

AGENDA

Meeting: **Cabinet**
Place: **Kennet Room - County Hall, Trowbridge BA14 8JN**
Date: **Tuesday 21 January 2014**
Time: **10.30 am**

Membership:

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


Please direct any enquiries on this Agenda to Yamina Rhouati, of Democratic Services, County Hall, Trowbridge, direct line 01225 718024 or email Yamina.Rhouati@wiltshire.gov.uk

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

All public reports referred to on this agenda are available on the Council's website at www.wiltshire.gov.uk

Part I

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

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

1 **Apologies**

2 **Minutes of the Previous Meeting** (*Pages 1 - 10*)

To confirm and sign the minutes of the Cabinet meeting held on 17 December 2013.

3 **Minutes - Cabinet Transformation Committee** (*Pages 11 - 14*)

To receive and note the minutes of the Cabinet Transformation Committee held on 17 December 2013.

4 **Leader's announcements**

5 **Declarations of interest**

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

6 **Public participation**

The Council welcomes contributions from members of the public. This meeting is open to the public, who may ask a question or make a statement. Written notice of questions or statements should be given to Yamina Rhouati of Democratic Services by 12.00 noon on Thursday 16 January 2013. Anyone wishing to ask a question or make a statement should contact the officer named above.

Transport Services

7 **Wiltshire Local Transport Plan 2011-2026: Other Strategies** (*Pages 15 - 228*)

 Report by Parvis Khansari - Associate Director, Highways and Transport

Adult Care Services

8 **Wiltshire Council direct provision - CQC registered care services for adults** (*Pages 229 - 330*)

Report by Maggie Rae, Corporate Director


- 9 **Wiltshire Council Adult Social Care Winter Plan** (Pages 331 - 376)
Report by James Cawley - Associate Director Adult Care Commissioning, Safeguarding and Housing

- 10 **Wiltshire Dementia Strategy** (Pages 377 - 460)
Report by James Cawley - Associate Director Adult Care Commissioning, Safeguarding and Housing

Corporate Performance

- 11 **Local Government Peer Review** (Pages 461 - 488)
Report by Corporate Directors Dr Carlton Brand, Carolyn Godfrey and Maggie Rae

Planning Policy

- 12 **Review of Local Development Scheme** (Pages 489 - 554)
 Report by Alistair Cunningham, Associate Director - Economic Development and Planning

- 13 **Urgent Items**
Any other items of business, which the Leader agrees to consider as a matter of urgency.

- 14 **Exclusion of the Press and Public**
This is to give further notice in accordance with paragraph 5 (4) and 5 (5) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 of the intention to take the following item in private.

To consider passing the following resolution:

To agree that in accordance with Section 100A(4) of the Local Government Act 1972 to exclude the public from the meeting for the business specified in Item Number 15 because it is likely that if members of the public were present there would be disclosure to them of exempt information as defined in paragraph 4 of Part I of Schedule 12A to the Act and the public interest in withholding the information outweighs the public interest in disclosing the information to the public.

Reason for taking item in private - Paragraph 4:
Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.

Part II

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

15 Review of positive leisure-time activities for young people (Pages 555 - 626)

 Confidential report by Carolyn Godfrey, Corporate Director


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

CABINET

MINUTES of a MEETING held in KENNET ROOM - COUNTY HALL, TROWBRIDGE BA14 8JN on Tuesday, 17 December 2013.

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

Also in Attendance: Cllr Allison Bucknell, Cllr Tony Deane, Cllr Richard Gamble
Cllr Jon Hubbard, Cllr George Jeans, Cllr Simon Killane
Cllr Gordon King, Cllr Magnus Macdonald, Cllr Alan MacRae
Cllr Horace Prickett, Cllr Anthony Trotman. Cllr Roy While
Cllr Philip Whitehead

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

114 **Apologies**

All Cabinet members were present.

115 **Minutes of the Previous Meeting**

The minutes of the last meeting held on 21 November 2013 were presented.

Resolved:

That the minutes of the meeting held on 21 November 2013 be approved as a correct record and signed by the Leader.

116 Leader's announcements

As this was the last Cabinet meeting of 2013, the Leader thanked Cabinet colleagues, and in particular officers for their professional help and support during the year.

117 Declarations of interest

No declarations of interest were made.

118 Public participation

The Leader explained that as usual at meetings of Cabinet she would be more than happy to hear from any member of the public present on any of the items on this agenda. No formal requests for public participation had been received.

119 Minutes of the Cabinet Capital Assets Committee

The minutes of Cabinet Capital Assets Committee dated 21 November 2013 were presented.

Resolved:

That the minutes of the Cabinet Capital Assets Committee dated 21 November 2013 be received and noted.

120 Adoption Agency Report

Cllr Laura Mayes, Cabinet Member for Children's Services presented a report updating Cabinet on the performance of the Wiltshire Adoption Agency for the period 1 April to 30 September 2013. This was to ensure that Cabinet was satisfied that the service was effective and achieving good outcomes for children, young people and service users as required by statute and national minimum standards.

Year on year data indicated a significant increase in the numbers of children deemed suitable of adoption, rising from 15 on 2010/2011 to 38 in 2012/2013. It was expected that Wiltshire would reach the target set of 50 approved adopters for the year 2013/2014. The age of children being adopted was dropping due to good pre-birth protocol, clearer care-planning and timely decisions.

An increase in applications to adopt was attributed to successful recruitment and timely approval. Cllr Laura Mayes emphasised that there was no room for complacency and that the Council was always focusing on continued improvements to the service.

Resolved:

That Cabinet note the report.

Reason for decision:

The 2011 Statutory Adoption Guidance and the 2011 Adoption Minimum Standards place a requirement on local authority adoption services to ensure that the executive of the Council receives a written report on the management, outcomes and financial state of the adoption agency to satisfy themselves that the agency is effective and is achieving good outcomes for children and/or service users. They must also satisfy themselves that the agency is complying with the conditions of registration (Minimum Standard 25.6; Statutory Adoption Guidance 3.3, and 5.39).

121 **Multi Agency Safeguarding Hub (MASH)**

Cllr Laura Mayes presented a report which sought to update Cabinet on the implementation of a Wiltshire Multi Agency Safeguarding Hub (MASH).

At Cllr Mayes' request, Cllr Alan Macrae, Portfolio Holder for Safeguarding guided Cabinet through the detail of the report and the background to the setting up of the MASH.

Cllr MacRae explained the options considered in setting up MASH and how its implementation would be phased in. An information sharing protocol had now been agreed with partners who were thanked for all their help and co-operation. In particular, Wiltshire Police was thanked for its help and commitment to the project.

A detailed communications strategy was in place which would signpost people to the appropriate services and it was agreed that this would be circulated to members. A full campaign launch would take place once the hub was fully operational, and could potentially link with measures to tackle child sexual exploitation.

Cllr Jon Hubbard referred to the successful involvement of Scrutiny by way of a Task Group on this issue and that he was pleased to see the proposal come to fruition. He also thanked partners for the part they played in the setting up of MASH, although he considered that more engagement was required by the health sector.

The Leader emphasised that the MASH would provide opportunities for joined up evidence gathering to ensure the protection of vulnerable children.

Resolved:

That Cabinet notes the positive progress towards the implementation of a Wiltshire Multi Agency Safeguarding Hub (MASH), reflecting the priority given to safeguarding across the Council, the Police, the Clinical Commissioning Group (CCG) and the Children's Community Health provider (Great Western NHS Hospital Trust).

Reason for decision:

There are a number of significant benefits associated with the establishment of a Wiltshire MASH.

The MASH will:

- provide a faster, more co-ordinated and consistent response to safeguarding through improved quality of services and information sharing between partners
- will assist in the early identification of safeguarding concerns as a result of improved inter agency working arrangements, closer partnership working and clearer accountability
- improve the planning and management of risk assessment and investigation
- improve the process of accessing services and expertise with clear guidance and support provided to the person raising a concern.

122 Redesign of waste and recycling collection rounds for Waste Collection Services

 Cllr Toby Sturgis presented a report which detailed options for re-modelling the operational waste and recycling collection rounds.

Cabinet approval was sought to implement new waste and recycling collection rounds in two phases in April and in September 2014. Reasons for a two phase implementation were laid out in the report, and would be supported by clear communications and new collection day calendars. The Leader requested that all local members be advised of how this would affect their respective divisions prior to implementation.

Details of the various options considered including the financial implications were explained in the report presented and explained to the meeting. The proposals before Cabinet would provide a more efficient waste and recycling collection service as well as deliver savings.

Resolved:

That Cabinet resolves to implement new collection rounds in two phases, the first in April 2014 and the second in September 2014.

Reason for decision:

Implementing these proposals would improve the efficiency of the waste and recycling collections rounds, enabling savings to be made.

123 Community Infrastructure Levy (CIL) Draft Charging Schedule

Cllr Toby Sturgis presented a report which updated Cabinet on recent changes to the CIL Regulations and the work undertaken to date in terms of preparing the Community Infrastructure Levy (CIL).

The report sought Cabinet approval that the Draft Charging Schedule and draft Regulation 123 List be published for a six week period of consultation starting in January 2014 and subsequently submitted for independent examination. The report also explained arrangements for consultation and next steps.

At the Leader's request for clarification, the table shown on page 97 of the agenda was confirmed as the draft schedule under consideration.

