and recovery area for children unlike the current arrangement, and sources of public sector capital.

The Committee did not consider it appropriate to set out in detail how the Trust should conduct consultation, but was supportive of current engagement with GPs and local people.

At the conclusion of discussion, it was,

Resolved:

- 1) **To thank the programme director for the update;**
- 2) **To note that the business case for a new elective care centre is at an outline stage and has the support of the Health Select Committee;**
- 3) **To welcome the engagement undertaken to date with the public and the Health Select Committee;**
- 4) **To request that the Chair and Vice Chair of the Committee are updated when the programme team has a line of sight to future capital funding**

48 **Wiltshire Independent Living Strategy 2022/27**

The Committee was asked to consider the draft Wiltshire Independent Living Strategy, which was intended to maximise the independence, choice and control for people with a learning disability, mental health condition and/or autism spectrum condition in Wiltshire, by providing the right accommodation and support.

Councillor Jane Davies, Cabinet Member for Adult Social Care, SEND, Transition, and inclusion, was in attendance to present the report supported officers. It was reported it was intended the strategy be considered by Cabinet in September 2022.

The implantation of the strategy formed part of the ongoing Adult Social Care Transformation, and it was expected to see fewer residents in out of county placements, and less time spent in hospital.

The Committee discussed the update and strategy. Details were sought on budgetary implications, and it was anticipated costs would reduce as providing residential care was more expensive than supporting independent living. It was also stated that due to ageing populations there were many younger people who would need assistance to support their parents as their health declined. Details were sought on attracting providers, promotion of the Shared Lives service and need to recruit more carers. There was also discussion of day care facilities and the benefits of mixed housing developments in place of retirement communities.

At the conclusion of discussion, it was,

Resolved:

- 1) **To thank the cabinet member and officers for the report;**
- 2) **To welcome and support the recommendations of the Strategy as captured in paragraph 19 of the report;**
- 3) **To invite further updates to the Committee on future delivery of the Strategy.**

49 **Collaborative Working with Providers**

A report was provided analysing the impact of support that had been provided by the council to the adult social care market in partnership with Wiltshire care Partnership and the Wiltshire Clinical Commissioning Group, not the Integrated Care Board. Councillor Jane Davies, Cabinet Member for Adult Social Care, SEND, Transition, and inclusion, was in attendance to present the report supported officers and Jo Howes, Wiltshire Care Partnership, attending virtually.

Details were provided of the approach taken, accelerated during the beginning of the Covid-19 pandemic, to enable the team at the council to be a 'one stop

shop' for providers, with close collaboration with Health providers. The collaboration enabled clearer understanding of expectations for providers, co-producing local criteria with the care partnership, and enabled easier discussion of more difficult issues as the service returns to a more regular footing. The collaboration also involved working with GPs and advisory groups.

At the conclusion of discussion, it was,

Resolved:

- 1) **To thank the cabinet member and officers for the report;**
- 2) **To note the positive relationships that have been developed with care home provider market during the pandemic;**
- 3) **To commend the collaborative work that has significantly accelerated between the council, Wiltshire Care Partnership and system health partners in response to the challenges of the pandemic.**

50 **South West Ambulance Service Trust (SWAST) Update**

A report had been provided by the South Western Ambulance Service NHS Foundation Trust (SWASFT) on recent activity in Wiltshire and the wider region. The report was presented by Jess Cunningham and Paul Birkett-Wendes attending virtually.

A summary was provided of the current situation, with it stated the Trust was broadly back to pre-pandemic levels of activity. Investment had been made to mitigate issues, however handover delays were currently considerable, around 1600 hours lost per week against a pre-pandemic average of 4-500 hours. Action plans had been prepared with projected trajectories to reduce this by 70% across Bath, Swindon and Wiltshire, however this was currently running behind schedule.

The Committee noted the report and systemic nature of some of the issues affecting the Trust, and was supportive of holding an inquiry day to look into the pressures and monitor progress on mitigation measures. The impact on staff was highlighted, being required to support patients for potentially long periods which was not part of their intended role, as well as the significant delays in responding affecting the public.

At the conclusion of discussion, it was,

Resolved:

- 1) **To thank the officers for the report;**
- 2) **To note the systemic pressures currently placed upon the system;**

3) To agree to a Health Select Committee inquiry day in Autumn 2022 to look at the system challenges and potential solutions

51 **Forward Work Programme**

The Forward Plan was presented for discussion, and it was,

Resolved:

To note the forward work programme.

52 **Date of Next Meeting**

The date of the next meeting was confirmed as 15 September 2022.

53 **Urgent Items**

There were no urgent items.

(Duration of meeting: 10.30 am - 12.15 pm)

The Officer who has produced these minutes is Kieran Elliott of Democratic Services, direct line 01225 718504, e-mail kieran.elliott@wiltshire.gov.uk

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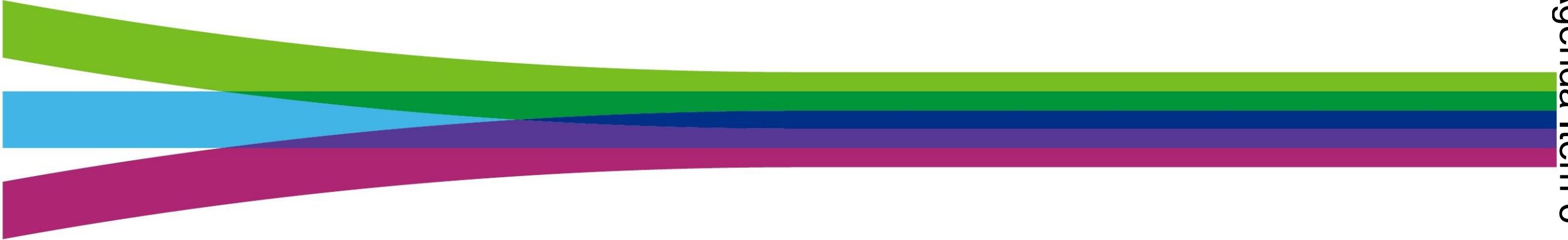
Primary Care Update

Wiltshire Health Select Committee

5.09.22

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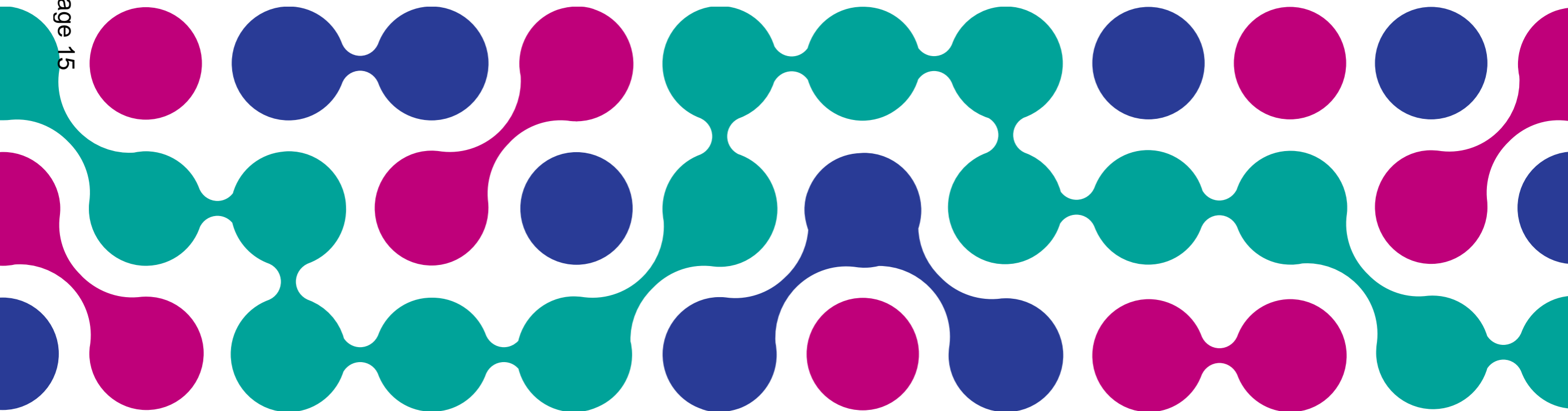
Agenda Item 6



Primary Care Operational Update

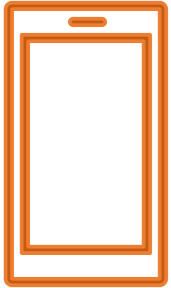
- Current Appointment Data
- Wiltshire PCN Enhanced Access Plans
- Update on COVID-19 Vaccination Programme

Improving Access to General Practice Appointment data Wiltshire



Current Position in General Practice

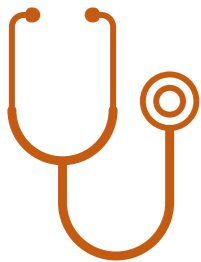
Across the system we are seeing increasing demand across all channels



- Significantly increased demand for appointments, with more patients considering their condition to be urgent
- Particular increase in the working age, generally well population accessing general practice
- Increase in “health anxiety” and mental health consultations

Clinical capacity stretched across routine, urgent, long term condition management and preventative services

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- Backlog of routine chronic disease management including diabetes, respiratory and heart disease
- Continuing to see presentations of undiagnosed illnesses following lockdowns
- Ongoing effort to offer preventative services (immunisations and screening)
- Continuing to manage people on the waiting lists to access community and secondary care services

General practice workforce and premise pressures



- Increased staff turnover due to pressures in general practice
- Workforce capacity is stretched to maximum across all services including vaccinations
- Sickness absence of staff both Covid and non-Covid related
- Longstanding premises pressures across surgeries increasingly limiting ability to expand services

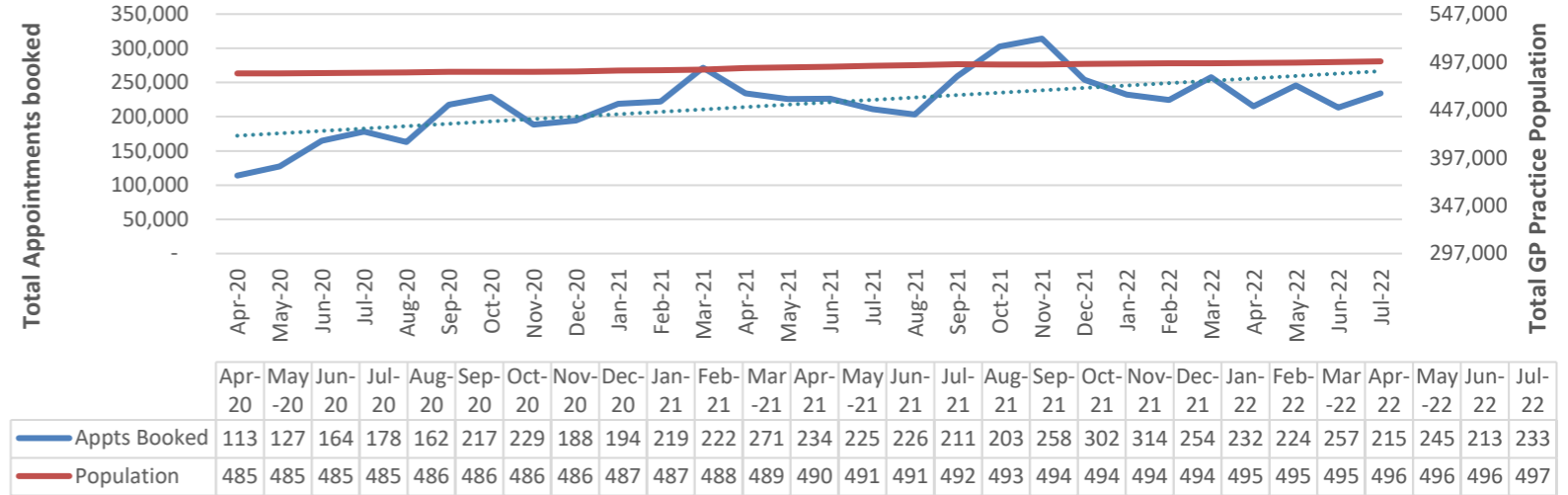
Current Performance

Wiltshire report of booked GP Practice Appointments in July 2022 shows the total Appointments was **233,000** compared to **211,000** in July 2021.

