AGENDA

Meeting: Health Select Committee
Place: Kennet Room - County Hall, Trowbridge BA14 8JN
Date: Tuesday 19 April 2016
Time: 2.00 pm

Please direct any enquiries on this Agenda to Will Oulton, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line (01225) 713935 or email william.oulton@wiltshire.gov.uk

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Membership:
Cllr Chuck Berry (Chairman) Cllr Sue Evans
Cllr Gordon King (Vice Chairman) Cllr David Jenkins
Cllr Chris Caswill Cllr Bob Jones MBE
Cllr Mary Champion Cllr John Knight
Cllr Christine Crisp Cllr Paul Oatway QPM
Cllr Mary Douglas Cllr John Walsh

Substitutes:
Cllr Pat Aves Cllr Jon Hubbard
Cllr Trevor Carbin Cllr Julian Johnson
Cllr Terry Chivers Cllr Ian McLennan
Cllr Anna Cuthbert Cllr Helen Osborn
Cllr Dennis Drewett Cllr Pip Ridout
Cllr Peter Evans Cllr Ricky Rogers

Stakeholders:
Steve Wheeler Healthwatch Wiltshire
Diane Gooch Wiltshire & Swindon Users Network (WSUN)
Irene Kohler SWAN Advocacy
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PART I

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

1 Apologies

2 Minutes of the Previous Meeting (Pages 7 - 18)
   To approve and sign the minutes of the meeting held on 8 March 2016.

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

4 Chairman's Announcements

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 above 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 above (acting on behalf of the Corporate Director) no later than 5pm on Wednesday 13 April 2016. Please contact the officer named on the first page 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 Age UK Contracts - 2016 and Beyond (Pages 19 - 28)
   A report setting out a proposal to Cabinet relating to the future funding of Age UK across Wiltshire is attached. This will be considered by Cabinet on 19th April 2016.

   Traditionally two Age UK, (Age UK Salisbury and Age UK Wiltshire)
organisations have operated in Wiltshire both with their own identities, management teams and boards. The report sets out a proposal to fund a single Age UK organisation that will support people throughout the County.

The proposals are:

1. To enter into a long term investment grant in partnership with the CCG with Age UK for a total maximum term of four years exempt from procurement regulations.

2. To enter into a one year community services contract with the CCG exempt from the procurement regulations.

7 New Charges for Care at Home (Pages 29 - 100)

A report is attached proposing changes to the council’s care at home charging policy, pending consultation, received by Cabinet in January 2016. Cabinet approved the proposals for consultation and is scheduled to receive the results on 19th July and take the final decision.

The proposed changes include:

a. All of a person’s disposable income will be taken into account when calculating contributions towards their care and support.
b. The actual rate of attendance allowance will be taken into account when calculating contributions.
c. The range of costs incurred by people, called Disability Related Expenditure, that can be disregarded in a financial assessment will be updated.

8 Good Neighbours Scheme

On 12th February OS Management Committee agreed that overview and scrutiny should consider the implementation of the decision to devolve future delivery of this service area boards. This was later referred to Health Select Committee to take forward.

On 13th April the Chairman and Vice-chairman will meet with the cabinet member and officers to discuss this area and will bring further information back to committee. A verbal update will then be provided.

9 Mental Health and Wellbeing Strategy and Implementation Plan Update (Pages 101 - 128)

A report is attached providing an update on progress with the Mental Health and Wellbeing Strategy Implementation Plan.

The implementation plan was considered by Cabinet on 15th March 2016, which
approved its publication to sit alongside the Strategy which had already been published.

Cabinet also agreed that the Mental Health and Wellbeing Partnership Board will monitor progress and approve developments between now and 2021, reporting to the Health and Wellbeing Board annually on progress.

The Committee has previously agreed Raising Awareness about Mental Health as one of its key work priorities.

10 **Primary Care Strategy for Wiltshire** (*Pages 129 - 142*)

A report providing an update on the development of a primary care strategy for Wiltshire and progress with joint commissioning arrangements is attached. This will be considered by the Health and Wellbeing Board on 14th April 2016.

The Five Year Forward View states that “The foundation of NHS care will remain list-based primary care. Given the pressures they are under, we need a ‘new deal’ for GPs. Over the next five years the NHS will invest more in primary care, while stabilising core funding for general practice nationally over the next two years”.

The details set out in this Report will be factored into the CCG 2016/17 Operational Delivery Plan and used to underpin “placed based” 5 year System Transformation Plans (STPs).

11 **Arriva Non-Emergency Patient Transport Service - performance** (*Pages 143 - 158*)

A report providing an update on the performance of the service is attached. This follows previous updates received by the Committee in February, September and November 2014, and March and September 2015.

The report includes information on the progress with achieving key performance indicators of previous concern to the committee, the reasons behind customer complaints, analysis of transport waiting times and root causes.

12 **Task Group Update** (*Pages 159 - 160*)

An update on the Committee’s current task groups is attached.

13 **Forward Work Programme** (*Pages 161 - 166*)

The Committee is asked to consider the work programme.

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

15 **Date of Next Meeting**

The next meeting will be on Tuesday, 10:30am 21\textsuperscript{st} June 2016.

**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
HEALTH SELECT COMMITTEE

DRAFT MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 8 MARCH 2016 AT KENNET ROOM - COUNTY HALL, TROWBRIDGE BA14 8JN.

Present:

Cllr Chuck Berry (Chairman), Cllr Gordon King (Vice Chairman), Cllr Chris Caswill, Cllr Mary Champion, Cllr Mary Douglas, Cllr Sue Evans, Cllr David Jenkins, Cllr Bob Jones MBE, Cllr John Knight, Cllr Paul Oatway, Cllr John Walsh, Diane Gooch and Cllr Peter Evans (Substitute)

Also Present:

Cllr Pat Aves and Cllr Atiqul Hoque

13 Apologies

The meeting was informed that:

- The representative from Healthwatch, Steven Wheeler, had given his apologies and had been replaced by Shiena Bowen for the meeting.
- Cllr Pip Ridout had given her apologies and had been replace by Cllr Peter Evans
- Councillors Jeff Osborn, Paul Outway and Keith Humphries had given their apologies.
- Irene Kohler, SWAN Advocacy, had given her apologies.

14 Minutes of the Previous Meeting

The meeting considered the minutes of the Health Select Committee meeting held on 12 January 2016.

Resolved

To approve the minutes of the meeting held on the 12 January 2016 for signing.

15 Declarations of Interest

There were no declarations of interest made.

16 Chairman's Announcements

The Chairman made the following announcements:
a) Scrutiny engagement with the Swindon and Wiltshire Local Pharmaceutical Committee (LPC)

- Initial meeting with Swindon and Wilts LPC
- Now awaiting a plan from the LPC re priorities
- Conversations with Medvivo and James Roach
- Meeting to be held with the Royal Pharmaceutical Society, Swindon and Wiltshire LPC and partners
- Will bring a report to Health Select asap

b) Adult Social Care Operations budget 2016/17

- At OS Management Committee on 3 February where the draft administration’s budget was discussed Cllr Keith Humphries offered to provide overview and scrutiny with further information on the Adult Social Care budget for 2016/17.

- I have discussed this with Cllr Glenis Ansell, chair of Financial Planning Task Group and agreed the task group to undertake some deep dive work at its next meeting in April with outcomes to then come to Health Select in May.

- This could include a look at how Social Care Levy funds will be used.

c) Relocation of Trowbridge premises of Avon and Wiltshire Mental Health Partnership (AWP)

- At previous meeting officers have been asked to investigate the situation with AWP’s Red Gables property in Trowbridge, which had been reported as being up for sale. Following this, further information was circulated by email.

- In summary, AWP have advised that clinical rooms will now be housed in the Civic Hall in Trowbridge. The Centre will provide 4 clinical rooms and access to a group room, in addition access to 8 hot desks to support clinicians to complete office type tasks within the Trowbridge area. This will be in addition to clinic space at Trowbridge and Melksham Hospital.
AWP plan to provide services from the Civic Centre from the 29th February 2016.

d) CQC Inspection Report of Great Western Hospital (GWH), Swindon – Sep/Oct 2015

- In September and October the Care Quality Commission (CQC) undertook an inspection of the Great Western Hospital, Swindon, and overall found that the hospital 'Requires improvement'.

- The full report results of the inspection were published on 19 January 2016 and a link is provided in the agenda.

- In January the committee agreed that ‘Pressures within the Acute system’ should be a priority within the work programme. Gordon, Henry and I will shortly be looking at what areas of Acute hospital performance this should focus on and will bring a proposal back to Committee.

e) CQC inspection of Avon and Wiltshire Mental Health Partnership (AWP) – May 2016

- The CQC will be inspecting the Mental Health services and Community Health services at AWP Trust during the week commencing 23rd May. The results will be reported to the Committee. Future scrutiny of AWP is covered under today’s Agenda Item 13, Task Group Update.

- An information flyer is included in the agenda.

f) CQC inspection of the Royal United Hospital (RUH), Bath

- A CQC inspection of the RUH is anticipated in March, although a date has not been released.

- An information flyer regarding a pre-inspection engagement event in Trowbridge is attached.

- Future item on the agenda is likely.
There were no questions or statements from members of the public.

Executive response to the Final Report of the Help to Live at Home Task Group

The Chairman presented the final report of the Help to Live at Home Task Group which had endorsed by the Committee and referred for response in November 2015.

To contribute to the discussion the three Help to Live at Home care providers attended the meeting: Jenny Futcher from Somerset Care; Emma Belcher from Leonard Cheshire and Bernadette Walsh from Mears.

James Cawley, Associate Director for Adult Care Commissioning and Housing, also attended.

Issues highlighted in the course of the presentation and discussion included: the key recommendations from the task group and the Executive’s response; the inspection reports that demonstrate what changes have taken place; that investment in resources has helped improvements; that efforts were being made to continue to promote the role of the care worker; that there was still work to be done to attract and retain individuals and to develop this as a career path; how links can be made to the wider Health and Social Care industry; that there were some good pilots and officers were looking at how social and acute care are integrated; that HLTAH providers had requested reinspection from CQC to see what improvements that had been made; that work was ongoing to develop apprentices and identifying school levers; that work on recruitment was ongoing, but that staffing capacity remains an issue; the implications off the Bolton report and the possible pilot schemes arising, and the Task Group could become involved; that information about the implications of the Living Wage would be shared with the Task Group.

Resolved

1. To welcome the positive CQC reports received by Mears and Somerset Care and congratulate their staff for the quality of the service provided to residents of Wiltshire.

2. For the committee to receive a report on the Better Outcomes for Adult Care Peer Review, which is due to commence on 21st June.
3. For the Chairman of the Help to Live at Home Task Group and other interested members to receive a briefing on a piece of pilot work relating to the review commissioned by the Joint Commissioning Board for Adults regarding the split between health and care tasks and other key issues.

4. To revisit progress with Help to Live at Home and the Executive Responses to the Task Group’s final report at a future meeting.

Interim report from the Better Care Plan Task Group

Cllr John Walsh, Chairman of the Better Care Plan Task, presented an interim report giving an update on the work undertaken so far. The report included the draft commissioning intentions for the Better Care Plan 2016/17., which had been considered by the Task Group at its last meeting, and as scheduled to go to Cabinet on 15 March and the Health and Wellbeing Board in April for adoption.

James Roach, Joint Director of Integration Wiltshire Council and Wiltshire CCG, and James Cawley, Associate Director for Adult Care Commissioning and Housing from Wiltshire Council, were also in attendance to present the draft BCP Plan.

Issues highlighted in the course of the presentation and discussion included: that the officers had been engaging positively with the Task group; the implications of the 2014 Care Act had promoted greater integration between Social and Health Care series; that a 100 day challenge was put together to push initiatives and provide evidence base for further changes; that there was an increase in older residents that had increased demand for services; how evidence for the work of the task group had been gathered; the links to the Single View of the Client project and the implications of the Data Protection Act; and how the task group was planning to report back to the Committee.

In response to a question from Cllr Gordon King, it was clarified that there was a national commitment to continuing the work of the Better Care Plan over the next 2-3 years, but that the implications of the new Sustainability Transformation Plan was uncertain.

In response to a query from the Committee, it was clarified that intermediate care beds were focused on therapy and appropriately referring people to community services. It was suggested that the task group could look at this further.
Resolved

1. Note the interim report and the work undertaken by the task group to date

2. Endorse the proposed future work plan for the task group as detailed in Appendix A

3. Endorse the task group’s recommendation that Area Boards should be invited to promote the "Your care, Your support Wiltshire" portal either via the Area Board itself or its Older People Champion

4. Endorse the task group’s support of the Single View project in recognising the benefits anticipated not only for the partners but for the residents in Wiltshire in enabling better and earlier intervention through the sharing of information.

5. Note the draft outline plan and commissioning intentions for the Better Care Plan 2015/16, and that Cabinet and the Health and Wellbeing Board will sign off the final version for submission to NHS England in April.

6. To ask the task group to add a focus on the following to its Forward Work Programme:

   • Ensuring the delivery of outcomes outlined in the draft outline plan and commissioning intentions for the BCP 2016/17.

   • That the BCP Task group be asked to consider how changes to the number and use of Intermediate Care Beds is delivering the best outcomes for patients.

   *Ask the BCP Task Group to monitor the outline activity targets and Better Care Fund spend?*

20 NHS Shared Planning Guidance 2016-2021

21 Transforming Care Partnership - Service Model

Ted Wilson, Group Director for North East Wiltshire – Wiltshire CCG, presented the report which provided an update on the Transforming Care Partnership and
reported the progress made in delivering Wiltshire’s commitments in relation to Winterbourne View.

Issues highlighted in the course of the presentation and discussion included: that the Health & Wellbeing Board had signed off the draft plan in January, which enabled the plan to be submitted to NHS England; that the final plan would come back to the Governing body for final sign off and final submission to NHS England in March 2016; that the plan would then be implemented in April 2016 and would be reviewed in 2019/20; that officers had worked with partners in Wiltshire and Swindon to move people to more appropriate accommodation; that there had been some good work done resulting in improved outcomes for patients; that the cohort of patients affected was a small number.

There being no further debate, the meeting;

Resolutions

To note the draft Transforming Care Partnership Service Model Plan, which will receive final sign-off and submission to NHSE in March 2016, for implementation in April 2016 and review in 2019/20.

Final Report of the Obesity and Child Poverty Task Group

Cllr Pat Aves, Chairman of the Task Group, introduced the final report of the Obesity and Child Poverty Task Group, presented for endorsement and referral to the Cabinet Member for Children’s Services, the Cabinet Member for Health and Adult Social Care and Wiltshire CCG for response.

In giving her presentation, Cllr Aves thanked the public health team for assistance, particular Phoebe Kalungi, the other members of task group and Henry Powell for their hard work in putting the review together. She welcomed the publication of the draft joint strategy, and emphasised the need for commitment to enable successful deliver of its aims, recommending that it should be monitored by Health and Children’s Select.

Issues highlighted in the course of the presentation and discussion included: that work was a joint exercise between the Children’s Select Committee and Health Select Committee; that the links between child poverty and obesity had been considered; the focus on early intervention and preventative measures; the complex reasons that lead to obesity; the accessibility of unhealthy food choices; the prevalence of sugar in our diets; that some foods marketed as low fat may have higher levels of sugar; that Wiltshire was performing better than
the national average, having arrested the increase in childhood obesity, but that further improvement was desirable; how schools can be encouraged to increase physical activity and promote healthy eating;

Specific mention was made about the absence of consistent weight data during infancy. A suggestion was made as to whether dentist could be approached to undertake weighing as part of their check ups.

Cllr Pat Ayes, referencing the success of multi-agency working in child safeguarding, wondered if a similar joint approach could be taken to talk child obesity.

Cllr Atiqul Hoque asked whether further support could be given to families to encourage physical activity thereby diverting them from electronic devices.

The Chairman asked whether Early Years and Dentistry partners be approached to assisting with weight checks in children.

Resolved

1. To endorse the conclusions and recommendations of the Obesity and Child Poverty Task Group and, subject to endorsement by the Children’s Select Committee on 22nd March, refer its report to the relevant Cabinet Members and Wiltshire CCG for response.

2. To ask the Cabinet Members and CCG to comment on the further points and suggestions raised by the Committee.

Wiltshire Draft Obesity Strategy 2016-2020

Jon Goodall, Consultant in Public Health, and Phoebe Kalungi, Public Health Specialist, presented the Draft Obesity Strategy. It was noted that the draft strategy was approved by the Health and Wellbeing Board in January, and was out for public consultation until 30th April.

Issues highlighted in the course of the presentation and discussion included: that the strategy is governed by the Health and Wellbeing Board through the Health Improvement Panel, which will monitor an updated yearly action plan; that, following the consultation, the finalised draft strategy would be presented to the Health and Wellbeing Board for final sign-off with a launch intended for Summer 2016; that the strategy had been jointly developed with the Wiltshire CCG; that obesity can have major consequences for the future health of people;
that strategy aims to take a long term view on health and wellbeing and not focus on just weight; the new campaign for those aged 40-60; what support can be given to promote the strategy within the Council and the wider community; the national and local projects that are undertaken in Wiltshire; how success and effectiveness is measured.;

Cllr Chris Caswill commended the strategy and asked what support can be given to encourage retailers to act more responsibly, and how schools could be encouraged to promote sport in schools. In response John Goodall stated that further detail would be available in an action plan, and implored councillors to do what they can to spread the message and promote projects in their community areas that aid the aims of the strategy.

Diane Gooch, raising concern about eating disorders, emphasised that the importance of focusing on overall health and not appearance when encouraging weight loss.

Resolved

To note the draft Wiltshire Obesity Strategy 2016-20, which will be out for public consultation until 30th April 2016. To be agreed by Cabinet in May.

24 Scrutiny engagement with the South West Ambulance Service Trust (SWAST)

The Chairman introduced the item which provided an update on the proposal for scrutiny of the South West Ambulance Service Trust (SWAST), including the views of other authorities involved in the joint scrutiny committee.

It was noted that there was clear cross-authority support for disbanding the Joint SWAST Scrutiny Committee, but that there remained a need for an effective scrutiny mechanism to ensure Wiltshire residents are receiving a high performing ambulance service.

There being no further debate, the meeting;

Resolved

1. To note the cross-local authority support for disbanding the Joint SWAST Health Scrutiny Committee, as endorsed by Wiltshire’s Health Select Committee in November 2015.
2. To invite SWAST to provide annual reports to Wiltshire’s Health Select Committee on the performance of the ambulance service in Wiltshire. The format of the report and the data provided should reflect any learning from Wiltshire members’ experiences of the former Joint Scrutiny Committee.

3. The first SWAST performance report to be received by the Committee on 21st June 2016 so that the results of the CQC inspection of SWAST in early June can also be considered if available.

4. Further cross-authority scrutiny of SWAST to be considered if and when evidence suggest a regional approach is appropriate.

25 Task Group Update

The meeting considered the task group update, noting that BANES had suggested awaiting the results of the CQC inspection of AWP scheduled for May before undertaking a Joint Avon and Wiltshire Mental Health Partnership (AWP) Task Group.

Resolved

1. To note the update on task group activity provided.

2. Consideration of further joint scrutiny of Avon and Wiltshire Mental Health Partnership Trust to await the results of the CQC inspection of the Trust scheduled to begin on 23rd May 2016.

26 Forward Work Programme

The meeting considered the draft forward work plan, noting that a more developed version would presented to the next meeting.

Cllr Mary Douglas presented her proposal to form a task group to consider Family Resilience. In the course of her presentation she highlighted the following issue: the links to child poverty, and that group would be organised jointly with the Children’s Select Committee; the national project on troubled families; the importance of early intervention and prevention; how local communities can be engaged in solutions; and the outline terms of reference.
The Chairman asked if the group could consider a broad definition of family so that multi-generational families could be included, and not just focus on nuclear families. Seeking volunteers.

In response to a question from Cllr Chris Caswill, Cllr Mary Douglas stated that, in her opinion, a resilient family was one that could bounce back following challenges.

In response to a request from James Cawley, Associate Director, to include a review of the change to benefits and housing in the review, Cllr Mary Douglas stated that she was concerned not to dilute the focus of the work.

The Chair asked that further discussion be undertaken with the officer’s to agree a way forward.

Resolved

1. To note the forward work programme

2. That authority be delegated to the Chairs of the Health Select Committee and Children’s Select Committee to further develop the terms of reference for a Family Resilience Task Group following consultation with relevant Associate Director and Cabinet Member.

27 Urgent Items

There were no urgent items.

28 Date of Next Meeting

(Duration of meeting: 10.30 am - 1.38 pm)

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

Press enquiries to Communications, direct line (01225) 713114/713115
This page is intentionally left blank
Subject: Age UK Contracts 2016 and beyond
Cabinet member: Keith Humphries (Adult care and public health)
Key Decision: Yes

Executive Summary
This cabinet paper sets out to summarise a proposal relating to the future funding of Age UK across Wiltshire.

This document describes the proposal and seeks authority to proceed with the stated recommendation.

Proposal(s) It is proposed that the cabinet agrees the following.

To enter into a long term investment grant in partnership with the CCG with Age UK for a total maximum term of four years based on a two year agreement with the option to extend the agreement for an additional two years based on the agreement of the parties.

To enter into a one year community services contract exempt from the procurement regulations.

Reason for Proposal
1. This proposal has been made so as to ensure there are a range of effective and robust community based prevention services available across the County of Wiltshire. The proposal will provide the Council and CCG with a key strategic partner with which to achieve shared objectives around developing resilient communities and delivering services within the community. The proposal will deliver efficiencies through rationalising the allocation of resources ensuring best value is achieved.
2. The recommendation to enter into a two year agreement with a single Age UK organisation will give commissioners from across the CCG and the Council the opportunity to develop a strategic partnership with Age UK which can be used to drive community based prevention activities, deliver the shared objectives set out in this document and support strategic objectives shared by both the council and CCG delivered through the Health and Well Being Board.

3. The strategic partnership will also be a key element of working across the system to ensure that prevention, information and voluntary services are coordinated and deliver the best value for both health and care sectors.

4. The optional extension will be considered based on the service providers ability to evidence how it is delivering the objectives shared by the commissioning organisations and that they can work as a key strategic partner across the system. A report will be submitted for the cabinet’s consideration in the autumn of 2017 setting out the impact of extending the long term investment grant based on the data collated during the term.

5. The Community service contract will give commissioners the time to agree how these services will be delivered after April 2017.

Maggie Rae
Corporate Director
Purpose of Report

1. This report sets out a proposal for the consideration of the cabinet regarding entering into two agreements with a single Age UK organisation covering the whole of Wiltshire.

2. The report is required in advance of two exemptions from the Councils procurement regulations so that the Council and Clinical Commissioning Group can enter into a long term investment grant and a separate community services contract with Age UK.

Relevance to the Council’s Business Plan

3. Both of these agreements will be purchased to support the delivery of the Councils business plan objectives. In particular the agreements will protect the most vulnerable people living in our communities. The agreements will provide services, information and opportunities so that older people can maintain their wellbeing and are able to participate in their local communities as they grow older.

4. The services will also support the development of resilient communities that are not reliant on statutory health and social care services. The long term investment Grant will provide a foundation for commissioners to work with Age UK to deliver community based projects and initiatives that reduce reliance on social care services and prevent the need for acute health services. This will include developing and promoting services that reduce social isolation amongst older people, working with key partners from across the system to develop joined up services and through the provision of information and advice.

5. The proposals represent a joint initiative by the CCG and Council to commission community based prevention services that will improve people’s wellbeing, this will support the delivery of the requirements of the Care Act (2014)

6. It is proposed the long term investment grant is established to support the objectives listed below.
Strategic Objective

- Bring communities together to enable and support them to do more for themselves.
- Ensure that older people have access to information and advice that will allow them to live as independently as possible.
- Support self care initiatives, supporting patients to manage long term conditions as independently as possible.
- Ensure that older people have a voice, locally and across the County.
- Work in partnership with commissioners, the County’s area boards and other key stakeholders to prevent people needing to access statutory care and support services.

Main Considerations for the Council

7. The Council is asked to consider the following proposals;

- To enter into a long term investment Grant with a single Age UK organisation for a term of two years with the option to extend for a further two years (unless ended earlier by either party in accordance with the terms of the agreement). The agreement will have an annual value of £202,000 per annum with an agreement that this will reduce annually based on the agreement of the parties. This agreement will be jointly funded (50/50) by the CCG and Wiltshire Council to pay for core costs including but not limited to, staffing, office costs and fundraising activities.

- To enter into a community service contract (Without Competition) for a one year term with Age UK to deliver the following community services.
  - Community Day service support (£60,000)
  - Evergreen community day service for older people with a learning disability (£66,000)
  - Information and Advice services for older people (£84,000) this will be jointly funded by the CCG and Wiltshire Council.

These services will be commissioned through compliant procedures, delivered differently or de commissioned in advance before April 2017.

Background

8. Age UK (previously Age Concern) is the largest charity operating in England with the sole purpose of improving the life’s of older adults. Age UK delivers services that support older people, campaigns to raise awareness about issues effecting older people and provides the information people need so as to live as independently as possible. The charity has a well established presence in Wiltshire delivering a variety of services including;

- Information and advice for older people and their families
- Befriending services
9. Age UK also work across the health and social care sector with commissioners, health and care providers. Examples of this include their involvement in the Home First programme and their partnership as part of the recently commissioned community health contract.

10. The Council and CCG have traditionally commissioned a range of services from two Age UK organisations operating across Wiltshire; Age UK Salisbury and Age UK Wiltshire. Both organisations have operated independent boards of trustees and senior management structures. By commissioning one organisation this will reduce management and overhead costs so that efficiencies can be made while directing more resources to service delivery.

11. A range of services have been purchased from these two organisations via commissioned contract, grant and partnership arrangements. This has generated an over complicated funding arrangement where it is challenging to differentiate the costs of individual services and evaluate the financial impact. It is expected that by splitting the

12. The Age UK boards have agreed to formally and legally merge the two Age UK organisations as of 31st of March 2016 on the basis that the commissioners will purchase services from a single Age UK organisation.

13. An interim solution has been proposed to Age UK to ensure continuity of service for customers and to allow time for the cabinet to consider the proposals in this paper. Subsequently a two month temporary agreement with Age UK has been agreed by the procurement board based on the proposals set out in this paper.

14. The CCG are supportive of the proposals presented in this paper.

Overview & Scrutiny Engagement

15. This paper will be considered by the Health Select Committee on the afternoon of the 19th of April 2016.

Safeguarding Implications

16. Any agreements established with Age UK will contain robust safeguarding clauses in line with best practise, Council policy and current legislation.

Public Health Implications

17. The proposed agreements will provide a series of community based services and prevention activities. These activities will supplement public health activities and initiatives, as well as those identified as priorities by the Better Care Plan’s Prevention Board.
18. Commissioners from the adult care team will work closely with colleagues from the public health team to identify opportunities to work together to achieve organisational and population objectives. This will include using these agreements to raise awareness of key public health messages and campaigns and working to develop a voluntary sector that is able to effectively support communities and individuals with their wellbeing.

Procurement Implications

19. It is proposed the long term investment grant will be exempted from the regulations on the basis that the agreement will be made via a grant rather than a contracting arrangement.