Cllr Tony Trotman, Chairman of the CIL Task Group, presented his Task Group's report as previously circulated. He noted that whilst not all of the Task Group's recommendations had been taken on board by the Cabinet member, he did welcome the split between rates. Cllr Trotman thanked members of his Task Group which had met on ten occasions and would continue to meet as and when required.

Cllr Sturgis explained that the rate was index linked and that it was proposed to review it after two years given the volatility of various factors such as interest rates and building costs.

Cllr George Jeans submitted a statement and drew attention to a letter received from Mere Parish Council regarding small sites and hoped that the council would consider advertising that CIL could be negotiated should exception cases be made. He asked that Parish and Town Councils be consulted regarding the timing of CIL payments that may be coming to them, especially with regard to their usual precept time.

Cllr Sturgis confirmed that CIL payments would be monitored in the same way as S106 payments, and would be payable on the granting of permission.

Cllr John Hubbard considered the removal of two higher range settlement categories and taking student housing from residential and placing with hotels as a missed opportunity for maximising return. He was disappointed that rates were lower than the task groups recommendations.

It was noted that residential strategic sites were incentivised by attracting a lower CIL rate. Exemption sites would have a 7 year window on CIL liability.

Cllr Tony Deane raised concern with the consultation in its present form not allowing for negotiation within the rural communities and asked the Cabinet to defer it's decision for further information.

Cllr Sturgis explained that large development property had a different gross development value than a single 400m² nominal property. The Government required that the levy was in place by 2015, and earlier if possible. CIL was predicated in core strategy policies and was mentioned in the City Deal offer which the council had signed up to.

Resolved:


That Cabinet:

- 1. Approves the CIL Draft Charging Schedule at Appendix 1 of the report presented and draft Regulation 123 List at Appendix 3 of the report presented as the basis for a six week period of public consultation, as proposed, in accordance with the Council's adopted Statement of Community Involvement.**
- 2. Authorises the Associate Director for Economic Development and Planning, in consultation with the Cabinet Member for Strategic Planning, Development Management, Strategic Housing, Property and Waste and the Associate Director of Finance, to produce the consultation documentation to accompany the CIL Draft Charging Schedule and make arrangements for consultation.**
- 3. Authorises the Associate Director for Economic Development and Planning, in consultation with the Cabinet Member for Strategic Planning, Development Management, Strategic Housing, Property and Waste and the Associate Director for Finance, to submit the Draft Charging Schedule for independent examination following the consultation and consideration of the outcome and, if necessary, to consult on modifications to the Draft Charging Schedule after submission.**

Reason for decision:

To ensure that progress is made on preparing a CIL Charging Schedule that will enable the Council to charge CIL on new development to help pay for infrastructure within the county in accordance with the published timetable. The Council should be in a position to adopt the CIL Charging Schedule as soon as possible after April 2014, after which, according to current legislation, the Council will be severely restricted in its ability to pool infrastructure contributions from new development through the existing mechanism of Section 106 agreements. However, the Government has recently proposed extending this deadline to April 2015.

124 **Council Tax Base 2014/15**

 Cllr Dick Tonge presented a report which detailed the Council Tax base 2014/2015 for Cabinet's approval.

The Council was required to approve its Council Tax Base annually, in accordance with the Local Government Finance Act 199 and the Local Authorities (Calculation of Council Tax Base) Regulations 1992. The Council Tax Base 2014/2015 had to be notified to major precepting authorities by 31 January 2013. Each parish and town council would be notified of the figure for its area.

Resolved:

That Cabinet

- 1. approves the Council Tax Base for 2014/2015 as shown at Appendix 1 of the report presented and**
- 2. notes that the recommended overall collection rate remains at 99.50% which reflects current expectations for collection.**

Reason for decision:

Before the Council Tax can be set in February 2014 a calculation has to be made and approved of the Council Tax Base, which is an annual requirement as laid out in the Local Government Act.

125 **Revenue and Capital Budget Monitoring Reports**

(a) Revenue Budget Monitoring Period 7 2013/2014

Cllr Dick Tonge presented a report which advised Cabinet of the revenue budget monitoring position as at the end of period 7 (end of October 2013) for the financial year 2013/2014 with suggested actions as appropriate.

The projected year end position for the relevant accounts was reported as set out as follows:

	Revised Budget Period 7 £ m	Profiled Budget to date £ m	Actual and committed to date £ m	Projected Position for Year £ m	Projected Over/ (Under)spend £ m	Actions being taken to recover to date £m	Remainder saving to be identified £m
General Fund Total	340.518	366.090	334.106	346.202	5.684	(3.568)	2.116
Housing Revenue Account	(0.631)	(8.508)	(7.272)	(2.131)	(1.500)	N/A	N/A

As usual finance officers and budget managers were monitoring budgets and taking appropriate action as necessary. It was noted that the report identified potential cost pressures of £5.684 million, however savings of £3.568 million had been identified leaving £2.116 million to be found including use of reserves and partnership funding where possible. It was noted that concerns over the council tax collection rate given the impact of council tax changes were unfounded.

Cllr Roy While, Chairman of the Budget Scrutiny Task Group addressed the Committee and raised concern over the draw on reserves. He asked for the pressure areas to be referred to select committee chairmen.

The Leader identified the £11 million outstanding debt as an area of concern and asked officers to challenge harder and stronger to get the percentage down. The Associate Director, Finance explained that whilst the Council paid its bills promptly, this was not being reciprocated by some debtors. Future reports would include information on the timeline of debts to the Council.

Resolved:

That Cabinet note the outcome of the period 7 (end of October) budget monitoring.

Reason for decision:

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

(b) Capital Monitoring Period 7 2013/2014

Cllr Dick Tonge presented the report which detailed changes to the budget made since the 2013/2014 budget was set in February 2013 and reflected the position of the 2013/2014 budget as at period 7 (end October 2013).

Resolved:

That Cabinet notes

- 1. The general budget additions for grants and revenue contributions of £7.658 million as per Appendix B of the report presented and notes the period 7 position of the Capital Programme in Appendix A of the report presented**
- 2. The reprogramming of £27.582 million between 2013/2014 and 2014/2015**

Reason for decision:

To inform the Cabinet of the position of the 2013/2014 capital programme as at period 7 (31 October 2013), including highlighting of budget changes.

126 **Urgent Items**

There were no urgent items.

(Duration of meeting: 10.30 am - 12.10 pm)

<p>These decisions were published on the 23 December 2013 and will come into force on 3 January 2014.</p>

The Officer who has produced these minutes is Yamina Rhouati, of Democratic Services, direct line 01225 718024 or e-mail yamina.rhouati@wiltshire.gov.uk
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CABINET TRANSFORMATION COMMITTEE

MINUTES of a MEETING held in KENNET ROOM - COUNTY HALL, TROWBRIDGE BA14 8JN on Tuesday, 17 December 2013.

Cllr Jane Scott OBE	Leader of the Council
Cllr John Thomson	Deputy Leader and Cabinet Member for Highways and Streetscene and Broadband
Cllr Dick Tonge	Cabinet Member for Finance, Performance, Risk, Procurement and Welfare Reform
Cllr Stuart Wheeler	Cabinet Member for Hubs, Heritage & Arts, Governance (including information management), Support Services (HR, Legal, ICT, Business Services, Democratic Services)
Cllr Keith Humphries	Cabinet Member for Public Health, Protection Services, Adult Care and Housing (exc strategic housing)

Also in Attendance: Cllr Fleur de Rhé-Philippe
Angus Macpherson, Police and Crime Commissioner
Cllr Allison Bucknell

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

12 Apologies and Substitutions

Apologies were received from Dr Steven Rowlands, Deborah Fielding, Chief Constable Patrick Geenty and Cllr Johnathan Seed.

Cllr Humphries substituted for Cllr Seed.

13 Minutes of the previous meeting

Resolved:

To approve as a correct record and sign the minutes from the meeting held on 22 October 2013.

14 Leader's Announcements

There were no Leader's announcements.

15 **Declarations of Interest**

There were no declarations of interest.

16 **Project and programme overview**

Ian Baker, Head of Programme Office presented the programme office overview.

He explained that programmes and projects were derived from both the Wiltshire Council's business plan and the Wiltshire Police delivery plan. In total there were currently 214 projects.

When asked how projects and programmes were prioritised it was explained that new projects are assessed in terms of fit with the Council's business plan. Prioritisation for new projects takes place between the project sponsor, transformation team and corporate directors.

The challenges faced in the coming year were recognised and being reflected in the portfolio, with the focus being on areas with the most gain and what could be delivered in terms of capacity within the organisation.

Project Sponsors receive monthly reports through the respective project boards, Sharepoint's project provide information on all live projects. A summary Highlight report is provided to corporate directors and the senior corporate team monthly with a programme summary.

The police portfolio was fully funded by the Police and Crime Commissioner, and where the Commissioner was investing showed long term savings for both organisations.

A review of the programme had shown that 96% of current projects could not be stopped without cost.

17 **Systems thinking review presentation**

John Rogers, Head of Systems Thinking and Customer Access introduced Tamsin Stone - Commissioning and Performance and Heather Lovelock - Systems Thinking, who gave a presentation on 'The front door to Children's Social Care – a Systems Thinking Review'

The review identified the customer purpose for the Referral and Assessment team as "Keep me safe". The analysis found that actual contacts (4000+/month) were four times the recorded contacts (1,000/month), and that of the actual contacts, 8% resulted in a referral for assessment, whereas 59% were for continuing contacts ie by people who had already been assessed and were receiving support. In addition, the helpful team was being submerged under requests for help from a wide variety of organisations.