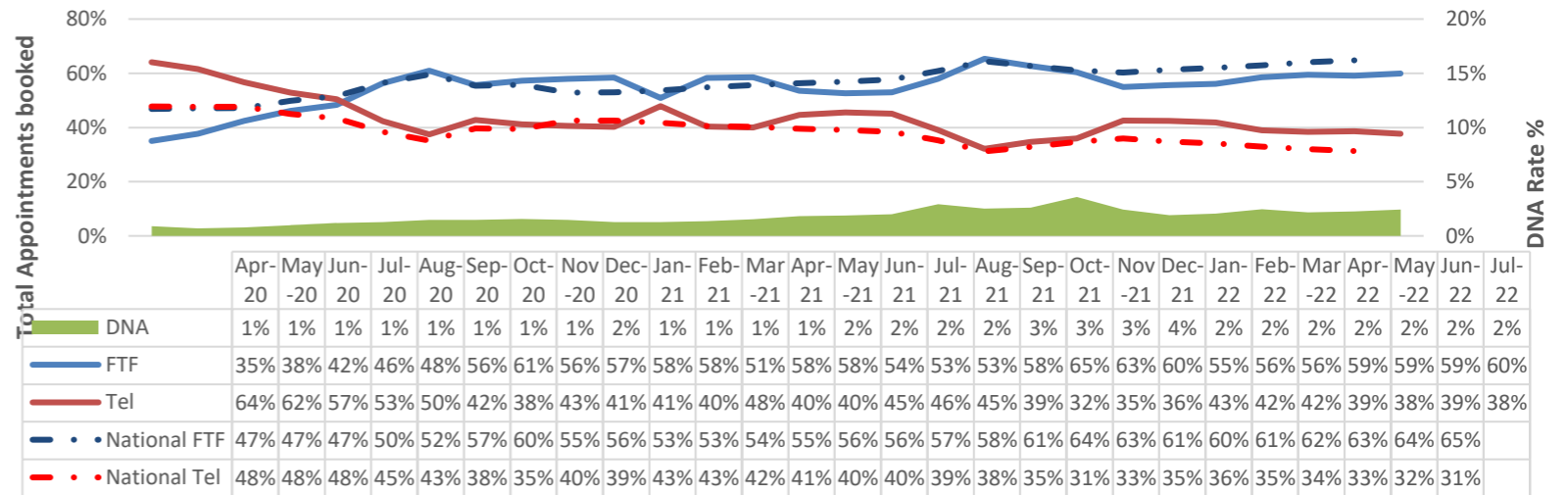
Wiltshire report of mode of GP Practice Appointments in July 2022 shows face to face appointments are **60%** of the total appointments compared to **53%** in July 2021.

The report now includes the national proportion for Face to Face (FTF) and Telephone appointment Modes represented by dotted lines on the graphs

Wiltshire - Total GP Practice Appointments Booked and GP Practice Population



Wiltshire - Total GP Practice Appointments Booked by Mode and DNA Rate



How we have been listening to local people

Over the past 6 months we have carried out wide ranging engagement to better understand the views of local people about access to health care services

Page 18 **Healthwatch collaborative project** to report on Access to GP led services (Report July 2022, pending publication)

Partnership working

Committed partnership approach between ICB, Local Authority, Healthwatch, Public Health and VCSE

Social listening

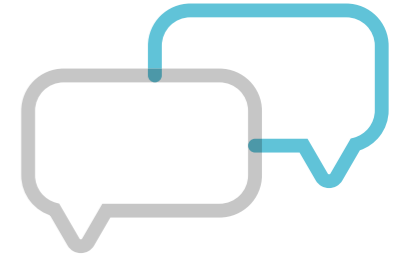
Continued listening across social media channels to better understand the views of local people around access to services and promoting advice and self care.

Connecting with our communities

In 2022/23 relaunch the work started in Trowbridge in 2021/22 and expand this to other areas in Wiltshire (Salisbury and Devizes)



What we have heard



Healthwatch:

- Majority of Wiltshire patients satisfied that they had **reasonable access** to their GP practice
- 75% of respondents agreed they saw or had a consultation with the **person best placed** to deal with their issue or concern
- Patients' experience of their appointment was **generally good**,
- **Difficulties in getting through** on the telephone and “navigating” receptionists as “gatekeepers” were recurring themes for many respondents.
- There was widespread recognition that Covid and its restrictions had altered the way **services could be delivered**.
- Feedback from practice staff include recognition of a tired, overstretched workforce that are becoming frustrated with the public's demands and attitudes. There is a call for **patient engagement** to highlight the way in which triaging works and why this is necessary.
- When asked what could be improved, the largest response focused on the need for **more face to face** appointments. People recognised that telephone consultations can be very useful and convenient, but missed the personal touch and reassurance of seeing a GP or clinician face to face.
- **Digital access** is welcomed by the majority of users, some find it too complicated or confusing
- There is a strong need to **reconnect with neighbourhoods** and communities - they feel they don't know what is currently going on
- The NHS is a trusted source of information but there is less awareness of localised sources of information
- **Partnership working** in a different way is powerful - shared leadership and ownership of issues is important
- **Communities** want to help themselves but often don't have the time, money or knowledge to get started
- We still need to work harder to reach people - including accessible materials and making time to have a presence in local communities

What are we doing in response?



Supporting staff in primary care

BSW Academy; recruitment and retention;; Resilience support; NHS Wellbeing offer; Staff Training and Development (Care navigation & signposting, Digital triage, Managing difficult conversation)



Increasing workforce capacity & skills mix

PCN recruitment to new clinical and non clinical roles in primary care (clinical pharmacists, paramedics and physician associates, mental health practitioners, social prescribers, care navigators etc.); GPs and nurses fellowship offer



Improving premises and releasing capacity

Minor improvements grants to maximise clinical room capacity in general practice
6 facet survey and PCN estate toolkit launched to identify needs, informing future estates strategy



Utilising digital to support people

Digital solutions implemented to improve access, communications and increase efficiencies (VoiP, Population health segmentation, Online/ Video consultations)
Practice website development



Self care and alternatives to general practice

Community pharmacies, 111, 111 CAS
Ongoing work on CVD prevention workstream (hypertension, obesity, health checks)



Continuing to engage and communicate with our residents

Optimising practice online presence- consistent messaging about services and how to access these



Population health management

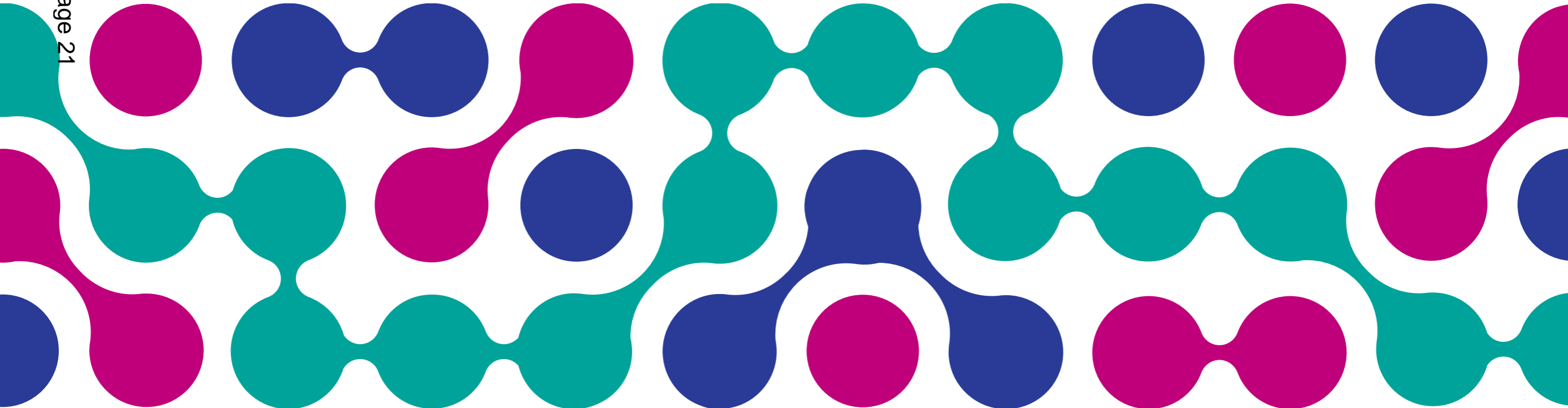
Population Health segmentation being rolled out
Care navigators and social prescribers recruited to engage our communities better
High intensity user management deployed focusing on high risk patients



Maturing PCN and Neighbourhood development

PCN transformation plans to develop at scale models
Development of Integrated care models using population health data

Wiltshire PCN Enhanced Access Plans



PCN DES Background

- March 2022 NHS England publish 'Enhanced Access for General Practice'.
- The new service brings the existing PCN extended hours and the CCG commissioned improved access services together and sets out to offer a more standardised consistent approach to patients
- Enhanced Access appointments will be available between 6.30pm – 8pm Monday to Friday and 9am to 5pm on Saturdays from 01 October 2022
- Required to provide 60 minutes per 1000 patients

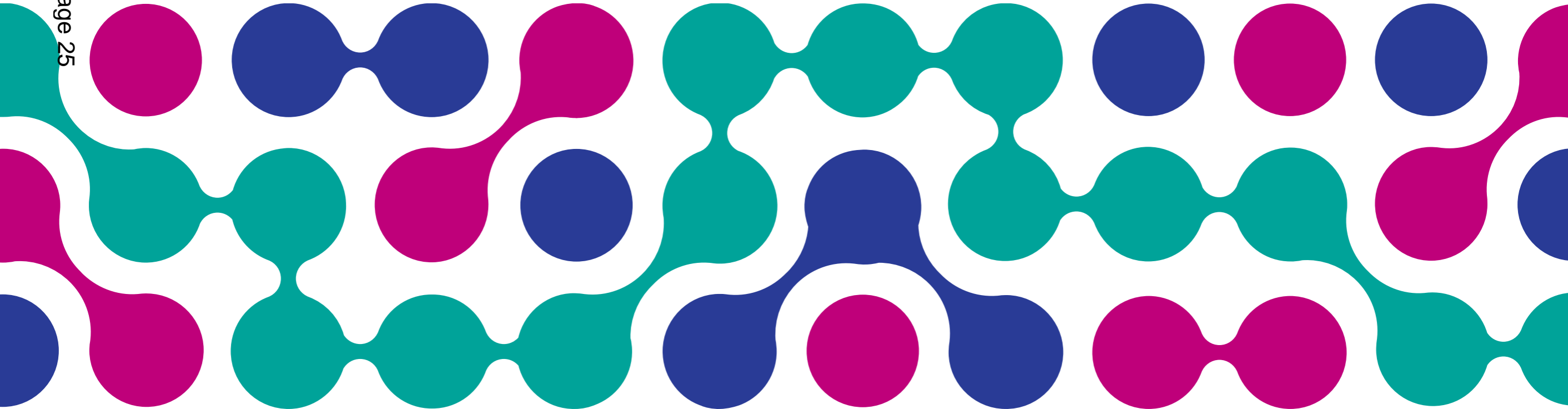
PCN DES Criteria

- MUST – meet the Network Standard Hours
- MUST – engage / involve patients
- MUST – have a range of types of appointments and mode of delivery i.e., face to face, digital, telephone
- Have also engaged with Healthwatch Wiltshire
- All unused appointments made available to NHS111

Summary

- Good coverage of the Network Contract Hours in multiple modes and appointment/clinic types
- Providing approx. 502 additional hours per week
- Good patient engagement
 - PPG's, Surveys via multiple modes (text, face to face)
 - Direct engagement with Healthwatch Wiltshire, learning from previous published reports
- Good collaborative working across PCN's (West Wilts model)
- Some sub-contracting arrangements in place
- Wide variety of digital access
 - Variety of providers to include direct communication; integration into the clinical record; medicines management; online appointments; automatic coding, patient communication (with language translation) etc.