20. The one year community services contract which will be re procured or de commissioned in accordance with the regulations by 2017.

21. After this one year community contract has concluded the community services will either be re-commissioned which will require a procurement process, delivered differently for instance by giving the resources directly to customers or decommissioned. Based on the commissioning decisions procurement actions will be taken accordingly.

Equalities Impact of the Proposal

22. This proposal will ensure that members of groups with protected characteristics including in particular older adults and carers will have the opportunity to continue to live the lives that they choose within their community.

23. Both the grant and community service agreements will help to ensure that older people and their carers have access to the same opportunities other groups have to remain active members of their local community.

24. The services commissioned will be required to comply with all equalities legislation and best practice and shall be made available to everyone living within the community area.

Environmental and Climate Change Considerations

25. There are no specific environmental or climate change considerations. As described in this document it is anticipated the grant will reduce in value annually and one of the ways this may be achieved is through reducing paper related costs which will help to reduce the environmental impact of these services.

Risk Assessment

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

26. If the services are not commissioned there is a risk that large numbers of potentially vulnerable people living within our communities will no longer have
access to the range of community and prevention services delivered through these agreements.

27. This potential reduction in service is very likely to increase demand on statutory health and social care services.

28. Age UK may continue to operate as two Wiltshire based organisations and the forecast savings associated with rationalising commissioning arrangements will not be achieved.

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

29. If the proposal is taken there is a risk of challenge as the proposal is based on an exemption from the procurement regulations. This risk has been mitigated as the value of the community service contract is below the 750,000 euro limit for social care procurement activity.

30. After year one funding for Age UK is likely to reduce significantly as the community services are de commissioned or commissioned differently. Commissioners will work with Age UK over the term of this community service contract so as to ensure changes do not impact on the long term investment grant funding.

Financial Implications

31. The financial implications of this proposal have been detailed below.

32. The figures presented below are based on the recommended option included in this paper. So in the case of the Grant the proposal represents a minimum commitment of £404k (£202k Wiltshire Council) and a maximum commitment based on the optional extension of £808k (£404k Wiltshire Council.

Long term investment Grant

<table>
<thead>
<tr>
<th>Year</th>
<th>Wiltshire Council contribution</th>
<th>Clinical Commissioning Group Contribution</th>
<th>Total Spend</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016-17</td>
<td>£101,000</td>
<td>£101,000</td>
<td>£202,000</td>
</tr>
<tr>
<td>2017-18</td>
<td>£101,000</td>
<td>£101,000</td>
<td>£202,000</td>
</tr>
<tr>
<td>2018-19 (Optional extension)</td>
<td>£101,000</td>
<td>£101,000</td>
<td>£202,000</td>
</tr>
<tr>
<td>2019-20 (Optional extension)</td>
<td>£101,000</td>
<td>£101,000</td>
<td>£202,000</td>
</tr>
<tr>
<td>Total</td>
<td>£404,000</td>
<td>£404,000</td>
<td>£802,000</td>
</tr>
</tbody>
</table>

Please note the values have been provided based on maximum costs. The grant will include a provision for annual efficiencies which will reduce the annual value and total contract value over the term.

Community Services Contract 2016-17
### Table

<table>
<thead>
<tr>
<th>Element</th>
<th>Wiltshire Council contribution</th>
<th>Clinical Commissioning Group Contribution</th>
<th>Total Spend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evergreen day centre</td>
<td>£66,000</td>
<td>£0.00</td>
<td>£66,000</td>
</tr>
<tr>
<td>Community day service support</td>
<td>£60,000</td>
<td>£0.00</td>
<td>£60,000</td>
</tr>
<tr>
<td>Information and advice</td>
<td>£42,000</td>
<td>£42,000</td>
<td>£84,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£168,000</strong></td>
<td><strong>£42,000</strong></td>
<td><strong>£210,000</strong></td>
</tr>
</tbody>
</table>

Savings will be achieved on this contract in 2017-18 by commissioning evergreen day services through individual personal budgets rather than a block payment this as already been discussed with Age UK and will save a minimum of £20,000 (based on 2016 personal budget rates) in 17-18. The other services will be decommissioned, re-commissioned or delivered differently.

#### Legal Implications

33. Please see procurement considerations for information. The two Age UK organisations are proposing to legally re constitute as a single charitable body with one board of trustees that will provide services across the county.

#### Options Considered

34. A number of options were considered before arriving at the proposal set out in this paper.

Option 1- To enter into a long term investment grant for a term of five years and a community service contract as described in this paper. This option would provide Age UK with continuity of funding and allow for the establishment of long term strategic projects. The length of this agreement poses a risk in terms of changes to the way information, advice and prevention services are commissioned in the future.

Option 2- to decommission all or part of the services delivered by Age UK. This option was discounted due to the significant impact it would have on the availability of community prevention services. The recommendation to enter into a two year grant arrangement with a single Age UK organisation will give commissioners the opportunity to work in partnership with service provider to develop a strategic relationship that will support the delivery of shared objectives. The impact and benefits of this work can be assessed before making further commissioning decision.

Option 3- to re commission all of the services through a competitive process. This option may be taken up in the future however it was felt the requirement to ensure clarity in terms of funding while rationalising the existing spend was required before this could be completed. Elements of the community services contract will be re commissioned in advance of April 2017. The proposal to work
with a single Age UK organisation will secure cost efficiencies but will also allow
the Commissioners to develop a strategic relationship with a single Age UK
partner. If Age UK were not to merge then this option would require further
consideration.

James Cawley
Associate Director Adult Care and Housing

Report Author:
Olly Spence, Commissioner, olly.spence@wiltshire.gov.uk
March 2016

Background Papers
None
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Wiltshire Council
Cabinet
19 January 2016

Subject: Adult Care Charging Policy
Cabinet member: Keith Humphries Cabinet Member for Health (including Public Health) and Adult Social Care

Key Decision: Yes

Executive Summary

The Care Act (2014) represents the largest change to health and social care legislation since the introduction of the NHS. The Care Act was successfully implemented in Wiltshire in April 2015 when the new law came into effect.

The significant changes to the legislative framework and guidance has prompted a review of adult care policies so that the Council can ensure it complies with the terms of the Act.

This cabinet paper explains the proposals for changes to the Charging Policy. The proposals will bring Wiltshire Council in line with the majority of other Councils and ensure people who can pay for their care and support, pay as much as it is reasonable to ask them to contribute.

The policy will need to go through a period of public consultation.

Proposals

1. To approve the changes to the proposed charging policy, pending consultation, to include;

   a. A clear statement for customers and officers that people will be expected to contribute for social care services
   b. Continue to provide carers services free of charge, along with other prevention services as set out in the care act (equipment and intermediate care)
   c. All of a person’s disposable income will be taken into account when calculating contributions towards their care and support.
   d. The actual rate of attendance allowance will be taken into account when calculating contributions.
   e. The range of costs incurred by people, called Disability Related Expenditure, that can be disregarded in a financial assessment will be updated. (full DRE list changes are listed at appendix 2)
   f. Contributions towards respite care will be based on a person’s personal budget and ability to pay, rather than a standard charge for everyone.
g. Charge an administration fee on a cost recovery basis for arranging care for self-funding customers.

2. To acknowledge that the consultation will be on the basis of establishing if there is reason to believe that people in Wiltshire would be impacted any differently to people in other areas where this approach is already in place.

3. Cabinet is asked to delegate to the Corporate Director following consultation with the Cabinet member for Health (including Public Health) and Adult Social Care to approve the policy, or any minor changes, following the consultation period. If a significant issue is highlighted during consultation it will come back for further consideration by Cabinet.

Reason for Proposal

The Care Act introduced a series of changes to legislation that must be reflected in the Councils policies. The policies have not been reviewed for some time and were due to be updated. The revised policy will ensure clarity and equity for customers and officers who will be operating within the new policies.

The proposed changes will align Wiltshire Councils charging policy with the national and regional trend.

The proposed changes to the charging policy will increase the amount of income generated through client contributions, which will allow the Council to continue to support the most vulnerable customers in Wiltshire.

Maggie Rae
Corporate Director
Purpose of Report

1. The Care Act gives local authorities the power to charge for certain social care services. The Charging policy sets out how contributions will be calculated and should be in line with National Guidance and the Care Act regulations.

2. The significant changes to the legislative framework and guidance has prompted a review of adult care policies so that the Council can ensure it complies with the terms of the Act.

3. The purpose of this report is to set out proposals to update the adult care charging policy, following implementation of the 2014 Care Act.

Relevance to the Council’s Business Plan

4. The Care Act 2014 requires the Council to comply with all relevant legislation. The proposed charging policy includes a number of discretionary items related to the proposal to charge an arrangement fee for brokering care for self-funders and the way contributions are calculated.

5. The proposals have been drafted to ensure compliance with the Care Act but equally to provide the service area with a clear framework within which to deliver the goals set out in the Councils business plan. By ensuring people pay what they can afford to contribute towards social care services the Council will ensure that it can continue to meet the needs of the most vulnerable customers in our communities.

Background

6. The Care Act makes care and support clearer and fairer. The Act introduces a number of new duties that Councils must adhere to and includes a number of discretionary items which Councils can choose to enforce in the delivery of care and support services.

7. The proposals around charging are a key decision for the Council as they represent significant changes which will directly impact everyone paying for
care and support. The principle behind the policy is that people will be asked to pay the maximum they can afford to contribute so that the Council can continue to support the most vulnerable customers.

Main Considerations for the Council

8. The proposed changes will align Wiltshire Councils charging policy with the national and regional trend.

9. The proposed policy (Appendix 1) also reflects that the Council believes it is fair and reasonable to ask people to pay what they can reasonably afford to pay towards the costs of any care and support they require.

10. The proposed policy will also mean that people in residential care are financially assessed in the same way as people supported to live independently in the community.

11. The following proposals are being made to revise the Charging Policy.

Disposable Income

12. Disposable income is the amount of money a person has to spend once general living costs have been taken away from a person’s total income.

13. The Council currently only takes into account 80% of an individual’s disposable income when charging for care and support services for people living in the community. The Council takes into account 100% of a person’s income if they live in residential care.

14. The policy proposes that 100% of a person’s income will be taken into account for everyone. This change will mean that most people who pay for care and support, living independently in the community, will be required to pay a higher contribution for care.

15. Table 1 sets out the current approach that is taken by Councils across the South West in relation to disposable income and benefits. However, following the Care Act, most Councils are reviewing arrangements on all aspects of charging.

<table>
<thead>
<tr>
<th>County</th>
<th>% of disposable income taken into account</th>
<th>Attendance allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wiltshire (current)</td>
<td>80%</td>
<td>Lower Only</td>
</tr>
<tr>
<td>Wiltshire (proposed)</td>
<td>100%</td>
<td>Actual</td>
</tr>
<tr>
<td>Devon</td>
<td>100%</td>
<td>Actual Amount</td>
</tr>
<tr>
<td>South Gloucestershire</td>
<td>100%</td>
<td>Actual for services involving night time care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lower for care at home without night-time care</td>
</tr>
<tr>
<td>Dorset</td>
<td>100%</td>
<td>25% of the lower rate of Attendance Allowance</td>
</tr>
<tr>
<td>Gloucestershire</td>
<td>100%</td>
<td>Actual Amount</td>
</tr>
</tbody>
</table>
Torbay 75% All disregarded
Bournemouth 100% Actual
Plymouth 100% 30% disregarded
Bristol 75% Actual
Cornwall 100% Actual for services involving night time care Lower for care at home without night-time care
BANES 100% Actual
Somerset 100% Actual for services involving night time care Lower for care at home without night-time care
Poole 100% Actual
Brighton and Hove 100% Actual

**Attendance Allowance and Benefits**

16. Many people who receive care and support funded by the Council also receive benefits, the most common one being Attendance Allowance. People will either receive attendance allowance at a low or a higher rate depending on their needs.

17. The Council currently only includes the lower attendance allowance rate when calculating a person’s disposable income. The policy proposes that the Council will take into account the full amount of attendance allowance when calculating contributions.

**Disability Related Expenditure**

18. Disability related expenditure is when people incur additional costs as a result of their disability. These costs are then not included in calculations to establish what disposable income a person has.

19. The Council has discretionary powers to decide what items it considers appropriate to include within their policy and what range of costs it would consider reasonable expense. However, there is guidance in the Care Act to suggest to Councils what it should allow as a minimum.

20. The policy proposes to update the list of Disability related expenditure (DRE) items (see appendix 2) in line with the 2014 Care Act guidance with some exceptions;

   a. the removal of any allowance for continence products, as these costs should be met by the Health commissioned continence service.
   b. The addition of costs related to use of the internet, where they directly support a person’s independence
Respite Care Contributions

21. The current policy applies a standard contribution for respite based on a customer’s age. The new policy will mean all contributions for Respite will be calculated in the same way contributions for any other forms of care and support is made.

Arrangement Fees

22. The Care Act allows people with eligible needs to ask the Council to arrange their care. However, Councils can charge people the costs they incur. The power to do this for people in residential care has been deferred until 2020, so this will only apply to people supported in the community.

23. The policy proposes to take up this discretionary charging power if;
   a. they have eligible needs, but
   b. are deemed to be full-cost payers, as they are assessed as having enough income to pay the full costs of their care

Consultation Approach

24. The consultation process will involve informing people currently funding their care and support through a letter. People will also be invited to workshops that will be facilitated by Healthwatch Wiltshire. These sessions will be open to people receiving care and support as well as those who are not.

25. The policy will be available through the consultation portal, for people to complete a questionnaire about changes to the policy.

26. Consultation will run for 90 days between January and May 2016

27. Discussions have already taken place with voluntary sector partners, representing a wide range of people who will be affected by these changes. They have contributed to the design of the consultation approach and the format of the letter

28. A full report of the consultation will be prepared, to support a delegated decision to be made.

Overview and Scrutiny Engagement

29. Changes to policies have not been discussed with Overview and Scrutiny but will be scheduled in as part of the consultation.

Safeguarding Implications

30. Like all policies affecting customers who receive care and support, this policy and any officers or individuals involved in delivering the policy shall be subject to Wiltshire Council’s safeguarding procedures.
Public Health Implications

31. The policy is likely to mean that people will need to pay more towards the cost of their care and support. This could mean people have less disposable income to pay for activities that support their health and well-being and prevent a need for further support in the future.

Corporate Procurement Implications

32. There are no immediate Procurement implications. The policies will provide the service area with a framework within which contracts will be commissioned. Future procurement exercises will need to take into account the principles and statements included within the policy statements.

Equalities Impact of the Proposal

33. The proposed policy will have an impact on a wide range people, but primarily those that currently pay towards their care and support, or will do so in the future.

34. The financial assessment team have looked at recent assessments to apply the new policy and gauge what impact the changes would make on the amount a person contributes to their care and support. It is important to point out that the impact will be different for each person, so the figures arrived at are an average of the increases that resulted from applying the proposed policy.

   a. The change to 100% of eligible disposable income resulted in a £12 per week increase in what a person would contribute.
   b. The change in attendance allowance resulted in a £27 per week increase.
   c. Averages for the impact of changes to DRE could be established as every person was affected differently.

35. The total potential increase for a person is therefore expected to be between £12 and £40 per week. (In some cases it could be higher than this)

36. The actual amount a person would need to pay under the proposed policy will depend on

   a. how much they are already paying
   b. what the value of their care and support is

37. If a person is paying £80 towards a support plan that costs £90, although the overall impact could be a £40 increase, their contribution would only go up by £10, as they are paying nearly the full cost of their care and support already.

38. Each year the financial assessment team assess 1340 new people who require support in the community. Typically 55% of those people need to make a contribution towards the cost of their care.
39. An equalities impact assessment has been started and will be completed as part of the consultation process. The working draft of the equalities impact assessment is included as Appendix 3. This assessment will help provide the evidence as to whether any parts of the proposed policy need to be changed as a result of the consultation process.

40. Although the change in policy will mean vulnerable adults will have to pay more for their care and support, the financial assessment will always mean they are never asked to pay more than they can afford.

Environmental and Climate Change Considerations

41. There are no considerations related to the charging policy.

Risk Assessment

42. The charging policy is being changed to ensure compliance with the Care Act and will align Wiltshire Councils charging policy with the national and regional trend.

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

43. There would be continued inequity between the way people in residential care are assessed compared to people living in the community.

44. The Councils charging policy will be out of date and there will be a lack of fairness and transparency in how social care is paid for in Wiltshire, as well as not being aligned to most parts of the region and country.

45. Pressures increase on resources to support vulnerable people in Wiltshire.

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

46. Changes to the charging policy may be unpopular amongst those people who are required to pay more for their care and support. The consultation process will highlight that this change is about aligning charging for care and support with other councils in the region and country. The consultation process has been designed to identify the impact changes would have so that appropriate support mechanisms can be developed.

47. There is a risk that if all of a person’s income is taken into account there will be no incentive to maximise other benefits they could be entitled to, as additional income will be used to pay for increased contributions for care and support. This risk will be mitigated by the financial assessment team working with people to ensure they claim all benefits they are entitled to.

48. By charging an arrangement fee for setting up care at home services it is possible customers will arrange care independently without taking proper advice, which could lead to them buying unnecessary support which uses up their financial assets quicker, leading to them requiring the council to fund...
future care and support. This risk will be mitigated through the development of effective information and advice.

Financial Implications

49. The Council already has a charging policy in place and charges for care and support services in accordance with this policy and relevant legislation. The Council does not charge for carers services or any services prohibited in legislation such as Section 117 aftercare, intermediate care or community equipment.

50. The proposal will increase the amount customers have to pay for care and support based on the principle that customers should contribute the maximum reasonable amount that they can afford.

51. The full year impact will depend on

   a. the number of new people requiring care and support in the community who are assessed as having to make a contribution
   b. the number of people currently making a contribution who stop making a contribution
   c. the number of people currently making a contribution who can be financially re-assessed during the year.

52. The Council has built into the budget for 2015/16 an increase in income of £300,000, based on only assessing new people requiring care and support and that only a partial year impact will be achieved. The full year impact will be closely monitored as financial assessments are completed in the first year.

53. The new policy will mean more people would have to make a contribution. Additional income could be generated if people currently receiving are and support were re-assessed against the new policy. There is no capacity in the team to currently conduct these reassessments but the Adult Care teams are working on a business case that balances investment in the staff to assess people against the likely additional income that could be collected.

54. The ability to charge for arranging care will not have a financial impact as the Council can only collect the costs incurred from making those arrangements.

Legal Implications

55. Section 14 of the Care Act gives Local Authorities a general power to made a charge for meeting needs for care and support under sections 18 – 20 of the Act. Detailed provisions in respect of charging and the assessment of resources are set out in section 19 of the Care Act, the Care and Support (Charging and Assessment of Resources) Regulations 2014 and relevant chapters of the Care and Support Statutory Guidance. Failure to implement the Care Act 2014 leaves the Council open to challenge by way of Judicial Review, however the Council was advised that it should ensure there was a period of consultation before any decisions are made as it has consulted previously on similar policy changes.
56. A comprehensive equalities impact assessment (EIA) should be carried out to ensure any decision was based on the impact it could have on any stakeholder group. The EIA will be completed following the consultation.

57. Where the Council is proposing to exercise discretionary powers this has been highlighted.

James Cawley  
Adult Social Care, Strategy and Housing

Report Author

Andrew Osborn, Specialist Lead (Care Act and Personalisation),  
Andrew.osborn@wiltshire.gov.uk

December 2015

Background Papers

None

Appendices

Appendix 1 – Draft Charging Policy  
Appendix 2 – Disability Related Expenditure List  
Appendix 3 – Equalities Impact Assessment
Appendix 1

Adult Social Care

Draft Charging Policy
‘Determining Contributions to Personal Budgets’
Consultation Document

This draft policy has been prepared as part of the consultation process, annotations have been added to the proposed policy to highlight key changes and to explain how the proposals differ from the current policy. Please take note of the ‘key changes’ and ‘key statement’ boxes included in the document when considering your response to the consultation questionnaire.

### Key Change-

### Key Statement

<table>
<thead>
<tr>
<th>Glossary</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy</td>
<td>Is a document that explains how Wiltshire Council will make decisions about a particular area or areas. Policies are used to make it clear to everyone what they can expect from Wiltshire Council.</td>
</tr>
<tr>
<td>Consultation</td>
<td>Is when the Council shares its ideas about a proposal to gather the views of communities and people who may be affected if the changes are agreed. Wiltshire Council will consider feedback gathered during the process and may make changes before submitting the proposal to elected members who make decisions.</td>
</tr>
<tr>
<td>Care Act (2014)</td>
<td>This is the law that sets out how local authorities must deliver care and support services in England. The draft policy has been developed so as to comply with the requirements of the Care Act, the Care and Support Statutory Guidance and The Care and Support (Charging and Assessment of Resources) Regulations 2014.</td>
</tr>
<tr>
<td>Wellbeing</td>
<td>This concept is central to the Care Act and must inform all of Local authority’s activities. There is no one definition of wellbeing and it is a broad concept. Considerations of wellbeing will take the following into account;</td>
</tr>
<tr>
<td></td>
<td>• Personal dignity</td>
</tr>
<tr>
<td></td>
<td>• Physical and mental health and emotion well-being</td>
</tr>
<tr>
<td></td>
<td>• Protection from abuse</td>
</tr>
<tr>
<td></td>
<td>• Control by the individual over day-to-day life</td>
</tr>
<tr>
<td></td>
<td>• Participation in work, education, training, or recreation</td>
</tr>
<tr>
<td></td>
<td>• Social and economic well-being</td>
</tr>
<tr>
<td></td>
<td>• Domestic, family and personal</td>
</tr>
<tr>
<td></td>
<td>• Suitability of living accommodation</td>
</tr>
<tr>
<td></td>
<td>• The individual’s contribution to society</td>
</tr>
<tr>
<td>Carer</td>
<td>A carer is someone (aged 18 or over) who helps another person in their day to day life, usually a relative or friend, who could not manage without that support. This is not the same as someone who provides care professionally or through a voluntary</td>
</tr>
<tr>
<td>Eligible Needs</td>
<td>Care and Support needs that meet the criteria set out in the Care Act and as such must be met by the Council based on your financial situation</td>
</tr>
<tr>
<td>---------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Information</td>
<td>Means the communication of knowledge and facts regarding care and support.</td>
</tr>
<tr>
<td>Advice</td>
<td>Means helping a person to identify choices and/or providing an opinion or recommendation regarding a course of action in Relation to care and support.</td>
</tr>
<tr>
<td>Duty</td>
<td>This means that the Council is legally required to do what it sets out in the legislation.</td>
</tr>
<tr>
<td>Discretionary Power</td>
<td>These are powers Wiltshire Council can choose to use but are not legally required to do so.</td>
</tr>
</tbody>
</table>

**Terms included in this Policy**

<table>
<thead>
<tr>
<th>Personal Budget</th>
<th>Is the agreed amount of funding required to meet an individual’s assessed needs. The Council’s contribution to this is always paid minus the individual’s own contribution.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Assessment (Means Test)</td>
<td>A meeting to establish your assets and income so as to determine how much (if anything) you will need to pay for care and support services. The purpose is to establish what it is reasonable for a person to pay towards the cost of their support</td>
</tr>
<tr>
<td>Disposable Income</td>
<td>The amount of money you have available to spend once daily living costs have been deducted from the total income you have.</td>
</tr>
<tr>
<td>Upper Capital Limit</td>
<td>Is the maximum amount of capital a customer can have to receive financial support from Wiltshire Council. Customers with more than the upper capital limit will be required to pay the full cost of their care and support.</td>
</tr>
<tr>
<td>Lower Capital Limit</td>
<td>Is the amount of capital you must have for your savings to be considered in accordance with this policy. If you have assets below the Lower Capital limit only your income will be taken into account.</td>
</tr>
<tr>
<td>12 week property disregard</td>
<td>Is available to customers who have eligible needs with a property valued at above the upper capital limit but with savings below the upper capital limit. For a period of up to 12 weeks the Council will fund care and support services in a care home based on the rate the Council can commission care and support services. If you choose a service that charges more than the Council can buy this care for you will be required to pay a top up.</td>
</tr>
<tr>
<td>Deferred Payment</td>
<td>Is a loan from the Council secured against the equity in your home so that you can pay for Care and Support services. By entering into a deferred payment agreement, a person can ‘defer’ or delay paying the costs of their care and support until a later date. The Council will charge an administration fee for setting up the loan and interest will be charged.</td>
</tr>
<tr>
<td>Contribution</td>
<td>This is the amount of money you need to pay for your care and support service based on your assessed income and capital assets.</td>
</tr>
<tr>
<td>Indicative Budget</td>
<td>If it is identified that you have eligible care and support needs you will be informed of an amount of money which you can use to help create a support plan. Indicative budgets are just a ballpark figure and are not a guarantee of funding this is your ‘personal budget’ (see above)</td>
</tr>
<tr>
<td>------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Welfare Benefits Check</td>
<td>A check completed as part of a financial assessment to make sure you are getting all the benefits you are entitled to.</td>
</tr>
<tr>
<td>Income</td>
<td>All of the money you get on a regular basis (except Disability related expenditures)</td>
</tr>
<tr>
<td>Disability Related Expenses (DRE)</td>
<td>These are expenses that are disregarded from your income for the purpose of calculating your contribution. Please see the policy for details about what DRE items it is proposed will be allowed.</td>
</tr>
<tr>
<td>Arrangement fee</td>
<td>A fee charged by the Council to people with assets above the maximum threshold who ask the Council to arrange care at home on their behalf.</td>
</tr>
<tr>
<td>Third Party Top Up</td>
<td>An amount of money paid by a friend, relative or organisation to a care provider that charges more than the Council would reasonably expect to pay based on identified care and support needs. The Council will always offer people a choice of providers where no top up is required.</td>
</tr>
<tr>
<td>Non residential services</td>
<td>Care and support services provided in your own home, this includes sheltered housing and supported living.</td>
</tr>
<tr>
<td>Residential services</td>
<td>Services in a care home or care home with nursing.</td>
</tr>
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</table>
Policy Cover Information

<table>
<thead>
<tr>
<th>Policy number</th>
<th>Version number</th>
<th>Status</th>
<th>Draft</th>
</tr>
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<tbody>
<tr>
<td>All adult social care managers</td>
<td>Implementation date</td>
<td>Winter 2016</td>
<td></td>
</tr>
<tr>
<td>Officers with delegated authority to approve annual fee charges and uplifts</td>
<td>Date approved</td>
<td>Autumn 2015</td>
<td></td>
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Next review date | April 2017

Policy Control Sheet

<table>
<thead>
<tr>
<th>Policy title</th>
<th>Charging Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose of policy</td>
<td>To explain how Wiltshire Council works out how much a person should contribute towards the cost of their care and support</td>
</tr>
<tr>
<td>Policy author(s)</td>
<td>Olly Spence, Andrew Osborn and David Bowater</td>
</tr>
<tr>
<td>Lead Director</td>
<td>James Cawley, Strategy &amp; Commissioning</td>
</tr>
<tr>
<td>Target audience</td>
<td>Frontline staff and members of the public</td>
</tr>
<tr>
<td>This policy supersedes</td>
<td>Charging Policy for non residential services 2014-15.</td>
</tr>
<tr>
<td>This policy should be read alongside</td>
<td>Personalisation Policy, Prevention Policy, Deferred Payment Policy, Provision of Social Care Policy</td>
</tr>
<tr>
<td>Related Procedures</td>
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<tr>
<td>Monitoring and review lead</td>
<td>Executive Office</td>
</tr>
<tr>
<td>First year review date</td>
<td>April 2017</td>
</tr>
<tr>
<td>Subsequent review date</td>
<td>April 2018</td>
</tr>
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<td>Internet link</td>
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</tbody>
</table>

This policy can be made available in a range of accessible formats if required.
Contents

a. The Charging Policy
b. Who Does It Cover?
c. Key Principles
d. National Context
e. Charging - the Process in Practice
f. Monitoring and evaluation
g. Review
a) **The Charging Policy** – ‘Determining Contributions to Personal Budgets’

Following an assessment of need, Wiltshire Council may agree a care or support plan to address an individual’s unmet eligible needs in accordance with the Care Act 2014 and financial regulations issued annually. The cost of the care in the support plan forms the basis of an individual’s personal budget which can be used either to pay for council commissioned services, or managed directly by the individual themselves, in the form of a direct payment, or a combination of both. This personal budget will, from April 2020, accrue within an individual’s Care Account; which after reaching an upper limit of £72,000, the council will be responsible for meeting in its entirety.