Following changes to process and the website, and communication, incoming contacts dropped by 55% and 32% of the incoming calls concerned the need for an assessment. The review team also considered and scoped options for wider improvements, including the phased implementation of a Multi-Agency Safeguarding Hub (MASH) with the UK's only fully functioning IT suite.

The Police and Crime Commissioner, Angus Macpherson, would commission research of a joint 101 plan in Wiltshire.

18 **Transformation and Health**

Maggie Rae, Corporate Director noted the apologies from the CCG partners and future meeting date clashes. Future meeting dates have been changed to enable partner attendance. She explained that health was not one unified organisation but had many dimensions such as NHS England, Royal United Hospital, Clinical Commissioning Group, Avon and Wiltshire Partnership and GP practices.

A paper being brought to the next meeting would propose the set up of a Health sub-group to look at integration and asset sharing for sustainability of level of service. There would be a dedicated position on Health Transformation.

19 **Urgent Items**

There were no urgent items.

(Duration of meeting: 1.30 - 2.36 pm)

These decisions were published on the 9 January 2014 and will come into force on 17 January 2014

The Officer who has produced these minutes is Kirsty Butcher, of Democratic Services, direct line 01225 713948 or e-mail kirsty.butcher@wiltshire.gov.uk
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Wiltshire Council

Cabinet

21 January 2014

Subject: Wiltshire Local Transport Plan 2011-2026: Other Strategies

Cabinet Member: Councillor John Thomson – Deputy Leader and Cabinet Member for Highways and Streetscene and Broadband

Key Decision: Yes

Executive Summary

The Local Transport Plan (LTP) is a statutory document. Wiltshire's third LTP (LTP3) was published in March 2011. A number of sub-documents were not published in 2011 in light of planning and funding uncertainties.

Public consultation on the draft LTP3 sub-documents took place during February and March 2013.

The LTP3 is currently made up of the following elements:

- Strategy
- Implementation Plan
- Freight Strategy
- Public Transport Strategy
- Road Safety Strategy
- Car Parking Strategy

The sub-documents presented here are:

- Accessibility Strategy
- Cycling Strategy
- Powered Two-Wheeler Strategy
- Smarter Choices Strategy

Remaining outstanding sub-documents include other theme strategies and area strategies.

Proposals

That Cabinet:

- (i) approves the Wiltshire Local Transport Plan (LTP3) 2011 – 2026: Accessibility, Cycling, Powered Two Wheeler and Smarter Choices strategies and recommends adoption by the Council at its meeting on 4 February 2014;**
- (ii) notes that further LTP3 theme strategies and area strategies, and implementation plans are planned to be developed and**
- (iii) delegates authority to the Associate Director for Highways and Transport to finalise the document for publication by 31 March 2014.**

Reason for Proposal

To ensure the timely publication of a statutory document.

Parvis Khansari
Associate Director, Highways and Transport

Wiltshire Council

Cabinet
21 January 2014
County Council
4 February 2014

Subject: Wiltshire Local Transport Plan 2011-2026: Other Strategies

Cabinet Member: Councillor John Thomson – Deputy Leader and Cabinet Member for Highways and Streetscene and Broadband

Key Decision: Yes

Purpose of Report

1. For Cabinet to approve four sub-documents of the Wiltshire Local Transport Plan (LTP3) 2011-2026: Accessibility Strategy, Cycling Strategy, Powered Two-Wheeler Strategy and Smarter Choices Strategy.
2. For Cabinet to note the forthcoming development of the outstanding sub-documents of LTP3.

Relevance to the Council's Business Plan

3. These four strategies will help achieve the Business Plan goals. In particular:
 - The Accessibility Strategy helps to ensure that services are working together to identify and reduce inequalities between Wiltshire's towns and rural areas, and across community areas;
 - The Smarter Choices, Powered Two Wheeler and Cycling Strategies help to ensure that people have healthy active and high-quality lives by encouraging walking and cycling, reducing road casualties and reducing air pollution. They also help ensure that everyone in Wiltshire lives in a high quality environment by lowering our carbon footprint and promoting sustainable transport.

Background

4. The Transport Act 2000 made it a statutory requirement for local transport authorities to produce LTPs. The current Wiltshire LTP runs from 2011 – 2026 (LTP3) and can be found at <http://www.wiltshire.gov.uk/localtransportplan3.htm>
5. In response to the uncertainties created by the general election and subsequent planning and funding changes, the LTP3 Project Board took the pragmatic decision to reduce the scale and scope of the LTP3 in 2010 by:
 - (i) only producing a one-year implementation plan;

- (ii) not including the area transport strategies for Chippenham, Devizes, Salisbury and Trowbridge; and
 - (iii) reducing the number of theme strategies to four: car parking (approved by Cabinet at its meeting on 14 December 2010), freight, public transport and road safety.
6. Consultation on the Accessibility, Cycling, Powered Two Wheeler and Smarter Choices Strategies took place in February - March 2013.
 7. The remaining theme strategies are network management, transport asset management plan and walking. A Wayfinding Strategy (e.g. directional signposting) has been prepared by Atkins for the Council and may also be included as an LTP3 sub-document.
 8. Officers have been preparing the final LTP3 Accessibility, Cycling, Powered Two Wheeler and Smarter Choices Strategies in light of the consultation responses and other evidence to ensure that it meets the requirements of the DfT's guidance and helps support local objectives. The main changes made to each section of the consultation draft are detailed in **Appendix 1**. The comments and responses are shown in **Appendices 2-5**.
 9. A draft of the final Wiltshire LTP 2011 – 2026: Accessibility, Cycling, Powered Two-Wheeler and Smarter Choices Strategies is attached as **Appendix 6**.
<http://www.wiltshire.gov.uk/localtransportplan3.htm>

Main Considerations for the Council

10. The following sections provide a brief summary of the LTP3 Accessibility, Cycling, Powered Two-Wheeler and Smarter Choices Strategies.

Accessibility Strategy

11. The Strategy adopts a vision for accessibility which is "to help reduce social exclusion and provide good sustainable access to employment, health care, education, leisure and social activities, as well as other vital goods and services, so that wherever possible people can satisfy their needs locally and without the need to travel by car".
12. Government guidance requires that authorities identify accessibility priorities within their LTP areas.
13. This Strategy has made a relatively broad strategic assessment of accessibility in Wiltshire with a number of priorities being identified for assessment. The first priorities are young people, health and local area assessments.
14. Some of the issues considered in this LTP had already been identified for action in LTP2 and where possible these have been addressed through either the funding levels available at the time or by statute. The Accessibility Strategy, together with the other related strategies of public transport, cycling, walking, smarter choices and rights of way, will seek to address the identified accessibility priorities during the lifespan of LTP3. However, priorities can and do change and therefore this process is very much an iterative one and one where more in-depth local assessments will seek to re-evaluate and re-address the priorities to help ensure that funding and resources are being directed in the most appropriate way possible.

15. Over the next 12 -18 months transport planning officers will seek to identify with more accuracy and assurance where the specific accessibility issues occur. Data from the 2011 Census is beginning to be published now and it is envisaged that some of this data will help build a clearer picture of accessibility issues throughout Wiltshire.

Cycling Strategy

16. As part of the strategic options and appraisal process (see chapter 5 of the main LTP3 strategy document) the Council's preferred strategic options with regards to cycling measures were established as follows:

Cycle network

Approach	Balanced
Broad description	Provide a sympathetically designed, high quality and well maintained network of cycle routes in the principal settlements and market towns, and where appropriate, provide links between the market towns and to national cycle routes.

Cycle parking

Approach	Balanced
Broad description	Provide high quality cycle parking at key destinations and transport interchanges. Require adequate levels of high quality cycle parking in all new developments with higher levels of provision in the principal settlements and market towns.

17. The cycling strategy expands on these key policies to provide more detail including identifying key routes for improvement, cycle parking standards and identifying the processes to prioritise funding.
18. The Town Cycle Networks identify a key network of key cycle routes in each town. These networks are dynamic and periodic updates will be produced.
19. Key issues raised by the consultation were:

Theme	Officers notes
More use of 20 mph zones in urban areas and 40 mph limits on rural routes	This is dealt with by the Road Safety Strategy and upcoming policy notes
The strategy should be more visionary and include more improvements on rural and tourist cycle routes	There is insufficient funding for this and the radical option for cycle infrastructure was not chosen in the main LTP3 strategy. Rural cycle improvements are largely dealt with through the Countryside Access Improvement Plan, CATG and other Area Board projects and Road Safety improvements.

- 20. This strategy sets out how safety issues are addressed through the Road Safety Strategy with additional policies on infrastructure and parking, including motorcycle parking standards.
- 21. There were very few comments on this strategy and stakeholders seem broadly satisfied.

Smarter Choices Strategy

- 22. This strategy sets out key policies on Travel Plans, car share, electric charging points, transport marketing and information.
- 23. As part of the strategic options and appraisal process (see chapter 5 of the main LTP3 strategy document) the Council’s preferred strategic options with regards to smarter choices measures were set out as follows:

Smarter choices

Approach	Balanced
Broad description	Promote limited smarter choices measures in appropriate new developments and the market towns and undertake a range of targeted smarter choices promotions.

Travel plans

Approach	Balanced
Broad description	Use the planning system to develop, monitor and enforce mandatory residential and business travel plans, and promote the use of voluntary travel plans by organisations generally. Require appropriate contributions to support sustainable transport measures.

- 24. Stakeholders seemed broadly satisfied with this strategy.