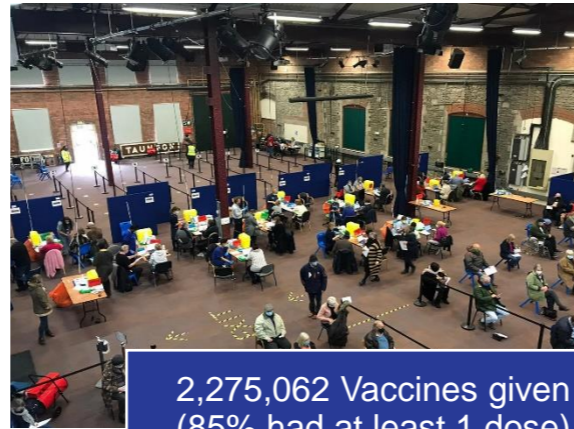
Autumn Vaccination Programme



Covid Vaccination Achievements



1000s of volunteers



2,275,062 Vaccines given
(85% had at least 1 dose)



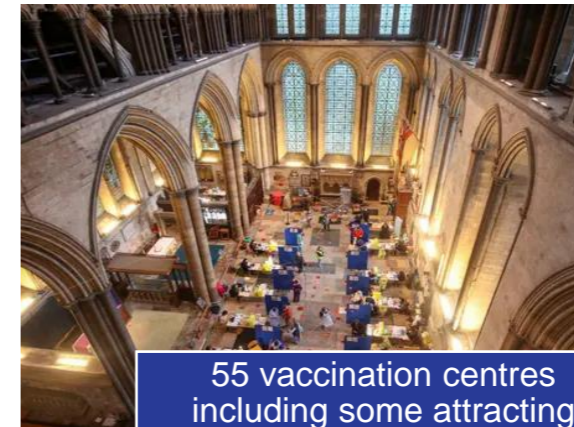
20,000 vaccines per day in
Dec 2021



11338 via Outreach
programme



1500 workforce pool employed
staff



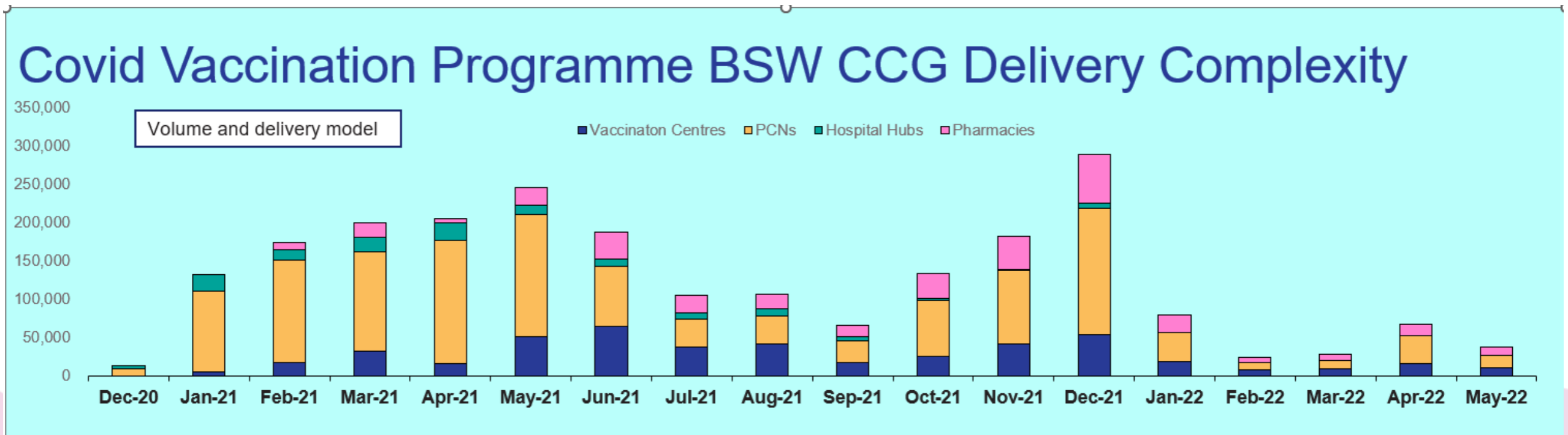
55 vaccination centres
including some attracting
international media!



Delivery Model

- 23 PCNs (NHS and non NHS sites)
- 2 Large Vaccination Centres
- Hospital hubs
- Community Pharmacies
- Roving teams for outreach/in-reach, pop ups, housebound, care homes

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Covid Vaccination Current situation

Spring Boosters

- (over 75s, care home and housebound)
- plus children 5-11
- largely completed

Evaluation and Quality Improvement

- Throughout programme – continuous improvement
- Site visits
- Feedback
- Inequalities at core of approach
 - MECC as standard

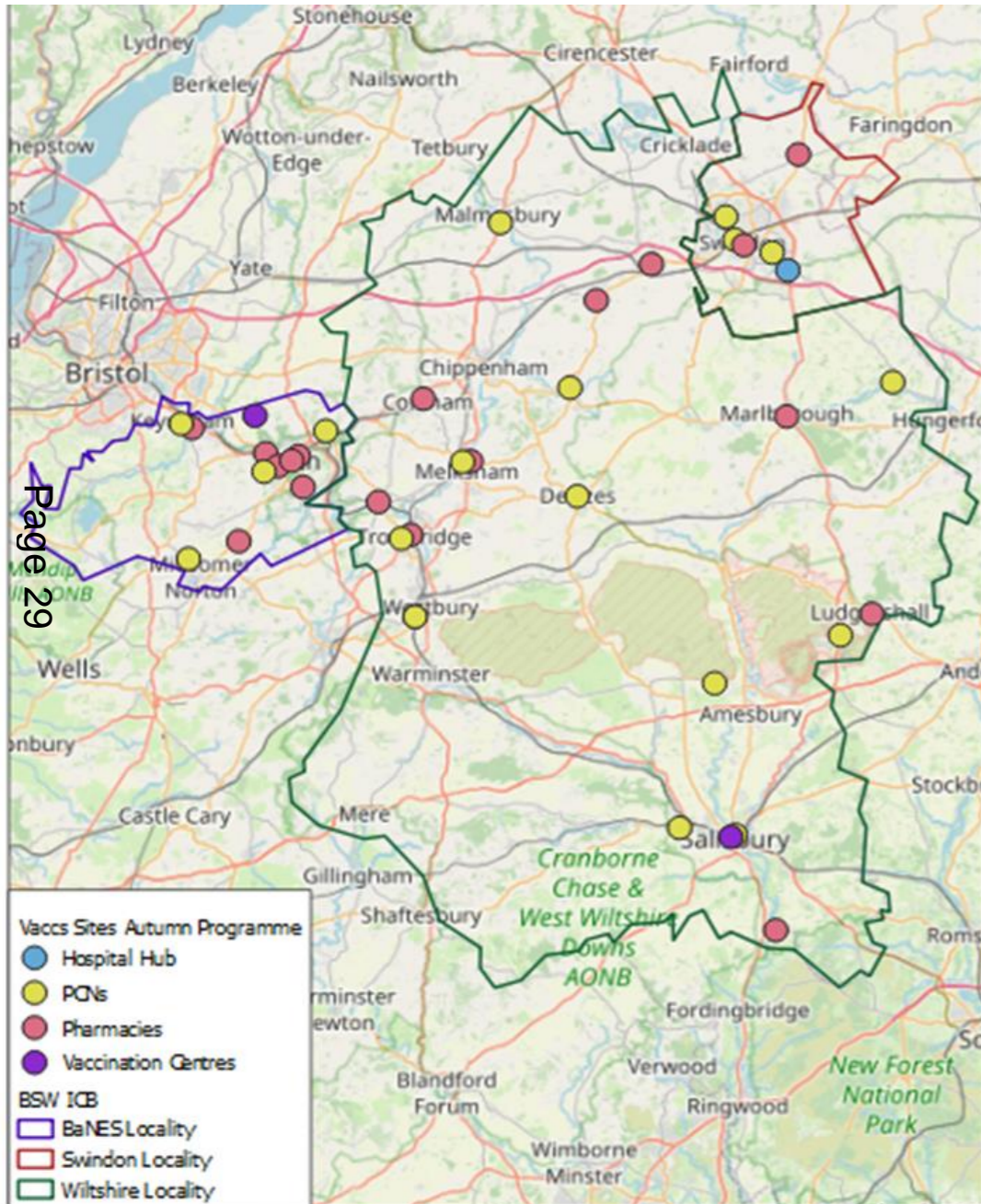
Autumn Programme

- Due to start 5th September
- Over 50s, care homes, housebound, immunosuppressed, Health and social care workers, carers plus others
- Weekly Operational Group
- New vaccines being approved

Outreach / Roving programme continues

- How to ensure we don't lose the legacy of covid and integrate with other vaccines such as flu, and other childhood imms
- Plan for teams to continue even when nearing end of Phase 5 as part of wider integrated strategy

Coverage & Access for 2022/23



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- Majority of PCNs participating so good geographic coverage
- Additional pharmacy cover requested in some areas
- Bath Racecourse and Salisbury City Hall will remain open
- Roving teams from VCs (Salisbury City Hall, Bath Racecourse) and STEAM Swindon (Brunel PCN) will provide teams to deliver pop up to reduce inequalities
- The roving teams can also cover any housebound or care homes in PCNs who are NOT participating
- The roving teams may be subcontracted to deliver to housebound or care homes by PCNs who are participating, but do not have the capacity to deliver to these cohorts
- Pop-up / satellite sites **not** included on the map opposite

- BSW Influenza plan for 2022-23 submitted and approved by NHS England
- Cohort extended to match covid (i.e. over 50s) plus 2-3yr olds
- Working on joint strategy for covid and flu to improve uptake and reduce inequalities
- Co-administration encouraged particularly where unlikely to reattend
 - E.g. housebound, homeless, unregistered
 - Additional supplies ordered for vaccination teams delivering roving vaccination to ensure consistent supply for these under-represented groups
- Communications strategy to encourage uptake of both flu and covid to prevent winter respiratory viruses and reduce risk of hospital admission
- Focus on maternity uptake rates and communication / awareness



Thank you and any questions



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Wiltshire Council

Cabinet

13 September 2022

Subject: Allocation of the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTR grant)

Cabinet Member: Cllr Ian Blair-Pilling - Cabinet Member for Public Health, and Public Protection, Leisure, Libraries, Facilities Management and Operational Assets

Key Decision: Key

Executive Summary

The Supplementary Substance Misuse Treatment and Recovery Grant has been awarded to Wiltshire Council as part of a three-year scheme to support a process of investment in a whole system approach to tackling illicit drug use, including enforcement, diversion, and treatment and recovery interventions.

This funding is managed by the Office for Health Improvement & Disparities (OHID) and is subject to annual confirmation of funding from HM Treasury. This grant will be provided pursuant to section 31 of the Local Government Act 2003.

Wiltshire Council have been allocated the following amounts subject to annual approval by HM Treasury; The amount was approved following a consultation process with key stakeholders to inform the spend, which was signed off by OHID.

2022/23	£351,756.00
2023/24	£360,000.00
2024/25	£630,000.00

The amount for 2022/23 has been confirmed and awarded to Wiltshire Council.

The purpose of this report is to:

Seek authority from Cabinet to support the proposals outlined in the paper for use against the Supplementary Substance Misuse Treatment and recovery grant (SSMTR grant).

Proposals

That Cabinet:

- a) Endorse the proposals outlined to use against the Supplementary Substance Misuse Treatment and recovery grant;
- b) Delegate authority for the decision of future spend against the Supplementary Substance Misuse Treatment and Recovery Grant to the Director of Public Health in consultation with the Cabinet Member for Public Health.

Reason for Proposals

The Home Office have awarded Wiltshire Council the sum of £351,756.00 for the financial year 2022/23 and indicative amounts of £360,000.00 for 23/24 and £630,000.00 for 24/25. Due to the total value of this three -year scheme, Cabinet are asked to support the proposals outlined in the paper for use against the Supplementary Substance Misuse Treatment and recovery grant (SSMTR grant). Cabinet are also requested to delegate responsibility for future spend of the additional monies awarded for years two and three of the grant as per the proposals above.

Terence Herbert
Chief Executive

Wiltshire Council

Cabinet

13 September 2022

Subject: Allocation of the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTR grant)

Cabinet Member: Cllr Ian Blair-Pilling - Cabinet Member for Public Health, and Public Protection, Leisure, Libraries, Facilities Management and Operational Assets

Key Decision: Key

Purpose of Report

1. The purpose of this report, as required under the Council's constitution regarding grant funding is to seek authority from Cabinet to support the proposals outlined in the paper for use against the Supplementary Substance Misuse Treatment and recovery grant (SSMTR grant).

Relevance to the Council's Business Plan

2. The effective resourcing of substance misuse services in Wiltshire, to reduce health inequalities and improve health outcomes is underpinned by the key themes of the Wiltshire Council Business plan 2022- 2032:
 - Prevention and early intervention
 - Improving social mobility and tackling inequalities
 - Understanding communities
 - Working together
3. These themes support the guiding mission statements within the Business plan of 'we live well together', and 'we are safe'.

Background

4. Tackling substance misuse has been a priority both nationally and locally in Wiltshire for many years. Wiltshire Council's Public Health team is the lead commissioner of both young people and adult's substance misuse services.
5. In December 2021, the national drug strategy '[Harm to Hope](#)' published its 10-year policy ambition with a key focus on the following points:
 - Break drug supply chains
 - Deliver a world-class treatment and recovery system
 - Reduce the demand for recreational drugs.
6. As a result of this strategy, the Department of Health & Social Care have awarded local authorities the Supplementary Substance Misuse Treatment & Recovery

funding. A three-year grant that seeks to enable local authorities to act and implement the strategic priorities, ensuring the local needs are met associated with the substance misuse.

7. This will not detract from the core substance misuse services already delivered in Wiltshire but will enhance delivery and support for those in need.
8. This will be managed nationally by the Office Health Improvement and Disparities (OHID) who will work closely with Local Authorities on local implementation and delivery.
9. Local Authorities' use of the SSMTR grant should directly address the aims of the treatment and recovery section of the drug strategy. On a national basis the additional funding should deliver:
 - 54,500 new high-quality treatment places including:
 - 21,000 new places for opiate and crack users
 - a treatment place for every offender with an addiction
 - 30,000 new treatment places for non-opiate and alcohol users
 - a further 5,000 more young people in treatment
 - 24,000 more people in long-term recovery from substance dependency
 - 800 more medical, mental health and other professionals
 - 950 additional drug and alcohol and criminal justice workers
 - adequate commissioning and co-ordinator capacity in every local authority
10. OHID have produced a menu of interventions that the monies can be used towards which include the following options:
 - System coordination and commissioning
 - Enhanced harm reduction provision
 - Increased treatment capacity
 - Increased integration and improved care pathways between the criminal justice settings, and drug treatment
 - Enhancing treatment quality
 - Residential rehabilitation and inpatient detoxification
 - Better and more integrated responses to physical and mental health issues
 - Enhanced recovery support
 - Other interventions which meet the aims and targets set in the drug strategy
 - Expanding the competency and size of the workforce
11. In Wiltshire, a number of stakeholders were engaged in a series of events to discuss and consult on the proposals for the spend. This was with both internal services across the local authority and external partners including service users and the drug and alcohol sub group.