As resources are limited, Wiltshire Council undertakes a financial assessment to determine the individual’s (and the council’s) contribution to their personal budget before the cap on care is reached. This is undertaken in line with national guidance on charging. Financial Assessment shall only be completed after an eligibility determination has identified a customer has unmet eligible needs.

In accordance with the Prevention Policy some support services will be provided to reduce, delay or prevent customers developing eligible needs. In these cases the Council may also conduct a proportionate financial assessment to establish a customers’ ability to pay for preventative services.

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**Key Statement-** The Care Act requires that all Local authorities make sure everyone who gets care and support services is given a personal budget. Personal budgets are the cost of an individual’s care and support service. Personal budgets can be managed by the Council on behalf of a person, provided through direct payments, or a combination of both. The amount an individual needs to contribute to care and support is based on an individual’s personal budget.

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b) **What Does It Cover?**

This policy applies to all people who have been assessed as having an eligible need. This Policy is designed to provide everyone with care and support needs and those without needs with information regarding charging that will help them to make decisions regarding care and support.

**All services will be subject to normal charges in accordance with this policy**

**Exceptions:** Individuals will NOT be charged for:

1) Assessment of needs and care planning will not be charged for, since these processes do not constitute “meeting needs”.
2) Services identified in the Care Act including community equipment aids adaptations under the value of £1000
3) After-care services and support provided under section 117 of the Mental Health Act 1983

4) Care and support provided to people with Creutzfeldt-Jacob Disease.

5) Carers: ‘carers services’ that have been provided after a carer’s assessment has identified a carer has eligible needs for support.

6) Preventative Services: The Prevention Policy outlines preventative services that may not be charged for based on the likelihood a service will prevent the following.
   - a person from being admitted to hospital
   - a person from needing to move into residential care
   - a need from developing and/or escalating; and so supporting a person to remain independent at home

7) Intermediate care services will also be provided through the Councils Prevention approach. These services shall not be means tested and support will be free for a period of up to six weeks. If a customer remains in intermediate care services over six weeks then a financial assessment may be required to determine charges in accordance with this policy.

c) Key Principles

The principles for this policy sit alongside the overarching principles set out in the Personalisation Policy. The details specific to the Charging Policy are as follows:

- Individuals will be asked to complete a financial assessment to enable the Council to calculate their contribution.
- The contributions will be calculated openly and transparently with individuals treated in a fair and consistent manner.
- Contributions will not exceed the full cost of the care.
- Contributions will be calculated on the basis of current income and savings and the charge will initially be based on that amount. If after a welfare benefits check it is identified that the customer may be entitled to more benefits, charges will be recalculated and backdated on the basis of the additional income.
- Individuals will be offered a welfare benefits check to ensure that they are receiving all of the benefits to which they are entitled.
- A reassessment of contributions will be carried out annually for residential care or following a request arising from a change of circumstances, such as moving address or significant change in financial circumstances.
- A reassessment of contributions will be carried out for customers in receipt of non residential care services whenever there is a significant change in financial circumstances or following a request arising from a change in circumstances or annually if this is deemed to be appropriate and proportionate.
If a person does not wish to, or refuses, to disclose financial information they will be required to pay the full cost of the service.

**Key Statement** - The overarching principle behind the development of this policy is that people who need care and support should contribute what they can reasonably afford to pay. The proposed policy explains how the Council will calculate what is reasonable, based on a person’s income and capital assets such as property.

**d) National Context**

This policy is written in accordance with the statutory regulations and guidance set out in the Care Act (2014). The principles behind the legislation have informed the development of this policy.

Local authorities have discretionary powers to charge adults who receive care and support services and have been assessed as having capital and/or property assets below the national minimum thresholds.

The Care Act gives Local Authorities the discretionary legal power to charge for care and support services based on an individual’s assets and income.

**e) Charging - the Process in Practice**

Wiltshire Council will exercise the discretionary powers set out in the Care Act and will charge for care and support services (excluding services for carers, some prevention services, intermediate care services and other exceptions set out above)

The amount Wiltshire Council will charge shall be in accordance with this policy and all applicable legislation.

1. **Information**

Information will be provided to all individuals required to pay towards their care and support, explaining this policy. The appropriate rates of contributions and allowances for all individuals will be updated annually to reflect changes.

All care and support plans will cover financial matters and the charges that a customer may need to pay. This will include to an explanation of personal budgets and the ways in which a personal budget can be taken. All customers will be informed that the Council can arrange care on their behalf but that there will be a charge for this service for customers who are assessed as having assets above the maximum threshold.

After the eligibility determination people will be given an indicative budget. Indicative budgets are a ‘ball park’ figure and provide a range within which it is estimated an individual’s personal budget is likely to be. An indicative budget is not a guarantee of funding but is intended to help a person plan their care and support in the context of
the money that is likely to be available to them.

Key Statement- The way in which the Council calculates personal budgets explained in this policy has been agreed in the Council’s personal budget policy which was subject to a period of consultation and has been formally adopted by the Council. This does not constitute a change to current policy. More information about personal budgets and the personal budget policy can be found at

http://www.yourcareyoursupportwiltshire.org.uk/paying-for-care/personal-budgets.aspx

2. Financial Assessment

A financial assessment (means test) will be undertaken for all individuals who need care at home or residential care and request financial help or direct payments (when applicable) from Wiltshire Council or other services to meet that need.

The financial assessment will be carried out by specialist financial assessment officers as soon as possible following the completion of the care and support plan. This will usually be a personal visit if care at home is required, and a provisional indication of the level of contribution will be indicated immediately where possible. This will be confirmed in writing as soon as possible following the completion of the financial assessment and any checks that may be necessary.

For residential care the financial assessment would normally be completed by post and a provisional contribution will apply until a confirmed contribution is calculated.

The assessed contribution shall then be backdated to the start date of the service or placement.

In assessing what a person can afford to contribute Wiltshire Council will apply the upper and lower capital limits as set out in the regulations. These limits will change over time in accordance with legislation. In these instances Wiltshire Council will apply the revised lower and upper capital limits.

An individual’s contribution can be known as the client contribution and shall mean the amount the person has been assessed as needing to pay for their care and support.

Individuals will be advised that they can be supported by a relative, friend or other representative during any financial assessment visit.

3. Welfare Benefits

All individuals who are subject to a financial assessment will be offered a welfare benefits check and where appropriate will be assisted in completing a claim for benefits to which they appear to be entitled.
A financial re-assessment will be undertaken following the award of benefits to re-calculate the contribution payable.

4. Date of Commencement of Charges

For care at home a charge will start from the date of commencement of service, the individual having been informed of the potential full cost beforehand (unless specifically informed that a period of free care applies).

Any subsequent financial assessment that then indicates a customer has assets above the maximum threshold shall mean that the customer will be required to pay the full cost of the care backdated to the commencement of service.

If an individual is eligible for additional welfare benefits, there may initially be a provisional charge that will be adjusted to reflect any increase in benefits. The revised contribution would be backdated to the date of the award of the benefits or commencement of service which ever was appropriate. For residential care any charge will apply from the date the placement begins.

5. Calculating the Charge

Personal Budgets

As set out in this policy and the personalisation policy a personal budget is the agreed amount of funding required to meet an individual’s assessed needs. The amount an individual has to contribute towards care and support services is based on their personal budget. Personal budgets include the costs of any care and support services that have been agreed to meet an individual’s needs including day care, respite and any other services. Personal budgets do not include services that are excluded by this policy such as intermediate care services.

All contributions are calculated based on an individual’s agreed personal budget amount in accordance with this policy.

Direct Payments

Direct Payments are a way in which a person can receive their personal budget when they are given the personal budget amount and are able to arrange care and support services independently. This charging policy will apply to individuals who choose to receive a direct payment as well as those that use services commissioned by Wiltshire Council. The individual’s contribution will be deducted from the direct payment.

Current legislation does not allow people to use Direct Payments to pay for residential care services. If legislation changes to allow this the Council will apply the same standards set out in this policy for all Direct Payments.
Intermediate Care Services

This section applies to all bed based and home intermediate care services.

Intermediate Care services are short term periods of support provided to prevent an admission to an acute (hospital/health) service or to facilitate a quick discharge from hospital.

These services are not means tested and no charges shall be made for these services for a period of up to six weeks. If intermediate care services are provided for a period of more than six weeks Wiltshire Council may exercise its right to charge for this support. The decision to charge for intermediate care services extending beyond six weeks shall be in accordance with the Prevention Policy. It will be based on the preventative benefits and the likelihood the service will prevent admission to hospital, permanent residential care or significant impact on a customer’s independence at home.

Residential Services

In accordance with the Care Act, individuals are expected to pay for this type of service (residential care), in line with their ability to pay as determined under Regulations.

The calculation to identify the charge that will apply will be as follows for residential services:

Savings

If an individual has more than the upper capital limit defined in the regulations in savings and capital (including the value of their home or other property) they will normally be required to pay the full cost of their care, and will not be entitled to financial assistance from the council (see below regarding property). Individuals will be advised of the options available for arranging their care including requesting Wiltshire Council to arrange if for them

If you have saving/capital below the lower capital limit this will be disregarded (i.e. you will be assessed on the basis of your income alone) but if you have savings between the Lower Capital Limit and Upper Capital Limit the council will add £1.00 per week to your income (called tariff income) for each £250.00 or part thereof between these amounts (i.e. £15,000 savings would attract a tariff income of £3.00 per week as this is £750 over the disregarded savings presuming the Lower Capital Limit is £14,250).

Income that accrues to any sum of capital derived from an award of damages for personal injury that is administered by the High Court, a County Court or the Court of Protection or that can only be disposed of by order or direction of any such court and any income that accrues to such capital shall not be included in tariff income calculations in accordance with the Care Act.
Tariff Income will be revised if there are any changes to the lower or upper capital limits.

Income

All of an individual's income (including benefits) is included in a financial assessment in accordance with the charging regulations to determine the contribution they will be asked to make towards their care home fees. Some income is disregarded from the financial assessment, as set out in the Care Act and associated regulations such as mobility allowance, and a figure for their personal allowance, presently £24.90 per week.

Key Statement- There is no change to the way in which contributions are calculated for customers who are supported in residential care homes (with or without nursing) on a permanent basis.

Deferred Payments-

A Deferred Payment is a loan from the Council secured against the equity in an individual’s home so that they can pay for care and support services. By entering into a deferred payment agreement, an individual can ‘defer’ or delay paying the costs of their care and support until a later date.

The Council will offer deferred payments to all eligible individuals in accordance with the deferred payments policy. The policy will charge an administration fee for setting up the loan and interest charges will be incurred against the loan.

Key Statement- Deferred Payments were introduced by the Care Act 2014. The Council has a responsibility to offer deferred payments to everyone who is eligible. The Council has consulted on a separate deferred payment policy which explains the Council will exercise its power to charge interest on any money borrowed from the Council and an administration fee to cover the costs of setting up the payment.

Temporary Residents

Respite Care

Respite care is often provided to allow a carer a break from their caring role. Respite care means that the person who needs care and support services is supported in a care home or at home for a short period. The calculations for contributions for respite are based on the cared for person’s personal budget.

Key Change- The current policy applies a standard contribution for respite care. The revised policy proposes that contributions for respite care will be based on an individual’s personal budget and the calculations based on a full...
Temporary Placements

Temporary placements are short term residential or nursing care home placements. Individuals in receipt of a temporary placement shall be subject to a full assessment and charged in accordance with this policy.

A financial assessment will be undertaken taking an individual’s income and savings between the lower capital limit and upper capital limit into account; but allowances to maintain their home will be included in any assessment.

Arrangement Fees

Individuals who have capital above the threshold and have assessed eligible needs can ask the Council to arrange their care and support services at home. Wiltshire Council will arrange care on their behalf but will charge an arrangement fee for doing this. Every time an individual asks the Council to arrange or revise their care and support services the fee will be charged.

Key Change- The Care Act introduced a legal responsibility for Councils to arrange care and support services for people with assets above the maximum threshold who have care and support needs that meet the national eligibility criteria and want care at home services. The Council is proposing that in meeting this responsibility they will exercise the optional power to charge an arrangement fee for providing this service. The fee is based on the actual costs the Council would incur in delivering this service. The fee is currently set at £56.00 and will apply each time an individual asks the Council to arrange a care package for them. The fee will be reviewed based on any changes to costs.

Choice

If an individual qualifies for financial assistance from the council they will be given details of care homes that provide care able to meet their needs in order for them to choose a care home that suits them.

Individuals have a right to choose accommodation in line with the council’s policy on the provision of social care. However, if the care home they choose charges a fee above the rate the Council can commission their care and support for, they will need to arrange a top up or deferred payment agreement to meet the shortfall.

Any contribution that an individual is asked to make towards their care will form an aspect of their total personal budget for example if their personal budget is £600 per week and they have been assessed to contribute £240 per week, the individual will pay £240 and the Council will pay £360 per week. Any top ups an individual chooses
to pay shall not form a part of their personal budget.

‘First party Top ups’ where an individual pays additional amount for their care and support fees are currently not allowed under the regulations, apart from for 12 week property disregards. If the regulations in the future change to allow first party top ups, the Council will permit them to be made

Property

If an individual only owns the home they live in, this is normally regarded as an asset but can be disregarded in the following circumstances if it is occupied by a:

- spouse
- relative aged over 60
- disabled relative
- dependent child under 16

If an individual own their home only (or has an interest in it valued at more than the upper capital limit) but they have savings of less than the upper capital limit, they may be entitled to financial assistance from the council for up to 12 weeks called a ‘12 week property disregard’ to assist with their care home fees. At the end of the 12 weeks, although the individual will then be liable to meet the full cost of their care, they can ask the council for a deferred payment to help meet care fees pending the sale of their property (see the Deferred Payment Agreement policy).

If an individual does not wish to sell their property immediately, the council can still offer a loan which is termed ‘a deferred payment’. This is when the council will place a legal charge against an individuals’ property to secure the loan. In both instances they will have to make a contribution towards the full fee based on a financial assessment of their income as indicated under ‘INCOME/ SAVINGS’ above and the council will loan the difference to make up the full cost of the care fee

Deferred Payments shall only be offered in accordance with the deferred payment policy after a valuation of the property has been completed. An administration charge and interest charges will be made against deferred payment loans in line with the deferred payment policy.

- **Paying for residential or nursing care where people own their property.**

Payment/Contract Arrangements

Once a care home has been identified, placement date agreed and contributions determined, the council will draw up a contract for an individual’s care with the care home provider. Any third party arrangement will need to be subject to formal agreement between the third party and the Council. The individual’s contribution should be paid direct to the care home and the council will pay its share direct to the
Calculating the Charge

Calculating the Charge for Non-Residential Services

Personal budget amounts will be used as the basis for all calculations of contributions to care and support.

If the council considers an individual can afford to pay in full for these services, it will in general not provide them without charging an arrangement fee as well as the cost of care.

In deciding if you can afford to pay the council applies the following rules to your capital (including savings) and income:

Capital

The council will not take into account the value of an individual’s interest in their only or principal home – but it will take into account the value of their interest in any other property.

In addition the council will not take into account:

- capital the total value of which is below the upper capital limit

- any other capital that the Department of Health’s guidance on Charging for Residential Accommodation, requires it not to take into account - unless there is good reason to take it into account, for example where you have received personal injury compensation (held now in trust or administered by the courts) for the same services that you ask the council to provide.

The council will take into account all other capital.

Income

The council will, to begin with, take into account all income, including pension income, and any other income.

The council will then make deductions from this income (see below) and treat the remaining income as disposable income. Disposable income is the amount of money you have available including any tariff income after all deductions for essential living costs and disability related expenditures (see appendix 1) have been deducted.

The Council will take into account one hundred percent of an individual’s disposable income when calculating how much they will have to contribute for Care and Support services.
The Council will take into account the full amount of any benefits when calculating contributions including the full rate of Attendance allowance received.

The council will then take all disposable income as income that you can be expected to use to pay for any services it provides for you, or to use to contribute to their cost.

**Key Change**- The Council currently takes into account eighty percent of an individual’s disposable income when calculating how much people need to pay for care. As described above disposable income is the amount of money left over after all essential living expenses and disability related expenses (DRE) have been paid for. The policy proposes that Wiltshire Council will increase the amount of disposable income it takes into account from eighty to one hundred percent. This will mean that people who receive care and support services at home will need to contribute more for these services.

The current policy states that the Council will only take into account the lower rate of attendance allowance. The proposal means that the Council would take into account all of a person’s attendance allowance when calculating contributions. For individuals who receive the lower amount this would not represent a change but individuals who receive the higher amount would be required to contribute more for their care and support services.

**Savings**

If an individual has more than the upper capital limit defined in the regulations in savings they will normally be required to pay the full cost of their care, and will not be entitled to financial assistance from the council. Individuals will be advised of the options available to them for their care arrangements, including requesting Wiltshire Council to arrange it on their behalf.

If an individual has savings/capital below the lower capital limit this will be disregarded (i.e. they will be assessed on the basis of their income alone) but if they have savings between the Lower Capital Limit and Upper Capital Limit the council will add £1.00 per week to their income (called tariff income) for each £250.00 or part thereof between these amounts (i.e. £15,000 savings would attract a tariff income of £3.00 per week as this is £750 over the disregarded savings presuming the Lower Capital Limit is £14,250).

Income that accrues to any sum of capital derived from an award of damages for personal injury that is administered by the High Court, a County Court or the Court of Protection or that can only be disposed of by order or direction of any such court and any income that accrues to such capital shall not be included in tariff income calculations in accordance with the Care Act.

Tariff Income will be revised if there are any changes to the lower or upper capital limits.
Deductions

The following deductions will be made from income.

- For people under 60 years a sum equal to basic Income Support Personal Allowance plus premiums for age, level of disability or family status (but not Severe Disability Premium) plus 25% buffer. This is the General Living Allowance.

- For people over 60 years a sum equal to the Pension Credit Guaranteed Credit (but not Severe Disability addition) plus 25% buffer. This is the General Living Allowance.

- The Savings Credit Reward.

- Any housing costs such as mortgage and rent that is net of any housing benefit.

- Any council tax payable net of council tax benefit.

- The additional expenditure incurred as a result of a disability (Disability Related Expenditure) NB – appropriate evidence will be required to confirm expenditure and qualify for an allowance. Payments to family members will not be allowed as DRE unless there are exceptional circumstances Please see Appendix a details all disability related expenditure that will be disregarded and the evidence required.

- Any support provided by family members to a client in their own home will be expected to be provided free of charge.

**Key statement:** this section explains what essential living expenses such as housing costs will be deducted from an individuals’ income so that they never have to contribute more than they can afford to pay. Contributions will always be calculated so as to leave an individual enough income to pay for all their essential items.

Minimum and Maximum Charges

The minimum charge is £2 a week, i.e. an individual will not have to pay anything unless the council considers they can afford to pay at least £2 a week.

There is no maximum charge; an individual may be required to pay in full for the services provided.

Treatment of Couples

A partner’s income/savings does not affect the charge applied to an individual. However the council does seek information from a partner in order to apportion ‘housing costs’ incurred by the couple. If a partner chooses not to disclose, housing
costs will not be allowed. If a partner has more than the upper capital limit, no housing costs will be allowed. The Council will also ensure that both individual and their partner have at least the appropriate General Living Allowance rate plus 25% buffer, before any contributions are applied.

**Payment/Contract Arrangements**

Any contribution an individual is asked to make should be paid direct to the Provider and the council will pay its share direct to them as well. If an individual requests a direct payment, any contribution will be deducted from the direct payment and they will be expected to enter into a formal direct payment agreement and pay any assessed contribution into the direct payment account.

**Intermediate Care/ Reablement**

Charges will be waived for a period of up to 6 weeks or longer in accordance with the Prevention Policy where the specific eligibility criteria are met for intermediate care/reablement. If an individual remains in a service after intermediate care services have been concluded and an assessment of need has identified care and support needs the terms of this policy shall apply in terms of charges and choice.

**Respite Care**

Contributions for respite care will be based on an individual’s personal budget in accordance with the terms described in this policy.

**Day Care Services**

If an individual has more than the upper capital limit they are expected to meet the full cost of day care. If an individual has assets below the Upper Capital limit contributions for day care will be based on an individual’s agreed personal budget. If transport is arranged and provided by the Council then the cost of the transport is calculated on the basis of the cost of travel to the nearest suitable facility. Transport costs can include the costs of any transport assistants. If the day centre provides meals the individual will be asked to make a contribution towards the meal.

**Pet Care**

The Council will arrange for suitable care for pets if due to an unforeseen event an individual is not able to look after a pet. In the first instance the Council will identify family, friends or local charities that may be able to care for the animal. If this is not possible or appropriate the Council will arrange for pet care. The individual will be charged for all pet care costs incurred.

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f) Monitoring, Evaluation and Review of this Policy
The individual is at the centre of everything we do. We will regularly ask people for their views about the services they receive and respond by shaping those services accordingly.

Individuals may wish to challenge various decisions, such as: the amount of their contribution or decisions regarding community or residential care. In such cases, they will be provided with a full and clear audit trail to explain why decisions were made. First of all, individuals should discuss and negotiate the decisions with the financial assessment team while the decisions are still being made. If an individual is still unhappy their case can be referred to the team manager for further discussion and negotiation.

Our complaints procedure can also be used at any time. Advocacy and support on complaints is available from SWAN advocacy services (http://swanadvocacy.org.uk/01722 341851).

Feedback on the Council’s policies in general is welcome. Please email the document author.

Together with individual feedback, complaints information and feedback from staff, the information will be used to improve the Council’s policies and procedures in future.

**A review of this policy will take place in April 2017.**
### Appendix A- Disability Related Expenditure (DRE)

The following sums may be disregarded from an individuals' income based on the provision of the required evidence.

<table>
<thead>
<tr>
<th>Expense</th>
<th>Maximum weekly allowance</th>
<th>Evidence Required</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal care arranged privately</td>
<td>£0</td>
<td>Personal care costs to meet eligible needs form part of a personal budget, so are not included in the DRE list. Cost to meet needs not considered eligible are also excluded</td>
<td>Included on list only to make clear that we do not disregard costs on this area</td>
</tr>
<tr>
<td>Domestic help</td>
<td>Actual Cost up to 2 hours</td>
<td>No change to current policy – split per household if appropriate</td>
<td>Only included if in support of an assessed eligible need and replaces need for funded support</td>
</tr>
<tr>
<td>Day or night care that is part of supported living accommodation</td>
<td>Actual Cost up to £25.00 per week</td>
<td>Evidence that the requirement for day or night care support, included in the costs of supported living accommodation, is required to address eligible needs</td>
<td></td>
</tr>
<tr>
<td>Specialist Items</td>
<td>N/A</td>
<td>Evidence of Purchase</td>
<td>Items of specialist equipment are listed below, but if agreed other items can be considered</td>
</tr>
<tr>
<td>a) Bed (Powered)</td>
<td>£4.20</td>
<td>Evidence of Purchase</td>
<td></td>
</tr>
<tr>
<td>b) Turning Bed</td>
<td>£7.20</td>
<td>Evidence of Purchase</td>
<td></td>
</tr>
<tr>
<td>c) Hoist</td>
<td>£2.88</td>
<td>Evidence of Purchase</td>
<td></td>
</tr>
<tr>
<td>d) Reclining chair (powered)</td>
<td>£3.30</td>
<td>Evidence of Purchase</td>
<td></td>
</tr>
<tr>
<td>e) Stair lift</td>
<td>£5.88</td>
<td>Evidence of Purchase</td>
<td></td>
</tr>
<tr>
<td>f) Wheelchair (Manual)</td>
<td>£3.75</td>
<td>Evidence of Purchase</td>
<td></td>
</tr>
<tr>
<td>Item</td>
<td>Cost</td>
<td>Evidence of Purchase</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>---------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>g) Wheelchair (powered)</td>
<td>£9.12</td>
<td>Evidence of Purchase</td>
<td></td>
</tr>
<tr>
<td>Community Alarm system/lifeline</td>
<td>£4.20</td>
<td>Social worker confirms requirement as part of care plan, supported Care is reduced accordingly</td>
<td></td>
</tr>
<tr>
<td>Laundry/ Specialist washing powder</td>
<td>£3.65</td>
<td>Care plan will have identified incontinence problem. Identify more than four loads per week</td>
<td></td>
</tr>
<tr>
<td>Gardening</td>
<td>Actual cost up to £10.00 per household</td>
<td>Signed receipts for at least four weeks.</td>
<td></td>
</tr>
<tr>
<td>Additional household costs related to provision of personal care</td>
<td>Actual costs up to £3.00 per week</td>
<td>Evidence of Purchase</td>
<td></td>
</tr>
<tr>
<td>Heating- extra heating for medical reasons- check average costs against heating bills</td>
<td>£9.10</td>
<td>Annual fuel bills</td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td>Actual Cost</td>
<td>Letter from doctor confirming</td>
<td></td>
</tr>
<tr>
<td>Food or special diet for medical reasons e.g. diabetic</td>
<td>Actual cost up to £8.39</td>
<td>Shopping receipts</td>
<td></td>
</tr>
<tr>
<td>Home Maintenance</td>
<td>Up to £5.49</td>
<td>Receipts from contractors</td>
<td></td>
</tr>
<tr>
<td>Additional transport costs necessitated by illness or disability</td>
<td>Reasonable cost</td>
<td>Travel Receipts</td>
<td></td>
</tr>
<tr>
<td>Clothing( Heavy wear and tear)</td>
<td>Up to £5.60 per week</td>
<td>Receipt of purchase</td>
<td></td>
</tr>
<tr>
<td>Metered Water- above the average for their area and</td>
<td>Actual cost above local average</td>
<td>One years’ worth of bills from provider and related to eligible need</td>
<td></td>
</tr>
</tbody>
</table>
### House Type

<table>
<thead>
<tr>
<th>Service</th>
<th>Actual Weekly Cost</th>
<th>Bills from Provider, but only included if supporting well-being and eligible outcomes</th>
<th>In House Service</th>
<th>Only included if eligible needs identify a requirement for this support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internet Access</td>
<td>Actual weekly cost</td>
<td>Bills from provider, but only included if supporting well-being and eligible outcomes</td>
<td>In house service</td>
<td>Only included if eligible needs identify a requirement for this support</td>
</tr>
<tr>
<td>Court of Protection Feel (In House)</td>
<td>£5.00 for appointee ship £15.00 for deputyship</td>
<td>In house service</td>
<td>Customers must have an entitlement prior to 2005. Verification required from Department for Work and Pensions</td>
<td></td>
</tr>
<tr>
<td>War Pension</td>
<td>This is a benefit paid by Department for Work and Pensions</td>
<td>This is a benefit paid by Department for Work and Pensions</td>
<td>This is a benefit paid by Department for Work and Pensions</td>
<td>This is a benefit paid by Department for Work and Pensions</td>
</tr>
</tbody>
</table>

**Key Change** - The list above details essential expenses that are related to a disability. These expenses will be considered on a case by case basis and will require evidence of the expenditure so that they are considered. The proposal includes a number of changes including removing continence products over and above those supplied by health and medication products.