Safeguarding Implications

- 25. There are no safeguarding implications as a direct result of this proposal.

Public Health Implications

- 26. The Cycling Strategy should increase the opportunities for safe cycling and encourage cycling, reducing inactivity-related illness.
- 27. The Smarter Choices Strategy promotes cycling and walking.
- 28. The Accessibility Strategy helps to identify inequalities of provision in active travel.
- 29. The Powered Two Wheeler Strategy seeks to reduce motorcycle casualties while at the same time increasing accessibility and reducing pollution.

Environmental and Climate Change Considerations

30. The Smarter Choices, Cycling and Powered Two Wheeler Strategies all encourage less carbon emissions, less pollution and better use of existing transport infrastructure, which helps to reduce CO2 emissions and preserve the countryside.

Equalities Impact of the Proposal

31. The four strategies should increase opportunities for people without access to a car to travel to work or education, or access key services.
32. The Accessibility Strategy helps to identify and tackle inequalities in transport provision.

Risk Assessment

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

1.	Inability to make decisions due to lack of an agreed policy.
2.	Reduced ability to apply for external funding for sustainable transport schemes.
3.	Negative reputational impact.
4.	Inability to secure adequate cycling and motorcycle parking provision through developments.

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

Risk	Mitigation action
Inability to tackle inequalities in accessibility once identified due to lack of funding.	Working with partners and applications for external funding.
Inability to implement strategies due to lack of funding, infrastructure design feasibility issues or lack of community support.	Applications for external funding, continued dialogue with communities and identifying alternate options where proposed design is infeasible.

33. 'Failure to deliver the LTP3 on time and at the required quality' has been added to the Council's corporate risk register.

Financial Implications

34. These strategies set out policies rather than spending and investment proposals.
35. It is expected that delivery of the strategies will be through existing funding sources, i.e. LTP Integrated Transport Fund and the Communities Infrastructure Levy (CIL), alongside external funding such as the Local Sustainable Transport Fund.
36. Where appropriate external funding sources are identified, a financial appraisal will be completed as part of the grant bidding process.

Legal Implications

37. The publication of the new (third) LTP in March 2011 was a statutory requirement under the Transport Act 2000 (as amended by the Local Transport Act 2008). The strategies contained in this report clarify the policies outlined therein. The necessity for Full Council approval is contained in Part 3 of the Council's Constitution.

Options Considered

38. Alternative options are to:
- (i) Not approve the four strategies leaving a policy gap.
 - (ii) Alter the strategies by adopting options that were rejected as part of the main LTP3 consultation.
39. These options are not recommended.

Conclusions

40. The LTP3 is a key policy document that should influence many areas of the Council's business.
41. The development of these four strategies has been the result of a lengthy exercise, involving wide ranging consultation, and a careful reflection on the economic, environmental and social factors that are distinctive to the county.
42. In summary, whilst road safety, social exclusion and health will remain areas where we will look for continued improvement, enabling economic recovery and reducing carbon emissions emerge as the headline priorities.

Parvis Khansari Associate Director, Highways and Transport

Report Author:
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Senior Transport Planner – Transport Strategy
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November 2013

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

None

Appendices

Appendix 1 – Main changes made to draft documents
Appendix 2 – Comments on Accessibility Strategy
Appendix 3 – Comments on Cycling Strategy
Appendix 4 – Comments on Powered Two Wheeler Strategy
Appendix 5 – Comments on Smarter Choices Strategy
Appendix 6 - Wiltshire Local Transport Plan 2011- 2026 – Other Strategies
<http://www.wiltshire.gov.uk/localtransportplan3.htm>

Updates to LTP3 strategies since Feb 2013 consultation

This document sets out key changes to the strategies since the consultation in February 2013. This is as a result of the consultation or due to ongoing work by council officers or changes to national policy.

Accessibility Strategy

Policy updates were made including:

- Door to Door Strategy – now included in strategy is a brief summary of this strategy.
- Transport for Everyone: an action plan to improve accessibility for all – now included in the strategy, considers the accessibility needs of those with disabilities.
- New Forest Recreation Management Strategy – updated to include this.
- Cranborne Chase and West Wiltshire Downs Management Strategy – updated to include this.

Updates to the Strategic Accessibility Assessment were made including:

- Wiltshire rail network – now included a brief overview of Wiltshire's rail network including the new TransWilts services.
- Population and age profiles – updated to include 2011 census data.
- Car ownership – updated to include 2011 census data.
- Travel to work patterns – updated to include 2011 census data.
- Information communication technology – working from home data updated from 2011 census.
- Rural areas and communities – updated to provide information from the Rural Facilities Survey 2012.
- Tourism – updated to include New Forest National Park.

Cycling Strategy

Policy updates were made including the door-to-door strategy.

Updates to the strategy were made including:

- Policy 1d has been amended to refer to the Wayfinding Strategy which is being completed by Atkins for the Council. The new text reads: Ensure appropriate directional signage is included in new schemes and look for opportunities to improve directions on existing routes by developing and implementing Signposting Implementation Plans for each Town Cycle Network following the principles of the Wayfinding Strategy.

- Addition of policy 1d – Consult with local cycle groups about Town Cycle Networks and scheme design where possible. This strengthens the existing text in Appendix 2.
- Addition of policy 3d. Working with partners to signpost key national and regional cycle routes on highways such as the Wiltshire Cycle Way. This clarifies text elsewhere in the strategy.

Powered Two Wheeler Strategy

The commitment to produce a Motorcycle Safety strategy as an appendix has been removed. Provisions that were intended to be in this appendix have now been included within the main document.

Smarter Choices Strategy

Policy updates were made including:

- Health references have been updated to include NICE guidance on walking and cycling.
- References to Wiltshire Council's Air Quality Strategy have been added.

Key updates to the strategy include:

- Reference to the importance of smarter choices measures for visitor attractions has been added.
- Updates have been added to reflect the development of 'Connecting Wiltshire'.
- The section on Personal Travel Planning has been revised to reflect work undertaken as part of the LSTF programme.

Name/ Organisation	Ref point in strategy	Comment	Response
<p>Mary Jarvis Clerk Melksham Without Parish Council</p>	<p>General comment</p>	<p>Two concerns about the consultation process overall in conclusion:- The question has to be asked "Does Wiltshire Council really want comments on this Plan?!" A councillor who focused on the cycleways issue in the LTP commented that he found it so difficult to get through to find the relevant maps and consultation on your website that he felt Wiltshire Council was obviously not wanting comments too badly!</p> <p>As with the Core Strategy Examination, it is unfair on local councils to have the consultation period for this major Strategic Plan during the election (purdah) period, with the complex process of a local election timetable taking place.</p> <p>The closing date for this Transport Plan is just 22 days after a local council election - 24th May. In our case the Annual Council only met on 20th May and we then had to elect all our committees, reps, etc, as well as review our Annual Accounts and Insurance. This untimely consultation, coupled with the failure of Wiltshire Council to send out even one draft hard copy to us means that we have been unable to put this on a Council Agenda or involve new councillors in any proper assessment of the Plan.</p> <p>These Plans are about local communities but it seems that so little effort goes into making them easily understood. Our earnest desire is thus that the new Wiltshire Council will bring with it a proactive attitude towards working more closely with local councils and communities. As a council we always try to make our office freely available to assist you in your work with local residents in planning, footway queries, flooding concerns etc, saving you huge costs and hours of work. It would so good if you in return were willing to facilitate more meaningful communication between us by sending at least one hard copy of any major strategic document to read.</p> <p>Please may we have a copy of the Local Transport Plan so that all our councillors may read and understand it without having to squint at a screen!</p>	<p>We are sorry to learn of the difficulties encountered by the councillor. It is not our intention to make consultations difficult for people – indeed, we use the Objective system to make consultations easier to access.</p> <p>Unfortunately, it is not always possible to programme consultation events to avoid other processes such as elections. Recognising this, we did run the consultation event for the full 12 weeks period as set out in the Wiltshire Compact.</p> <p>In terms of the provision of hard copies, in the interests of resource saving, we do not send these out automatically. We can, however, provide hard copies if requested.</p>
<p>Margaret Willmot Campaign for Better Transport Salisbury (47)</p>	<p>General comment about strategy</p>	<p>The DfT guidelines on Inclusive Mobility Dec 2005 (http://www.dft.gov.uk/publications/inclusive-mobility) cover the adaptations which might be necessary to provide an environment better suited to the needs of those with a wide range of physical, sensory and mental impairments. These guidelines include the statement that "... <i>auditing problems of access should be part of the process of developing guidance, strategies and implementation programmes, which themselves should form part of Local Transport Plans, local bus and local walking strategies</i> ."</p>	<p>Noted.</p>