12. Wiltshire substance misuse commissioners worked with OHID, who approved the full plan in accordance with the terms of the grant from the Home Office and this is listed in Appendix A. This included increasing the work force to deliver improved outcomes across both young people and adults substance misuse services, with a particular focus on the 'transition period between young person to adulthood' and 'criminal justice' to align to the strategy's aims. There is a clear harm reduction focus, to support the treatment journey for those at greater risk and additional commissioning capacity to deliver the programme of activities

Main Considerations for the Council

13. To endorse the recommendations outlined in Appendix A.

Overview and Scrutiny Engagement

14. The Cabinet Member for Public Health, Councillor Blair-Pilling, has also been consulted with in advance of this Cabinet meeting.
15. The Chair and Vice-Chair of the Health Select Committee were informed that this report would be presented to Cabinet. The Committee will be informed of the Cabinet decision and the agreed provider(s).
16. The Chair and Vice-Chair of the Community Safety Partnership were informed that this report would be presented to Cabinet. The partnership will be informed of the Cabinet decision and the agreed provider(s).

Safeguarding Implications

17. Safeguarding cross cuts the substance misuse agenda and as such, there are strong processes in place to ensure that service providers identify those at risk of harm and/or exploitation and those concerns are reported appropriately. Public Health work closely with both adult safeguarding teams and children's support and safeguarding teams to ensure that any risks, concerns, or incidents are escalated in line with council protocols and procedures.
18. The safeguarding of vulnerable people may be impacted upon should there be a delay in the implementation and delivery of this grant.

Public Health Implications

19. This proposal will have an impact on, or implications for, people's health and well-being and factors which determine people's health. This may include, but is not restricted to, direct health implications, sustainability, maintaining a healthy and resilient environment, economic impacts, reducing or widening inequalities and the wider determinants of health (e.g. good housing, employment opportunities, social isolation). Data relating to the Wiltshire population and community areas can be found at: <https://www.wiltshireintelligence.org.uk/>
20. Substance misuse can have a detrimental impact on anyone. A key function of public health is to reduce potential risks of harm caused by substance misuse, by

increasing protective factors and addressing root causes. This will reduce health inequalities and improve wider health outcomes for our population.

Procurement Implications

21. A compliant procurement process will be followed in line with Public Contract Regulations 2015.

Equalities Impact of the Proposal

22. An equalities impact assessment has not been undertaken on this proposal. However, it should be noted that some users of some of this service may fall into certain protected characteristics under the Equality Act 2010 (age, sex, gender, sexual orientation, race). The council will ensure that the newly commissioned provider will meet any duties under the Act.

Environmental and Climate Change Considerations

23. Environmental and climate change considerations do not affect the decisions required within this proposal, however, the changes with digital access will ensure that the service supports climate change by reducing travel across the county.

Legal Implications

24. Use of the grant will need to be carefully monitored in accordance with any Department of Health & Social Care terms and conditions to mitigate any risk of repayment.
25. Payment of the grant to any third parties will need to be compliant with procurement legislation and/or subsidy control.

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

26. Should the options not be approved, and the grant not be spent this will have to be returned to the Department of Health & Social Care.
27. This could impact on the amounts allocated to Wiltshire for years two and three of the Supplementary Substance Misuse Treatment and Recovery Grant.

Risks that may arise if the proposed decision is taken and planned mitigation

28. Recruitment of staff to support the spend of the grant is crucial. A work force strategy has been developed to ensure this is mitigated against including competitive pay and conditions.
29. Conflicting views of how the monies should be prioritised would pose a significant risk to the grant allocation and spend. The Home Office have set out clear criteria for the spend, which are reflected in Wiltshire's plans and have been approved by the Home Office

30. Increasing inflation may cause a risk to the allocated spend, the budgets will be reviewed on an annual basis and adapted accordingly to ensure there is no risk to the Council.

Financial Implications

31. Conditions of this funding stipulate that Wiltshire Council must maintain investment in drug and alcohol treatment and recovery in line with Wiltshire Council's outturn in 2020/21.

32. The spend is in accordance with our agreed proposal for the SSMTR grant; This has been approved by OHID and the appropriate documentation will be submitted to OHID pertaining to the spend on request.

33. The local authority must provide provisional revenue outturn data of local authority revenue expenditure and financing for substance misuse treatment and prevention. Failure to comply may result in the recall of all or part of the funding.

34. In line with the requirements of the Cabinet Office Functional Standards, and to ensure compliance with HM Treasury "Managing Public Money," Wiltshire Council will be asked over the next three-years to complete and sign the following documents:

- Statement of Grant Usage (SOGU)
- Financial (Actual versus Budget) breakdown

Workforce Implications

35. All elements of the grant will be outsourced to the current providers and therefore it is not anticipated that there will be any transfer of Wiltshire Council employees, however, depending on the outcome of the procurement exercise there may be a transfer of existing outsourced staff under the Transfer of Undertakings (Protection of Employment) Regulations 2006.

Conclusions

36. The Supplementary Substance Misuse Treatment and Recovery Grant has been awarded to Wiltshire Council as part of a three-year scheme to support a process of investment in a whole system approach to tackling illicit drug use, including enforcement, diversion, and treatment and recovery interventions.

37. Cabinet are asked to agree to the proposals outlined to use against the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTR grant).

38. Cabinet are asked to delegate authority for the decision of future spend against the Supplementary Substance Misuse Treatment and Recovery Grant to the Director of Public Health in consultation with the Cabinet Member for Public Health.

Professor Kate Blackburn - Director of Public Health

Report Author: Kelly Fry – Public Health Principal

Appendices:

Appendix A: Wiltshire SSMTRG Planning Table

Background Papers:

[Harm to Hope – 10-year Drug Strategy](#)

Appendix 1: Wiltshire SSMTRG Planning Table

Area	Intervention	Your proposal	Detail of staff and consumables	Q2	Q3	Q4	SSMTR grant spend in 2022-23	% of additional spend in 2022-23
System coordination and commissioning	Increased commissioning capacity to support regional or sub-regional commissioning, including for residential rehabilitation and inpatient detoxification.	Ring-fence funding for regional coordination and administration costings for IPD consortia. Local alignment with Central South coast IPD consortium.	Contribution of Inpatient Detoxification (IPD) budget for central coordination and commissioning costs	£ 2,000.00			£ 2,000	1%
	Increased drug and alcohol treatment commissioning capacity, covering adult and/or young peoples' services.	Increased commissioning capacity within Public Health commissioning team, projects worker to support with reporting & data requirements, bid compliance and death and alcohol related death processes.	1 FTE Commissioning Support Officer within the Local Authority	£ 4,000.00	£ 4,000.00	£ 14,000.00	£ 42,000.00	12%
	Capacity to support enhanced local system-wide drug and alcohol related death and non-fatal overdose investigations.	This will be managed by the increased capacity within the Commissioning team by appointed project support worker and in collaboration with the newly appointed First Point of Contact (FPOC) worker within main adult commissioned service.	1 FTE Commissioning Support Officer within the Local Authority				£ -	0%
Enhanced harm reduction provision	Enhanced outreach and engagement, (including outreach for people with disabilities and new parents) including targeted street outreach for: <ul style="list-style-type: none"> • people experiencing rough sleeping and homelessness (aligned with and complementing rough sleeping grant initiatives where relevant) • targeted vulnerable/priority groups including sex workers • crack, heroin users and alcohol users who are not in contact with treatment • young people not accessing services. 	2 FTE Trainee harm reduction workers to support out-reach to vulnerable cohorts, including a focus on Criminal Justice System (CJS) clients and in-reach to community pharmacy and acute hospital settings; to upskill CJS, pharmacy and medical staff to deliver sustainable interactions from 2023.	2 FTE Trainee harm reduction workers (Continuation of Universal Funding posts) See section 10					0%
	Enhanced needle and syringe programmes (including more use of low dead space syringes), covering specialist as well as pharmacy-based provision.	Equipment and associated costs of implementation of mobile "pick and mix" needle exchange and harm reduction interventions. Including utilising two needle exchange	Purchasing of two needle dispensing machines (2 x £650 per machine) and an activity budget for purchasing of stock for	£ 1,833.00	£ 1,833.00	£ 1,833.00	£ 5,499.00	2%

		dispensing machines, to be used in police custody suite and homeless hostel.	dispensing machines. Dispensing machines will disense packs containing a sharps box, needle and syringe (varying gauges), alcohol swabs, sterile spoon and vitamin C sachet.					
	Enhanced naloxone provision, including through peer networks and the police.	Work with Wiltshire Police to roll out naloxone, consider training and awareness programme. Provision of 150 x nasal naloxone to vulnerable and multiple-complexity groupings	Purchasing of naloxone supplies	£ 2,666.00	£ 2,666.00	£ 2,666.00	£ 7,998.00	2%
Page 4 Increased treatment capacity	Treatment capacity to respond to increased diversionary activity, including through out of court disposals, liaison and diversion and drug testing on arrest and workforce capacity for psycho-educational diversionary interventions for low level drug offences for adults and young people.	Criminal justice workers to continue Out of Court Disposal (O OCD) pathway and deliver Psycho-Educational interventions as a combination of digital and F2F interventions across county including evening and weekend delivery as appropriate for this cohort. Dedicated and protected criminal justice caseloads for these workers.	3 FTE Criminal justice workers see section 10					0%
	Targeted services/provision for parents in need of treatment and support for children of drug and alcohol dependent parents and families.	Development and marketing of The Wrap website (https://www.thewrapdhi.org.uk/) resource. No additional cost to this.	Existing commissioning arrangements				£ -	0%
	Additional young people's treatment places.	This will be supported by the joint funded criminal justice (CJ) worker post which will sit within the young people service. Which will actively increase numbers in mainstream service and allow a key worker to focus solely on criminal justice cases. Which will also support the quality of treatment element of the bid.	Young Peoples CJ worker. Section 10				£ -	0%
	Increased/piloted provision of novel long-acting opioid substitution treatments.	Buvidal (opiate substitution) for 5 individuals, with evaluation and consideration in ways to sustain this intervention	Purchase of Buvidal which will be administered by existing clinical staff.	£ 2,400.00	£ 2,400.00	£ 2,400.00	£ 7,200.00	2%

Increased integration and improved care pathways between the criminal justice settings, and drug treatment	Improved collaboration and joint working arrangements with police, Liaison and Diversion schemes, courts, probation, and secure settings to: Increase the number of community service treatment requirements particularly Drug Rehabilitation Requirements (DRR)/Alcohol Treatment Requirements (ATR) and support improved compliance with court mandated orders. Increase the engagement and retention in community treatment of individuals referred from prison.	Liaison with Liaison and Diversion service, (LADS) reconnect service and custody health care to provide in reach support and 'warm referrals' into mainstream treatment. Attend the prison release panel to ensure effective transition from the secure estates into community treatment. Working with key partners such as Probation to ensure a successful transition from Prison to Community Services. Attend where necessary wider meetings such as Multi-Agency Public Protection Arrangements (MAPPA) to ensure a collaborative approach to coordinated care and support.	As part of the 2 FTE Trainee harm reduction workers, denoted in section 2, 3 FTE CJ workers detailed in section 3. Section 10				£ -	0%
	Enhanced treatment service capacity to undertake police and court custody assessments to improve pathways into treatment.	This pathway improvement work will be supported by 3 Criminal Justice (CJ) workers as detailed in section 3, regular meetings will be held with partners to ensure the pathway is fit for purpose and working to support the needs of service users and increasing uptake of community services.	3 FTE criminal justice workers as detailed in section 3 and 10				£ -	0%
Enhancing treatment quality	Key working/case management quality improvement, including reducing caseload sizes, implementing caseload segmentation approaches, increased clinical supervision and training and development.	The additional posts will enhance treatment quality by reducing caseloads, in addition the training we plan to offer all front-line staff will ensure the work force are upskilled and there is continuity of care across all service areas.	As part of the 2 FTE Trainee harm reduction workers, denoted in section 2, and 3 FTE CJ workers detailed in section 3. Section 10				£ -	0%