The revised list proposes that the Council will take into account the actual amount of attendance allowance received (if any) currently only the lower rate of attendance allowance is considered.
### Appendix 1 - Disability Related Expenditure Items

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>MAXIMUM WEEKLY ALLOWANCE</th>
<th>EVIDENCE REQUIRED DURING FINANCIAL ASSESSMENT</th>
<th>CONSIDERATIONS</th>
<th>DECISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Care arranged privately</td>
<td>£0</td>
<td></td>
<td>Personal care costs to meet eligible needs form part of a personal budget, so are not included in the DRE list. Cost to meet needs not considered eligible are also excluded</td>
<td>Included on list only to make clear that we do not disregard costs on this area.</td>
</tr>
<tr>
<td>Domestic help</td>
<td>Actual Cost up to 2 hours</td>
<td>Receipts from provider</td>
<td>No change to current policy – split per household if appropriate</td>
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<tr>
<td>Day or night care that is part of supported living accommodation</td>
<td>Based on actual but up to £25 per week</td>
<td>Invoices for accommodation</td>
<td>Evidence that the requirement for day or night care support, included in the costs of supported living accommodation, is required to address eligible needs</td>
<td>Inclusion will allow core costs, such as those within sheltered or extra care schemes, to be disregarded</td>
</tr>
<tr>
<td>Specialist Items</td>
<td></td>
<td>Evidence of purchase</td>
<td>Items of specialist equipment are listed below, but if agreed other items can be considered</td>
<td></td>
</tr>
<tr>
<td>a) Bed (Powered)</td>
<td>£4.20</td>
<td>Evidence of Purchase</td>
<td>No change to current policy rates set by Naffao</td>
<td>No Change</td>
</tr>
<tr>
<td>b) Turning Bed</td>
<td>£7.20</td>
<td>Evidence of Purchase</td>
<td>Add to DRE list as in national list</td>
<td></td>
</tr>
<tr>
<td>c) Hoist</td>
<td>£2.88</td>
<td>Evidence of Purchase</td>
<td>No change to current policy rates set by Naffao</td>
<td>No Change</td>
</tr>
<tr>
<td>d) Reclining chair (powered)</td>
<td>£3.30</td>
<td>Evidence of Purchase</td>
<td>No change to current policy rates set by Naffao</td>
<td>No Change</td>
</tr>
<tr>
<td>e) Stair lift</td>
<td>£5.88</td>
<td>Evidence of Purchase</td>
<td>No change to current policy rates set by Naffao</td>
<td>No Change</td>
</tr>
<tr>
<td>f) Wheelchair (Manual)</td>
<td>£3.75</td>
<td>Evidence of purchase</td>
<td>No change to current policy rates set by Naffao</td>
<td>No Change</td>
</tr>
<tr>
<td>g) Wheelchair (powered)</td>
<td>£9.12</td>
<td>Evidence of purchase</td>
<td>No change to current policy rates set by Naffao</td>
<td>No Change</td>
</tr>
<tr>
<td>Community Alarm system/lifeline</td>
<td>£6.95</td>
<td>Social worker confirms requirement as part of care plan, supported Care is reduced accordingly</td>
<td>Remained in policy but will be capped at £4.20 in line with personal budget policy</td>
<td></td>
</tr>
<tr>
<td>Laundry/ Specialist washing powder</td>
<td>£3.61</td>
<td>Care plan will have identified incontinence problem. Identify more than four loads per week</td>
<td>No change to current policy rates set by Naffao</td>
<td>Remain in policy but will be capped at £3.65</td>
</tr>
<tr>
<td>Gardening</td>
<td>Actual cost up to £10.00 per household</td>
<td>Signed receipts for at least four weeks.</td>
<td>Naffao states based on individual cost with no cap of £10.00- possibly amend</td>
<td>No Change</td>
</tr>
<tr>
<td>Additional household costs related to provision of personal care</td>
<td>Actual costs up to £XX</td>
<td>Evidence of receipts</td>
<td>Reasonable household expenses related to additional costs incurred due support being provided due to a person’s disability, illness</td>
<td>Addition to DRE list as in Care Act guidance</td>
</tr>
<tr>
<td>Heating- extra heating for medical reasons-check average costs against heating bills</td>
<td>£9.05</td>
<td>Annual fuel bills</td>
<td>Naffao states based on individual cost with no cap of £9.05-possibly amend</td>
<td>Remain in policy but will be capped at £9.10</td>
</tr>
<tr>
<td>Medication</td>
<td>Actual Cost- No cap</td>
<td>Letter from doctor confirming</td>
<td>No medication in National Policy-health need</td>
<td>No Change</td>
</tr>
<tr>
<td>Food or special diet for medical reasons of diabetics</td>
<td>Actual cost up to £8.39</td>
<td>Shopping receipts</td>
<td>No food allowed in National policy but rarely included in assessments</td>
<td>No change</td>
</tr>
<tr>
<td>Home Maintenance</td>
<td>Up to £5.49</td>
<td>Receipts from contractors</td>
<td>No home maintenance in national policy</td>
<td>No Change</td>
</tr>
<tr>
<td>Additional transport costs necessitated by illness or disability</td>
<td>Reasonable cost</td>
<td>Travel Receipts</td>
<td>No travel in national policy</td>
<td>No Change</td>
</tr>
<tr>
<td>Clothing(Heavy wear and tear)</td>
<td>Up to £5.57</td>
<td>Receipt of purchase</td>
<td>No wear and tear in national policy</td>
<td>Remain in policy but would be capped at £5.60</td>
</tr>
<tr>
<td>Metered Water- above the average for their area and house type</td>
<td>Actual Cost</td>
<td>One years’ worth of bills from provider and related to eligible need</td>
<td>No water charge in National Policy-not included in current policy.</td>
<td>Agreed this would be added to policy. We need to establish what is average usage. This will be based on the amount of people per household.</td>
</tr>
<tr>
<td>EXPENSES</td>
<td>MAXIMUM WEEKLY ALLOWANCE</td>
<td>EVIDENCE REQUIRED DURING FINANCIAL ASSESSMENT</td>
<td>CONSIDERATIONS</td>
<td>DECISION</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Incontinence pads/ Purchase of additional or new bedding due to incontinence</td>
<td>Actual Cost</td>
<td>Verification that client is not able to receive them from NHS</td>
<td>No incontinence in National Policy or local policy. Health Need</td>
<td>Remove from DRE list</td>
</tr>
<tr>
<td>Internet Access</td>
<td>Actual weekly cost</td>
<td>Bills from provider, but only included if supporting well-being and eligible outcomes</td>
<td>No internet in National Policy. Not included in Local Policy</td>
<td>To be added the DRE list</td>
</tr>
<tr>
<td>Court of protection fees (In House)</td>
<td>£5.00 for appointeeship</td>
<td>In house service</td>
<td>No COP fees in National policy not included in current local policy</td>
<td>To be added, but only included if eligible needs identify a requirement for this support</td>
</tr>
<tr>
<td>War Pension</td>
<td>This is a benefit paid by Department for Work and Pensions</td>
<td>Customers must have an entitlement prior to 2005. Verification required from Department for Work and Pensions</td>
<td>Currently included in local and National Policy and attracts a £10.00 disregard. There is no change to this in the Care Act</td>
<td>No Change</td>
</tr>
</tbody>
</table>

**Charging Policy Changes not part of DRE**

| Attendance Allowance                                                                                                           | This is a benefit paid by Department for Work and Pensions | This is not means tested but based on the clients need for help with Personal Care. There is a Higher and Lower rate. The higher rate is payable when the client has night time needs. | Currently included in National and Local Policy. Our local Policy only takes the lower rate into account even if the client is receiving the higher rate. The Care Act suggests that Attendance Allowance of whatever rate should be taken fully into account. | Change to consider higher rates in line with the Care Act |

| Percentage of disposable income taken into account                                                                                       | Policy currently set at 80% | It could lead to an increased number of complaints or unpaid client contribution. There is also no incentive to claim any benefit entitlement as this will be taken fully into account and not make the client better off in any way However the general view is that you then need to consider a wider range of Disability Expenditure if you are taking 100% of the income. | Change from 80% to 100% |
Title: What are you completing an Equality Analysis on?

This Equalities Impact Assessment has been completed as part of the proposal to consult on a number of changes to the adult care charging policy. The policy was last updated in 2003 and is in need of an update to reflect the revised guidance published in the 2014 Care Act and so as to align Wiltshire Council’s approach to that of other Local Authorities across the South West.

The policy once in effect will provide the Council with a clear framework within which to operate and deliver its statutory functions.

This Equality Impact Assessment (EIA) is a working document. It details the equality analysis work undertaken so far and identifies the future work needing to be undertaken to ensure that Wiltshire Council meets its statutory obligations under the Public Sector Equality Duty. It is updated at various points as the proposal progresses.

Why are you completing the Equality Analysis? (please tick any that apply)

<table>
<thead>
<tr>
<th>Proposed New Policy or Service</th>
<th>Change to Policy or Service</th>
<th>MTFS (Medium Term Financial Strategy)</th>
<th>Service Review</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Version Control

<table>
<thead>
<tr>
<th>Version control number</th>
<th>Date</th>
<th>Reason for review (if appropriate)</th>
<th>Updated based on December 2015 contribution figures.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>04/01/2016</td>
<td>Inherent risk score on proposal</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Residual risk score after mitigating actions have been identified</td>
<td></td>
</tr>
</tbody>
</table>

Risk Rating Score (use Equalities Risk Matrix and guidance)

**If the Risk Score is 1 or 2, an Impact Assessment does NOT have to be completed. Please check with equalities@wiltshire.gov.uk for advice**

Section 1 – Description of what is being analysed
Appendix 3

a. Introductory note:

This document has been prepared to supplement a cabinet paper setting out the proposed changes and seeking delegated authority to proceed with a consultation on those changes. Based on the feedback generated through this consultation process and after due consideration of this feedback the policy will be adopted or revised. Any significant revisions will be approved by Wiltshire Councils cabinet. The document will be published as part of the public consultation process.

b. What is being Impact Assessed:

This Equality Impact Assessment (EIA) has been produced to review the potential impact that the changes to the charging policy will have. The charging policy sets out how the Council will calculate care contributions for adults who are eligible for care and support for care and support services. The policy also explains when the Council will exercise its discretionary powers to charge for care services and when services will be delivered without any means testing.

The Care Act (2014) which came into force in April 2015 represents the most significant change to health and social care legislation since the 1948 National assistance Act. As well as introducing a range of new duties, the legislation contained detailed guidance, legislation and discretionary powers relating to charging for care and support services.

Key changes in the policy which form the focus of this analysis are

- Changes to how financial contributions are calculated as set out below.
- The proposal to take all of a person’s eligible disposable income into account when calculating contributions. (Currently 80%)
- The proposal to Take into account the actual amount of Attendance Allowance paid to an individual (Currently only the lower amount is taken into account)
- Changes to what disability related expenses are taken into account when calculating client contribution (see point e in this section)

The proposed charging policy has the potential to have a significant impact on a number of people who receive social care support in Wiltshire. The policy has been updated in response to the Care Act (2014), which includes supplementary guidance about what Disability Related Expenses (DRE) should be allowed. The policy has also been revised as the existing policy is due for renewal (last reviewed 2003) and is out of date as a result the legislation mentioned above. The policy has been drafted so as to provide clarity for customers and so that the Council is able to continue providing statutory care and support services to those who need it most while investing in prevention and early help to reduce the number of people who need statutory care and support services.

The key proposed changes in the policy are that, Wiltshire Council will align its approach to that of other Local Authorities and will take into account one hundred percent of a person’s eligible disposable income into account and will consider the full amount of any attendance allowance received when calculating contributions for care and support. The policy also lists a number of changes to DRE expenses that will be permitted. The Policy re iterates that the Council will exercise its power to charge customers for social care services but will not charge carers or for services that are precluded from charging in the Care Act including intermediate care for up to six weeks, equipment and adaptations under the value of £1000, services provided under section 117 of the Mental Health Act, information and advice services and assessment activity.

This document has been prepared to consider the impact these changes may have on people if the Council chooses to adopt the proposals. It is important to note the policies will be subject to a period of public consultation. All comments and feedback will be duly considered, if after consideration changes are made to the draft policy cabinet will be informed so that a decision can be made regarding adopting any changes.

c. Background to the decision making process so far:

The decision to make these proposals about changes to policy is based on the requirement to update Adult Social Care policy to ensure there is clarity about how Wiltshire Council will deliver social care in Wiltshire. Another key driver for the change is to ensure that the Councils policies are compliant with the Care Act (2014) which came into effect in April 2015.

The decisions have been made based on the requirement to make the best use of available resources, to ensure compliance with national legislation and so as to ensure there is clarity for customers and officers.
The revised charging policy is based on guidance produced by the National Association Of Financial Assessment Office (NAFAO) produced in response to the Care Act. This guidance sets out a series of recommendations regarding how the Care Act guidance should be implemented in the context of charging and Disability related expenses. Based on this guidance it was established that the current charging policy was in need of an update in line with the Care Act.

The decision to propose one hundred percent of disposable income is taken into account along with revisions to the DRE list have been made so as to ensure the Council can continue to deliver services to all those who need care and support and to ensure everyone is charged fairly and equitably for the care and support services they access. The proposed changes to the DRE list have also been made in consultation with legal advice and the latest best practice guidance.

The proposals have been discussed in advance of formal public consultation with key representatives of the voluntary community sector. As a result of this engagement a simple document was produced (see appendix 2) which highlights the key changes included within the policy and is intended to ensure customers are able to engage with the consultation process. An ongoing program of engagement with key stakeholder organisations has been established so as to maintain an effective dialogue with the sector and ensure effective public consultation.

d. Background to the consultation process:

A pre consultation session was held with key stakeholders on Monday the 17th of August 2015 in order to assess the impact these proposals could have on customers and communities and to establish how existing support networks can be used to ensure customers who are affected by any changes have support available to them to help them to manage any impact.

As a result of this session an ongoing dialogue was established with these stakeholder organisations and a document was produced to supplement the consultation documents setting out the main changes included within each proposal. (document attached at appendix 2) A further pre consultation engagement event was held with key partners on Friday the 4th of September in order to discuss the proposed documents and how best to engage with customers. Some of the key feedback at this event was that a glossary of terms should be developed so as to help people understand any technical terminology and the ‘what’s changed’ document produced in response to the first session should be combined with the individual policies. It was agreed that the documents would be updated in line with these discussions so that the second drafts could be ‘trialed’ with target customers in order to gather feedback. This engagement was designed to ensure that the consultation is equitable and accessible. The consultation results will be used to target the second phase of this equality impact assessment.

In advance of the consultation phase the draft consultation documents which were developed in partnership with key VCS stakeholders as described above were circulated to partners so that they could make any additional commentary and so they could ‘trial’ the questions with small groups of customers. The purpose of this exercise was to establish if target customer groups felt as if the questions were engaging, the right questions and accessible in terms of language. This step was taken so as to ensure the maximum number of customers potentially impacted by these changes could engage effectively with the consultation process.

The consultation period will run for a minimum of twelve weeks in accordance with the Councils consultation process and will involve a combination of open consultation and more targeted interaction with key stakeholder groups. The Consultation will ensure that Wiltshire Council meets its statutory duties under the Equality Act 2010. Based on this consultation period feedback and comments will be collated and included in this equalities impact assessment. Comments and feedback will be considered and potentially included in the final cabinet proposal. Comments that are considered but do not result in changes to the policy will be summarized in this equality impact assessment and the subsequent proposal.

The consultation will involve a consultation questionnaire that will be available via the consultation portal and through a number of stakeholder and user led organisations which will include but will not be limited to Healthwatch Wiltshire, Wiltshire and Swindon Users network, Wiltshire Centre for Independent living. These key stakeholders will be encouraged to distribute the questionnaire to customers who are likely to be
affected by any changes to adult social care policies.

As the charging policy is likely to have a significant impact on customers, letters will be sent to all customers who may be affected by this policy setting out the proposals. They are invited to reply directly to the Council to help us understand the impact these proposals may have on customers. The letter will contain details about events which will be facilitated by Healthwatch Wiltshire across the county and will provide people with the opportunity to have their say about the proposed policies. A questionnaire will also be made available online for people who are not currently affected by any proposed changes but may be in the future or care for someone who is are able to respond. The responses received will be collated and will form a significant part of this equalities impact assessment and shall be considered fully before the final proposals are submitted to cabinet for a decision.

The letter will be available in a range of formats on request and will be produced as an easy read document.
e. The proposed changes

Details of the proposed changes are included in the section above. The charging policy includes some specific changes as set out below that will be taken into account throughout the equality impact assessment.

The tables below detail the DRE items that the policy will propose to include. If these changes are agreed they will be applied equitably to everyone who is required to contribute towards social care services. The table details items that will remain in the policy, those that will be removed and any changes to individual items.
<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>MAXIMUM WEEKLY ALLOWANCE</th>
<th>EVIDENCE REQUIRED DURING FINANCIAL ASSESSMENT</th>
<th>CONSIDERATIONS</th>
<th>DECISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Care arranged privately</td>
<td>£0</td>
<td></td>
<td>Personal care costs to meet eligible needs form part of a personal budget, so are not included in the DRE list. Cost to meet needs not considered eligible are also excluded.</td>
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<td>Domestic help</td>
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<tr>
<td>Day or night care that is part of supported living accommodation</td>
<td>Based on actual but up to £25 per week</td>
<td>Invoices for accommodation</td>
<td>Evidence that the requirement for day or night care support, included in the costs of supported living accommodation, is required to address eligible needs</td>
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<td>Specialist Items</td>
<td>Evidence of purchase</td>
<td>Items of specialist equipment are listed below, but if agreed other items can be considered.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Bed (Powered)</td>
<td>£4.20</td>
<td>Evidence of Purchase</td>
<td>No change to current policy rates set by Naffao</td>
<td>No Change</td>
</tr>
<tr>
<td>b) Turning Bed</td>
<td>£7.20</td>
<td>Evidence of purchase</td>
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<td>Addition to DRE list as in national list</td>
</tr>
<tr>
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<tr>
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<td>No Change</td>
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<tr>
<td>e) Stair lift</td>
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<td>No Change</td>
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<tr>
<td>f) Wheelchair (Manual)</td>
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<td>No change to current policy rates set by Naffao</td>
<td>No Change</td>
</tr>
<tr>
<td>g) Wheelchair (powered)</td>
<td>£9.12</td>
<td>Evidence of purchase</td>
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<td>No Change</td>
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<tr>
<td>Community Alarm system/lifeline</td>
<td>£6.95</td>
<td>Social worker confirms requirement as part of care plan, supported Care is reduced accordingly</td>
<td></td>
<td>Remain in policy but will be capped at £4.20 in line with personal budget policy</td>
</tr>
<tr>
<td>Laundry/ Specialist washing powder</td>
<td>£3.61</td>
<td>Care plan will have identified incontinence problem. Identify more than four loads per week</td>
<td>No change to current policy rates set by Naffao</td>
<td>Remain in policy but will be capped at £3.65</td>
</tr>
<tr>
<td>Gardening</td>
<td>Actual cost up to £10.00 per household</td>
<td>Signed receipts for at least four weeks.</td>
<td>Naffao states based on individual cost with no cap of £10.00 - possibly amend</td>
<td>No Change</td>
</tr>
<tr>
<td>Additional household costs related to provision of personal care</td>
<td>Actual costs up to £3.00 per week</td>
<td>Evidence of receipts</td>
<td>Reasonable household expenses related to additional costs incurred due support being provided to a person's disability, illness</td>
<td>Addition to DRE list as in Care Act guidance</td>
</tr>
<tr>
<td>Heating- extra heating for medical reasons-check average costs against heating bills</td>
<td>£9.05</td>
<td>Annual fuel bills</td>
<td>Naffao states based on individual cost with no cap of £9.05- possibly amend</td>
<td>Remain in policy but will be capped at £9.10</td>
</tr>
<tr>
<td>Medication</td>
<td>Actual Cost- No cap</td>
<td>Letter from doctor confirming</td>
<td>No medication in National Policy- health need</td>
<td>No Change</td>
</tr>
<tr>
<td>Food or special diet for medical reasons eg diabetic</td>
<td>Actual cost up to £8.39</td>
<td>Shopping receipts</td>
<td>No food allowed in National policy but rarely included in assessments</td>
<td>No change</td>
</tr>
<tr>
<td>Home Maintenance</td>
<td>Up to £5.49</td>
<td>Receipts from contractors</td>
<td>No home maintenance in national policy</td>
<td>No Change</td>
</tr>
<tr>
<td>Additional transport costs necessitated by illness or disability</td>
<td>Reasonable cost</td>
<td>Travel Receipts</td>
<td>No travel in national policy</td>
<td>No Change</td>
</tr>
<tr>
<td>Clothing(Heavy wear and tear)</td>
<td>Up to £5.57</td>
<td>Receipt of purchase</td>
<td>No wear and tear in national policy</td>
<td>Remains in policy but would be capped at £5.60</td>
</tr>
<tr>
<td>Metered Water- above the average for their area and house type</td>
<td>Actual Cost</td>
<td>One years' worth of bills from provider and related to eligible need</td>
<td>No water charge in National Policy not included in current policy.</td>
<td>Agreed this would be added to policy. We need to establish what is average usage. This will be based on the amount of people per household.</td>
</tr>
<tr>
<td>Incontinence pads/ Purchase of additional or new bedding due to incontinence</td>
<td>Actual Cost</td>
<td>Verification that client is not able to receive them from NHS</td>
<td>No incontinence in National Policy or local policy. Health Need</td>
<td>Remove from DRE list</td>
</tr>
<tr>
<td>Internet Access</td>
<td>Actual weekly cost</td>
<td>Bills from provider, but only included if supporting well-being and eligible out of</td>
<td>No internet in National Policy. Not included in Local Policy.</td>
<td>To be added the DRE list</td>
</tr>
</tbody>
</table>
As part of the analysis and in order to determine how the proposals compared with policies used across the South West region commissioners contacted the 14 south west local authorities to assess the amount of attendance allowance and disposable income that is taken into account across the region.

It was identified that the majority of Local Authorities across the region already take into account the rate of attendance allowance and 100% of disposable income. The analysis made it clear that the widest disparity is in the items various authorities take into account as Disability related expenditures. Based on legal counsel and conversations with senior leaders it was decided that certain discretionary DRE items should be included such as internet use, medication, travel to medical appointments and other items.

Legal Counsel has read and reviewed the proposed policy and has advice it meets the requirements included in the new legislation.

A summary of the analysis is provided below

<table>
<thead>
<tr>
<th>County</th>
<th>% of disposable income taken into account</th>
<th>Attendance allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wiltshire</td>
<td>80%</td>
<td>Lower Only</td>
</tr>
<tr>
<td>Swindon</td>
<td></td>
<td>Disregard £27.20 of DLA care / PIP/ AA and any mobility element</td>
</tr>
<tr>
<td>Devon</td>
<td>100%</td>
<td>Actual Amount</td>
</tr>
<tr>
<td>South Gloucestershire</td>
<td>100%</td>
<td>Actual for services involving night time care</td>
</tr>
<tr>
<td>Dorset</td>
<td>100%</td>
<td>25% of the lower rate of Attendance Allowance</td>
</tr>
<tr>
<td>Gloucestershire</td>
<td>100%</td>
<td>Actual Amount</td>
</tr>
<tr>
<td>Torbay</td>
<td>100%</td>
<td>Attendance Allowance is excluded for the financial assessment</td>
</tr>
<tr>
<td>Bournemouth</td>
<td>100%</td>
<td>Actual</td>
</tr>
<tr>
<td>Plymouth</td>
<td>100%</td>
<td>Attendance Allowance is excluded from the financial assessment</td>
</tr>
<tr>
<td>Bristol</td>
<td>75%</td>
<td>Actual</td>
</tr>
<tr>
<td>Cornwall</td>
<td>100%</td>
<td>Actual for services involving night time care</td>
</tr>
<tr>
<td>BANES</td>
<td>100%</td>
<td>Actual</td>
</tr>
<tr>
<td>Somerset</td>
<td>100%</td>
<td>TBC</td>
</tr>
<tr>
<td>Poole</td>
<td>100%</td>
<td>Actual</td>
</tr>
<tr>
<td>Brighton and Hove</td>
<td>100%</td>
<td>Actual</td>
</tr>
</tbody>
</table>

Summary

<table>
<thead>
<tr>
<th>% of disposable income</th>
<th>Number of authorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Already at 100%</td>
<td>10</td>
</tr>
<tr>
<td>80 %</td>
<td>1 (Wiltshire)</td>
</tr>
<tr>
<td>75%</td>
<td>2</td>
</tr>
<tr>
<td>70%</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Attendance Allowance</th>
<th>Number of authorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual</td>
<td>7</td>
</tr>
<tr>
<td>Actual if 24 hour/night care- lower if care at home without 24 hour/night care</td>
<td>2</td>
</tr>
<tr>
<td>All disregarded</td>
<td>2</td>
</tr>
<tr>
<td>£27.20 disregarded</td>
<td>1</td>
</tr>
<tr>
<td>Lower Only</td>
<td>1 (Wiltshire)</td>
</tr>
<tr>
<td>25% of lower rate only</td>
<td>1</td>
</tr>
<tr>
<td>TBC</td>
<td>1</td>
</tr>
</tbody>
</table>
This analysis demonstrates that with regard to attendance allowance and disposable income Wiltshire is aligning its approach to the majority of the South West Region while ensuring the DRE allowance are updated based on the requirements set out in the Care Act.
Section 2A – People or communities that are currently targeted or could be affected by any change (please take note of the Protected Characteristics listed in the action table).

The proposals, if adopted have the potential to impact on people currently in receipt of care and support services or who may need care and support services in the future. A range of information was collected and reviewed so as to identify which groups of people may be affected if the proposed policy changes are adopted.