Anne Henshaw Calne Area Transport (27)	2. Accessibility introduction	Much detail of this is missing such as in 2.3 last sentence. Are new recommendations for planning departments to positively require the recommended cycle parking standards to be enforced?	Passed to HB
Margaret Willmot Campaign for Better Transport Salisbury (47)	2. Accessibility introduction	Specific 2.3 The issue is not just that 'not everyone has access to a car' but the fact that if everyone did have access to a car the environmental impact (in terms of land required for parking/roads, the air pollution and CO2 emissions caused) and the health impacts of inactivity etc would be unacceptable	Noted.
Margaret Willmot Campaign for Better Transport Salisbury (47)	2. Wider context	2.18 The spatial vision quoted here from the emerging Core Strategy does not match the vision which is in the Wiltshire Core Strategy submitted to the Planning Inspectorate for the Examination. The current version of this section (which includes a change, Change Ref 7, to include 'historic' as well as natural and built environment) reads as follows: <i>“By 2026 Wiltshire will have stronger, more resilient communities based on a sustainable pattern of development, focused principally on Trowbridge, Chippenham and Salisbury. Market towns and service centres will have become more self-contained and supported by the necessary infrastructure, with a consequent reduction in the need to travel. In all settlements there will be an improvement in accessibility to local services, a greater feeling of security and the enhancement of a sense of community and place. This pattern of development, with a more sustainable approach towards transport and the generation and use of power and heat, will have contributed towards tackling climate change. Employment, housing and other development will have been provided in sustainable locations in response to local needs as well as the changing climate and incorporating exceptional standards of design. Wiltshire's important natural, built and historic environment will have been safeguarded and, where necessary, extended and enhanced to provide appropriate green infrastructure, while advantage will have been taken of the Wiltshire's heritage to promote cultural and lifestyle improvements as well as tourism for economic benefit. Partnership working with communities will have helped plan effectively for local areas and allow communities to receive the benefit of managed growth, where appropriate”.</i>	Noted and amended strategy.
Anne Henshaw Calne Area Transport (27)	2. Local interest groups	If it is work to be done at a local level, or through the Area Transport Strategy, who are the local interest groups who will be involved? Those invited to be involved should listed. See bullet 2.24...(error in numbering?)	Discussions with local interest groups has been more limited than would have been hoped. However, it is likely that these will be progressed through the local assessment work.

			Communities and groups will likely have an opportunity to feed into the process through the community areas although this detail had yet to be fully determined.
Margaret Willmot Campaign for Better Transport Salisbury (47)	2. Local interest groups	There is a mention in 2.24 of discussions having taken place with 'interest groups' - it would be helpful to know which groups these were and where they were located in the county. Also what 'valid points/issues' referred to in 2.24 were raised, and how these are to be monitored. In the Equalities impact assessment it is noted "A number of communities and groups have been identified and approached for their assistance in data gathering, but further work is required to ensure all accessibility issues are covered." Can we be made aware of how communities and groups will be able to feed into this process?	Discussions with local interest groups has been more limited than would have been hoped. However, it is likely that these will be progressed through the local assessment work. Communities and groups will likely have an opportunity to feed into the process through the community areas and CATG's although this detail had yet to be fully determined.
Ron Crook (13)	3. Vision	3.2 The term 'Big Society' needs to be defined.	Noted and strategy amended to provide a broad definition.
Margaret Willmot Campaign for Better Transport Salisbury (48)	3. Vision	3.1 The vision would be made rather stronger by removing the 'begin to' from before 'satisfy their needs locally' (i.e. '...wherever possible people can satisfy their needs locally...' would be better than '... wherever possible people can begin to satisfy their needs locally...')	Noted and amended strategy.
Margaret Willmot Campaign for Better Transport Salisbury (48)	3. Vision	Figure 3.1 The pedestrian environment - for example in shopping streets, or in residential areas, is not mentioned and this is important in terms of overall accessibility and providing streets for people rather than motor vehicles. I would suggest that under 'safety, security and health' and 'reduce carbon emissions' the bullets re 'improvements to the Rights of Way network and cycle path network' should be changed to refer to 'improvements to the pedestrian environment, the Rights of Way network and cycle path network'.	Noted and amended strategy.

Lt Cdr J Blake/CPRE (57)	3. Vision Accessibility: the bigger picture	In figure 3.1 "the pedestrian environment" should be added to improvements to the Rights of Way and cycle path network.	Noted and amended.
Mr Douglas Colborne (3)	5. Strategic accessibility assessment	You have identified the main population centres of the county. There will be a growing need for travel between these as well as access for more local services. I could see nothing about improvements to the existing trans Wilts rail corridor i.e. Swindon-Chippenham-Melksham-Trowbridge-Westbury-Warminster-Salisbury and the encouragement of its use coupled with an attractive service provision.	Noted and amended strategy, to reflect the LSTF project.
Nigel Chalk (11)	5. Strategic accessibility assessment	There are major opportunities for using the existing rail freight traffic flows to drop off/pickup wagons while passing through the county. For example a major opportunity would be the Freightliner services Southampton-Cardiff, Bristol- Grain and Bristol Tilbury services which pass through Swindon daily, there are several ex railway sites/sidings that could be used to put containers onto lorries for local drops. E.g. Old carriage shed site on south side of main line opposite old Railway Works site could be linked to Great Western Way. For your information the automotive traffic ceased in early 2011 and since then demise of the Swindon Longbridge (ROVER) service there was only one train every 2 weeks from HONDA.	<p>Whilst the council recognises the need to achieve a more sustainable distribution of freight it is recognised that the overwhelming majority of freight distribution within the county is made by road, and that this is likely to remain so in the foreseeable future.</p> <p>Often heralded as the panacea for freight distribution, rail freight does have a number of barriers to cross before achieving any mode shift (i.e. high financial costs; the extent of physical infrastructure required; and the inflexibility of the service offered). These barriers have continually made any mode shift from road to rail difficult to promote or</p>

			implement. For more information please see the Freight Strategy.
Margaret Willmot Campaign for Better Transport Salisbury (49)	5. Strategic accessibility assessment	5.18 'information fro' should read 'information for' 5.23 'accessing he relevant' should read 'accessing the relevant'	Noted and amended strategy
New Forest National Park (84)	5. Strategic accessibility assessment	Under section 5, as you will be aware, seven per cent of the New Forest National Park is within Wiltshire, the A338 is an important route linking Salisbury, Fordingbridge and Ringwood. This route connects Salisbury with the wider New Forest area providing opportunities for tourism, recreation, employment and good access to the strategic road network via the A31 and onto the M27 and M3 corridor. In order to make it easier for everyone to enjoy the National Park sustainably, our recreation management strategy includes the following action relating to accessibility: 5.8.2 Encourage and work with Hampshire County Council and Wiltshire Council to increase the accessibility of the National Park by providing safe road crossing points at key locations for walkers, horse riders and cyclists, ensuring that these will not increase pressure on the most fragile parts of the National Park.	Noted and amended strategy.
New Forest National Park (86)	5. Strategic accessibility assessment	Under 5.54 (Tourism) in addition to Areas of Outstanding Natural beauty, it is worth referencing the new Forest National Park and specific transport challenges it faces.	Noted and amended strategy.
Environmental Health Wiltshire Council (94)	5. Strategic accessibility assessment	5.4 states that 20 community areas were created and paragraph 3.3 states 18 community areas. This error is also carried through to the key accessibility points' blue box.	18 Area Boards but 20 Community Areas
Environmental Health Wiltshire Council (94)	5. Strategic accessibility assessment	5.6 Should be amended to read that Public Health moved from the NHS to Wiltshire Council in April 2013 as this has now happened.	Noted and amended strategy.

Margaret Willmot Campaign for Better Transport Salisbury (50)	6. Accessibility priorities	6.12 Bullet point re Tisbury (1% within 800m of buses running hourly or better) - would it be more relevant to refer to 'public transport' rather than buses, since Tisbury does have the benefit of a railway station + an hourly train service - perhaps a factor in why there are fewer buses?	Buses is used in this instance because it is a recognised accessibility measurement and whilst Tisbury does have a train station this is the not case of all community areas in Wiltshire.
Lt Cdr J Blake/CPRE (56)	6. Local assessments	An accessibility strategy that aims to provide access for all not only to public transport and buildings but along roads, especially country lanes and roads in towns, bearing in mind the needs of wheel chairs.	Noted. Carrying out local assessments and working with local groups will help to identify specific accessibility issues including those with mobility disabilities.
New Forest National Park (87)	6. Accessibility priorities	Young People (6.10) – it might be of interest for them to know that the NPA now has a Mosaic person who is engaging young people with the (whole of the) National Park.	Noted and will bear this in mind for future reference.
Environmental Health Wiltshire Council (95)	6. Accessibility priorities	6.3 should be deleted as this is all in the past and serves no purpose in the context of this strategy.	This paragraph is necessary as it demonstrates the need to continue to work with our health colleagues to help improve accessibility to health care services.
Environmental Health Wiltshire Council (96)	6. Accessibility priorities	The strategy serves as a useful reference document highlighting the issues facing Wiltshire with regards to accessibility. The local assessments will help to provide the real focus and enable Public Health and Public Protection Services to feed in to the process, in particular to delivering accessibility with regard to improved air quality and public health outcomes.	Noted and we will be mindful of this when the local assessments (re)commence.
Anne Henshaw Calne Area Transport (100)	6. Accessibility priorities Local assessments	Will an audit be required for each market town in order to establish the wide range of obstacles required to be assessed in order to meet mobility requirements? These requirements vary depending on the user group eg. Pedestrians (single or groups such as school children), cyclists, older people using scooters, wheelchairs and those with impaired vision.	It is likely we will use existing evidence and communicate with existing groups however it is likely we will cast a wider net and take more holistic approach and develop a more involved approach with health colleagues using community resources such as CATG's and AB Grants.