	<p>Psychosocial intervention quality improvements, including reducing caseload sizes, implementation of evidence-based programmes, increased/enhanced clinical supervision and training and development.</p>	<p>We will be reducing caseload sizes through creating new posts and also through reviewing pathways and offers of treatment packages; we will work closely with our provider to specialise the CJ caseloads & workloads allowing them to solely focus on CJ work and developing these pathways. We will be increasing the resource for the FPOC team to reduce workers from other teams supporting with assessment work, allowing recovery workers to focus on their workloads; the new FPOC worker will also work to deliver harm reduction interventions and work on hospital pathways including to clients who are at risk of suicide or near miss overdoses. Employment of 1.5 FTE recovery workers to support with a reduction in caseload sizes. We will be increasing the use of our peer mentor service to support the throughput of clients and will enhance this provision through investing in their development and training opportunities. All of this will be underpinned by an investment in training and development and utilising an external training provider to upskill the workforce. By reducing caseload sizes, we will ensure a much more personalised and person-centred approach to treatment and psychosocial interventions.</p>	<p>As part of the 2 FTE Trainee harm reduction workers, denoted in section 2, and 3 FTE CJ workers detailed in section 3. Section 10</p>				<p>£ -</p>	<p>0%</p>
<p>Residential rehabilitation and inpatient detoxification</p>	<p>Increased residential rehabilitation placements, to ensure the option is available to everyone who would benefit. (Locally agreed targets should be set against the national benchmark/ambition, as in the planning table) Consideration should be given how to support service expansion and improvement through available capital funds, and through regional or sub-regional commissioning partnerships with other local councils.</p>	<p>Utilise commissioning capacity to consolidate current Prison to Rehab pathway to encompass male establishments. Consider how to increase time in rehab to 24 weeks as necessary and appropriate. Consideration of regional framework or dynamic purchasing system to reduce costs for LA and improve outcomes and maximise the use of our Tier 4 framework through rigorous contract management arrangements.</p>	<p>1 FTE Commissioning Support Officer within the Local Authority see Section 1</p>				<p>£ -</p>	<p>0%</p>

	Increased number of inpatient detoxification placements to meet increasing demand following community treatment expansion, and in addition to the provision commissioned through the dedicated in-patient detoxification grant and multi-area commissioning consortia.	Recently joined the South central coast consortia, without IPD allocation. The facility is the new Dame Carol Black unit based in Fareham. We anticipate increased numbers in inpatient detox and onward rehabilitation as a result of this joint venture.	IPD grant				£ -	0%
Better and more integrated responses to physical and mental health issues	Enhanced partnership approaches with physical and mental health services, including the co-location of services and interventions.	Utilise SHOUT, a confidential text messaging support service, for individuals struggling with mental health to support individuals who are at crisis point.	SHOUT	£ 2,400.00			£ 2,400.00	1%
	Enhanced psychosocial interventions so they effectively assess, manage, and make supported referrals for common mental health problems, including anxiety, depression, and trauma.	Trauma informed training to be provided to all front line workers, to support their development, understanding and responses to common mental health problems. This will also be supported by a reduction in caseload sizes and increasing the size of the workforce, allowing for a more person-centred approach to responding to mental health needs and appropriate referrals to mental health services.	2 day course at £1250 - 3 sessions (16 places each).	£ 3,750.00			£ 3,750.00	1%
	Enhanced partnership approaches with physical and mental health services, including the co-location of services and interventions.	The additional commissioning support will bolster this area of work, the dual diagnosis and complex needs agenda is a high priority in Wiltshire and we will use this opportunity to enhance pathways and support across the system linking into the new Integrated Care System (ICS) framework. In addition, we will look to improve physical health opportunities working with Leisure colleagues to develop social prescribing options. We will also look at opportunities with our voluntary and community sector to maximise leisure input in each community area.	1 FTE Commissioning Support Officer within the Local Authority				£ -	0%

Enhanced recovery support	Development and expansion of a recovery community and peer support network, including in treatment, to sustain long-term recovery, increase the visibility of recovery and support social integration. This could include: <ul style="list-style-type: none"> peer-based recovery support services recovery community centres recovery support services in educational settings facilitating access to mutual aid recovery housing long-term recovery management such as recovery check-ups 	The bid proposal includes an increased training package for peer support, we want to enhance this area to include the voice of the service user to help the co-production of onward service delivery and management. With better pathways created from secure estates we anticipate better uptake and increased use of our support accommodation provision to support long term sustained recovery.	Training for peer mentors see section 10.				£ -	0%
	Enhanced partnership with collaboration with employment and housing service to improve pathways and integrated system of care.	The increased recovery work force will support the reconnected pathway into employment. There will also be opportunities to increase referrals into the supported accommodation scheme, following community treatment and inpatient detox and rehab to support this area of the bid.	As part of the 2 FTE Trainee harm reduction workers, denoted in section 2, and 3 FTE CJ workers detailed in section 3. Section 10				£ -	0%
Expanding the competency and size of the workforce	Training and development programmes for peer workers and volunteers.	Investment in the development of our peer mentor service, providing training and development opportunities to enrich the skillset of our peers. The peer mentor service will be integral to supporting longer term recovery options and recovery support for our clients.	Peer mentor training and counselling qualifications		£ 3,221.00	£ 3,221.00	£ 6,442.00	2%
	Increased number of drug and alcohol workers.	Recruitment of 0.5 FTE First Point of Contact (FPOC) Assessment worker to deliver harm reduction advice, reduce wait times from referral to assessment which will prevent people from dropping out of service and to complete assessments; this role will also build links and a pathway with acute trusts and wider partners to make contact with those at high risk of intentional or accidental overdose.	0.5 FTE FPOC Assessment worker (Adult service) (£34,635 per FTE)	£ 5,772.50	£ 5,772.50	£ 5,772.50	£ 17,317.50	5%
		2 FTE Trainee harm reduction workers	2 FTE Trainee harm reduction workers (Adult service) (£27,895 per FTE) (Continuation of Universal Funding posts)	£ 18,596.66	£ 18,596.66	£ 18,596.66	£ 55,789.98	16%

		Recruitment of 1.5 FTE Recovery Workers to increase the number of drug & alcohol workers within the core service	1.5 FTE Recovery Workers (Adult service)(£34,635 per FTE)	£ 17,317.50	£ 17,317.50	£ 17,317.50	£ 51,952.50	15%
	Increased number of criminal justice drug and alcohol workers.	Transitional Worker (DHI) to be employed in YP service and embedded across Youth Offending Team service, to increase links with Child Exploitation Service and support & develop transitional pathways.	0.5 FTE Transitional Worker (YP service) (£41,751.51 per FTE)	£ 6,958.59	£ 6,958.59	£ 6,958.59	£ 20,875.77	6%
		0.5 FTE Criminal Justice worker - (DHI)	0.5 FTE Criminal Justice worker (YP service) (£41,751.51 per FTE)	£ 6,958.59	£ 6,958.59	£ 6,958.59	£ 20,875.77	6%
	Increased number of criminal justice drug and alcohol workers.	Criminal justice workers to continue Out of Court Disposal (OOC) pathway and deliver Psycho-Educational interventions as a combination of digital and F2F interventions across county including evening and weekend delivery as appropriate for this cohort.	3 FTE Criminal justice workers (Adult service) (Continuation of Universal Funding posts) (£34,635 per FTE)	£ 34,635.00	£ 34,635.00	£ 34,635.00	£ 103,905.00	29%
Page 47	Training, education, and continuous professional development including training and support for line managers	Training opportunity and package for all frontline workers to upskill and increase the competency of our frontline staff	Outsourced training package purchased through an external training provider. 2 day course at £1250 - 3 sessions (16 places each).		£ 3,750.00		£ 3,750.00	1%

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Wiltshire Council

Cabinet

13 September 2022

Subject: Council Performance and Risk 2022/23 – Quarter One Monitoring

Cabinet member: Councillor Richard Clewer, Leader of the Council and Cabinet Member for Climate Change, MCI, Economic Development, Heritage, Arts, Tourism and Health & Wellbeing.

Key Decision: Non Key

Executive Summary

This report provides an update on performance against the stated missions in the Council's Business Plan 2022-32, its strategic risks and proposed future developments.

Proposals

Cabinet to note the updates and outturns:

1. Against the measures and activities ascribed against the Council's priorities and that targets for the measures will be included in the quarter two performance report.
2. To the Strategic Risk Register, issues and emerging risks.

Reason for Proposal

To provide Cabinet with a quarterly update on the current performance framework, which is compiled of the measures used to monitor progress against the 10 missions laid out in Wiltshire Council's Business Plan 2022-32.

The Strategic Risk Summary captures and monitors significant risks facing the Council, in relation to significant in-service risks facing individual areas and in managing its business across the authority.

This is supported by, and in compliance with, the Council's Corporate Performance and Risk Policy.

**Terence Herbert
Chief Executive**

13 September 2022

Subject: Council Performance and Risk Monitoring Report: Q1 2022/23

Cabinet member: Councillor Richard Clewer, Leader of the Council and Cabinet Member for Climate Change, MCI, Economic Development, Heritage, Arts, Tourism and Health & Wellbeing.

Key Decision: Non Key

Purpose of Report

1. This report provides an update on the progress against the stated missions in the Council's Business Plan.
2. To note: it provides information on measures of performance at the end of Q1 (June 2022) and risks as they are in Q2.
3. The Q1 2022/23 Performance Scorecard is attached to the report as **Appendix 1**.
4. The Strategic Risk Summary is attached as **Appendix 2**.
5. A supporting commentary is available in **Appendix 3**.

Relevance to the Council's Business Plan

6. This report updates Cabinet on the performance against each of the stated missions contained in the Business Plan 2022-2032, at the end of quarter Q1 2022/23.

Background

7. Prior to the Business Plan's ratification at Full Council, Directors and Cabinet Members agreed a performance framework that identified the measures that would initially be used to track progress against the 10 missions identified.
8. These measures fell into three categories:
 - i) Main indicators – the key metric for that particular mission.
 - ii) Supporting indicator(s) – a metric that helps add weight or explanation to the main indicator.
 - iii) Basket indicators – where it was impossible to identify one or two main indicators measures were grouped together to be able to report on elements of each mission.

9. The resulting scorecard includes each main measure (the latest reported figure) and the most relevant/recent supporting and basket indicators.
10. Measures on the scorecard are owned and reported by the service to which they relate. Intended to evolve. Cabinet and scrutiny
11. The Strategic Risk Summary is attached as **Appendix 2** and provides information on the challenges, and potential challenges, the Council faces in delivering its services and ambitions.
12. Included in the risk summary is the Strategic Risk Register which contains risks that, if they were to become issues, could hamper the Council's ambition to achieve its stated aims whether that be empowering the people of Wiltshire, building thriving economies or leading the response to climate change. Risks are identified, defined, reviewed and managed in service areas.
13. There are over 250 risks identified and scored in the Council's risk management process. The Strategic Risk Register is made up of those risks which have either a potential impact on the wider council or are the responsibility of the wider council to mitigate.
14. A full explanation of the makeup of the Strategic Risk Register can be found at the bottom of Appendix 2.
15. Two previous risks – inflation and staff recruitment and retention – have now been classified as issues meaning that the potential problems identified have materialised.
16. The council's teams are now working to mitigate the impact of these issues and will continue to do so until they are no longer having a direct impact on delivery.
17. This is in line with and outlined in more detail within the Council's Corporate Performance and Risk Policy.

Future Developments

18. Throughout the course of 2022 and beyond, the Council's Scorecard will be undergoing significant review and improvement, and changes will be brought to Cabinet.
19. Working with Directors and Cabinet Members, targets will be set for quarter two, and measures iteratively challenged and improved at Performance Outcome Boards and Groups to ensure they are most representative of performance against a mission and allow for advanced scrutiny.
20. This is in addition to presentational changes to ensure it provides an easy read dashboard with improved data visualisation, which provides greater context, longer time series and an enhanced narrative about progress against service delivery plans which highlights where there are risks of failure or slippage.

21. Alongside these changes, a programme is underway to align financial reporting so that reporting cycles are correctly timed, and reports can be presented and synchronised with wider Council performance.
22. Future risk summaries will feature the Council's revised response to national-level risks. This will be completed in partnership with the Local Resilience Forum who will produce a Wiltshire response to the National Risk Assessment when it is published.
23. An exercise is also being undertaken with the Extended Leadership Team to ensure that items that do not yet make risk classification or cannot be quantified as emerging risks are considered in more depth, and future summaries are reflective of the live and dynamic nature of council services.

Overview & Scrutiny Engagement

24. The Overview and Scrutiny Management Committee is considering this report on 21 September.

Safeguarding Implications

25. A number of indicators are regularly analysed which directly relate to the safeguarding of children and adults. Action is taken where improvements in performance are required.

Public Health Implications

26. Not applicable as no decision is required.

Procurement Implications

27. Not applicable as no decision is required.

Environmental and Climate Change Considerations

28. Not applicable as no decision is required.

Equalities Impact of the Proposal

29. Not applicable as no decision is required.

Risk Assessment

30. Not applicable as no decision is required.
31. Performance and risk indicators will continue to draw on the framework set out in the Business Plan and will continue to be refined through engagement with the relevant services.

Financial Implications

32. Not applicable as no decision is required.
33. Performance and risk as outlined above will inform the current service planning cycle and in turn the development of the budget for February 2023.