A large number of people who may be affected by these polices will be older adults and people with a disability. Groups who may be defined in the ‘other’ protected characteristics include carers, while many of the changes set out in the policy will not directly impact upon carers it is possible the impacts that will be experienced by those who receive care will have consequential impacts on carers. The policies have been drafted to reduce any inequities in terms of interpretation and make it clear to customers what they can expect from the Council and how decisions will be made about funding. Carers representative organisations will be involved in the consultation process and their views will be considered in this equality impact assessment. Consultation questionnaires will be widely advertised to carers organisations.

The tables below set out some of the key figures that were used to assess which groups of customers would be most affected by this policy and if there was any specific impact on any protected characteristic group.

The table below displays all adult care customers and their primary support need.

<table>
<thead>
<tr>
<th>Primary support need</th>
<th>Age 18 to 64</th>
<th>65+</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access and mobility only</td>
<td>43</td>
<td>71</td>
<td>114</td>
</tr>
<tr>
<td>Asylum seeker support</td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Deaf</td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Learning disability support</td>
<td>853</td>
<td>82</td>
<td>935</td>
</tr>
<tr>
<td>Mental Health support</td>
<td>214</td>
<td>368</td>
<td>582</td>
</tr>
<tr>
<td>None entered</td>
<td>48</td>
<td>70</td>
<td>118</td>
</tr>
<tr>
<td>Personal care support</td>
<td>470</td>
<td>2133</td>
<td>2603</td>
</tr>
<tr>
<td>Substance misuse support</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Support for dual impairment</td>
<td>9</td>
<td>18</td>
<td>27</td>
</tr>
<tr>
<td>Support for hearing impairment</td>
<td>5</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>Support for social isolation / other</td>
<td>56</td>
<td>17</td>
<td>73</td>
</tr>
<tr>
<td>Support for visual impairment</td>
<td>15</td>
<td>29</td>
<td>44</td>
</tr>
<tr>
<td>Support to carer</td>
<td>25</td>
<td>81</td>
<td>106</td>
</tr>
<tr>
<td>Support with memory and cognition</td>
<td>32</td>
<td>295</td>
<td>327</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>1774</strong></td>
<td><strong>3175</strong></td>
<td><strong>4949</strong></td>
</tr>
</tbody>
</table>

The table below lists the ethnicities of all customers who are known to adult social care and the age profile of customers supported by the service area. It is important to note that the changes will predominantly although not exclusively impact upon customers who are receiving care at home services. The ethnographic profile is reflective of the entire Wiltshire Population. As noted the table does indicate that older people are particularly likely to be impacted upon by this policy if it is adopted and as such must be targeted in terms of consultation and mitigating actions.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Age 18 to 64</th>
<th>65+</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian / Brit - Bangladeshi</td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

1 Data accurate as of 30-July 2015 based on Mable reporting data.
2 This table includes intermediate care customers.
3 Data accurate as of 30/07/2015.
The data presented in this equalities impact assessment sets out the total number of customers who are likely to be directly impacted on by changes to adult social care policy.

All customers who pay for Care services at home will be affected by the proposed policy change if it is adopted as the Council currently only takes into account eighty percent of a customer’s income. The change if adopted will predominantly impact on older people and those who have disabilities or social care needs. Customers who have social care needs but resources over the maximum threshold will not be effected immediately as they fund all of their care and support needs. The policy changes if adopted will also impact on younger people who need care and support including those with Learning disabilities, Mental health needs and physical disabilities.

The tables below set out the number of customers who pay a contribution for social care services. The numbers are indicative and can only be deemed accurate as of the 27th December 2015 based on the data recorded in Carefirst. The tables display the total number of people who make a contribution and the average amounts of contribution that is made. The information has been used to estimate indicative increase in contribution based on these polices being agreed. Without full details as to what each individuals contribution is composed of it is impossible to establish the exact impact at this time. Customers will be told the specific impact during the consultation phase and during the financial assessment. This assessment will be a further opportunity to ensure people do not pay more than they can afford based on any changes that are agreed.

| Total Number of customers who contribute towards care and support (care at home only) | 1004 |
| Number of customers with nil contribution (this may be because the customers income means no contribution is required or no financial assessment has been completed) It is likely a number of these customers will be effected by the proposal to take 100% of income into account. | 1421 |
| Average weekly contribution | £15.42 per week |

The proposed policy would impact customers as set out below:

- The change to 100% disposable income resulted in a £12 per week increase in what a person would contribute.
- The change in attendance allowance resulted in a £27 per week increase.
- Averages for the impact of changes to DRE could not be established as every person was affected differently

So for a customer paying the current average weekly contributions the impact would be:

| 100% of income | £27.42 per week (average) |
| 100% of income and full attendance allowance | £54.42 per week (average) |
The table below identifies the number of customers who make contributions in each range and the weekly income from each group.

<table>
<thead>
<tr>
<th>Range</th>
<th>Approximate number of customers</th>
<th>Total Weekly Income (current policy)</th>
<th>Total Annual Income (current policy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>£0-£50</td>
<td>2187</td>
<td>18937</td>
<td>984751</td>
</tr>
<tr>
<td>£50.01-£100</td>
<td>202</td>
<td>13213</td>
<td>687076</td>
</tr>
<tr>
<td>£100.01-£150</td>
<td>25</td>
<td>2829</td>
<td>147141</td>
</tr>
<tr>
<td>£150.01-£200</td>
<td>8</td>
<td>1394</td>
<td>72511</td>
</tr>
<tr>
<td>£200.01-£300</td>
<td>2</td>
<td>504</td>
<td>26216</td>
</tr>
<tr>
<td>£300.01-£400</td>
<td>0</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>£400.01+</td>
<td>1</td>
<td>510</td>
<td>26562</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td>37389</td>
<td>1944260</td>
</tr>
</tbody>
</table>

The table above was used to identify the numbers of customers who pay contributions in each of the identified ranges for care and support. The proposed policy will impact equally on all customers who pay contributions and have the potential to increase the numbers of people who pay contributions at the lowest banding. The impact on individual customers is challenging to assess due to the relativity of the increase and individuals specific circumstances in relation to DRE. As it is very challenging to assess a general impact from this perspective subsequently it was decided that no changes will take effect until after a financial assessment has been completed. This will ensure that nobody is asked to pay more than they can afford and will ensure people are paying the right amount for care and support services.

The analysis suggests that the majority of people in the first band and currently making a zero contribution, will in future have to pay between £12-£50 per week towards their care. Everyone else is likely to move up at least 1 band and pay a similar amount extra per week.

There is also the possibility that a number of people paying nearly the full amount of their care, will become full cost payers. It should be noted that this does not remove the duty the Council has to arrange care and support for these people.

With higher financial contributions, there is a risk to be managed around operational teams not providing the support to full-cost payers legally we have a duty to continue to provide.

The changes (if adopted) will also impact in the future on people who do not need care and support now but need services in the future so the consultation will be both targeted at customers currently in receipt of care and those who may have care needs in the future.

The Council has made the proposal to revise the charging policy in the light of increasing economic challenges as a result of growing demands on social care services. The charging policy is intended to apply a fair approach to everyone in receipt of care and support that will ensure the Council has the resources to support the most vulnerable in Wiltshire’s communities while also focusing on prevention activity that will reduce the likelihood people will need care and support services in the future. Any adverse impacts on customers wellbeing as a result of increased contributions will be somewhat mitigated by the Councils ability to focus on developing a range of prevention and intermediate care services that will usually be delivered free of charge and will reduces customers needs for social care support.

If the changes are adopted the Council will not alter the amount anyone pays for existing care and support services until after a financial assessment has been completed that will ensure customers are claiming all available and applicable benefits and are contributing the right amount for care services based on their assessed disposable income. Customers will be able to request a review or re assessment of care and support needs if they wish in order to ensure people are receiving the care and support they need to meet their identified eligible needs.

The chart below identifies customers who receive direct payments or care at home and are subsequently most likely to be affected if this policy is adopted. The age profile of the customers who are most likely to be affected is also displayed in this graph.
The chart was used to identify the amount of older adults and others who are likely to be affected by any changes to the policy. It was clear that while older adults represented the majority of customers, communications must not be solely aimed at older adults who will be affected.

The following charts display the ethnic origin of people who receive care at home and direct payment services.
The charts produced confirm that in line with the demographics of Wiltshire the majority of people impacted on this proposal are White British. It was also clear that other nationalities and ethnicities might also be impacted by the policy and subsequently correspondence will need to be available in a variety of formats on request so as to ensure all groups are able to get involved in the consultation process.

The following information is taken from http://www.poppi.org.uk and shows the projected increase in the older age population over the coming years. This data was used to identify the fact that it is likely many more individuals than those currently in receipt of care and support are likely to be effected by the charging policy.
<table>
<thead>
<tr>
<th>Show percentage change</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>People aged 65-69</td>
<td>30,300</td>
<td>30,600</td>
<td>30,800</td>
<td>29,500</td>
<td>28,800</td>
</tr>
<tr>
<td>People aged 70-74</td>
<td>22,200</td>
<td>23,300</td>
<td>24,700</td>
<td>27,000</td>
<td>28,500</td>
</tr>
<tr>
<td>People aged 75-79</td>
<td>17,700</td>
<td>18,100</td>
<td>18,200</td>
<td>18,800</td>
<td>19,600</td>
</tr>
<tr>
<td>People aged 80-84</td>
<td>13,000</td>
<td>13,400</td>
<td>13,700</td>
<td>14,100</td>
<td>14,600</td>
</tr>
<tr>
<td>People aged 85-89</td>
<td>3,300</td>
<td>3,600</td>
<td>3,900</td>
<td>9,100</td>
<td>9,400</td>
</tr>
<tr>
<td>People aged 90 and over</td>
<td>5,100</td>
<td>5,300</td>
<td>5,600</td>
<td>5,800</td>
<td>6,100</td>
</tr>
<tr>
<td>Total population 65 and over</td>
<td>96,600</td>
<td>99,300</td>
<td>101,900</td>
<td>104,300</td>
<td>107,000</td>
</tr>
</tbody>
</table>

*Figures may not sum due to rounding*
*Crown copyright 2014*

**Section 2B** – People who are *delivering* the policy or service that are targeted or could be affected (i.e. staff, commissioned organisations, contractors)
The proposed changes have the potential to impact on staff implementing the policy. Organisations working with customers including Council officers are likely to have to support customers who are affected by this policy. This could include increased pressure on information and advice services who receive enquiries regarding the proposed change and its potential impact.

The Council has worked closely with key stakeholder groups including user led organisations throughout the process. This engagement has included a pre consultation workshop to identify how the sector can work together to gather people’s views on the proposed changes and ensuring voluntary organisations were supported to facilitate effective consultation with customers. People delivering these policies including those working on behalf of Wiltshire Council through commissioned contracts will need to be aware of the changes in policy if the proposals are adopted. Organisations may experience higher than normal contacts from customers who have been affected by the changes.

The current approach in Wiltshire is that service providers collect individual contributions from customers. By increasing the amount customers have to pay for care services there is a risk more customers will refuse to pay contributions. This is an increasing problem and it is proposed over the coming year commissioners work with operational and finance teams to assess more efficient ways of collecting contribution. In the short term it will be important to brief providers regarding the importance of collecting contributions.

The majority of the proposed changes provide clarity and consistency in accordance with National legislation so from that perspective will provide operatives delivering the policy with a clear framework within which to conduct business. The policies if adopted will reduce the risk of individual interpretations of operational procedure and practice and will act as a framework to ensure social care services are delivered equitably to everyone living within Wiltshire and everyone is given the same opportunities in relation to prevention and early help.

In line with the work going on across adult social care increasingly officers working in the sector will need to focus on the provision of high quality information and advice, prevention and a focus on wellbeing so as to help people to help themselves rather than specifying what statutory services should be used.

### Section 3 –The underpinning evidence and data used for the analysis (Attach documents where appropriate)

Prompts:
- What data do you collect about your customers/staff?
- What local, regional and national research is there that you could use?
- How do your Governance documents (Terms of Reference, operating procedures) reflect the need to consider the Public Sector Equality Duty?
- What are the issues that you or your partners or stakeholders already know about?
- What engagement, involvement and consultation work have you done? How was this carried out, with whom? Whose voices are missing? What does this tell you about potential take-up and satisfaction with existing services?
- Are there any gaps in your knowledge? If so, do you need to identify how you will collect data to fill the gap (feed this into the action table if necessary)
A- Overview

The core of this equality impact assessment will be based on feedback collated during the period of consultation.

In addition to general consultation facilitated by Healthwatch Wiltshire customers who will be impacted on by any changes will be contacted directly to establish their views.

B-Detailed data about the people who pay for care services:

(More Information regarding the groups of people who may be effected can be found at section 2a)

The Council is required to collect significant amounts of data on customers who pay for care and support services so as to ensure they pay the correct contribution to care services in accordance with the policy. Some of the key facts and considerations are set out below.

This table is accurate as of October 2015 and includes contribution details for customers who pay for all types of care services. The table included at section 2a contains information for care at home only.

<table>
<thead>
<tr>
<th>Range</th>
<th>Direct Payments</th>
<th>Placements</th>
<th>HTL@H</th>
<th>Dom Care</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>£0-£50</td>
<td>353</td>
<td>20</td>
<td>664</td>
<td>201</td>
<td>19890.86</td>
</tr>
<tr>
<td>£50.01-£100</td>
<td>53</td>
<td>381</td>
<td>177</td>
<td>83</td>
<td>30422.42</td>
</tr>
<tr>
<td>£100.01-£150</td>
<td>10</td>
<td>1182</td>
<td>33</td>
<td>5</td>
<td>45612.24</td>
</tr>
<tr>
<td>£150.01-£200</td>
<td>4</td>
<td>426</td>
<td>8</td>
<td>2</td>
<td>20262.19</td>
</tr>
<tr>
<td>£200.01-£300</td>
<td>2</td>
<td>342</td>
<td>3</td>
<td>1</td>
<td>21786.49</td>
</tr>
<tr>
<td>£300.01-£400</td>
<td>0</td>
<td>70</td>
<td>0</td>
<td>2</td>
<td>6536.28</td>
</tr>
<tr>
<td>£400.01+</td>
<td>0</td>
<td>28</td>
<td>2</td>
<td>2</td>
<td>4290.47</td>
</tr>
<tr>
<td></td>
<td>422</td>
<td>14180.3192</td>
<td>2449</td>
<td>108148.02</td>
<td>887</td>
</tr>
</tbody>
</table>

The policy proposal was based upon a review of pertinent national guidance. The aim of this exercise is to review all disability related expenditure included within the Local Policy, National Policy and in line with the Care Act. NAFFAO- stands for National Association of Fairer Charging Finance Officers- This is a National Group to which 150 Local Authorities subscribe and receive updates. They also work closely with the Department for Health with regard to legislation in particular The Care Act. The proposals around DRE are based on the recommendations presented by this organisation.

We are aware that some customers will need to pay more per week towards their care and support costs. This may impact adversely on some customers who will not have as much disposable income as they might otherwise have had if this policy had not been implemented.

It is important to note that the increase in the amount of income taken into account shall only be based on disposable income so essential DRE expenses shall not be counted. This impact will be implemented fairly across all eligible customer groups (if agreed) based on a re assessment of an individual’s financial assessment to ensure that individuals are claiming all available benefits and are contributing the right amount for their care and support needs.

Commissioners have worked with senior operational managers to consider how this change (if adopted) would impact on customer’s wellbeing and subsequently have developed an individual letter that will be sent directly to every customer who will be affected if this change comes into effect. Commissioners will also work directly with key voluntary sector organisations regarding making best use of existing support networks which will mitigate the impact on vulnerable customers by ensuring they have access to high quality information and advice and help regarding effective money management and community support organisations.
C- Consultation Data

This section will be updated once the consultation exercise is completed and will detail the responses from communities, individuals and stakeholders. The section will detail how comments were considered and if comments led to changes in the proposed policy. If comments are not adopted reasons will be provided as to why particular comments did not lead to changes in the policy.

If the comments lead to significant changes to the draft policy cabinet will be consulted and asked to make a decision before the policy is adopted.

This section will include

- Key messages from the consultation
- Key messages from customers directly affected by the proposal
- Actions taken as a result of the consultation
- Key messages from Stakeholders

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

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

As a result of this analysis it is clear a robust period of consultation is required to fully assess the potential impact these proposals will have on customers. The consultation process will be used to gather people’s views on the policies which will be considered before the proposals are submitted to cabinet for a decision. This section of the document details some of the key actions that will be taken to fully assess the impact of the proposed changes and to ensure that people living in Wiltshire have the opportunity to have their say.

Actions

<table>
<thead>
<tr>
<th>Action detail</th>
<th>By When</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter to all impacted customers setting out specific increase if policy adopted.</td>
<td>January 2016</td>
<td>Adult Care Commissioning</td>
</tr>
<tr>
<td>Cabinet Paper requesting delegated authority to proceed</td>
<td>January 2016</td>
<td>Adult Care Commissioning</td>
</tr>
<tr>
<td>Questionnaire online and in paper format available to the public</td>
<td>January 2016</td>
<td>Commissioning team and corporate support office</td>
</tr>
<tr>
<td>VCS pre consultation workshop to identify available support networks</td>
<td>August 17th 2015</td>
<td>Adult Care Commissioning</td>
</tr>
<tr>
<td>Second VCS pre consultation workshop to discuss proposed documentation</td>
<td>September 4&lt;sup&gt;th&lt;/sup&gt; 2015</td>
<td>Adult Care Commissioning</td>
</tr>
<tr>
<td>Revised documents to be ‘tested’ with customers to assess accessibility and impact</td>
<td>September 2015</td>
<td>VCS stakeholders</td>
</tr>
<tr>
<td>Healthwatch to facilitate a targeted engagement plan for consultation with key stakeholder groups.</td>
<td>February 2016</td>
<td>Adult Care Commissioning</td>
</tr>
<tr>
<td>Stakeholder meeting with key partners to continue discussions initiated on the 17&lt;sup&gt;th&lt;/sup&gt; of August and to agree a set of ‘key changes document’ that will be used to supplement the consultation phase.</td>
<td>September 2015</td>
<td>Adult Care Commissioning</td>
</tr>
<tr>
<td>Equality impact assessment updated based on consultation</td>
<td>March 2016</td>
<td>Adult Care Commissioning</td>
</tr>
</tbody>
</table>

Impacts on protected groups

<table>
<thead>
<tr>
<th>Protected Characteristics</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>A high percentage of customers who pay for care and support are older people (65 or older) Reducing disposable incomes on this group can have a large impact as few older people work in paid employment and a reduction in disposable income may lead to people not being able to afford activities and items that will have an adverse impact on wellbeing.</td>
</tr>
<tr>
<td>Disability</td>
<td>Many customers with eligible social care needs will have a diagnosed disability or will consider themselves to be disabled. This change will increase the amount disabled customers who receives funded care and support services will have to contribute towards care and support services. As with older people this group often has low disposable incomes and reducing this income may have a negative impact on wellbeing.</td>
</tr>
<tr>
<td>Gender Reassignment</td>
<td>No additional Impact</td>
</tr>
<tr>
<td>Marriage and civil partnership</td>
<td>No additional Impact</td>
</tr>
<tr>
<td>Pregnancy and Maternity</td>
<td>No additional Impact</td>
</tr>
<tr>
<td>Sex</td>
<td>No additional Impact</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>No additional Impact</td>
</tr>
<tr>
<td>Other</td>
<td>Other groups that are likely to be effected by the proposed changes include carers who will be included in any pre consultation engagement to understand any specific impacts and to</td>
</tr>
</tbody>
</table>
This will ensure that everyone regardless of any protected characteristic contributes fairly for the social care services that they receive.

As a result of the consultation exercise the Council will be able to establish the groups that are likely to be impacted on if this policy is adopted. It may become clear that certain subgroups within cohorts of protected characteristic groups including older people or people with a disability will be particularly impacted upon by individual elements of the change. If impacts are identified targeted actions will be taken to ensure these groups are given every opportunity to comment on the proposed changes and these comments will be taken into consideration when making recommendations to cabinet.

The proposals included within the policy have the potential to impact upon large numbers of customers who receive care and support, their carers and those who may need care in the future. Subsequently the initial consultation will be broad and will comprise a combination of consultation aimed at specific groups as well as the general population. General consultation will include a questionnaire that will be available through the Council's website and in paper format if requested. A range of service providers, organisations and key stakeholders will be informed as to the details of the consultation so that they are given every opportunity to comment and are able to facilitate awareness raising amongst people who may be interested in getting involved.

An engagement workshop was held with key voluntary sector (VCS) and user led organisations (ULOs) with the objective of utilizing existing support networks and working with the Council to establish if any other support opportunities are required. These organisations will be kept fully informed of progress in relation to the policies including but not limited to informing stakeholders when the consultation is publicly available so that they can work with their members to encourage people to share their views.

Subsequently a further session was held with key partners. This session generated a range of feedback about the proposed consultation documents. Based on this session further drafts of the documents and questions were produced and provided in draft format to key organisations so that they could be ‘trialed’ with target customer groups. This will allow commissioners to establish if the documents are accessible to customers and ensure the impact of the policies is robustly assessed through the consultation phase.

The proposed changes will inform commissioning strategy and actions but do not have direct procurement implications at this stage.

In summary this assessment has concluded that if this policy is adopted it will impact upon groups within Wiltshire Community. Mitigating actions have been put in place which will reduce the impact of this proposed change on customers. These mitigating actions will be refined based on feedback from the affected groups and the decision by cabinet to implement all or aspects of the proposed policy.
*Section 5 – How will the outcomes from this equality analysis be monitored, reviewed and communicated?*

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

The specialist lead for personalization, carers and the Care Act will be accountable for the development of these policies ensuring any changes are included in future commissioning activity. Wiltshire Council engages regularly with user led organisations which represent customers from across the groups who are most likely to require care and support. During ongoing engagement officers will monitor the impact of any changes that are taken forward. Bespoke and targeted monitoring may be required based on customers response to the consultation and will be added to this equality impact assessment.

In order to specifically monitor the impact of the financial changes Customers will receive a financial review and if they request it a care and support review before any change takes place. This will ensure that nobody pays more than they can afford in accordance with any changes agreed in the proposal. Customers directly affected will be able to speak through how the change will affect them on an individual basis with a finance and benefits officer who will be able to offer expert advice amount maximizing income and ensuring people only contribute what they can afford.

The feedback collected will be used to consider changes to the polices any feedback that is considered but not adopted shall be made available to members on request and if the proposal is submitted for further cabinet consideration. Stakeholders will be informed about what has been considered and changed based on the consultation process so that the Council can work with key partners to ensure there are adequate support provisions.

VCS partners who have been involved in the development of consultation documents and have facilitated the engagement process will be asked to continue to monitor the impact of any changes. It is proposed the dialogue maintained throughout this process is continued after the consultation period so as to establish the impact of any changes on customers. This information will then be used to ensure existing support networks are mobilized to support customers who may have been impacted by any policy changes.

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

(for more information on protected characteristics, see page 7)

<table>
<thead>
<tr>
<th>Identified issue drawn from your conclusions (only use those characteristics that are relevant)</th>
<th>Actions needed – can you mitigate the impacts? If you can how will you mitigate the impacts?</th>
<th>Who is responsible for the actions?</th>
<th>When will the action be completed?</th>
<th>How will it be monitored?</th>
<th>What is the expected outcome from the action?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>A large number of people who receive social care and support are older people; subsequently large numbers of older people living in Wiltshire may be affected by the proposed changes.</td>
<td>A program of engagement with key stakeholders and user led organisations will be completed during the consultation. This will ensure that the maximum numbers of older people possible are supported to engage with the consultation and have their say. The views collected will be considered when making final proposals to cabinet.</td>
<td>Andrew Osborn</td>
<td>February 2016</td>
<td>Number of consultation responses, level of engagement during pre consultation and engagement phase.</td>
</tr>
<tr>
<td></td>
<td>It is clear large numbers of customers will be affected by the proposed policy changes. This includes people who are not currently in receipt of care services.</td>
<td>Broad public consultation process aimed at understanding people’s views on the policies and specifically focused on how the changes if agreed will impact on customers now and in the future</td>
<td>Andrew Osborn</td>
<td>February 2016</td>
<td>Number of consultation responses, level of engagement during pre consultation and engagement phase.</td>
</tr>
</tbody>
</table>
The analysis has made it clear that in addition to older people young people with a disability may also be impacted on by these proposed changes. Groups which represent users from a range of age groups and disability groups will be involved in the consultation process in advance of the public consultation phase. Healthwatch Wiltshire will work with users from a range of backgrounds so as to help people understand the changes and engage with the consultation process.