Margaret Willmot Campaign for Better Transport Salisbury (101)	6. Accessibility priorities Local assessments	<p>There is a lack of detail regarding what is needed within communities to enable better access - this appears to be deferred for further work at a local level (although the details of how this will be progressed in terms of organisations involved and time frame is not clear).</p> <p>While local assessments are referred to in 6.15-6.17 of this Accessibility Strategy the actions proposed seem to refer more to the 'macro' level (frequency of PT services etc) and there is little indication of the 'micro' level of enhancements which might be assessed & implemented (e.g. city centre changes to provide level street scene for ease of wheel chair access, implementation of wider pavements and dropped kerbs for wheel chairs, buggies and shopping trolleys, signage & assistance for visually impaired etc). For a city such as Salisbury, which attracts a large number of shoppers & tourists with a wide range of mobility requirements, these details are really important - at what stage will the sort of city centre accessibility audit which is required be undertaken? Will this be clarified in the Walking Strategy which is still outstanding?</p>	<p>The Accessibility Strategy and the accessibility planning exercise within it are and will be at the macro level. This starts at the strategic countywide level down to macro local level. However it is probable that during this process micro level issues will be uncovered, however this isn't the main focus. Therefore each town will not undergo a detailed accessibility audit, however should the micro level issues become a countywide issue they will be considered as part of the local assessments. Micro level issues are already dealt with through the LTP process.</p>
Mr Nigel Chalke (10)	7. Delivery accessibility	<p>More must be done to open/re-open services/stations in Wiltshire, it is ridiculous that there is no direct connections from Swindon (largest town) – Chippenham (County Record offices) – Melksham – Trowbridge (County town) – Westbury – Warminster – Salisbury.</p> <p>There is also a need for a second station for Swindon and in the Swindon Plan it has been suggested that there are 3 options for a Park-and-Ride located either on Bristol line where is crossed M4, Gloucester line using old refuse site or London line just past Police station on A420 using old Fish sidings.</p>	<p>Noted. There will be a new service between Westbury and Swindon via Melksham commencing Dec 2013. Strategy amended to reflect this.</p>
Mrs S Harry Tisbury Parish Council (44)	7. Delivering accessibility	<p>Tisbury Railway Station would be an ideal hub for the community area, but is lacking in any co-ordinated integration with a bus service. This is considered to be a threat to the economic viability of Tisbury's High Street that relies on visitors. Facilities, including tourist information and toilets, should be available at the railway station at all times during the timetabled service.</p> <p>Targeted bus services using smaller vehicles to provide a flexible, peak-time demand led service</p>	<p>Noted. Supported bus services in the Tisbury area are due to be reviewed in 2014/15, and in common with other bus service reviews this will</p>

would be of great benefit. Tisbury and the surrounding villages make great use of TISBUS and the Link Scheme, but these are run by volunteers (with a few paid drivers) and currently operate at capacity; Wiltshire Council should consider subsidising such existing services rather than creating new additional services. Note - the estimated cost of providing an extra TISBUS per annum is put at £40,000.

Due to the lack of bus services, the elderly are particularly dis-advantaged as bus passes are not useable; a form of train ticket subsidy (that would allow access to Salisbury and Gillingham) and would be more beneficial and should be actively considered by Wiltshire Council as an alternative to a bus pass for those that wish to make better use of the local train network.

Shaftesbury, being the largest near town, cannot be reached for return journeys in any time period of less than a day.

The above is just one example of a specific bus timetabling issue, but there are further examples, such as:

- Children from Tisbury attending Shaftesbury School are severely disadvantaged in terms of after school activities and rely heavily on parents for transport due to the lack of bus services at appropriate times, with the consequent increase in car journeys.
- Better co-ordinated bus/train services should be considered, a prime example being that no bus runs directly between Salisbury Railway Station and Salisbury District Hospital; a walk is required - not ideal for those that are not well. It should be noted that a high percentage of the journeys undertaken by TISBUS and the Link Scheme are related to trips to the hospital. A short detour by the Bemerton Heath bus service would be most welcome!
- Tisbury and area residents cannot travel on the last train from Waterloo unless arrangements have been made for a taxi, pick up by family/friend, parked car at Salisbury, as this train doesn't stop at Tisbury and there is no bus service at that time.

The road infrastructure is not considered adequate in terms of suitability for the large buses that transport School children, or maintenance, that does affect the safe travel of 2 wheeled transport, whether powered or not.

include discussion with community transport groups and Link schemes about their ability and willingness to play a greater role in delivering local public transport services. The council already provides grant funding to support the existing activities of CT and Link schemes.

The option of providing support for train travel as an alternative to the free bus pass was considered a few years ago, and rejected for financial reasons. Older people can already purchase a senior citizens railcard which provides discounted rail travel.

These detailed points can be considered in the review of supported bus services mentioned above. However, the service that can be provided will (as now) be limited by the funding available and the operational constraints of trying to serve as many of the different needs of the area as possible while making cost effective use of the vehicles and drivers that are available.

Mrs S Harry Tisbury Parish Council (44)	7. Delivering accessibility	The Wheels to Work Scheme does provide some mobility in the area, especially for younger working individuals, but is limited by distances between the villages in the area and the larger towns.	Passed to HB
Mrs S Harry Tisbury Parish Council (44)	7. Delivering accessibility	Co-ordination with the AONB Visitor Economy project should be encouraged by all transport groups.	Noted and will bear this in mind for future reference.
Mrs S Harry Tisbury Parish Council (44)	7. Delivering accessibility	Improving the broadband provision in the Tisbury community area would reduce overall demand on the current transport services where available - enabling some more effective home working, shopping etc.	Residents and businesses in Wiltshire will soon benefit from a multi-million pound partnership between Wiltshire Council, BT and South Gloucestershire Council to provide superfast fibre broadband. The rollout will see 91% of premises in Wiltshire connected to superfast fibre broadband of 24Mbps and above by March 2016.
Mrs S Harry Tisbury Parish Council (44)	7. Delivering accessibility	Wiltshire Council should consider restoring the subsidy to the Air Ambulance service as this is an essential feature of rural life.	Noted.
Margaret Willmot Campaign for Better Transport Salisbury (51)	7. Delivering accessibility	7.29 Seems to be a word missing in 'particularly running costs' [in relation to Powered two-wheelers]. Should probably read 'particularly low running costs'.	Noted and amended strategy.
New Forest National Park (88)	7. Delivering accessibility	Under 7.2, Wiltshire Council is a key partner in delivering the 'Two National Parks LSTF Programme'. Discussed above.	Noted.
New Forest National Park (88)	7. Delivery accessibility	The NFNPA is supporting the implementation their Countryside Access Improvement Plan (7.22 – 7.24). This is referenced in action 5.4.3 of our Recreation Management Strategy. Also we are pleased that Wiltshire Council are making links between LTP and CAIP (the ROWIP) and we would encourage even more integration between the two plans.	Noted. NFNPA Rereation Management Strategy now acknowledged in strategy.

New Forest National Park (88)	7. Delivery accessibility	7.31 – as a planning authority we can work together with you on this (on the limited extent of development in the NP)	Noted.
New Forest National Park (88)	7. Delivery accessibility	In relation to planning policy, we are aware that the Wiltshire Council Core Strategy (likely to be adopted later this year) states that 555 dwellings will be completed in the 'southern communities planning area' – namely Morgan's Vale, Woodfalls, Downton etc – over the Plan period. The largest development will be around 190 dwellings in Downton and the rest will be spread across the smaller communities that lie just to the north of the National Park boundary. Given this relatively low level of development (it equates to less than 30 dwellings per annum), I'm not sure we can say much more than noting that additional development is proposed immediately adjacent to the National Park boundary and that impacts on the unfenced B-class roads in the northern part of the New Forest remain a concern.	Noted.
Mike Crook Rights of Way (103)	7. Delivering accessibility	<p>I think it's worth adding some text to mention the different types of users you get in the countryside. Eg change to:</p> <p>The Countryside Access Improvement Plan (CAIP) focuses primarily on rights of way, it also states that improvements to other routes and areas which allow people to access the countryside should also be considered. This access may be on foot, bicycle, horseback, non-motorised vehicle (normally horse and carriage) or motorised vehicle (4x4 or motorbike). The CAIP sets out the actions Wiltshire Council will take to promote use of the countryside access network (CAN).</p> <ul style="list-style-type: none"> • 7.22 Access Land needs capital L • 7.24 Volunteers don't just help with the rights of way network, they also help with the country parks and canals so refer to the CAN rather than rights of way network 	Noted and amended strategy.
Margaret Willmot Campaign for Better Transport Salisbury (52)	8. Performance Management	<p>Performance management Re the '3 year implementation plan due for publication in 2013' - in fact a three year implementation plan 'covering the three year period from 2012/13 to 2014/15' was planned to be consulted on and published in 2011/12 - see WC LTP3 Implementation Plan 2011/12 para 1.5.</p> <p>It appears there has been no Implementation Plan for 2012/13 - what period will the Implementation Plan due for publication in 2013 cover? The Department for Transport's (DfT's) Guidance on Local Transport Plans (July 2009) contained some recommendations re monitoring</p>	The review of the LTP Implementation Plan and the indicators chosen is planned to take into account the performance management regime adopted in the emerging Wiltshire Core Strategy and Wiltshire

		<p>performance and setting targets, e.g.</p> <p><i>" Authorities should consider as they develop their Plan what performance indicators are most appropriate for monitoring it, and what targets might be set to incentivise and secure delivery. Performance monitoring should be an integral part of managing the LTP programme. A strong LTP will include ambitious target setting, clear trajectories and close monitoring of delivery. "</i></p> <p>(Chapter 4, para 59)</p> <p>While specific target values might most appropriately be in the Implementation Plan component of the LTP, the nature of the targets together with the base values might helpfully be included in the relevant Strategy components. E.g. for the accessibility theme the Nottinghamshire LTP 2011-2026 outcome indicators included: - access to employment, training, health care & hospitals, retail centres & shops by public transport, accessibility to public transport services - take up on concessionary fare passes, number of fully accessible buses, provision of information at bus stops, provision of real-time information</p>	Council Business Plan.
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Cycling Strategy consultation comments and responses