Legal Implications

34. Not applicable as no decision is required.

Options Considered

35. Not applicable as no decision is required.

Conclusions

36. This report brings together updates performance indicators that make up the performance framework as well supplementary commentary to provide further context around the Council's activities in these areas and the risks faced by the Council.

Perry Holmes

Director, Legal and Governance

Report Authors:

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Toby Eliot, Corporate Support Manager | toby.eliot@wiltshire.gov.uk

August 2022

Background reading

Corporate Performance and Risk Policy

Appendices

- Appendix 1: Wiltshire Council Performance Scorecard - 2022/23 Quarter One
 - Appendix 2: Strategic Risk Summary Q1 2022/23
 - Appendix 3: Performance and Risk Commentary Q1 2022/23
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Wiltshire Council Performance Scorecard - 2022/23 Quarter One

Of the 27 indicators on this scorecard 20 (74%) were ranked as either green or amber in terms of improved performance.











7

9

11

Arrows show the direction of travel. Green is a positive change, red a negative a change and orange neither positive or negative.










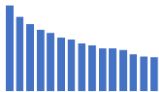
Gold shaded measures are main indicators	Unshaded indicators support a main indicator	Grey shaded indicators are selected from a basket of possible measures - the name of that basket appears above the measures
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Measure description	Previous positions	Latest position	Latest report	Frequency	Direction of Travel	Trend	Comment	
We Get the Best Start in Life								
Educational Gap: Phonics (The percentage point gap between all pupils at KS1 and those receiving pupil premium - achieving phonics)	18.1%	20.0%	21.2%	Aug-21	annual - academic year			It is difficult to make judgments about recent trends with these indicators as different approaches to assessment taken during the pandemic mean 2020 and '21 are incomparable with previously years.
Educational Gap: KS4 (The percentage point gap between all pupils and those receiving pupil premium - achieving 5+ in English and Maths at KS4)	31.1%	26.2%	29.4%	Aug-21	annual - academic year			
We Stay Active								
Percentage of Children who are Physically Active	43.7%	50.5%	53.7%	Mar-21	annual			The trend shows the last four financial years. The improvement shown in Wiltshire in the past three years has not been mirrored in the national or regional figures. Wiltshire now shows better levels of activity than the England or South West average. Results for 2021/22 are yet to be published.
Percentage of Adults who are Physically Active	71.2%	72.1%	72.9%	Mar-21	annual			The trend shows the last four financial years. Small improvements in each of the last three years put the activity levels in adults in Wiltshire above the national and regional average.
Referrals into the Reablement Service (total monthly number)	266	228	263	Jun-22	monthly			The trend shows the last five months. Total referrals remain at a fairly consistent level since the start of the year.









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Measure description	Previous positions	Latest position	Latest report	Frequency	Direction of Travel	Trend	Comment
We are Safe							
Re-referrals to Children's Services (% referrals within 12 months of previous referral)	14.6%	14.9%	15.4%	Jun-22	monthly		The trend shows the last 15 months. Every month of the financial year 2021/22 returned a lower re-referral rate than the 16% for 2020/21. The first three months of 2022/23 have each seen a small proportion rise. Despite this our re-referral rate is lower than comparative local authorities.
Public Protection							
Total number of Licensing Interventions (Notifications received, Number of Licensing Hearings, Number of Animals Inspections carried out and Number of Licensing Transactions)	2,227	1,268	2,329	Jun-22	quarterly		The trend shows the last nine quarters. As business activity increased following the pandemic so did the number of licensing interventions which were 71% higher in the three months to the end of June than in the same period in the previous year.
Adult Safeguarding							
Percentage of S42 Outcomes Met (% of statutory enquiries into possible abuse or neglect [section 42] in which set outcomes were met)	94.0%	100.0%	99.0%	Jun-22	monthly		The trend shows the last 15 months. This indicator counts enquires as they are closed and only counts incidents where an individual is asked what they want to achieve from the process. The overall proportion of met outcomes remains high.
Percentage of Outcomes Complete in Three Working Days (% of all 'first conversations' where the outcome was completed within 3 working days from first contact)	81.0%	81.0%	83.0%	Jun-22	monthly		The trend shows the last 15 months. The proportion of completed outcomes in the time frame remains consistently within a range of less than 8 percentage points over the period shown. Each of the last three months was a slight improvement on the same position last year.

Measure description	Previous positions	Latest position	Latest report	Frequency	Direction of Travel	Trend	Comment	
We Live Well Together								
Stability for Looked after Children								
Percentage of Looked After Children Placed more than 20 Miles from Home (Excludes unaccompanied asylum seeker children)	37.0%	38.0%	38.0%	Jun-22	monthly			The trend shows the last 15 months. The proportion has been stable for the last 12 months; fluctuating between 35% and 38%. The final 2021/22 position was 36%, down one percentage point from 2020/21.
Care Leavers in Suitable Accommodation (% of 19-21 year old care leavers in suitable accommodation in a four month window)	92.0%	94.0%	93.0%	Jun-22	monthly			The trend shows the last 15 months. An improvement in the last few months has seen a return to the levels seen at the end of 2020/21.
We ensure decisions are evidence-based								
Participation								
Voter Turnout in Neighbourhood Plan Referendums	35.1%	28.0%	26.6%	Mar-22	latest vote			The trend shows all referendums dating back to 2019. The median turnout over the last three years is 34.3%. There have been two NP referendums in the final quarter of the financial year both with below average turnout. There have been 14 referendums in the last three years with the largest turnout being 51.8% in Broad Chalke in July 2021.
Voter Turnout in Unitary By-Elections	29.5%	29.9%	35.6%	Mar-20	latest vote			The trend shows all byelections dating back to 2019. The latest vote was in Till and Wylve Valley in March 2020. The median turnout since the start of 2019 in five unitary by-elections is 29.5%.

Measure description	Previous positions	Latest position	Latest report	Frequency	Direction of Travel	Trend	Comment
We have the Right Housing							
Delivery of Affordable Housing	171	167	156	Jun-22	quarterly		 The trend shows the last six quarters. The cumulative total for affordable homes completed in 2021/22 was 688 which surpassed the target of 650. The April to June 2022 figure of 156 is almost identical to the same period in the previous year.
The number on the Housing Register (total number on the register at the end of the period, not including those on the open market register)	3,786	3,870	4,136	Jun-22	quarterly		 The trend shows the last nine quarters. The numbers on the housing register have been growing over the last 24 months. At the end of June the number was 23.8% higher than the same point in 2021 and 46.4% higher than the same point in 2020.
Total Households in Temporary Accommodation	76	69	78	Jun-22	quarterly		 The trend shows the last nine quarters. An improvement on the situation in June 2020 where there were 135 households in temporary accommodation but a 13% rise in the current quarter.
We have the Right Skills to Prosper							
Unemployment (number of the work age population [16+] claiming out of work benefits)	6,745	6,400	6,210	Jun-22	monthly		 The trend shows the last 15 months. The claimant number has fallen in every of the last 12 months. The June total of 6, 210 is a 38% reduction on the June 2021 figure.
Youth Claimant Rate (percentage of 18-24 year olds claiming out of work benefits)	3.3%	3.1%	3.0%	Jun-22	monthly		 The trend shows the last 15 months. A downward trend of nearly a year-and-a-half means that in June the youth claimant rate was 3 percentage points below where it was at the same time in the previous year.

Measure description	Previous positions	Latest position	Latest report	Frequency	Direction of Travel	Trend	Comment	
We have Vibrant, Well-Connected Communities								
Transport and links								
Use of Public Transport (Number of passenger trips on both the commercial and supported bus network)	529,418	609,318	591,260	Jun-22	monthly			The trend shows the last 15 months. Growth shows change in activity but also follows an annual cycle. Even so, there is a 17% increase in June from the same period last year as passengers return to public transport.
We Take Responsibility for the Environment								
Waste economy								
Household Waste (Kilograms of waste produced per household)	247	257	253	Jun-22	annual (Q1)			
Recycling Rate (Percentage of household waste recycled or composted)	44.7%	45.5%	44.1%	Jun-22	annual (Q1)			The trends shows the final Q1 position in each of the last three years.
Waste Recovery Rate (Percentage of household waste sent for treatment/energy recovery)	44.9%	39.6%	40.0%	Jun-22	annual (Q1)			These four new indicators should to be reviewed together as they provide data on the amount of household waste produced, and the routes of disposal. Overall, tonnages are down compared with the peaks seen over the period of the pandemic.
Residual Waste Rate (Percentage of household waste sent to landfill)	10.4%	15.0%	16.0%	Jun-22	annual (Q1)			

Measure description	Previous positions	Latest position	Latest report	Frequency	Direction of Travel	Trend	Comment
We are on the path to Carbon Neutral (Net Zero)							
Wiltshire's Carbon Emissions (kilotons carbon dioxide, and the equivalent of other greenhouse gasses. Territorial emissions only, i.e. these are emissions that arise within the county)	2,637	2,534	2,209	Dec-20	annual with a 2-year lag		 <p>The trends show the most recent three annual returns. This measure counts only the gasses produced within the county and the complexity of measuring it means that data is only available after two years. The direction of travel is positive.</p>
Wiltshire Council's Carbon Emissions (measured in CO2e - greenhouse gases in a common unit. For any quantity and type of greenhouse gas, CO2e signifies the amount of CO2 which would have the equivalent global warming impact)	12,321	4,401	5,275	Mar-21	annually		 <p>The trend shows the five latest annual returns. The small rise in 2021/22 is due to the resumption of services following the pandemic.</p>
Energy Performance Certificates at Levels A - C (% or registered EPC recorded at one of the top three levels - a three year rolling average)	43.0%	49.0%	50.0%	Dec-21	annually		 <p>The trend shows the five latest annual returns. This does not show the EPCs of all homes in Wiltshire only the EPCs registered over a rolling three-year period. Half of Wiltshire's homes were classified in the top three (of seven) levels in the most recent count compared with 34% in 2015-18.</p>
Public Electric Vehicle Charging Points (all publicly available charging points including those owned by the council)	120	167	179	Mar-22	annually		 <p>The trend shows the position at the end of the last four financial years. Slow growth in the last two years of just 49% but these figure do not include private EV charging where there is more growth.</p>

Wiltshire Council Strategic Risk and Issues Summary - 2022/23 Quarter One

This summary gives details of issues the council is dealing with, the strategic risk register and the emerging risk that may need to be quantified in the future. A guide to reading the risk register is included at the back of this summary.

Issues

Obstacles and Challenges that are now present and being managed as issues by Wiltshire Council

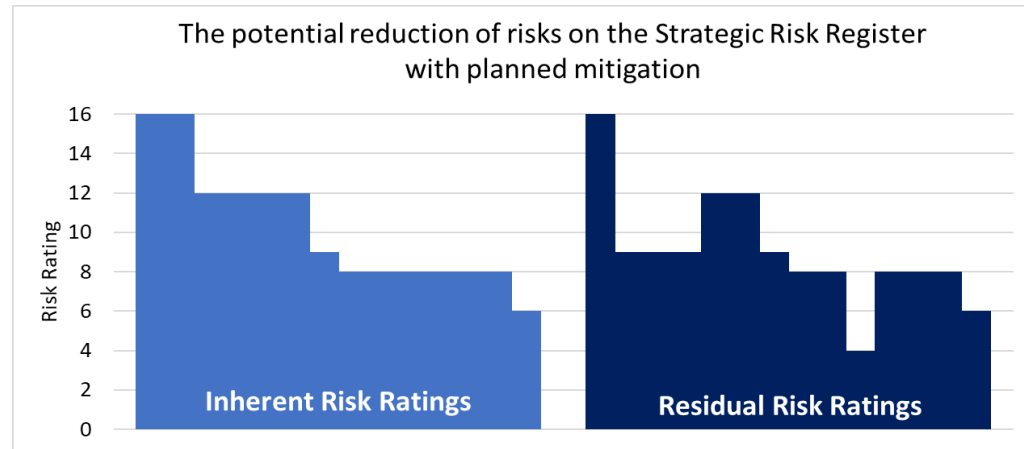
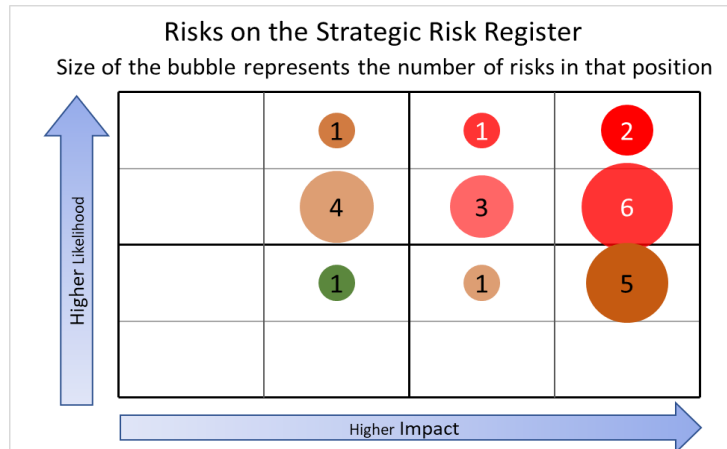
Macro economic pressures on our budgets: Inflation Nationally, we are facing a 'cost of living crisis' and inflation has experienced a significant increase above that forecast in the budget. As part of the final financial outturn reporting the Council took the opportunity to prudently set aside reserves to offset the unforeseen costs of inflation likely to arise in 2022/23, with £7m set aside for Contractual Inflation & £2m set aside for Pay Inflation to address the in-year pressure.