<table>
<thead>
<tr>
<th>Disability</th>
<th>As above</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender Reassignment</td>
<td>As above</td>
<td></td>
</tr>
<tr>
<td>Marriage and Civil Partnership</td>
<td>As above</td>
<td></td>
</tr>
<tr>
<td>Pregnancy and Maternity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race (including ethnicity or national origin, color, nationality and Gypsies and Travellers)</td>
<td>The analysis above has identified that while the demographic profile of customers who will be affected is predominantly white British there are a number of other ethnic groups who may be affected by the change. All documents will include clear statements setting out that they are available in alternative formats at a customer’s request.</td>
<td>Andrew Osborn</td>
</tr>
<tr>
<td>Religion and Belief</td>
<td>As above</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>As above</td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (including caring responsibilities, rurality, low income, Military Status etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carers and the people they care for are likely to be affected by the proposed changes.</td>
<td>Carers support organisations will be actively involved in the consultation process so as to ensure carer’s views are collated.</td>
<td>Andrew Osborn</td>
</tr>
<tr>
<td>Carers support organisations will be actively involved in the consultation process so as to ensure carer’s views are collated.</td>
<td>FAQ to be added to the care act intranet page and message to be distributed via operational senior management.</td>
<td>Andrew Osborn</td>
</tr>
</tbody>
</table>

Version 1: April 2014
## Appendix one

### Proposed DRE list

<table>
<thead>
<tr>
<th>Expense</th>
<th>Maximum weekly allowance</th>
<th>Evidence Required</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal care arranged privately</td>
<td>£0</td>
<td>Personal care costs to meet eligible needs form part of a personal budget, so are not included in the DRE list. Cost to meet needs not considered eligible are also excluded</td>
<td>Included on list only to make clear that we do not disregard costs on this area</td>
</tr>
<tr>
<td>Domestic help</td>
<td>Actual Cost up to 2 hours</td>
<td>No change to current policy – split per household if appropriate</td>
<td>Only included if in support of an assessed eligible need and replaces need for funded support</td>
</tr>
<tr>
<td>Day or night care that is part of supported living accommodation</td>
<td>Actual Cost up to £25.00 per week</td>
<td>Evidence that the requirement for day or night care support, included in the costs of supported living accommodation, is required to address eligible needs</td>
<td></td>
</tr>
<tr>
<td>Specialist Items</td>
<td>N/A</td>
<td>Evidence of Purchase</td>
<td>Items of specialist equipment are listed below, but if agreed other items can be considered</td>
</tr>
<tr>
<td>a) Bed (Powered)</td>
<td>£4.20</td>
<td>Evidence of Purchase</td>
<td></td>
</tr>
<tr>
<td>b) Turning Bed</td>
<td>£7.20</td>
<td>Evidence of</td>
<td></td>
</tr>
<tr>
<td>Item</td>
<td>Cost</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>-------</td>
<td>-----------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>c) Hoist</td>
<td>£2.88</td>
<td>Evidence of Purchase</td>
<td></td>
</tr>
<tr>
<td>d) Reclining chair (powered)</td>
<td>£3.30</td>
<td>Evidence of Purchase</td>
<td></td>
</tr>
<tr>
<td>e) Stair lift</td>
<td>£5.88</td>
<td>Evidence of Purchase</td>
<td></td>
</tr>
<tr>
<td>f) Wheelchair (Manual)</td>
<td>£3.75</td>
<td>Evidence of Purchase</td>
<td></td>
</tr>
<tr>
<td>g) Wheelchair (powered)</td>
<td>£9.12</td>
<td>Evidence of Purchase</td>
<td></td>
</tr>
<tr>
<td>Community Alarm system/lifeline</td>
<td>£4.20</td>
<td>Social worker confirms requirement as part of care plan, supported Care is reduced accordingly</td>
<td></td>
</tr>
<tr>
<td>Laundry/ Specialist washing powder</td>
<td>£3.65</td>
<td>Care plan will have identified incontinence problem. Identify more than four loads per week</td>
<td></td>
</tr>
<tr>
<td>Gardening</td>
<td>Actual cost up to £10.00 per household</td>
<td>Signed receipts for at least four weeks.</td>
<td></td>
</tr>
<tr>
<td>Additional household costs related to provision of personal care</td>
<td>Actual costs up to £3.00 per week</td>
<td>Evidence of Purchase</td>
<td>Reasonable household expenses related to additional costs incurred due support being provided due to a person's disability, illness</td>
</tr>
<tr>
<td>Heating- extra heating for medical reasons- check average costs against heating bills</td>
<td>£9.10</td>
<td>Annual fuel bills</td>
<td></td>
</tr>
<tr>
<td>Description</td>
<td>Actual Cost</td>
<td>Supporting Evidence</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>------------------------------------------</td>
<td>------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food or special diet for medical reasons e.g. diabetic</td>
<td>Actual cost up to £8.39</td>
<td>Shopping receipts</td>
<td></td>
</tr>
<tr>
<td>Home Maintenance</td>
<td>Up to £5.49</td>
<td>Receipts from contractors</td>
<td></td>
</tr>
<tr>
<td>Additional transport costs necessitated by illness or disability</td>
<td>Reasonable cost</td>
<td>Travel Receipts</td>
<td></td>
</tr>
<tr>
<td>Clothing( Heavy wear and tear)</td>
<td>Up to £5.60 per week</td>
<td>Receipt of purchase</td>
<td></td>
</tr>
<tr>
<td>Metered Water- above the average for their area and house type</td>
<td>Actual cost above local average</td>
<td>One years' worth of bills from provider and related to eligible need</td>
<td></td>
</tr>
<tr>
<td>Internet Access</td>
<td>Actual weekly cost</td>
<td>Bills from provider, but only included if supporting well-being and eligible outcomes</td>
<td></td>
</tr>
<tr>
<td>Court of protection feel( In House)</td>
<td>£5.00 for appointee ship £15.00 for deputyship</td>
<td>In house service only included if eligible needs identify a requirement for this support</td>
<td></td>
</tr>
<tr>
<td>War Pension</td>
<td>This is a benefit paid by Department for Work and Pensions</td>
<td>Customers must have an entitlement prior to 2005. Verification required from Department for Work and Pensions</td>
<td></td>
</tr>
</tbody>
</table>

**Appendix two**

**Summary of changes**

**Policy change**
1. Charging

These documents set out clearly what the proposed policies will change if they come into effect. The document should be read with the full policies which provide further detail about how these proposals will work in practice.

It is important to note that these policies are proposals only at this stage and no changes will be made until after the consultation process has been completed, feedback has been considered and cabinet have made a decision.

1. Charging Policy

<table>
<thead>
<tr>
<th>Key Proposal</th>
<th>How (if at all) is this different</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Assessments will be completed to determine contributions after an individual’s eligible care and support needs have been assessed.</td>
<td>No Change</td>
</tr>
<tr>
<td>Care services will not be charged for</td>
<td>No Change</td>
</tr>
<tr>
<td>The Council will not charge for any services it is not permitted to charge for under the Care Act or other relevant legislation.</td>
<td>No Change</td>
</tr>
<tr>
<td>The Council will ensure it widely publishes information about how contributions are calculated and will keep this information updated as required.</td>
<td>No Change</td>
</tr>
<tr>
<td>Customers who have eligible needs will be given an indicative budget before the support planning process is completed.</td>
<td>Customers were previously not made aware of the likely cost of their support plans.</td>
</tr>
<tr>
<td>The Council will determine if an individual will need to make a contribution towards care services based on the threshold set nationally.</td>
<td>No Change</td>
</tr>
<tr>
<td>The Council will take into account one hundred percent of a customer’s income when establishing contributions for customers whose eligible needs are met in a care home setting.</td>
<td>No Change</td>
</tr>
<tr>
<td>The Council will apply a standard charge for customers going into residential care for a short period (up to eight weeks)</td>
<td>No Change</td>
</tr>
<tr>
<td>The Council will charge customers an arrangement</td>
<td></td>
</tr>
</tbody>
</table>
This service will be available to customers who have eligible needs and require care at home services but have assets above the maximum threshold.

<table>
<thead>
<tr>
<th>Deferred payments shall be offered in accordance with the deferred payment policy. Deferred payments will incur an administration fee, interest fees and valuation fees.</th>
<th>No interest, administration or valuation fee is charged.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Council will take into account all capital and income when calculating contributions for customers who receive care at home services.</td>
<td>Currently only 80% of a customer’s disposable income is taken into account when calculating contributions for customers who live at home.</td>
</tr>
<tr>
<td>The Council will continue to allow a range of disability related expenses (DRE) as essential expenditure. This expenditure will not be counted as part of your disposable income.</td>
<td>The list has been revised and is attached below- the following items represent significant changes.</td>
</tr>
<tr>
<td>Attendance allowance- the amount taken into account will be the amount received</td>
<td>Previously only the lower rate of attendance allowance was taken into account even if the higher rate was received.</td>
</tr>
<tr>
<td>Expenditure on continence products has been removed as a disability related expense</td>
<td>Previously included</td>
</tr>
</tbody>
</table>
Engagement to support the consultation on Wiltshire Council’s Adult Social Care (ASC) policies

1. Background

Wiltshire Council is proposing to make changes to three of its ASC policies:
- Statement of policy on Adult social care and support
- Prevention policy
- Charging policy (‘determining contributions to personal budgets’)

Wiltshire Council has said that the decisions to update the policies ‘... Have been made based on the requirement to make the best use of available resources, to ensure compliance with national legislation and so as to ensure there is clarity for customers and officers who may be effected by care and support services.’

The Council intends to consult on the revised policies through a period of formal consultation which will run from xxxx to xxxx.

A ‘pre-consultation’ workshops was held with a number of voluntary sector organisations on 17 August 2015. The purpose was ‘to work with key partners from the voluntary sector and user led organisations to discuss proposed changes to policy and identify how we can work together to ensure existing support networks are available to people who may be affected by the changes’.

Feedback from participants included:
- Provide clear and accessible information to support the consultation
- Promote the consultation widely
- Create opportunities for people to share their views
- Explain clearly what is different about the revised policies and the implications of the changes on a Wiltshire-wide and individual basis
- The importance of ensuring that organisations which provide a service (voluntary or otherwise) are kept well informed about the consultation so that they can respond appropriately to any questions or concerns.

A second ‘pre-consultation’ workshop is arranged for 4 September 2017 at which a draft Equality Impact Assessment will be discussed. This draft engagement plan will also be discussed.

2. Healthwatch Wiltshire’s (HWW) role

---

4 Equality Impact Assessment, Wiltshire Council
5 Taken from agenda for meeting
HWW is an independent organisation which has a statutory role in speaking up for local people on health and social care issues. HWW is committed to making sure that local people have the information they need to form a view on any proposed changes to health or social care. HWW is also committed to making sure that people have the opportunity to have their say. HWW does not have a corporate view on the proposed changes to the ASC policies. HWW’s role, in respect to the consultation, is to:

- Make suggestions about the process to ensure it represents good practice
- Promote the consultation to local people
- Facilitate opportunities for local people to have their say on the proposed changes
- Reflect what people say to HWW (about the consultation) to Wiltshire Council

Wiltshire Council will maintain overall responsibility for the consultation and for the final decision making process.

3. Desired outcome

The desired outcome is that as many people as possible have the opportunity to have their say during the consultation and that Wiltshire Council takes into account what people say when it formulates the final policies.

The effectiveness of the consultation depends on:

- The availability of good quality accessible information.
- Appropriate time for people to give their views (minimum of 12 weeks taking into account any holiday periods)
- The consultation questions must be carefully designed so as not to introduce any bias

HWW expects Wiltshire Council to take responsibility for delivering the elements described above. However, HWW hopes that Wiltshire Council will consult with it (and other voluntary sector partners) on them.

4. Approach

It is important that current and future users of adult social care services have the opportunity to have their say. On this basis it is proposed that HWW convenes and facilitates a number of meetings which are open to the wider public as well as current service users (say 4-6 meetings held in different parts of Wiltshire). Wiltshire Council will need to send an appropriate representative to explain the policies and answer any questions. HWW will facilitate the discussions and record what people say so that this can be reflected in its final report.

Local voluntary sector organisations and user led organisations may want to give their members or service users the opportunity to have their say. These organisations may want to coordinate their own engagement opportunities and make their own responses to the Council on the consultation. However, if a local organisation would like HWW to facilitate a separate opportunity for its members or service users then HWW will do its best to accommodate this.

HWW will, through its regular scheduled engagement, ask people to answer the consultation questions.

The draft Equality Impact Assessment identifies current adult social care customers and their primary support need as well as age (18-64 and over 65s). Current ASC

6 HWW has full editorial and publishing rights for the reports it prepares. Its reports are based on what local people say about their experiences of, and views about, health and care in Wiltshire. All reports are in the public domain.
customers can be reached as they are known to Wiltshire Council. The Council is proposing to write to these customers. It is important that the letters are easy to understand and that people have the option to speak to someone directly if they have questions and that they are advised about how they can share their views. It is important that people who are typically harder to reach have the chance to be informed about the consultation and to have their say. People who are often harder to reach include:

- People who provide unpaid care to family members or friends
- People who fund their own care and support
- People who do not use social care services
- Working people
- Black and minority ethnic people

HWW will promote the consultation through its usual communication channels. There will be a need for Wiltshire Council, and other organisations, to consider how it will promote the consultation.

5. Timeframe

To be completed and dependent on Council’s formal consultation ‘window’
**Calculating the Equalities Risk Score**

You will need to calculate a risk score twice:

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

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

**Stage 1 - to get the inherent risk rating:**

1. Use the [Equalities Risk Criteria Table](#) below and score each criteria on a scale of 1 - 4 for the impact and their likelihood of occurrence. Multiply these 2 scores together (Likelihood x Impact) to get an overall score (this will range from 1 – 16)
2. Consider the scores and if any one aspect scores a 4 then this is likely to outweigh all others. On this basis determine the appropriate score for the risk. (Do not average scores since this will almost always produce a low – average scored risk)
3. Assess whether you need to carry out an EA using the guidance box below (stage 2)
4. If an EA is needed (i.e. your score is above 3) make a note of your inherent score using the red, amber, green color rating on the [first page](#) of the EA template

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

If your inherent risk score is:

- **12 – 16 or Red** = High Risk. **An Equality Analysis must be completed.** Significant risks which have to be actively managed; reduce the likelihood and/or impact through control measures.
- **6 – 9 or Amber** = Medium Risk. **An Equality Analysis must be completed.** Manageable risks, controls to be put in place; managers should consider the cost of implementing controls against the benefit in the reduction of risk exposure.
- **3 – 4 or Green** = Low Risk. **An Equality Analysis must be completed**
- **1 – 2 or Green** = Low Risk. **An Equality Analysis does not have to be completed**
Stage 3 - to get the residual risk rating:

1. Repeat the process above when mitigating actions have been identified and evidenced in the table on page 3 to calculate the residual risk.
2. Make a note of the residual risk score using the red, amber, green colour rating on the first page of the EA template.
## Equalities Risk Criteria Table

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

Equalities Risk Matrix

<table>
<thead>
<tr>
<th>Likelihood of occurrence</th>
<th>Acceptable</th>
<th>Actively managed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Unlikely (1)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Unlikely (2)</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Likely (3)</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Very Likely (4)</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Low (1)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Moderate (2)</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Significant (3)</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Critical (4)</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>

- Significant Risk
- Moderate Risk
- Low Risk
- Very Low Risk
The protected characteristics:

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

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

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

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

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

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

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

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

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

You are also protected if you are discriminated against because you are perceived to have, or are associated with someone who has, a protected characteristic. For example, the Equality Act will protect people who are caring for a disabled child or relative. They will be protected by virtue of their association to that person (e.g. if the Carer is refused a service because of the person they are caring for, this would amount to discrimination by association and they would be protected under the Equality Act)
Wiltshire Council
Health and Wellbeing Board
14 April 2016

Subject: Mental Health and Wellbeing Strategy and Implementation Plan Update

Executive Summary
This report updates Board members on progress on the Mental Health and Wellbeing Strategy Implementation Plan and provides the summary document for review.

Proposal(s)
It is recommended that the Board:
   i) Review the summary implementation plan and approve its publication to sit alongside the Mental Health and Wellbeing Strategy which has already been published.
   ii) Agree that the Mental Health and Wellbeing Partnership Board will monitor progress against the implementation plan and approve developments and additions to deliver on the outcomes between now and 2021, reporting into the Board annually on progress.

Reason for Proposal
To update the Board on the progress with the implementation plan and to gain agreement that future updates can be developed and approved by the Mental Health and Wellbeing Partnership Board.

Deborah Fielding          Maggie Rae
Chief Officer                  Corporate Director
Wiltshire CCG                Wiltshire Council
Purpose of Report

1. This report updates Board members on progress against the Mental Health and Wellbeing Strategy Implementation Plan and provides the current document for review. The strategy (Appendix 1) provides the strategic direction for Wiltshire Council and NHS Wiltshire Clinical Commissioning Group (CCG) in promoting mental health and wellbeing and supporting people with mental health problems and their carers over the next 7 years. The summary Implementation Plan (Appendix 2) gives an overview of the priority actions as well as identifying strategic measures and targets.

2. The report additionally updates members on progress with the establishment of a Partnership Board to monitor progress against the aims of the strategy.

Background

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

4. The aim of the strategy is to create environments and communities that will keep people well across their lifetime, achieving and sustaining good mental health and wellbeing for all. It is a high level vision document designed to enable development of commissioning and implementation plans which will address the key priority areas and which contribute to achievement of the strategy’s overall aim.

5. Following development of the strategy, the Mental Health Joint Commissioning Board developed an implementation plan to deliver on the outcomes as well as a Joint Commissioning Intentions statement to outline the services to be commissioned during 2015/16 (this is currently being updated for 2016/17). The implementation plan identified the key actions over the first 2 years of the strategy, some of which are already in progress. This plan is designed to evolve during the life of the strategy to reflect changes in need and priority and therefore it will be subject to change as required.
6. The Strategy, Commissioning Intentions Statement and a draft implementation plan were considered by Cabinet, CCG Exec and Governing Body and the Health and Wellbeing Board in May and June 2015. Approval was given for the Strategy to be published and for a Partnership Board to be established to oversee progress against the Strategy. It was requested that the action plan be further developed and returned to a future meeting of both Wiltshire Council Cabinet and the Health and Wellbeing Board for further consideration.

Main Considerations

7. Since approval of the strategy, a multi-agency partnership board has been established to drive and monitor progress against the implementation plan and the impact this is having on the achievement of the strategy aims overall.

8. This Board met for the first time on 14th December 2015. This meeting consisted of a core group of members and considered proposed terms of reference for the group including future membership for the group, and the structure to enable service user and carer engagement. The terms of reference will be agreed electronically prior to the next meeting in April when a proposal for service user engagement will be tabled. An extended list of partners to be included on the Board was also agreed.

9. The membership of the meeting also reviewed the implementation plan to:
   • assess progress against those actions which are already underway
   • consider outcomes measures and milestones which will be monitored regularly to understand whether our actions are having the intended impact.
   • prioritise actions that have not yet commenced and agree timelines for these.

10. A summary document has been produced to capture the outcomes, priority action and lead authority and this is attached at Appendix 2.

11. This summary implementation plan was approved for publication to sit alongside the Strategy by Wiltshire Council Cabinet on 15th March 2016 and will also be considered by CCG Executive and Governing Body during April/May.

12. Cabinet additionally agreed that the Mental Health and Wellbeing Partnership Board will monitor progress against the implementation plan and approve developments and additions to deliver on the outcomes between now and 2021, reporting into the Health and Wellbeing Board annually on progress.

Next Steps

13. It is recommended that the Board:
   • Review the summary implementation plan and approve its publication to sit alongside the Mental Health and Wellbeing Strategy which has already been published.
• Agree that the Mental Health and Wellbeing Partnership Board will monitor progress against the implementation plan and approve developments and additions to deliver on the outcomes between now and 2021, reporting into the Board annually on progress.

14. It is suggested that a first report on progress is presented to the September meeting of the Health and Wellbeing Board.

Deborah Fielding          Maggie Rae
Chief Officer              Corporate Director
Wiltshire CCG              Wiltshire Council

Report Authors: Frances Chinemana
                        Ted Wilson
                        Associate Director, Public Health
                        Group Director (NEW)
                        Wiltshire Council
                        Wiltshire CCG

Appendices:

Appendix 1 Mental Health and Wellbeing Strategy
Appendix 2 Delivering the Mental Health and Wellbeing Strategy (summary implementation plan)
Welcome to the Wiltshire Mental Health and Wellbeing Strategy 2014 - 2021. Here we set out our ambition over the next seven years to improve the mental health and emotional wellbeing of Wiltshire residents and meet the aims of the national mental health strategy.

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

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

Maggie Rae
Corporate Director, Wiltshire Council

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

Sheila Parker
Portfolio Holder, Learning Disability and Mental Health

Deborah Fielding
Chief Accountable Officer Wiltshire CCG

Celia Grummitt
GP Mental Health Lead

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

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

Richard Hook
GP Mental Health Lead

Introduction

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

Our aim for Wiltshire is to create environments and communities that will keep people well across their lifetime, achieving and sustaining good mental health and wellbeing for all. We will do this through six areas of activity (numbering is for ease of reference and does not indicate order of priority):

1. Prevention and early intervention
2. Promoting emotional wellbeing and improving understanding about mental ill health
3. Personalised recovery based services
4. Effective and efficient use of resources
5. Closer engagement with service users, families and carers in the development of services
6. Integrated working between statutory services with wider community and voluntary sector involvement.

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

This strategy is primarily concerned with tackling mental ill health and promoting wellbeing in adults. Separate strategies exist or are being developed that are interdependent with the Mental Health and Wellbeing strategy including the Dementia Strategy and the Children and Young People’s Emotional Wellbeing and Mental Health Strategy. These and other strategies have been considered during the development of the Mental Health Strategy to ensure consistency (a list of the strategies which link most closely is included in the section on page 13). It will be essential to ensure that these links are further explored during the development of commissioning and delivery plans for the strategy in order to maintain the focus on good Mental Health and Wellbeing across the whole life cycle and a whole person approach. Of particular importance is the approach to transitional care to ensure that our systems enable the individual to continue to have the best possible outcomes regardless of the stage they are at in their life cycle.
Outcomes - How will the strategy improve things for people?

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

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

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

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

Key messages for the strategy from service users were:

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

Key messages for the strategy from professionals were:

- Early access, not a threshold that one has to reach a crisis and ease of access countywide.
- Continuity across the system and a holistic approach to include things like housing, employment, finances, wide ranging interventions e.g. wildlife, LIFT, art, pets, farm.
- Crisis does not occur only in office hours, people should be able to access the information or assistance they need regardless of when it is needed.
- Better joining up – intra-service, across services, across ages.
- Gaps in service provision e.g. PTSD, autism, dual diagnosis, alcohol and drugs, veterans, personality disorder, parenting.
- Community education and reducing the stigma. Prevention, promotion and the community including primary care, improving social capital.
- Community care where appropriate.
- Improved, accessible signposting of services available/where to go for help.
- Service user centred, service user choice, service user involvement.
- Develop peer support and carer support.
- Accommodation.
- Transport.
- Use of IT effectively.
What do we mean by mental health and wellbeing?

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

The World Health Organisation defines mental health as:

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

Needs Assessment Summary

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

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

Mental ill-health

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

The Wiltshire Joint Strategic Assessment (JSA) provides information on the current and future health and wellbeing needs of people in Wiltshire. The current JSNA can be found here: www.intelligencenetwork.org.uk/joint-strategic-assessment

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

Some specific areas for consideration are additionally highlighted:

- Serious mental illness; psychosis and affective psychosis: Psychoses can be serious and debilitating conditions, associated with high rates of suicide. The Quality Outcome Framework 2010/11 mental health register which includes people with schizophrenia, bipolar affective disorder and other psychoses included 3,090 people in Wiltshire (0.7% of registered population).

- Suicide rates in the South West rose by 24% between 2007 and 2009. In England overall there was a rise of 10% over the same period. Between 2006 and 2009, there were 205 deaths in Wiltshire that were given a verdict of suicide or injury undetermined.

- Between 2002 and 2009 the South West saw a rise of 73% admission for self-harm, particularly in women aged 15-24, against a national rise of 49% over the same period. Wiltshire has a statistically significantly higher directly standardised rate for emergency hospital admissions for self-harm compared to England. ‘Self-harm’ includes a range of behaviours including self-cutting and poisoning. Self-harm is often thought to be a way of managing distress and involves differing degrees of risk to life and suicidal intent.

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

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

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

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

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

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

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

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

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

- strengthening social capital with our local partners and organisations, optimising the opportunities offered by community campuses, area boards and other community resources such as voluntary and support groups. We will utilise community facilities where appropriate.
- enhanced seven day primary care and community based solutions with improved multidisciplinary services wrapped around general practice reducing reliance on acute care. We will optimise the opportunities offered by the development of integrated community teams.
- a simple point of access for health and social care and for these multidisciplinary teams to share data and information with increasing use of shared technology to avoid duplication in assessments.
- encouraging personal responsibility.
- addressing the wider determinants of poor mental health and wellbeing especially in vulnerable individuals, groups and communities.
What difference have we made so far?

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

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

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

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

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

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

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

Residential care placements are purchased from a variety of providers, and provide accommodation with care and support for the most vulnerable service users, many of whom have long term and enduring mental health issues. Except in a few cases it is always our intention to enable people to move onto less supported options and living independently in the community.

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

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

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

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

There is a growing body of evidence about the things that can help maintain or improve mental wellbeing. The benefits of nature and access to the environment, arts and culture, physical exercise, continued learning and contact with other people are recognised as contributing factors to our emotional wellbeing and to assisting in recovery from mental ill health. We will work with partners and communities to provide or signpost to a range of ‘social prescribing’ options utilising our local assets (parks and green spaces, theatres and museums, libraries etc) and resources (volunteers, organisations).

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

In order to deliver on our aim for Wiltshire, we will focus on some key areas for development. These priorities have been informed by the outcomes of the stakeholder and service user focus groups, local and national policy development and the evidence of need in the Joint Strategic Needs Assessment.

The Five Ways to Wellbeing are a set of evidence-based actions which promote people’s wellbeing.

- **Connect** - Social relationships are really important for your wellbeing and people who take time to connect with other people have a buffer against mental ill health
- **Be Active** - Regular physical activity at any level is known to be connected to lower levels of anxiety and depression
- **Take Notice** - taking notice of the things around you at this moment can increase self-awareness and help you to focus on the things that are important in your life.
- **Keep Learning** - Continued learning through life improves self-esteem, encourages social interaction and a more active life
- **Give** - People who have a greater propensity towards helping others are more likely to report themselves as being ‘happy’

1. **Prevention and early intervention**
   - Ongoing support and education in acquiring life skills such as parenting, employment, aspiration, self-direction, participation, engagement and healthy lifestyle choices around eating, exercising and smoking.
   - Recognise and innovate around known rising triggers to poor mental health, especially loneliness, unemployment, boredom, alcohol and drug use and self-harm.
   - Create better signposting to resources and education that promote and support mental health and wellbeing, including volunteering, leisure and physical activity opportunities. This will include an information and advice portal currently being commissioned.
   - Improve pathways for expectant and new mothers.
   - Further develop the evidence base around mental health in Wiltshire to improve our understanding and inform service development (for example to gain a better understanding of excess mortality for people aged under 65 with psychosis).

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

3. **Personalised recovery based services**
   - Jointly commission a range of flexible services to enable patients to create their personalised recovery plan.
   - Educate service users to understand their own health issues and aid themselves in a journey of health and wellbeing.
   - Explore the provision of increasingly diverse prevention, support, education and treatment pathways to maximise inclusivity for every type of mental health disorder (Wellbeing College).
   - Ensure that clinical pathways are robust and support patients in transition between care.
4. Effective and efficient use of resources

- Multi-Agency working, training and care between mental health, emergency, prison and probation services.
- Review mental health provision in the out of hours period to ensure that people can access to the right type of care or advice whenever the need.
- Continue to work closely with our partners to ensure that care at times of crisis is appropriate and that the government Crisis Care Concordat (Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis) is implemented as appropriate across the county.
- Design and deliver mental health and wellbeing within the county through Joint Commissioning.
- Ensure that there is a fit for purpose protocol and process in place to enable continued healthcare placements and aftercare packages following hospital discharge.

5. Closer engagement with service users, families and carers

- Undertake analysis of gaps in service for specific areas of need and explore options for further development of services where gaps exist. Areas might include: ADHD, personality disorder, provision of whole person services where a dual diagnosis exists, post-traumatic stress disorder, autism, veterans, perinatal/parent-child health, prison/probation mental health.
- Evaluate the ease of access and spread across the county of our services both acute and preventative, especially as many vulnerable individuals do not have independent transport, and respond accordingly.
- A commitment to assess and respond as appropriate to unexpected but significant new need and demand.
- Ensure user involvement and participation in development of services.

6. Integrated working between statutory services with wider community and voluntary sector involvement

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

Suicide and self-harm
Our primary objectives will be to:

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

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

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

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

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

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

We will work to help people recognise and deal with risks to themselves or others as confidentially as possible. We will listen to the safety concerns of service users and carers, families and communities.

We will ensure that our safeguarding arrangements are underpinned by:

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

What resources will we make available to deliver this strategy?

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

How will we know we have made a difference?