Comment	Response
Introduction	
Dr A H D Graham	
<p>1. Cycling Strategy: Wiltshire Council seems to have spent a lot of time formulating these written strategies, but the output of previous works has been poor. A good example of cycling provision seems to be that near Melksham Oak School. A poor example would be the London Road, Devizes, cycle path. It seems more thought needs to be put into the planning of routes and their detailing. Shared cycle/footpaths should be avoided: this is not good practice (unless the pavement has been widened appropriately) and represents a hazard to pedestrians (which is why, in the absence of blue cyclepath signs, cycling on pavements is against the law!). Cycles belong on the road: provision should be made simply to maximise safety whilst cyclists are using the highway. I suggest more focus on getting cyclists across/around hazardous junctions/roundabouts. Cyclists should be given priority at such locations, which also helps to ensure motorists slow down. Please, no more 'cyclists dismount' nonsense. Wiltshire Council should budget to maintain all cycle routes it creates: again, the London Road, Devizes, path is neglected (e.g. access to the new housing estate has cut the cycle path; the path disappears under hedges at the Cannings Hill end). Might I suggest Highways work more closely with bodies such as the CTC so the detailing is improved?</p>	<p>The London Road path in Devizes was put in a long time ago as part of a maintenance scheme, and design standards are now stricter. Cycling in Devizes has been increasing over the past decade.</p> <p>Appendix 2 sets out where it is appropriate for cyclist provision to be off-road and on-road.</p> <p>Our engineers regularly consult with local cyclists groups about scheme designs and this is an approach that is being adopted in Devizes.</p>
Mrs Sheila Sheppard	
<p>2. Whilst I accept that enabling the increase of cycling should be a priority, the encouragement of RESPONSIBLE cycling should also be encouraged. During the last few weeks I have seen several cyclists cycle the wrong way up North street in Wilton, in fact it is becoming a regular occurrence. Also in Wilton I saw a cyclist totally ignore the traffic lights at the market place and cycle across the road westwards. Thankfully no traffic was coming the opposite way. Again (not at this junction) but cyclists seem to think that they are pedestrians when crossing roads, etc with their bikes even when not dismounting. Cycling on footpaths is also a common problem and I was once told by a cyclist who told me he did it because the roads were too dangerous. Not using lights, and have bells gone out of fashion to warn pedestrians that they are in danger from cyclists?</p>	<p>The Council promotes responsible cycling and has provided information on its website and in print to encourage the use of bells and adherence to the Highway Code.</p>

National and Local Policy Context

Anne Henshaw, Calne Area Transport

3. Statements such as that in 10.9 are pretty meaningless unless the method of calculating how many cycle spaces (facilities) are required to be installed in new housing developments and outside retail facilities are upheld and are enforceable. Most planning applications contain the very minimum of cycle spaces, and we do not agree with the figure calculated for supermarkets which should be far higher. The present message is that cycling is very much the second or third choice of travel. The priorities and the requirements must change and rise if the strategy is to succeed. 10.10 quote from DfT is meaningless unless the point above is met and 10.21 the issue of shared paths and on-road provision is radically approached. 10.17 and 10.21 refer to 'lightly trafficked streets' and 'light usage in rural areas' where the issue of better infrastructure and shared paths should be emphasised rather than deemed less important due to the presumption that present low usage will continue to be the norm. Has it not been considered that the reason that some routes and rural roads have light usage is because they are a) unsafe due to excessive vehicle speed b) low quality surfaces, c) poor lighting and d) high curbs? The step change needs to be pursued and be radical. Cycling should be considered not just a form of recreation for certain age groups but as a serious means of travel. SO9 and SO17 are not deliverable unless there is a joined up approach to the LTP and its other strategies. (e.g. parking standards) 10.54 needs explanation as 'improving accessibility' is not just about the surface of a route.

10.56 refers to the HA objectives. Most of the bullet points, particularly bullets 6 and 8 should be incorporated in any road improvements.

The proposed dualling of the A350 at Chippenham is an opportunity to start by bringing in speed reduction and cycle tracks on the sides. A clear 'linkage' of employment areas and place of residence.

The enforcement of planning requirements is outside the scope of this strategy. The actual cycle parking requirements for supermarkets in areas where there is high cycle accessibility may be higher due to Travel Plan requirements.

Section 10.10 to 10.21 is an overview of government policy. 'Lightly trafficked' refers to low numbers of motor vehicles. The Council recognises that provision of better infrastructure will encourage usage, but in some areas usage will still be limited by low population density and high distances to destinations. It is often not possible for technical or financial reasons to provide a route in these areas that would meet normal standards. As LTN 1/12 states, the Council needs to consider whether provision of a sub-standard facility is better than no facility at all. In some cases, no facility may be the better option. The urban area of Chippenham is not considered a rural area in this context.

The Strategic Options SO9 and SO17 have been consulted on previously and adopted as part of LTP3.

More details about 'improving accessibility' are provided in the Countryside Access Improvement Plan which is referenced.

The Highway Agency objectives have been updated. This is provided for information as Wiltshire Council has little influence on such objectives.

There is currently a shared use cycle path between the Morrisons roundabout and the A350/ B4158 roundabout. The A350 dualling will include some pedestrian/ cycle paths and crossing point alongside the A350; however, the design for this is still being developed and so the exact details are currently unknown at present.

Mr Douglas Colborne	
<p>4. It is good to see so much emphasis on cycling and its many benefits. The national cycle network could be improved to encourage its greater use without detracting from its attractiveness. The key area for this is that the network is for the most part loose surfaced, prone to getting waterlogged in places and suited to off road rather than on road cycles. A tar sealed surface and some lighting would make these routes an attractive and practical safe cycling to work route. As an example take the route from Calne to Chippenham along the railway path.</p>	<p>On the Town Cycle Networks the Council recommends a tarmac surface, although a dressing may be applied to make it more aesthetically suitable in sensitive areas. Routes which are shown as 'Rural Links' will have a surface which balances the needs of utility cyclists, disabled people, leisure cyclists (who may prefer unsurfaced routes), pedestrians and horseriders, and also take into account these routes are often maintained and upgraded through the Rights of Way strategy.</p> <p>The Public Rights of Way team have confirmed that there is no intention to upgrade the Chippenham to Calne route surface, as it is a rural route, which would not be suitable for tarmac or street lighting, as this would be detrimental to the surrounding area. The route is also on private land and is not owned by Wiltshire Council, which creates a number of issues when carrying out any work, as multiple permissions are required thus delaying the process and rising the costs of any work. However, they have noted that some maintenance of the route surface is required.</p>
Margaret Wilmot	
<p>5. All Party Parliamentary Cycling Group (APPCG) report 'Get Britain Cycling' suggested that there should be a target to have 10% of all journeys in Britain made by bike by 2025. It would be appropriate to consider a similar ambition for Wiltshire. While there is some useful background information about cycling, including health benefits etc, the actual policies which are proposed in Wiltshire could be more far-ranging.</p>	<p>Cycling levels are monitored in key towns in Wiltshire and will be used to assess progress as set out in the Implementation Strategy. Given the uncertainty over future government funding it is not possible to set specific targets in the Cycling Strategy. Cycling mode share is also being monitored through the personal travel planning surveys that are being carried out as part of the current Local Sustainable Transport Fund programme.</p>
<p>6. For instance they should cover policies to extend 20 mph zones in residential area, and speed limits on rural roads, measures which would be beneficial not only to cyclists but also to other vulnerable road users. It is appreciated that taking a wider view might impinge on some of the other components of the Local Transport Plan - e.g. the Road Safety Strategy and the Area Transport Strategies. This is one of the major problems with the piecemeal approach which has been taken with the 3rd Local Transport Plan in Wiltshire, with parts being adopted in 2011 and other parts still being developed. Clearly there is a need to produce a coherent overall strategy which takes account of all the individual component strategies and modifies already-adopted strategies where necessary.</p>	<p>Policies on speed limits are set out in the Road Safety Strategy and these will be further refined as new evidence becomes available.</p>