Staff Capacity: Recruitment and retention Some, but not all service areas, have identified that this has now become an issue.

There are a range of factors at play in different labour markets. These include:

- A smaller national workforce (less European immigration, earlier retirement/semi-retirement following the pandemic, increased numbers of those on out of work benefits) and closer to full employment.
- Specific skills shortages.
- Competition from the private sector and from other public sector organisations.
- The impact of the increase in the cost of living making higher wages more important.
- The cost increase of driving for those who have to travel in their role.

The result is that some services are now impacted by insufficient staffing.



Strategic Risk Register - ranked by Inherent Risk Score (the risk as it is now), national level risks shown in grey																		
Risk short name	Cause	Event	Effect	Primary Risk Category	Secondary Risk Category	Owner	Risk Response	Q2 Inherent Impact	Q2 Inherent Likelihood	Q2 Inh Risk Rating	Q2 DoT	Appetite check Q2	Q2 Mitigation Actions	Q2 Actions Confidence	Q2 Residual Impact	Q2 Residual Likelihood	Q2 Res Risk Rating	
1	Unable to meet demand for special educational needs or disability (SEND)	Cost of provision exceeds the High Needs Block (HNB) of the Dedicated Schools Grant (DSG)	More of the DSG spent on providing education for SEND	Shortfall in the funding for schools	Financial	Legal	Helean Hughes	Treat	4	4	16	▶	Outside	We remain in frequent dialogue with the DfE and will be starting joint work with them on their Delivering Better Value (DBV) Outcomes programme in the autumn which will enable some support and challenge in relation to this area.	Low	4	4	16
2	Lack of capacity in the social care market	Changes in the local market (including recovery from the pandemic) means there is insufficient supply of Home Care, Independent Fostering Agencies, Children's Homes, provision for complex needs (including people with complex behavioural needs)	Too often provision has to be secured out of county, often in competition with other local authorities at a cost higher than the local market	The right type of care is not always available, people able to be discharged have to wait longer in hospital and budgetary pressure increases if people are placed in out of county or spot provision	Service Delivery	Financial	Helen Jones	Treat	4	4	16	▶	Outside	Block purchased day care. New tender going live in September. Still issues about sufficiency and handbacks	Low	3	3	9
3	Uncontrolled cost of social care (predominantly adults)	Changes in regulation (including the cost of increased infection prevention & control measures), workforce pressures and inflationary pressures in the care market	Each individual care package cost increases	Greater budgetary pressure to meet statutory requirements impacting on preventative and other spend	Financial	Service Delivery	Helen Jones	Tolerate	3	4	12	▲	Within	Identified inflationary pressures-going to Cabinet in September	Moderate	3	3	9
4	Failure to manage housing development	Lack of a 5 year land supply	Loss of control over the location of new development	Non-plan led housing development may be granted consent through the appeal process; Allowing development where we don't want it; Increase in costs - defending appeals; Pressure on staff.	Legal	Reputation	Jean Marshall	Treat	4	3	12	▶	Outside	Updated our 5 year land supply in April. Development Management teams are seeking to approve applications where there are no major policy obstacles, Spatial Planning continue to support neighbourhood plans to bring forward housing sites, in addition to encouraging developers to bring forward allocated sites. We do have an improved position, but still short of the 5 years. Progress on the local plan is still being given a priority.	Moderate	3	3	9
5	Cyber Resilience	Malicious attacks from either internal or external individuals or organisations with the intent of stealing data or impacting the council's ability to deliver services.	Wiltshire Council's security is compromised opening up access to councils systems and personal and corporate data for malicious activity.	Loss of personal or corporate information OR loss or interruption of some or all council services delivered to citizens of Wiltshire.	Service delivery	Reputation	Mark Tucker	Treat	4	3	12	▶	Within	Working towards National Cyber Security Centre essential level of practice, Making uses of internal audit process to keep on top of required developments.	High	3	3	9

Strategic Risk Register - ranked by Inherent Risk Score (the risk as it is now), national level risks shown in grey

Risk short name	Cause	Event	Effect	Primary Risk Category	Secondary Risk Category	Owner	Risk Response	Q2 Inherent Impact	Q2 Inherent Likelihood	Q2 Inh Risk Rating	Q2 DoT	Appetite check Q2	Q2 Mitigation Actions	Q2 Actions Confidence	Q2 Residual Impact	Q2 Residual Likelihood	Q2 Res Risk Rating
6 Pandemic influenza	Influenza strain that is highly transmissible and with a high mortality rate.	Up to 2.5% death rate Up to 50% population infected	Strain on death management system Requirement for body storage Business continuity of services Managing distribution of prophylactics	Health & Safety		Kate Blackburn	Treat	4	3	12	▶	Outside	NATIONAL RISK - RATINGS DO NOT CHANGE AT LOCAL LEVEL. Plan updated against latest national guidance	High	4	3	12
7 Flooding	Heavy rain and/or saturated ground.	Houses flooded Businesses flooded Roads blocked Infrastructure damaged Contamination of water supply	Homeless and vulnerable people need evacuation/accommodation Infrastructure repair or replacement Loss to local economy Transport networks disrupted Public Health issues Environmental damage Business continuity of services	Health & Safety		Parvis Khansari	Treat	4	3	12	▶	Outside	NATIONAL RISK - RATINGS DO NOT CHANGE AT LOCAL LEVEL. Plan updated against latest national guidance	High	4	3	12
8 Impact of negative media/social media coverage on council	Potential negative reaction to council decision making and delivery of services.	Negative public reaction expressed via social media and through the media	Negative impact on council's reputation.	Reputation	Reputation	Perry Holmes	Tolerate	2	4	8	▲	Within		High	2	4	8
9 Ability to deliver an effective response and implementation of the Local Authority Outbreak Management Control Plan	Public health agencies remain in response to pandemic without additional funding	A variant of concern emerges that causes greater levels of illness and rising case numbers	Lack the capacity in the workforce meaning business as usual unable to run while Outbreak Plan put into place.	Service Delivery	Staffing/ People	Kate Blackburn	Treat	4	2	8	▶	Within	Forward planning on health protection roles using Contain Outbreak Management Fund and flexibility across the team means mobilisation for outbreak support will be maintained.	High	4	2	8
10 Failure in Safeguarding Children	The council and / or multi-agency partners failing to follow procedures or to undertake a thorough assessment	The council and / or multi-agency partners providing inappropriate intervention or no intervention.	Children not being protected from harm.	Service Delivery	Reputation	Lucy Townsend	Treat	4	2	8	▲	Within	1. Workforce strategy in place to aid recruitment and retention of practitioners. 2. Quality Assurance Framework in place which assures monitoring of performance (qualitative and quantitative). 3. Increased resource directed into the Integrated Front Door to effectively manage the increase in referrals and ensure consistent threshold application, thus preventing unnecessary escalation into statutory service where there is more pressure on workforce i.e. social workers. 4. Continued prioritisation of the family help/hub agenda, including consideration of commissioning efficiencies.	High	2	2	4

Strategic Risk Register - ranked by Inherent Risk Score (the risk as it is now), national level risks shown in grey

	Risk short name	Cause	Event	Effect	Primary Risk Category	Secondary Risk Category	Owner	Risk Response	Q2 Inherent Impact	Q2 Inherent Likelihood	Q2 Inh Risk Rating	Q2 DoT	Appetite check Q2	Q2 Mitigation Actions	Q2 Actions Confidence	Q2 Residual Impact	Q2 Residual Likelihood	Q2 Res Risk Rating	
11	Widespread electricity failure	Infrastructure fault or severe weather.	Loss of electricity	Danger to health due to loss of heating Loss of some telephone communication Loss of access to food shops Loss of access to cash machines Loss of access to fuel	Health & Safety		Parvis Khansari	Tolerate	4	2	8	▶	Within	NATIONAL RISK - RATINGS DO NOT CHANGE AT LOCAL LEVEL. Plan updated against latest national guidance	High	4	2	8	*
12	Catastrophic terrorist attacks	Radicalisation Extremist views	Attack of public places, events or infrastructure	Loss of life Fear in the community loss of infrastructure Increased community tension	Health & Safety		Terence Herbert	Treat	4	2	8	▶	Within	NATIONAL RISK - RATINGS DO NOT CHANGE AT LOCAL LEVEL. Plan updated against latest national guidance	High	4	2	8	*
13	Poor air quality events	Pollution and/or extreme weather events.	Particulate or chemical release from industry or caused by fires Severe weather events carrying pollution or particles in the air.	Increase in respiratory issues Leading to increase in hospital admissions	Health & Safety		Kate Blackburn	Tolerate	4	2	8	▶	Within	NATIONAL RISK - RATINGS DO NOT CHANGE AT LOCAL LEVEL. Plan updated against latest national guidance	High	4	2	8	*

Strategic Risk Register - ranked by Inherent Risk Score (the risk as it is now), national level risks shown in grey

Risk short name	Cause	Event	Effect	Primary Risk Category	Secondary Risk Category	Owner	Risk Response	Q2 Inherent Impact	Q2 Inherent Likelihood	Q2 Inh Risk Rating	Q2 DoT	Appetite check Q2	Q2 Mitigation Actions	Q2 Actions Confidence	Q2 Residual Impact	Q2 Residual Likelihood	Q2 Res Risk Rating
14 [Composite] Information Governance	Failure to manage information effectively in keeping with Data Protection Act Principles leading to reportable incidents and potential data breaches	1. Personal Information not obtained and / or processed fairly 2. Excessive information obtained and held beyond service purpose 3. Information held for longer than purpose requires 4. Information not accurately captured / maintained or kept current 5. Information not protected by adequate technical measures 6. Sensitive information inappropriately disclosed either verbally, on paper or electronically.	Unlawful use and / or disclosure of personal data results in Risk and distress to individuals concerned, potential fines from Information Commissioners Office (ICO), reputational damage and loss of confidence in the authority.	Legal	Financial	Perry Holmes	Tolerate	3	2	6	▶	Within		High	3	2	6
15 [Composite] Income Collection	Decrease in levels of income due to lower payment rates, take up of services or increase default rates	Failure to collect income as expected and budgeted for	Increased financial pressure on other service areas in order to deliver a balanced budget across the Council as a whole which results in cuts to those other services spend.	Financial	Reputation	Lizzie Watkin	Treat	2	3	6	▶	Within	Additional budget monitoring with all heads of service	High	2	2	4
16 [Composite] Corporate Health, Safety & Wellbeing	Inadequate or ineffective control strategy is established	Lack of application by managers and individuals of corporate policy and procedures	Likelihood of personal harm increases.	Health & Safety		Kate Blackburn	Tolerate	2	3	6	▲	Within	Increasing availability of manager training. Seeking improved means to inform employees about	High	2	2	4
17 Hospital discharges resulting in high cost and highly restrictive packages of care	Increase in number people needing to be discharged from hospital not being discharged	Challenge from external partners on the quality/quantity of available provision	Increase in out of county placements and / or high cost packages, hospital beds being unavailable for others with complex needs.	Service delivery	Financial	Claire Edgar	Treat	2	3	6	▶	Within	Liaison with health partners. Weekly Community Team for People with Learning Disabilities (CTPLD) update call with health and Dynamic Support Register (DSR) meetings. Accommodation needs shared with commissioning to inform strategy. MADE events identifying discharge pathway plans.	Moderate	2	2	4

Strategic Risk Register - ranked by Inherent Risk Score (the risk as it is now), national level risks shown in grey

Risk short name	Cause	Event	Effect	Primary Risk Category	Secondary Risk Category	Owner	Risk Response	Q2 Inherent Impact	Q2 Inherent Likelihood	Q2 Inh Risk Rating	Q2 DoT	Appetite check Q2	Q2 Mitigation Actions	Q2 Actions Confidence	Q2 Residual Impact	Q2 Residual Likelihood	Q2 Res Risk Rating
18 [Composite] Budget management	New unfunded project, unforeseen demand or failure to make planned savings	Inability to deliver key statutory services within the service-level budget envelope	Increased financial pressure on other service areas in order to deliver a balanced budget across the authority as a whole which results in cuts to those other services spend.	Financial	Reputation	Lizzie Watkin	Treat	2	3	6	▶	Within	New planned savings delivery work	High	2	2	4
19 [Composite] Not on track for the Council to be carbon neutral by 2030	Lack of prioritisation for carbon reduction by other council departments	Financial considerations mean decisions are made not to undertake carbon reduction activity	Wiltshire Council fails to be carbon neutral by 2030	Service Delivery	Reputation	Parvis Khansari	Tolerate	2	2	4	▲	Within		High	2	2	4

* There are occasions where the planned or available mitigation does not reduce the overall risk rating.