We will use a variety of quantitative and qualitative methods to assess the success of this Strategy, and these will focus on achieving positive outcomes for service users, patients and communities. This will include utilising established performance and outcomes frameworks and service user and patient feedback. Success will be regularly monitored through a multi-agency partnership board and the Mental Health Joint Commissioning Group with escalation via the Health and Wellbeing Board where appropriate.
References
The following documents have informed the development of this service specification:

- Wiltshire JSA for Health and Wellbeing 2012.
- National Service Framework for Mental Health, 1999 and 2002. Much progress has been made since then to transform the experience of many people affected by severe mental health problems.
- Liaison Psychiatry for every Acute Hospital: integrated mental and physical care. 2013. Royal College of Psychiatrists.
- No Health Without Mental Health: Delivering Better Mental Health for All Ages. 2011.
- Securing excellence in commissioning for the Armed Forces and their families 2013.
- NICE: Mental wellbeing and older people overview. 2013.
- NICE. Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services.
- Modernising Mental Health Services in Bristol.
- Behind Closed Doors, Acute Mental Health Care in the UK. The current state and future vision of acute mental health care in the UK, Rethink.
- Refocusing the Care Programme Approach. 2008.
- Time-to-Change: Inspiring people to work together to end the discrimination surrounding mental health.
- The Mental Health Capacity Act.
- Carers and Confidentiality in Mental Health 2004.
- DH. Mental Health Promotion and Mental Illness Prevention, the economic case. 2011.

Links will be made with the following strategies

- Wiltshire Dementia Strategy.
- Wiltshire Children and Young People’s Emotional Wellbeing and Mental Health Strategy.
- Wiltshire Suicide and Self Harm Prevention Strategy.
- Domestic Abuse Reduction Strategy.
- Alcohol Strategy.
- Older People’s Strategy (in development).
Appendix 1 - Future health and care model

Future health and care model

Mental Health

Managing ill-health

Establishing and sustaining wellness and independence

Maps to the following areas of activity in the Strategy

- Personalised recovery based services
- Effective and efficient use of resources
- Closer collaboration with services users, families, carers
- Integrated working between public services with wider community involvement
- Preventing and early intervention (POD) and safeguarding
- G. Deprivation of liberty - statutory responsibilities

Maps to the following areas of activity

Mental Health

Maps to the following areas of activity in the Strategy

- Integration of Mental Health with wider community involvement
- Integrated working between public services and family carers
- Closer collaboration with services users, families, carers
- Effective and efficient use of resources
- Personalised recovery based services
- Preventing and early intervention (POD) and safeguarding
## Appendix 2 - Current services commissioned in Wiltshire

This section outlines the current commissioned services for Adult Mental Health service users in Wiltshire. Commissioning is a way of planning, agreeing and monitoring services.

**Wiltshire Clinical Commissioning Group**

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

**Wiltshire Clinical Commissioning Group - continued**

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

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

### Community based services

<table>
<thead>
<tr>
<th>Vocational Services (DCS0153)</th>
<th>Richmond Fellowship</th>
<th>Yes</th>
<th>A countywide service to improve the confidence, training and skills of service users to achieve work ambitions.</th>
<th>Extension agreed to 31st March 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Service (DCS0381)</td>
<td>Alabare Include</td>
<td>Yes</td>
<td>Mental Health day services to improve mental wellbeing. The services support personal recovery, increasing social inclusion and support to access mainstream services.</td>
<td>This contract runs from 1st August to 31st July 2013. An 18 month extension to 31st March 2015 has been agreed.</td>
</tr>
<tr>
<td>Intensive Community Support Service (DCS0500)</td>
<td>Together</td>
<td>No</td>
<td>A service for adults that require support of a 3-24 month period before transitioning to less supported services.</td>
<td></td>
</tr>
<tr>
<td>Mental Health information and advice service (DCS0440)</td>
<td>Alabare Include</td>
<td>No</td>
<td>Management of a website and directory of resources, delivery of mental health first aid training and number of awareness events.</td>
<td>This contract runs from 1st August to 31st July 2013.</td>
</tr>
<tr>
<td>User engagement</td>
<td>WSUN – our time to talk</td>
<td>No</td>
<td>A service user group for people who use mental health services in Wiltshire.</td>
<td></td>
</tr>
</tbody>
</table>
### Appendix 2 - Current services commissioned in Wiltshire

#### Accommodation based services

<table>
<thead>
<tr>
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<th>Provider</th>
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<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supported Housing</td>
<td>Various providers (DCS01810 Rethink)</td>
<td>No</td>
<td>14 Supported Accommodation schemes spread across the county. All deliver a low level of housing related support to prepare people for independent living in the community.</td>
<td>Mental Health Supported Housing Review was completed in February 2013.</td>
</tr>
<tr>
<td>Residential/ Nursing Care for Adults of Working Age / Older People</td>
<td>Various providers</td>
<td>No</td>
<td>Many placements are spot purchased due to the complexity of needs AOWA Placements funded by Wiltshire Council are managed through a weekly panel. OA Placements are funded by locality panels to block contracted beds or spot purchased beds in complex cases</td>
<td>Accreditation Scheme - Eight providers have been accredited. The scheme has been developed to ensure quality standards and build relationships.</td>
</tr>
<tr>
<td>Care and support at home</td>
<td>Various providers</td>
<td>No</td>
<td>Some packages are spot purchased due to the complexity of needs. There are commissioned providers covering a geographic area in Wiltshire under the H2LaH scheme.</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix 2
### Current services commissioned in Wiltshire

<table>
<thead>
<tr>
<th>Service</th>
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<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAB Debt management Project</td>
<td>CAB</td>
<td></td>
<td>Since September 2011, Wiltshire Citizens Advice has provided a one day per week dedicated debt advice service for the service users of Red Gables in Trowbridge. The aim of the project was to improve the mental wellbeing of individuals and to help them to manage their financial affairs themselves.</td>
<td>For 2013/14, CAB will deliver the service across Wiltshire, taking referrals from AWP Recovery Teams.</td>
</tr>
<tr>
<td>Mental Health First Aid Training</td>
<td>MHFA accredited trainers</td>
<td></td>
<td>Public Health has commissioned Mental Health First Aid (MHFA) training courses which are made available to frontline staff that are most likely to come across people at high risk of developing mental health problems, such as Citizens Advice Bureau debt advisors, housing association staff and those working with older people living in very rural communities. MHFA provides a basic understanding of common mental health problems to enable those who are being trained to identify symptoms and to support someone who is having difficulties in seeking professional help.</td>
<td></td>
</tr>
<tr>
<td>Books on Prescription</td>
<td>Wiltshire Libraries</td>
<td></td>
<td>A scheme provided through libraries to make available a range of books about mental ill health which can be accessed on prescription by anyone referred by their GP.</td>
<td></td>
</tr>
<tr>
<td>The Wellbeing Programme</td>
<td>Wiltshire Wildlife Trust</td>
<td></td>
<td>A nature based intervention offering activity outdoors in nature for a range of mental health, physical and wellbeing issues. Participants referred by clinicians (GPs, CMHTs etc) or self-refer (with sign off from a clinician). Effective for prevention, early intervention or support in recovery or as an alternative to clinical treatment.</td>
<td>Originally commissioned by NHS Wiltshire in April 2008. Group based activity, with peer to peer support. Evidenced outcomes for clinical improvements in Mental Health, increased physical activity and progression to training, further volunteering or employment. Delivers against objectives of National mental health strategy and the 6 priority areas in this strategy as well as objectives to improve user experience within the Joint Health and Wellbeing Strategy and Wiltshire CCGs 5 year plan.</td>
</tr>
</tbody>
</table>
Wiltshire Mental Health and Wellbeing Strategy

2014 - 2021
Page 124
Mental Health and Wellbeing Strategy

**Aim:** To create environments and communities that will keep people well across their lifetime, achieving and sustaining good mental health and wellbeing for all.

Delivering six overarching outcomes...

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

...measured by

**Strategic measures and targets by 2021:**
- Increase by 10% (to an average of 70%) the number of people with mental illness or disability in settled accommodation (PHOF/ASCOF).
- Maintain at an average of 12% of people with mental illness in employment (NHS OF).
- Decrease the overall variation in excess mortality for adults with severe mental illness by 1%.
- Increase overall satisfaction of people (who use services) with their care and support (ASCOF) by 5%.
- Increase the proportion of people who use services who say that those services have made them feel safe and secure (ASCOF) by 5%.
- Increase the percentage of people with positive attitudes to mental health by 5% (local measure to be developed and baseline).

We will additionally measure and seek to maintain or improve:

- the percentage of people reporting good overall wellbeing (Annual Population Survey ONS).
- the rate of hospital admissions as a result of self-harm (PHOF).
- the proportion of people (who use services) who feel they have control over their daily life (ASCOF).

The quality of individual services and the satisfaction of people with those services will additionally be measured by providers and monitored by commissioners.

...and implemented through action in six key areas

- **Prevention and early intervention:** Developing projects, initiatives and contracts that help people maintain a healthy level of emotional wellbeing, and reduce the impact of mental illness at all stages of their life.
- **Promoting emotional wellbeing and improving understanding of mental health:** Raising awareness of mental health and how to improve emotional wellbeing using information and education.
- **Personalised services based around helping people recover:** Working with a variety of services to help people understand and plan their own recovery.
- **Making effective and efficient use of resources:** Seeking to continuously improve systems and processes and sharing knowledge and good practice.
- **Improving engagement with service users, carers and families:** Ensuring that customer/patient needs are at the centre of all that we do.
- **Improving integrated working between statutory services with wider community involvement:** Ensuring an approach that treats the whole person and helping to enable them to remain independent in their communities.

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

**Key**

- PHOF  Public Health Outcomes Framework
- ASCOF  Adult Social Care Outcomes Framework
- NHS OF  NHS Outcomes Framework
Lead agencies and action

Prevention and early intervention

**Wiltshire Council Public Health will:**
- arrange for training in behaviour change techniques to be delivered to staff in GP practices through the integrated community teams
- pilot and evaluate a range of social/alternative prescribing options, starting with arts on prescription, in a variety of GP practices.
- scope the options for a full social prescribing* service to be tailored to suit the different GP ‘clusters’ in Wiltshire
- work with HealthWatch to ensure that the web portal ‘Your Care Your Support’ has good quality information on mental wellbeing with a view to developing a virtual Wellbeing College* in the longer term.

**Wiltshire Council and Wiltshire CCG Joint Commissioning team will:**
- continue to monitor performance of contracts and views of those who use services to ensure that they are meeting needs
- improve the analysis and understanding of comparative information about other CCG areas to help identify good practice.

**Wiltshire CCG will:**
- work to promote the Parity of Esteem programme which aims to ensure that mental health is valued equally with physical health.
- Includes the development of a new service to provide early access to treatment and support for people with psychosis.

**Wiltshire Council Adult Social Care will:**
- work with partners to develop resources that will teach people living with mental ill health and their families, carers and employers about:
  - what their rights are
  - what they can/cannot expect from services
  - how they can avoid discrimination.

Promoting emotional well-being and improving understanding of mental ill health

**Wiltshire Council Public Health will:**
- develop a programme of mental health awareness raising with supporting information pack to be delivered in communities and workplaces
- promote the emotional wellbeing elements of the health trainers role
- explore the options for establishment of a mindful employers network in Wiltshire
- work with colleagues to implement the mental health and wellbeing categories of the Wiltshire Council Workplace Charter action plan.

**Wiltshire Council Adult Social Care will:**
- work with partners to develop resources that will teach people living with mental ill health and their families, carers and employers about:
  - what their rights are
  - what they can/cannot expect from services
  - how they can avoid discrimination.

**Wiltshire CCG will:**
- establish a steering group to investigate options to improve systems for managing people with personality disorders in the community
- undertake a review of discharge pathways and procedures for people moving from specialist beds into long term residential and nursing care
- undertake a service review to develop improvements in liaison between primary care and Mental Health Provider (AWP).

Personalised Services based around helping people to recover

**Wiltshire Council and Wiltshire CCG Joint Commissioning team will:**
- undertake a contract review and re-tender for revised services to deliver vocational and social inclusion provision and advocacy services
- hold service user focus groups to inform any contract revision or new service
- map services currently being delivered by known providers
- undertake contract reviews for all services on a rolling basis as they come up for renewal to include developing outcome based service specifications
- explore the implementation of integrated Personal Health Budgets in mental health
  - including roll out of staff training.

**Wiltshire CCG will:**
- continue to utilise self-harm registers at the three NHS hospitals in the area in order to better understand self-harm incidents and explore provision of appropriate support.

* The term 'social prescribing' is a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sectors.
* Wellbeing College: aims to provide people with the knowledge, skills and confidence to manage your health and wellbeing or that of the person they care for.
Making effective and efficient use of resources

**Wiltshire CCG will:**
- work with other agencies towards a multi-agency approach to all training by mapping current availability for agencies and providers and conducting a needs assessment for mental health training
- review mental health provision in the out of hours period and develop an approach to fill any gaps (linking in with work being undertaken by the Crisis Care Concordat)
- evaluate the street triage pilot currently in operation in the Police control room
- continue to develop and promote ‘mutual expectations’ documentation between providers and services to assist with preventing avoidable harm.

**Wiltshire Council and Wiltshire CCG Joint Commissioning team will:**
- produce an annual Joint Commissioning Intentions Statement to include commissioning of services which include prevention and early intervention options
- develop a Mental Health Market Position Statement to provide strategic overview and identify future direction of mental health services
- ensure appropriate and timely commissioning of services as contracts expire
- ensure that there is a fit for purpose protocol and process in place to enable continued healthcare placements and aftercare packages following hospital discharge.

**Wiltshire Public Health will:**
- assist with promotion of existing ‘Safe Places’ across the county to ensure people who are living with a mental health condition are aware of these.

Improving engagement with service users, carers and families

**Wiltshire Council Public Health will:**
- set up a partnership board for mental health and wellbeing, ensuring that service users, carers and families are an integral part of the work of this board
- promote existing Mental Health First Aid training and ensure it is appropriately targeted at priority groups
- implement and promote regionally funded ASIST suicide reduction training ensuring it is appropriately targeted.

**Wiltshire Council and Wiltshire CCG Joint Commissioning team will:**
- invite a group of service users to be involved at an early stage whenever new policy or services are being developed
- develop a closer relationship with existing service user involvement groups.

**Wiltshire CCG will:**
- evaluate the ease of access and spread across the county of our services
- undertake analysis of gaps or duplications in service for specific areas of need and explore options for further development where gaps exist.

**Wiltshire Council Public Health will:**
- share information regularly on what works well both nationally and locally.

Improving integrated working between statutory services with wider community and voluntary sector involvement

**Wiltshire CCG will:**
- work with AWP and Wiltshire Council towards alignment of mental health social work teams with secondary care providers
- work with integrated community teams to ensure that community based models are achieving positive outcomes for people with mental ill health and their families
- continue the process of ‘system wide’ reviews of service provision including ensuring there are clear and comprehensive care pathways which also cover prevention and early intervention.

**Wiltshire Council and Wiltshire CCG Joint Commissioning team will:**
- work with AWP and other providers to facilitate appropriate data sharing across all organisations
- scope the adoption of a consistent assessment format for all agencies, working towards a ‘Single View of the Customer’ approach and enabling people to say things once
- ensure that mechanisms are in place to identify and disseminate to all agencies emerging policy and legislative developments.

**Wiltshire Council Public Health will:**
- assist with promotion of existing ‘Safe Places’ across the county to ensure people who are living with a mental health condition are aware of these.
Subject: Primary Care Strategy for Wiltshire

Executive Summary

The Five Year Forward View states that “The foundation of NHS care will remain list-based primary care. Given the pressures they are under, we need a ‘new deal’ for GPs. Over the next five years the NHS will invest more in primary care, while stabilising core funding for general practice nationally over the next two years”.

The challenges facing primary care are well documented, including workload pressures with an ageing population and increasing complexity of presenting conditions and multi-morbidities; workforce pressures of recruitment, retention and skill mix; capacity and state of primary care premises; increasing bureaucracy and regulation demands; pressure on practice development; and the national and local resource challenge to maintain the level of high quality services provided by our general practices in Wiltshire.

The details set out in this Report will be factored into the CCG 2016/17 Operational Delivery Plan and used to underpin “placed based” 5 year System Transformation Plans (STPs).

Proposal(s)

It is recommended that the Board:
  i) Notes update on the Primary Care Strategy from NHS England South and the Wiltshire CCG response as the Primary Care offer
  ii) Notes the update on the arrangements for Joint Commissioning

Reason for Proposal

1. To provide an update on the Primary Care Strategy for Wiltshire
2. To provide an update on progress with joint commissioning arrangements for commissioning primary medical care services between NHS England and Wiltshire CCG.

Presenter name: Jo Cullen
Director of Primary Care and Urgent Care, Group Director WWYKD, Wiltshire CCG
16 July 2015

Subject: PRIMARY CARE STRATEGY FOR WILTSHIRE

PURPOSE OF THE REPORT

1. To provide an update on the Primary Care Strategy for Wiltshire
2. To provide an update on progress with joint commissioning arrangements for commissioning primary medical care services between NHS England and Wiltshire CCG.

CONTEXT

1. SOUTH CENTRAL PRIMARY CARE DELIVERY PLAN 2016/17

2. This document aims to set out the national and local context for NHS England Public Health Section 7A and primary care directly commissioned services in the South Central area. Its aim is to both provide an overview and detail the 2016-17 strategic commissioning plans of:
   - Primary Care services (including General Practice; Dental; Pharmacy and Optometry).
   - Public Health Section 7A services

3. It is both a strategy document in its own right and a resource document for other commissioners in the South East (e.g. Local Authorities (LAs) and Clinical Commissioning Groups (CCGs). It is anticipated that commissioners will want to factor the plans set out here into their local 2016/17 operational plans and use it to inform “placed based” 5 year System Transformation Plans (STPs).

4. The plans set out underpin the delivery of the Five Year Forward View and articulate how NHS England directly commissioned services contribute to strengthening primary care to ensure elective care continues to meet constitutional standards as requested by “Delivering the Forward View NHS planning guidance 2016/17-2020/21” December 2015. All NHS England commissioning is undertaken in partnership with CCGs and it is expected that there will be strategic alignment across the commissioning system.

5. The NHS England South Central office also plays a key role in the development of ‘New Models of Care’ and is working with the CCGs in the
area testing and developing different ways of working enabled by the Prime Ministers Challenge Fund, Community Pharmacist pilots and the Primary Care Transformation funds to enable whole system change and to help deliver a financially sustainable system.

6. The development of co-commissioning within NHS England directly commissioned services is also a key enabler to allowing a ‘placed based’ approach to service delivery and development tailored to the needs of local populations and flexibly reflecting the ‘assets’ in any given Health and Social Care community. NHS England is fully supportive of CCGs beginning to take on co-commissioning (from Primary Care to Specialised services) to achieve improvements in outcomes for patients and their families.

7. We know that the health needs and expectations of our population are changing and in order to meet these, the whole health and social care sector will need to move away from outdated divisions of care. Collectively, we are moving towards a system of integrated care, where clinicians work together in flexible teams formed around the needs of the patient, their families and the communities in which they live. The aim is to deliver high quality, cost effective and resilient systems of care that achieve best health outcomes for the population of South Central.

8. Primary care is the bedrock of our National Health Service. Therefore, whilst it is necessary to build a vision for out of hospital care in South Central, it is also necessary to have a detailed strategy for the primary care aspects of models of out of hospital care. For the purposes of this commissioning strategy, ‘primary care’ community is defined as general practice, pharmacy, dentistry and optometry.

9. Whilst the quality of most primary care in the South Central area is good, there are variations in performance. We need to reduce unwarranted variation in primary care so our patients, the public and our professional colleagues across the health and social care system are assured that primary care in South Central is consistently of the highest quality. We need to ensure that vulnerable patients are identified to prevent ill health and ensure that their conditions are effectively managed to improve their independence and well-being; reduce unscheduled hospital attendance and admission; and improve health outcomes. As commissioners of primary care, we need to own the quality agenda and take on professional leadership for quality improvement in primary care. We will drive improvements in care and reduction in unwarranted variation by providing clinicians with the timely and accurate data, information and knowledge they need to identify and prioritise areas for quality improvement, ensuring that data is transparent and widely shared with patients and the public. We will ensure this information includes views of patients and their families in order that their views are genuinely listened to and included in improving primary care services.

10. Where inequalities exist, these need to be addressed. Evidence identified in the Local Health Profiles show our most deprived communities are least able to make the necessary changes in their lifestyle. A different approach is required to support these communities: one that better integrates primary
care with social care, housing, education, leisure services and other determinants of health. Primary care is well placed to provide an important leadership role locally in driving this reform.

11. General practice services including practice nurses need to be closely connected with wider out-of-hospital services, including community health services (such as district and community nursing and health visiting), community pharmacy, optometry and dentistry services, services provided by voluntary and community organisations, and social care. NHS England will work collaboratively with CCGs and local authorities to develop a more collaborative approach to commissioning this network of services that are vital for supporting healthy communities and tackling health inequalities. As part of this framework, we are also signalling our intention to move towards delegated commissioning of general practice services by all CCGs in across the patch.

12. NHS England is also responsible for commissioning community pharmacy, dental services and NHS sight tests. We are developing similar frameworks to support the commissioning of these services and will take a comparable approach in supporting their closer integration with wider community-based services.

13. The plan is written within the context of growing demands on the NHS with an ageing population and increasing expectations of accessible healthcare within the confines of finance, workforce and safety.

14. WILTSHIRE CCG RESPONSE: PRIMARY CARE OFFER FOR ENHANCED SERVICES 2016-2019

15. The Five Year Forward View states that “The foundation of NHS care will remain list-based primary care. Given the pressures they are under, we need a ‘new deal’ for GPs. Over the next five years the NHS will invest more in primary care, while stabilising core funding for general practice nationally over the next two years”.

16. The challenges facing primary care are well documented\(^1\),\(^2\) including workload pressures with an ageing population and increasing complexity of presenting conditions and multi-morbidities; workforce pressures of recruitment, retention and skill mix; capacity and state of primary care premises; increasing bureaucracy and regulation demands; pressure on practice development; and the national and local resource challenge to maintain the level of high quality services provided by our general practices in Wiltshire.

17. The proposal to move to a different and more flexible way of commissioning enhanced services from member GP Practices in Wiltshire from April 2016 is

\(^1\) [https://www.somersetlmc.co.uk/outcomebasedcommissioning](https://www.somersetlmc.co.uk/outcomebasedcommissioning)

\(^2\) [https://www.wessexlmcs.com/email3794](https://www.wessexlmcs.com/email3794)
being referred to as the Wiltshire Primary Care Offer (PCO). We believe that moving away from providing care in a transactional activity driven model at individual practice level will result in a more efficient and effective use of resources. Developing a single CCG framework incorporating and aligning all of the currently commissioned local enhanced services (potentially including some currently commissioned Direct Enhanced Services by NHS England under joint commissioning arrangements) gives an opportunity to provide more robust, locality based commissioning with patient focussed quality measures and responsive services; adding improved incentives and driving quality initiatives to ensure a reduction in unnecessary variation across our constituent practices and between individual clinicians.

PROPOSAL:

- To develop a three year programme 2016-2019 (allowing for transition and some pace of change);
- To transform the commissioning, delivery and monitoring of the CCG commissioned enhanced services from GP Practices in Wiltshire, over and above core GMS/PMS\(^3\) services to deliver responsive, safe and sustainable services;
- To move towards “placed based commissioning” and the CCG vision of integrated out of hospital services;
- To support the development of locality working to deliver primary care services at scale to support increased efficiencies, and to address issues of recruitment and retention of a competent, capable and resilient primary care workforce to deliver high quality services;
- To move towards a “block contract” type arrangement - setting out the total funding available for 2016 to cover the specified services to be delivered to meet the needs of their locally registered population in return for meeting the outcomes required (moving from year 1 with KPIs and agreed metrics towards a full outcome based model by year 3);

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\(^3\) General Medical Services (GMS) is a nationally held contract and Personal Medical Services (PMS) is a locally held contract – currently held by NHS England. [https://www.england.nhs.uk/commissioning/gp-contract/](https://www.england.nhs.uk/commissioning/gp-contract/)
To use 2016/17 as a shadow transition year before delegated commissioning of primary medical services from April 2017.

PRINCIPLES:

i) To reimburse work on a consistent, transparent and fair funding stream (i.e. remove inconsistencies of payment for activity vs capitation, raw vs weighted, geography) so commissioning is based on equity not equality.

ii) To commission certain services to be provided at scale not by individual practices e.g. leg ulcer care, care homes, and Transforming Care of Older People (TCOP) to encourage delivery of sustainable services at scale.

iii) To move towards a full “locality offer” over the next three years, based on capitated or place based budgets including 7 day services, same day urgent primary care hubs, clinical integrated pathways, and agreed estates solutions aligned across the county i.e. NOT 56 practices, and integrated with other out of hospital services.

iv) To support the development of collaborative organisations with general practice at their heart, such as groups of practices, localities, networks or federations – for a resilient new model of primary care service delivery, whilst maintaining the independent contractor status to improve outcomes for patients.

v) To ensure the recording of activity will be proportionate and kept at practice level to ensure records will be available for auditing but minimising the bureaucracy in the system.

vi) To further develop the work programme under Joint Commissioning with NHS England focussing on the key drivers of enhanced services, workforce and flexible estates solutions.

AMBITION:

18. The ambition of the CCG is that services commissioned in primary care under the PCO will:
• Maintain the current high quality primary care service across Wiltshire in the face of growing population and demand;
• Protect the core values of general practice of contact, co-ordination of care, comprehensive services and continuity of care;
• Deliver improved patient safety and clinical outcomes across Wiltshire;
• Deliver an improved experience for patients and their carers;
• Encompass clinical best practice and reduce variation;
• Be sustainable;
• Be innovative and promote skill-mix within primary care providers;
• Deliver a demonstrable return on investment (financial or otherwise);
• Be delivered “at scale” (i.e. at Practice, Locality or Group level as appropriate);
• Be monitored and funded on the basis of outcomes achieved rather than of activity.

LOCAL CONTEXT:

19. Wiltshire CCG has developed a clear vision that Heath and Social Care services in Wiltshire should support and sustain independent living and the future system will see:

- Increased personal responsibility to maintain/enhance well-being;
- Care provided as close to home as possible; and
- A reduced reliance on bed-based care.

20. The CCG’s Five Year Plan, and the supporting transformation programmes, place primary care alongside patients, at the centre of the health and social care economy. The aim is that not only will primary care continue to lead the design of the health care system via clinical commissioning, but will also provide a greater range and improve the quality and safety of services delivered to patients. This is essential to our plans for integration (community services, social care, and mental health); moving care out of hospital; and our reconfiguration of community services.

21. Following the Health and Social Care Act in 2012, CCGs replaced Primary Care Trusts (PCT) on 1 April 2013 as the clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. The commissioning of Locally Enhanced Services (LES) from GP Practices was transferred from PCTs to CCGs (whilst others were transferred to Local Authority and the Directed Enhanced Services were transferred to NHS England). In Wiltshire, these LES covered:

- Anti-coagulation monitoring
- Near patient testing
- Basket of Goods
- Care Homes
- Dementia Assessment:
- Insulin Initiation Type II Diabetes
- Level 2 Leg Ulcer Management
- Neo-natal checks
• Ring Pessary fittings
• Venesection
• Homeless (covering one hostel)
• Minor Injury

22. Some of these services were commissioned on an activity basis (such as Anti coagulation and Near Patient Testing) whilst other schemes (such as Basket of Goods for secondary care initiated investigations) are based on capitation (i.e. paid per number of patients registered with a GP Practice). These capitation payments can be made on a raw or weighted list size. Raw list sizes are the actual number of patients registered with a GP practice (taken from the Open Exeter system). The raw list size of the CCG as of 31.12.15 is 483,705. The weighted population, based on the Car-Hill Formula is the number of patients registered with each practice (from Open Exeter system) adjusted for 6 criteria:

- age and sex
- if they live in a care home
- if they joined the practice in the previous 12 months
- if the patient's postcode ward has "Additional Needs" score (from the Ward's Statutory Long Term Sickness and Mortality indexes)
- their rurality which is driven by a combination of population density for the patient's Ward and the distance between the patient's postcode address and the practice's main surgery
- market forces factor (this is GP based and is a cross reference to the GP practice address Ward Code)

23. The GP practice raw list is multiplied by these 6 index values to create a "Practice Weighted List Size". The weighted list size of the CCG as of 31.12.15 is 487,843. The main GMS Contract is based on weighted list size and PMS is currently based on raw; but from 01.04.16 PMS Contract will be based on weighted as per the PMS review changes.