Emerging Risks

Events that have the potential to interrupt the work of the Council but of which not enough is yet known to quantify the risk to the delivery of our services.

Financial impact of global events	<p>International capital and energy markets impacted by conflict and speculative investment adding additional inflationary pressure in the UK.</p> <p>Disruption to global supply chains causing shortages, more inflation and potentially more demand for support of council services.</p> <p>A more uncertain world means a more insular economy and lower UK market sentiment meaning less investment in Wiltshire.</p>
Change of Government approach in the UK	<p>The commitment of a new PM and Cabinet from September, or a whole new government in two years, to programmes of work, expenditure and taxation. Changes in policy resulting in required change of emphasis for the Council.</p> <p>One such change might be the review of the Bank of England mandate and the setting of interest rates becoming politicised.</p> <p>Another might be a change in commitment to locally planned and delivered social services..</p>

How to read the strategic risk register

There are significant challenges for Wiltshire Council as it looks to empower people, build stronger communities, grow the county's economy and lead the way in tackling climate change. The Strategic Risk Register reflects these challenges.

The Strategic Risk Register draws together information recorded on risk registers of individual services across Wiltshire Council.

Information that has significance across the council as a whole is displayed in two categories on the Strategic Risk Register.

1. Critical service risks: significant risks that sit in a single service but which, should they become an issue, will have a significant impact on the council as a whole.
2. Composite strategic risks: where similar risks exist in a number of different services which would not have a significant impact on the organisation on their own but put together represent a significant impact. These risks are compiled into a single strategic composite risk and included within the strategic risk register. These risks are scored by reviewing the service component risks.
3. National level risks: Wiltshire Council's response to the risks recorded by central government on the National Risk Register (NRR). The updated NRR is due to be published in the near future. When it is, Wiltshire Council will work within the Local Resilience Forum to produce an appropriate response. In the meantime Wiltshire Council's pre-existing response to the previous NRR is shown in the grey rows above.

Each risk is fully defined by the responsible service (who assess the cause, event and effect that make up the identified risk).

Each risk is scored for impact and likelihood to give an overall score. A risk is scored twice; firstly, as inherent (the current level of risk) and then as residual (the risk as it would be once all the planned mitigating actions are in place).

The confidence in the implementation of these mitigating actions is assessed as high, moderate or low. This guides the reader of the register to understand the true current risk.

A whole range of service risks are kept under observation each quarter.

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Appendix 3: Performance and Risk Commentary

1. Measures from the Council Scorecard and risks from the Strategic Risk Register are detailed below in terms of the missions from the business plan against which they sit. This commentary includes all relevant risks from the corporate process – not just those on the Strategic Risk Register.

We Get the Best Start in Life

2. The main indicators for this outcome are reliant on educational attainment information which is published only once a year and will not be available until the middle of quarter three.
3. Recent trends in both these indicators are hard to establish as the approach to assessment was altered during the pandemic.
4. In both 2020 and 2021, the check on phonics progress was undertaken months after the usual assessment period. As for key stage four (GCSE), results required teacher-based assessment rather than independently marked coursework and exams.
5. The advice from the Department for Education is that comparison with previous years is not made for these indicators. 2022 results should provide an opportunity for a greater level of comparison with previous results and with other areas.

The greatest risk to achieving this outcome is currently the ability of the Council to meet the demand for provision for support for special educational needs and disability (SEND). This is a high financial risk and the Council's Education and Skills Directorate is working with the Department for Education to plan recovery and reduce the impact.

We Stay Active

6. Rates of referral into the Reablement Service remain higher than seen in previous years and have not decreased, despite coming out of winter pressures. This is evidence of the continued demand to support system flow and discharges from the acute hospitals.
7. Uncertainty around the amount of care Wiltshire Council will be responsible for providing is the stand out risk for this mission. The risk relates to the financial burden of providing expensive ad hoc care for people leaving hospital.
8. The risk is well controlled with further partnership working planned as additional mitigation.

We are Safe

9. The rate of re-referrals into Children's Services is a measure of how effective the work of those services are. Despite increases in the rate in

recent months, the current rate is below the Council's expected rate (17-19%).

10. This positive performance indicates strong practice in step down arrangements. Wiltshire's re-referral rate is lower than comparative local authorities (24%). Council teams also monitor repeat contact rates (those not progressing to assessment) and undertake routine dip sampling activity which ensures that the right people are getting the right support.
11. The percentage of Section 42 outcomes met within time scale remains high is evidence that demand into social care via the Advice and Contact Team is effectively managed and done so in a timely way. That demand is either resolved at this first point of contact or by being passed to a more appropriate team.
12. There are three high level risks for this mission on the Strategic Risk Register. All three relate, in different ways, to the provision of appropriate and timely social care.
13. The most critical of these is a failure of the social care market. With an additional economic pressure this risk is seen as likely to become an issue. There is some additional mitigation planned in terms of commissioning more social care but the impact of this is yet to be evaluated.

We Live Well Together

14. The overall number of looked after children placed more than 20 miles from home is very small. In the most recent quarter, the number increased by fewer than 10. Of that increase, 86% were young people who were placed beyond that 20-mile range but still within the county boundary meaning it is easier to offer them the correct level of support.
15. The risk of failing to help support refugees to integrate into Wiltshire society is scored as low and is highly controlled with well-established processes in place.

We ensure decisions are evidence-based

16. There were no neighbourhood plan referendums or unitary byelections in Q1.
17. When looking at the figures for previous polls it is important to consider that voter turnout in local polls is historically lower than in for larger elections. Promoting higher voter turnout, reflecting that voting is a personal choice, is seen as reflective of positive democracy.
18. Based on best practice and academic study the Council will consider (where it is within its control) the impact of timing, access and communication (including an educational aspect of the benefits of voting, focus where appropriate on hard-to-reach groups and trying to communicate where we might expect the biggest impact) to increase voter turnout.

19. None of the nine service-identified risks that link directly to this mission have a large enough impact to be elevated to the Strategic Risk Register.

We have the Right Housing

20. The rise in the number of families living in temporary accommodation is in part due to the pandemic response. During the pandemic, the Council followed government guidance to clear temporary accommodation and, as a result, the Council offered direct lets to clients in temporary accommodation which significantly reduced the numbers. The Council is now seeing a monthly average of around 80 clients in temporary accommodation.
21. However, the number of homeless applications triggered has doubled since April 2020, from 105 a month to 379 in June 22 so although TA is showing a slight decrease this does not reflect the increasing demand on homelessness services.
22. In March 2022, the Council had 98 clients in temporary accommodation, this equates to 0.45% per 100,000 of the population, which is excellent compared to other local authorities in the South West. The regional average is 1.59% per 100,000, with Wiltshire therefore managing temporary accommodation extremely well based on increasing homeless demand.
23. Maintaining a low level in temporary accommodation is also important for the council as if demand exceeds the places available the costs will be extensive and have to be found from other parts of the services.
24. Increased demand is also reflected when looking at the numbers on the housing register. Pre-COVID, the Council was receiving around 450 online applications a month. In June 2020, this reached 952 online applications received, and has remained at a monthly average of around 800. This is nearly a 50% increase in online applications which has resulted in a steady increase of clients joining the housing register.
25. This was mainly due to applicants' concerns about the COVID crisis: people worried about jobs, their business, being asked to leave by family and friends, and sharing accommodation became a health concern. More recently, it is connected to resident's concerns around the cost of living, recession and inability to find affordable alternative accommodation in the private sector.
26. As part of the Council's restructure of housing teams and new way of working, from 15 August 2022, anyone who would like to make an online application would first need to speak with a Housing Caseworker who will provide individual tailored advice and determine if applying on the housing register is the right option for them. Customers will no longer have the ability to just apply on line as it needs to be ensured that they are aware of our limited supply of social housing and that only those with a confirmed housing need will be offered the option to make a housing application.

27. Housing risks relate to both the potential for an increase in demand and the Council's ability to influence the housing market.
28. Planned activity to reduce risks against this mission include the use of Housing Perseveration Grants to build prevention teams to help avoid homelessness, a plan to update Wiltshire's five-year housing land supply within an updated Local Plan and the employment of a new Chief Planning Officer.

We have the Right Skills to Prosper

29. Both measures of employment show positive progress.
30. The unemployment rate equates to 2.1% in Wiltshire which compares favourably with 2.6% across the South West and 3.8% in England as a whole.
31. The youth claimant rate also shows positive progress heading below the pre-pandemic level of 3.2%.
32. None of the 13 service identified risks that link directly to this mission have a large enough impact to be elevated to the Strategic Risk Register.

We have Vibrant, Well-Connected Communities

33. The use of public transport indicator shows that passenger numbers continue to grow slowly in Wiltshire. Growth in the use of concessionary passes lags the wider growth in bus use.
34. The Council will be taking part in the national *Catch the Bus Month* in September with a view to further prompting public transport use across Wiltshire.
35. None of the 19 service identified risks that link directly to this mission have a large enough impact to be elevated to the Strategic Risk Register.

We Take Responsibility for the Environment

36. The overall amount of waste produced per household has fallen in the last year by 1.6%.
37. The proportion of residual waste (that gets sent to landfill) is up by one percentage point on the previous year. Typically, the only waste sent to landfill are bulky items collected at the kerbside that are unsuitable for waste treatment, and residual waste from HRCs which includes bulky items.
38. None of the 36 service identified risks that link directly to this mission have a large enough impact to be elevated to the Strategic Risk Register.

We are on the path to Carbon Neutral (Net Zero)

39. The scale of the measures around carbon emissions means that they are only measured annually and that there can be significant time lags between the point of measurement and reporting.
40. The role of the pandemic can be clearly seen in the results as activity fell in 2020, so did both the Council's and the County's carbon output. In the case of the Council there has been a rise in the carbon output in the most recent year but not to the levels seen pre-pandemic.
41. Activity to reduce, and help reduce, carbon output continues and each directorate has been supporting the development of the climate strategy delivery plans that are due to be published by the end of September.
42. The risk to the Council's ambition to be carbon neutral by 2030 is currently ranked as low and well controlled. Plans and strategies are being developed and all services are engaged.

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Health Select Committee Forward Work Programme

Last updated 7 SEPTEMBER 2022

Health Select Committee – Current / Active Task Groups			
Task Group	Details of Task Group	Start Date	Final Report Expected
Accident and Emergency Patient Handover System Enquiry Day		Autumn 2022	TBC

Health Select Committee – Forward Work Programme			Last updated 7 SEPTEMBER 2022		
Meeting Date	Item	Details / Purpose of Report	Corporate Director and / or Director	Responsible Cabinet Member	Report Author / Lead Officer
1 Nov 2022	Wiltshire Care Homes Alliance Update	Update following the launch of the new alliance.	Helen Jones (Director - Procurement and Commissioning)	Cllr Jane Davies	Helen Jones
1 Nov 2022	Learning Disability and Autism Board	Update on the work of the Learning Disability and Autism Board	Lucy Townsend (Corporate Director - People)	Cllr Jane Davies	Lucy Townsend
1 Nov 2022 Potential rapid scrutiny exercise before Cabinet decision (29 November 2022)	Market Sustainability Plan	To seek ratification from Cabinet of Wiltshire Council's provisional Market Sustainability Plan. The Plan will assess and demonstrate how the council will ensure its local care market is sustainable, as the Council moves towards implementing reform. The Plan will assess the impact of care home and home care fees and risks to the market and the impact of the introduction of Section 18(3) of the Care Act.	Helen Jones (Director - Procurement and Commissioning)	Cllr Jane Davies	Cate Mullen

Health Select Committee – Forward Work Programme			Last updated 7 SEPTEMBER 2022		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
1 Nov 2022	Day Opportunities Update	Committee update following the launch of the open framework.	Helen Jones (Director - Procurement and Commissioning)	Cllr Jane Davies	Helen Jones
TBC Potential briefing for the HSC chair before Cabinet on 29 November 2022	Commissioning Pathway 2 Beds	Commissioning update.	Helen Jones (Director - Procurement and Commissioning)	Cllr Jane Davies	Helen Mullinger
18 Jan 2023	Mental Health and Community Transformation	Update on the mental health and community transformation programme.	Lucy Townsend (Corporate Director - People)	Cllr Jane Davies	Lucy Townsend
16 Mar 2022	Avon and Wiltshire Mental Health Partnership (AWP) Transformation Programme	Overview of AWP's Transformation Programme and associated opportunities for Wiltshire.	Lucy Townsend (Corporate Director - People)	Cllr Jane Davies	Dominic Hardisty

Health Select Committee – Forward Work Programme			Last updated 7 SEPTEMBER 2022		
Meeting Date	Item	Details / purpose of report	Associate Director	Responsible Cabinet Member	Report Author / Lead Officer
18 Jan 2023	Long Covid Support Service	An update from Wiltshire Health & Care on their work to provide support to Wiltshire residents experiencing 'long Covid'.	Lucy Townsend (Corporate Director - People)	Cllr Jane Davies	Douglas Blair