24. The CCG funding allocation is based on a forecast weighted population (not exactly the same weighting indexes as the practice weighted list size from Open Exeter).

25. If the CCG decides to use either weighted list size or raw list size consistently, some practices will lose out significantly (up to 2000 patient difference in the 2 extremes). A pace of change policy could be agreed for practices adversely affected by agreeing a single approach.

26. As part of the contract negotiations for 2015/16, the British Medical Association (BMA) and NHS Employers agreed to re-examine the Carr-Hill Formula with the aim of adapting it to better reflect deprivation. This work began in 2015 and is currently underway. There is still no way to assess properly individual practice workload, so the formula review will be based on an assessment of workload across a sample of practices. The current review will however be able to look at more up to date information to assess

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differences in workload at practice level. The review group is likely to report in time to inform contract negotiations for 2017/18, but implementation will be dependent on negotiation.

**BUDGETS:**

27. The funding for Enhanced Services and TCOP for 2016/17 is £9.44m at the CCG weighted list size of 487,843, giving an indicative price of £19.36 per registered patient.

28. The CCG will retain 0.5% contingency in line with NHS Business Rules. This includes all of the CCG commissioned enhanced services and TCOP only, not those services commissioned from NHS England or Public Health.

29. Budgets for GP Practices under the PCO will be set partly against 2015/16 activity outturn (for those services paid on activity) and partly on capitation; it will be paid in 1/12 monthly payments to practices from April and based on the 31.12.15 list sizes. There will be a quarterly reconciliation of activity, as in the current system, and payments adjusted accordingly. A detailed spreadsheet setting out funding to individual practice level and built up by localities, showing variance from 2015/16 and 2016/17 has been developed and shared.

30. **Financial Controls:** The majority of services and funding streams within the PCO reimburse GPs for the delivery of clinical services and are monitored on activity which can be audited to individual patient level. The process is that funding is made in 1/12 payments and reconciled quarterly on actual activity with further payment made or withdrawn, as in the current process. Plans and demonstration of delivery for the locality work (£2 per patient) and the locality services (£3 per patient) elements of the Group SLA will be agreed through the three Group Executives and brought to Clinical Executive for approval and quarterly monitoring.

31. Scrutiny and control will be through the suggested Primary Care Oversight Group, as in section 9 on Governance.

**Wessex Local Medical Committee (LMC) view:**

32. The LMC broadly supports the principles of the PCO, in particular securing the funding for three years, reducing bureaucracy and encouraging the development of locality based services where appropriate.

33. The impact of the PCO on practices and localities will need to be reviewed and the PCO refined and modified as necessary during the three year period. We look forward to working closely with the CCG to do this.
UPDATES ON PRIMARY CARE PROGRAMMES:

Transforming Care of Older People (TCOP)

34. The context for TCOP was the national guidance “Everyone Counts” in 2014/15 where there was a specific focus on patients aged 75 years and over and those with complex needs; and the CCG was expected to support GP practices in transforming the care of patients aged 75 or older and reducing avoidable admissions by providing funding for practice plans to do so.

35. In Wiltshire from 2014, TCOP proposals were assessed and signed off against their ability to meet following criteria:

- The CCG strategic vision;
- Improved care for vulnerable older people;
- Reduced avoidable admissions;
- Continuity of care for older people;
- Improved overall quality and productivity of services;
- Greater integration of health & care services, in particular out of hospital care.

36. Currently, 19 schemes (predominantly locality-based) have been supported and funded since 2014 - subject to successful delivery of the agreed outcomes for patients aged over 75 years. These schemes cover every GP Practice across the whole of Wiltshire. There is evidence of local and clinically-led initiatives with some collaborative working across practices and engagement/alignment with the wider MDTs, reviewing and addressing the individual practice variation and learning from best practice. The nature of the challenge in terms of reducing non-elective admissions in the over 75s meant that many of the schemes were unproven, so at the outset of the funding allocation it was made clear that on-going funding would be subject to successful delivery of the outcomes. That said, the CCG was keen to support locality based schemes that improve care for older people and in particular prevent avoidable admission; and so for that reason the process of project evaluation is to review progress in terms of implementation and outcomes and then work with projects to refine proposals where necessary to ensure the greatest chance of success. Learning from the schemes to date has shown:

- Issues and challenges of recruitment of most groups of clinical staff
- Development of new roles such as the ERP, and new ways of employment (secondment, one practice on behalf of others)
- Links and synergy between TCOP and the Better Care Plan schemes and integrated community teams
- Focus on over 75s, but impact of under 75
- Release of GP capacity and implications of this
- Implications for providing services aligned to primary care at scale, which is a number of practices working together
- Links to other programmes and projects such as work with Care Homes, End of Life, Long term conditions, prevention and Musculo-Skeletal services (MSK)
• Impact of the social care model as in the Leg Club schemes
• Impact of medications reviews on health outcomes and costs

37. The following graphs set out non elective activity access rates by every practice across the three Groups from April 2013 until December 2015 showing that the activity is being generally maintained despite population growth in this cohort of patients.

38. NHS England – alignment of Extended Hours Directed Enhanced Service from April 2016

39. This is a DES commissioned by NHS England and the CCG cannot alter the specification as NHS England has to be sighted on plans to monitor and pay. The specification is to provide 30 minutes of “extended hours” per 1000 patients with minimum 30 min session which can be both routine and urgent and provided by all clinical staff either face to face or via the phone and has to be in addition to core in hours provision. It is funded at £1.90 per pt. (£930K
for CCG). Practices have to demonstrate the provision is in line with patient preference (i.e. for mornings, evenings or Saturday mornings).

40. National guidance already states that Practices can deliver this service for their own practice solely or choose to offer as a group of practices.

41. NHS England has agreed that this can be aligned to PCO with locality plans for delivery (could remain at individual practice level) from April 2016.

42. Joint Commissioning Arrangements

43. NHS England had previously invited CCGs to apply to take responsibility for delegated commissioning of primary care medical care services from 1 April 2016.

44. In October 2015, a detailed options paper was considered by the Clinical Executive and the Governing Body. This paper set out the options of applying for delegated commissioning responsibility for primary medical care services from NHS England. After in-depth discussion, the Governing Body voted that the CCG would make an application at the beginning of November 2015. However in those discussions, it was identified that there was a possibility that NHS England would not accept the application as the submission pro-forma requires NHS England to sign off on against a number of criteria, including the CCG’s current assurance level (as at Q2 of 2015/16 or equivalent) for each of the five assurance components. At the time the CCG was in Financial Recovery and NHS England confirmed therefore that an application would not be supported. Therefore the decision was taken by the CCG not to make the application for which the deadline was 6 November 2015. As such, it is currently envisaged that the CCG will be expected to take delegated responsibility with effect from 1 April 2017 and work is underway to prepare for that. In the meantime, the CCG will work with NHS England to optimise the current co-commissioning arrangements.

45. From April 2015, the CCG has had a monthly Primary Care Operational Group (previously the Primary Care Programme Board in line with its Programme Management approach) working with NHS England and the Local Medical Committee; and a quarterly Joint Committee meeting in public, chaired by the CCG Lay Member.
46. The Joint Committee reports to both the CCG Governing Body and NHS England Board. The Wiltshire Primary Care Joint Commissioning Operational Group provides assurance to Wiltshire CCG and NHS England Joint Commissioning Committees that there are robust systems and processes in place for monitoring, managing and assuring the quality and safety of primary care medical services and for driving continuous service improvement and delivering the strategy.

47. A jointly developed framework providing additional task detail along with roles and responsibilities is in place to direct / support the work of the Operational Group and this will be supplemented by a Memorandum of Understanding which is currently under development by the NHS England central team.

48. The role of the Joint Committee is to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act except those relating to individual GP performance management, which have been reserved to NHS England (and such CCG functions under sections 3 and 3A of the NHS Act as have been delegated to the joint committee).

49. This includes the following planning, securing and monitoring functions:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- Newly designed enhanced services (Local Enhanced Services and Directed Enhanced Services);
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes).
Jo Cullen  
Director of Primary Care and Urgent Care, Group Director WWYKD, Wiltshire CCG

Debra Elliott  
Director of Commissioning, Director of Armed Forces Health Commissioning (Operations) for England, NHS England South (South Central)

21.03.16
Wiltshire Clinical Commissioning Group Update for Wiltshire Council Health Select Committee:

Provision of NHS-funded Non-Emergency Patient Transport Service by Arriva Transport Services Ltd

24 March 2016

Report Produced by

Andy Jennings
Commissioning Manager
Wiltshire CCG
1 INTRODUCTION

This report builds on those provided to the Committee in February, September and November 2014, and February and September 2015.

The CCG has been asked to provide an update focussing on:

- Potential impact of the cessation of the Hopper bus service and any plans relating to this
- Progress with achieving KPI 4 (for completeness, KPIs 5, 6 and 9 performance is also covered)
- Call waiting times
- The reasons for complaints. (For completeness, the report also contains details of service to service issues, incident reporting, and Friends and Family responses)
- Outcomes from the analysis of transport waiting times and root causes (this is covered throughout the report, in the assessment of KPI performance; the Remedial Action Plan actions; and external challenges)
- The Committee requested to know the original value of the Wiltshire CCG & Arriva contract, versus the new value of the rebased contract. (This information was provided on 23 September to the Democratic Services team for forwarding to the Chair).
- Information on how many patients were not meeting eligibility requirements. At the time of submitting this report, this information is not available. It will be provided verbally at the Committee meeting

2 HOPPER CESSATION – POTENTIAL IMPACT

As the Committee will be aware, it is not possible to form an accurate view on the proportion of current Hopper users who might, following its cessation, seek to request NHS-funded non-emergency Patient Transport Service transport. Nor is it possible to form an accurate view of how many of those who may request to use the NHS-funded non-emergency Patient Transport Service, would meet the nationally-defined eligibility criteria.

Our understanding from information shared by the WCC is that most of the people using the Hopper service are able to walk, with no or limited assistance. Also that a small proportion of people using the Hopper service, are wheelchair users.

As a result, and as an initial measure, the CCG has requested that Arriva pay particular attention to the number of booking requests, and the volume of bookings made for, predominantly, patients who can walk (with or without assistance); to identify any increase in volume, from now onwards.

The CCG has assumed that at least some ex-Hopper users will, in future, both request NHS-funded non-emergency Patient Transport Service, and will meet the eligibility criteria. As a result, initial provision has been made for an additional volume of journeys for walking patients within the Arriva activity baseline from July onwards. The intention is to enable Arriva to provide additional resource to meet this capacity, in time for the cessation of the Hopper service. This is to avoid waiting for the demand to hit, and then add resource to meet it; which would damage the performance of the service and lead to a very (operationally and financially) inefficient interim period while Arriva resourcing was increased.
Close oversight of the pattern and volume of booking requests from now on, is hoped to provide a better indication of the extent to which this additional provision is likely to be sufficient. The CCG will review provision accordingly, depending on what the pattern and volume of demand indicates.

3 KPI PERFORMANCE

In late 2015, CCGs served Contract Performance Notices on Arriva for consistent failure to achieve a number of the required KPI standards (KPIs 4, 5, 6, 9: covering on-time inbound drop-off / on-time outbound pick-up, and telephone answering).

Contractually, this obliged Arriva to develop and agree with Commissioners a Remedial Action Plan and trajectory for these failing KPIs. Progress with the actions, and delivery of performance, is monitored at monthly contract review meetings.

Key actions being carried out by Arriva to address and improve KPI performance include:

- Eight week iterated planning horizon to pre-match resource to known demand
- Assisted planning
- Assisted dispatch
- Intensive journey management to minimise long delays
- Pre-pick-up courtesy calls to patients
- Management information visibility for staff
- Daily staff debriefs of daily performance
- Demand escalation identification
- Call centres linked
- Advisory text messages to patients
- Revised staff start-of-day processes
- Roster review
- Discharge data reviews shared with acute trusts
- Specific actions for dialysis activity

An explanation of what most of these measures are, was also contained in the previous report, hence the details are not repeated again here.

(Further details can be provided verbally at the Committee meeting, or subsequently in writing, if required.)
**Total Activity – Wilts**

Total activity by week since April 2015 is shown below. Although the size of chart makes it challenging to interpret, it does show that 5 of the last 6 weeks have seen the highest levels of weekly activity of any weeks since April 2015. These levels also exceed the volumes seen for the same 6 week period a year ago; although this cannot be seen on the chart. It is not clear whether this represents a temporary “blip” or a new “normal”.

![Graph showing activity levels](image)

**KPI 4 – On-time Inbound**

Measure: inbound patients dropped off between 45 minutes earlier than booked arrival time and 15 minutes later than booked arrival time

![Graph showing KPI 4 performance](image)

The lack of improvement in KPI 4 performance in the last 2 months is partially offset by 7% of patients in January and 6% of patients in February being dropped off up to 30 minutes earlier than the KPI window (i.e. 45-75 minutes earlier than their appointment time). Thus
these patients were still on time for their appointment although had a longer than ideal wait once at the hospital. This would, if included in the KPI calculation, reflect on-target performance.

**KPI 5 On-time Outbound (Pre-booked) & KPI 6 On-time Outbound (Booked On-day)**

Measures:

KPI 5: Patients picked up within 1 hour of being “booked ready” for collection

KPI 6: Patients picked up within 4 hours of being “booked ready” for collection

Performance for KPIs 5 and 6 was poorer than expected in February. This is not due to the failure to implement the required remedial actions, but a combination of the following factors:

For Wilts (and all SW CCGs using Arriva) total journey numbers were high; and greater than data from previous years predicted.

Long distance journeys were considerably higher than previous months. Bariatric journeys were also exceptionally high in number than in previous months. Both these types of activity consume significant resource so (albeit for different reasons) have a disproportionate effect on overall resource availability for all other journeys.

All acute trust were under significant pressure in January and more so in February. Causes include: high volumes of ED and non-elective attendances; impact of junior doctors strikes; norovirus and resulting ward closures. This typically translates into an increase in total PTS activity (as already noted) and also in a far higher use of on-day booked PTS activity. On-day booked PTS activity is typically prioritised over pre-booked activity where necessary, as on-day activity is typically discharge journeys, which are essential to allow the trusts to maintain patient flow, and in turn help them to manage their ED 4 hour performance.
However, high levels of on-day activity are, by definition, not predictable, and reduce the efficiency with which the work required can be carried out by the available PTS resources. It is also of note that many of the resource-intensive bariatric and long distance journeys were booked on-day.

High numbers of aborted journeys across the area, some of which are avoidable, and all of which represent wasted PTS resource. Every aborted journey deprives the system of available PTS resource.

Arriva and CCGs continue to work with acute trust colleagues to reinforce the need to plan ahead for the PTS element of discharge planning in particular, in order to improve patient experience, maximise PTS resource efficiency, and enable PTS to better help support hospital flow. All trusts do have programmes of work in place to improve discharge processes; at RUH and GWH this is part of Remedial Action Plans. This message has been reiterated to trust Chief Operating Officers and through Transport Working Groups, along with continuing investigation into the causes, and actions to reduce, avoidable aborted journeys.

However this remains a challenging environment in which to deliver change and improved behaviours. As an example, at one of the acute trusts supporting Wiltshire, the proportion of on-day bookings made by the trust remains stubbornly high: for Wilts patient journeys, 35% of bookings made by the trust in February were booked on the day. For the other CCG whose patients attend the same acute, the figure was 42% of bookings made by the trust in February were booked on the day. This compares unfavourably to the planning figure used during the PTS procurement of 10%.

![PTSO6 Wiltshire CCG](image)

- Actual outturn
- On-target growth
- Worst case
KPI 9 – Telephone Bookings

Measure: % of calls that are answered within 30 seconds of the end of the introductory message

The actions from the Arriva Remedial Action Plan that relate to KPI 9 performance have enabled continuing improvement and achievement of the KPI 9 target for December and January. In February, the high volume of journeys was matched by a significant increase in the volume of and proportion of bookings being made by phone. This also typically aligns to the increase in number and proportion of on-day bookings.

Thus in one of the acute trusts supporting Wiltshire, the proportion of bookings made by the trust in February that were made by phone was 70%. This compares unfavourably to a planning figure during contract initiation of less than 20%. In turn this means there is reduced opportunity for the PTS call centre to answer calls within the KPI target timeframe, or call back to Wards and departments e.g. regarding estimated times of arrivals or delays.

4 COMPLAINTS

At the time of submitting this report, summary data on complaints, service to service issues, and incident reporting for Feb and March are not available.
The chart shows all complaints received by Arriva, from whatever source (direct / via CCG / via Healthwatch / etc) and does not distinguish between complaints that following investigation were found to be valid, versus those found not to be valid.

Journey numbers were higher in January compared to December, however KPI performance for planned inbound and outbound was relatively static for the two months, hence the increase in complaints in Jan is not directly attributable to a dip in performance and therefore patient experience.

The number of complaints per journey is shown for the last two months for which reporting is available.

The complaints predominantly, but not exclusively, continue to relate to timeliness:
Wilts complaint/journey ratio is not dissimilar to the complaints/journey ratio for the 4 SW CCGs served by Arriva:

5 SERVICE TO SERVICE ISSUES

‘Service to service’ are issues / concerns raised to Arriva by healthcare providers. Each relates to an individual patient/journey.

The charts show the service to service issues across the four SW CCGs using Arriva, raised in Dec and Jan, by site and by fault / no fault / partial fault.

Those identified as Arriva at fault are almost all related to delayed outbound journeys.
Pressure within the acutes to free beds, in order to maintain flow, in the face of high levels of emergency attendances, elective and non-elective demand, were high. This in turn has resulted in a high volume and proportion of on-day bookings, and impact on resource availability, leading to dissatisfaction with the four hour on-day potential wait. Many of the issues received for investigation were directly attributed to this.

The pressure to move patients through the system rapidly, also led to a number of incidents of poor booking behaviour, which directly leads to longer waits and further dissatisfaction in the perceived quality of service provided.

Communication is an issue that Arriva continues to focus on, to help address many of these service to service issues at source, e.g. through provision of ETAs for delayed journeys; advanced notice to hospital staff of emerging delays; etc. This gives healthcare staff access to more up to date, correct information in a much faster way than previously seen.

6 INCIDENT REPORTS

Incidents are events which are reported by ATSL staff in line with their internal incident management process. Incidents raised can range from staff injuries, to incidents involving patients, to issues related to the organisation, and that impact on service delivery.

Since October 2015, ATSL has used Datix to log all incidents. This is an IT-based incident recording and reporting tool used by many healthcare providers, both NHS and private.

Incident figures have shown a slight decrease since October. This is primarily due to vehicle incidents which have no impact on patients, now being reported on a separate vehicle insurance system (e.g. if an ambulance hits the garage door when leaving the vehicle base).
The majority of incidents involve patients, with the most common theme being ‘injury or illness’. There have also been a number of safeguarding concerns raised by crews which account for the second highest trend of incident.

The following shows the number of incidents reported monthly by Arriva staff from across the entire area served by Arriva in the SW (BaNES, Wiltshire, Swindon and Gloucestershire CCGs).

- **Clinical/Non-clinical incidents Jan 15 - Jan 16**

- **Type of incident**
  - Incident affecting Patients: 23
  - Incident affecting staff: 2
  - Incident affecting visitors, contractors or the public: 6
Where an incident investigation identifies a need to change procedures, a Governance and Quality notice is issued to all staff. There were no notices issued as a result of the incidents reported in December or January. Details of incidents are also incorporated by the Arriva training department as case studies in mandatory/induction training.

Partly due to incident reporting, a major change of mobility codes has been put in place following an intensive communication and testing regime during the last six months. The changes are intended to directly reduce the number of incidents reported, which are raised due to issues with patient’s actual mobility versus booked mobility.

Arriva is also putting particular focus on fulfilling their Engagement Plan, including:

- distributing the revised healthcare staff leaflets
- distributing the revised patient information leaflets and reminder cards
- ensuring staff have access to the escalation process
- monitoring use of PTS Online, generating log-ins where required, assessing training requirements, delivering further training to acute trust staff
- promoting the benefits of pre-planning discharges (where relevant)

### 7  PATIENT SATISFACTION SURVEY – MONTHLY FRIENDS & FAMILY TEST (FFT)

Figures to December 2015 represent the latest figures available. FFT collection continues to remain challenging with a less than 0.5% response rate despite FFT cards being available on every vehicle.
Arriva is working to:

- Improve staff involvement in ensuring FFT responses are completed and submitted by patients
- Set target response rates and satisfaction scores (based on ATSL benchmark or provider benchmark)
- Produce a tactical action plan by base to address the patient experience themes identified

8 PATIENT SATISFACTION SURVEY – BI-ANNUAL

The ATSL bi-annual patient satisfaction survey (full questionnaire) ran from 22 February 2016 to 20 March. During this time all patients were offered the opportunity to complete the survey and return to an independent survey company for analysis. The results will be available in May 2016. An action plan is in place to increase response rate based on the last survey.

9 EXTERNAL CHALLENGES

The effectiveness of the service delivered by Arriva is only partly under Arriva’s direct control. There are a number of key external actions and influences which impact on the effective delivery of a high quality and timely service to all patients.

Some of these have already been described, such as: proportion of on-day bookings; avoidable aborted journeys; use of telephone booking. Others, and steps being taken to ensure they are appropriately managed, are summarised below.
Accurate booking information

ATSL depends on accurate information at the point of booking. Inaccurate mobility information can result in an aborted journey, delay for the patient, inconvenience for the acute trust staff and a waste of PTS resource. The use of new mobility codes is intended to address this. Also, a review of mobility re-grading trends across all treatment locations, highlighting those locations and sub-locations where there are disproportionate cases of mobility codes undergoing either an upgrade or downgrade, has been carried out. This shows those occasions where the original mobility disposition was incorrect.

This analysis is being introduced into the routine Transport Working Group (TWG) meeting reports shared and discussed with acute trust staff, so that appropriate action can be taken, i.e. to improve the extent to which the right mobility is booked, first time.

Moving location within hospital

Part of the Arriva monthly TWG reports will highlight any areas within the hospital where there are high numbers of aborted journeys resulting from the patient having moved to a different location from the one from which pick-up is booked. In real time ATSL Locality Managers will identify individual case studies, challenging where appropriate, and sharing findings and themes at TWG meetings.

Ready on time

All (outbound) patients need to be “booked ready” for collection, before Arriva will initiate the journey. However, patients not being ready when PTS staff then arrive, is a daily challenge. The reasons vary, however the underlying principle that patients must be completely ready to leave the hospital is still not fully embedded. Staff sometimes book patients ready, before they are in fact fully ready, to try to reduce the wait time. This is particularly the case for journeys booked on the day of travel which are subject to an “up to 4 hours” pick-up (and is a further reason for better discharge planning - including booking transport - so that a 1 hour KPI window applies). However often PTS resource can, and does, arrive to collect the patient well within the KPI timeframe, resulting in this situation, as more than half of all outbound patients are picked up in less than half of the outbound KPI timeframes. ATSL continue to identify via the TWG those areas where journeys are aborted for this reason.

10 NATIONAL PTS STUDY DAY

Wiltshire and Gloucestershire CCG commissioning leads led a national PTS study day for CCG commissioners, in November. Among many insights gained, this clearly illustrated that – regardless of the definitions of KPIs being used – most CCGs across the country (of the 40+ who attended and/or responded to the pre-event questionnaire) were experiencing a failure of providers to achieve their contract KPIs. This was across NHS-provided and private-provided services. As a result we have been urgently seeking to discuss this, and related issues, with NHS England, as it suggests that the problems faced are systemic rather than local or specific to any particular provider.
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Wiltshire Council
Health Select Committee
19 April 2016

Task Group update

Purpose

To provide an update on recent task group activity and propose any decisions requiring Committee approval.

1. Better Care Plan Task Group

The task group has not met since the last meeting of the Health Select Committee and its next meeting is scheduled for 25 April 2016.

The task group is currently focusing on gathering external evidence on the delivery of the Better Care Plan.

2. Obesity and Child Poverty Task Group (joint with Children’s Select Committee)

The final report of this joint task group was endorsed by Health Select Committee on 8 March 2016 and Children’s Select Committee on 22 March 2016.

Responses to the report from the relevant cabinet members and Wiltshire CCG are expected at Children’s Select and Health Select Committee on 21 June 2016.

3. Joint Avon and Wiltshire Mental Health Partnership (AWP) Scrutiny Task Group

The joint working group was established to look at AWP’s response to the CQC inspection report and the health scrutiny committees of the following authorities took part: Bristol, B&NES, North Somerset and Wiltshire.

The working group adopted the following terms of reference:

a) To consider the CQC report of AWP mental health facilities (September 2014) and the strengths and weaknesses identified.
b) To consider AWP’s past, current and planned responses to the concerns identified in the CQC report, focusing on agreed areas of most significant concern.

c) To identify (as appropriate) where AWP’s response has been robust, and where it could be strengthened further.

d) To agree (as appropriate) recommendations regarding areas for improvement or for further scrutiny monitoring of the improvement programme. (These would be taken for endorsement by individual Health Scrutiny Committees).

The final report of the working group was endorsed by the Committee in November 2015 and responses from the Cabinet Member and CCG received in January 2016.

In March 2016 the Committee resolved that consideration of any further joint scrutiny of Avon and Wiltshire Mental Health Partnership Trust to await the results of the CQC inspection of the Trust scheduled to begin on 23rd May 2016.

4. Sustainability and Transformation Plan (STP) Task Group

Following an update from Wiltshire CCG on the development of the B&NES, Swindon and Wiltshire STP, this task group was established on 8 March 2016. The precise terms of reference were not defined, but it was agreed that they could potentially focus on:

- governance, engagement and consultation
- analysis and plans for addressing gaps in health and wellbeing, quality and funding
- delivering Wiltshire’s health and wellbeing aims.

Authority was delegated to the Chairman and Vice-chairman to take this work forward.

Since then interested non-executive members have been invited to participate and Wiltshire CCG has been approached regarding the task group review. A first meeting is now being arranged and a verbal update will be provided.

Proposal

To note the update on task group activity provided.

Report author: Henry Powell, Senior Scrutiny Officer, and Marie Gondlach, Senior Scrutiny Officer

01225 718052, henry.powell@wiltshire.gov.uk
### Health Select Committee

#### Forward Work Programme

Last updated 9 APRIL 2016

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