<p>7. Given that the Strategy extends to 2026 it would be good to have a long term vision for where the county might be heading in terms of cycling, even if progress is constrained by financial uncertainties. Some paragraphs from the recent 'Get Britain Cycling' report could provide a start point for this: "Our vision is to realise the full potential of cycling to contribute to the health and wealth of the nation, and the quality of life in our towns and local communities. We believe this is both possible and necessary. We need to get the whole of Britain cycling: not just healthy people or sporty young males, but people of all ages and backgrounds, in urban and rural areas. We need to change the culture of how we use our roads, so that people are no longer afraid to cycle or allow their children to do so. Our streets, roads and local communities, need to become places for people, where cycling and walking are safe and normal." The vision statement for cycling adopted by Devon also provides a good example: "To create a first class environment for cycling, where people of all ages, abilities and backgrounds have the opportunity to choose cycling for a large proportion of everyday journeys and for leisure."</p>	<p>The cycling vision for Devon is: <i>To create a first class environment for cycling, where people of various ages, abilities and backgrounds have the opportunity to enjoy cycling safely and regularly for health, leisure and everyday purposes.</i></p> <p>Such a vision would not change our policies or strategies as the key elements of this vision are already set out in our Strategic Objectives.</p>
<p>8. Specific 10.21 'shared paths are particularly important in rural areas' - there are plenty of examples of minor roads much used by cyclists both on leisure and utility rides in Wiltshire e.g. along the Ebbles Valley & the Woodford Valley around Salisbury, and many parts of the Wiltshire Cycleway. The Cycling Strategy needs to recognise the importance of the minor road network for cyclists, & there should be a policy in relation to safety on these roads. I don't think that 'shared paths are important in rural areas' is particularly the message of LTN1/12 - this is a guidance note re shared use routes for pedestrians and cyclists so it is hardly surprising there is a lot on this topic, and the point is made that there may be low volumes of pedestrians in rural areas so therefore less need for segregation. But the point is also made that "The hierarchy generally discourages designers from taking cyclists off the carriageway, and Table 4.2 in Chapter 4 indicates that, for roads with 85th percentile speeds of 40 mph or less, on-carriageway provision is always a possible option." [para 3.4]. There should be more on measures such as speed reduction which will make minor rural roads safer for cyclists. Note that the APPCG 'Get Britain Cycling' report concluded that "there are many rural lanes where speed limits of 40 mph or less are entirely justified on general safety grounds, and we support the successful implementation of these." The recommendations from the APPCG included "Extend 20 mph speed limits in towns, and consider 40 mph limits on many rural lanes." 'The minimum width requirements for shared paths are</p>	<p>This text refers to the guidance that is given in LTN 1/12, specifically where it states that:</p> <p>(1.9) <i>"it expresses a general preference for on-carriageway provision for cyclists over shared use. However, it is not meant to discourage shared use where it is appropriate.</i></p> <p><i>For example, in rural areas, a high quality shared use route away from roads might be a prime objective. Such facilities can be especially beneficial where there is no specific provision for pedestrians and cyclists alongside roads."</i></p> <p>(4.9) <i>"The hierarchy, which is reflected in Table 4.1 (and Figure 2.1), is often a good starting point, but it is important to understand that it is not meant to be rigidly applied. For example, if scheme objectives suggest a clear preference for providing cyclists with an off-carriageway facility, as might often be the case in rural settings, creating a shared use route might be highly desirable."</i></p> <p>Minor roads do indeed form key routes for cyclists in rural areas as noted elsewhere. They may provide a key route alternative to roads where speeds and traffic volumes are high. We have adjusted the text in 10.21 to better reflect this.</p>

<p>superseded' - what has been superseded is section 8.5 of LTN 2/08 (see LTN 1/12 para 7.28). However paragraphs 7.28 - 7.47 in LTN 1/12, summarised in Table 7.5, provide revised rules re minimum widths and when it might be appropriate to have lesser width. It is acknowledged (LTN 1/12 7.32) that " There might be situations, again particularly in rural areas, where flows are so light that the likelihood of two users encountering each other is very low. In this case, the minimum widths given below might be far more than are necessary (or desirable from an environmental point of view). The acceptability of width below the minimum recommended here is something for the designer to determine" The final two sentences in para 10.21 are not very clear ("The minimum width requirements for shared paths are superseded; however, it states that minimum widths may not be applicable in rural areas where there is likely to be very light usage by both pedestrians and cyclists.") and could be reworded to better reflect the message in LTN 1/12. 10.27 The NICE Guidelines 42 (Nov 2012) are in fact called "Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation" - perhaps worth quoting the title in full as it does stress the importance of cycling as a form of travel not just recreation. 10.35 Last sentence 'Cycle storage and forms...' - either there is a word missing or the 'and' is superfluous. 10.36 There is also a Transport Strategy for Devizes referred to Wiltshire Core Strategy, as well as Chippenham, Salisbury and Trowbridge.</p>	<p>We have also added policy 3d and text in 14.14 to clarify this.</p> <p>The text referring to minimum widths has been clarified.</p> <p>The title of Nice Guidelines 42 has been changed in the text.</p> <p>10.35 Storage refers to storage of bikes, lockers refers to lockers for helmets, etc. The text has now been clarified.</p> <p>10.36 This has now been added.</p>
<p>Gill Anlezark, Hon Membership Secretary Cycling Opportunities Group for Salisbury(COGS)</p>	
<p>9. 10.4 Since the plan covers the period up to 2026, another 13 years, there does not seem to be much vision for the future. All the city and town maps concentrate on what is already identified and needed now and if this is all that is envisaged to be provided in the next 13 years, a significant opportunity to foster a cycling culture in major settlements will have been lost. See also my comments below on section 11.3 10.5 It is far from clear how the policies in section 14 will help Wiltshire Council to comply with the national policies and guidance presented here.</p> <p>No targets have been set for any of the desired outcomes; there are no timelines by which we can expect to see significant improvements in the city and town networks or key indicators and measurements of the effects of implementing the policies on health of the population, road safety or even counting of numbers cycling. A proper system of monitoring the success of the policies needs to be included in the strategy so that value for money can be evaluated and benefits to the local populations assessed.</p>	<p>The Town Cycle Networks include links to areas of development identified in the Core Strategy.</p> <p>See response to 5 above.</p>

<p>10.8 There should be greater emphasis on creating 20 mph zones and limits in residential areas and near schools in the major settlements and market towns, making a default speed limit of 40 mph on rural roads and looking positively at opportunities to create contraflows for cycling where these make a cycle journey more direct. 10.13 It would help to underpin the county's commitment to cycling and act as an example of good practice if there was a clear statement of the Travel Plans operated at the council's own offices.</p> <p>There is no reference in the strategy to monitoring the implementation, updating and progress of workplace or residential travel plans. It would be useful to have a reference to Wiltshire Council's advice to developers on preparation of residential travel plans and ensure that this is brought to the attention of planning officers dealing with major developments (http://www.wiltshire.gov.uk/parkingtransportandstreets/smarterchoices/residentialtravelplanguidance.htm)</p>	<p>See response to 6 above.</p> <p>This is dealt with in the Smarter Choices Strategy which is referenced throughout.</p>
<p>10. 10.18 The strategy for individual settlements needs to make it clear how the proposed improvements will contribute to achieving the key criteria 10.57, 10.58 Some routes for cyclists do not fit neatly into the "within cities and towns" model presented in the Appendices.</p> <p>The Wiltshire Cycleway is not mentioned in the strategy anywhere. This forms a useful leisure route and needs to be promoted for residents and visitors. A programme for improving the Cycleway, producing and updating mapping and promotion should be included.</p>	<p>As set out in Appendix 2 the development of the Cycle Networks and individual scheme design should follow the key criteria. Until detailed scheme design takes place, it is difficult to assess against the criteria. We have clarified this in 10.58 and in Chapter 14.</p>
<p>11. The strategy needs to put more emphasis on the importance of connecting all cities and towns to the National Cycle Network. A plan for implementing links should be included and monitoring of progress specified. Other routes important for tourism and local businesses need to be included in the strategy, for example, identifying and implementing a safe route to Stonehenge, particularly from Salisbury and overcoming barriers to cycling of major roads (A36, A303, M4) crossing desire lines for both leisure and utility cyclists. Wiltshire is bordered by other counties (Dorset, Hampshire, Somerset) where leisure cycling is a popular activity and the strategy needs to consider routes to the New Forest, for example, commuting to work in Swindon and other destinations outside Wiltshire county boundaries.</p>	<p>This is a part of Policy 1. Most of the Town Cycle Networks have more detailed plans. Updates showing where improvements have been made on the networks will be published - the text has now been clarified. The networks already include key routes for tourism and local business within towns: the National Cycle routes and routes to Stonehenge from Amesbury. Unfortunately there is no feasible route over the A303 at present, so we are trying to develop a route via Countess roundabout as shown on the Amesbury Network.</p> <p>The strategy includes the potential Wootton Bassett to Swindon cycle route in Policy 1 as stated in 14.7. Other routes outside of Wiltshire are much less likely to be commuter routes – leisure cycle routes to the New Forest and other tourist routes are covered in policy 3.</p>

12 10.2 Target groups for the strategy should include women (see section 12.25 on Equality of Opportunity) and it should emphasise active travel as a contribution towards health benefits of cycling for all, particularly school travel and commuting	Noted.
Cycling in Wiltshire	
Lt Cdr J Blake, Branch Secretary CPRE Wiltshire	
13. It would be helpful to have targets for accessibility and cycling so these could be monitored, for example 20 mph zones in built up areas and to consider 40 mph speed limits on rural roads. Also a vision statement for cycling such as the one adopted by Devon.	See answer to 5, 6 and 7 above.
Gill Anlezark, Hon Membership Secretary Cycling Opportunities Group for Salisbury(COGS)	
14. 11.2 There is an opportunity to build on these levels of cycling and we would like to see some ambitious targets for cycling to increase over the period of the LTP, rather than accepting that it will remain stable. The All Party Parliamentary Cycling Group recommended an aim to increase cycle use from less than 2 per cent of journeys in 2011, to 10 per cent of all journeys in 2025, and 25 per cent by 2050.	See answer to 5 above.
15. 11.3 The towns and city will have grown considerably well before 2026 and the timeframe for improvements to the cycle networks needs to be much more ambitious. The strategy needs to aim for them to be complete in the same timeframe as the developments not lagging behind so that we have just caught up with them 13 years from now.	As government funding is uncertain it is difficult to be specific about timescales.
16. 11.7 It is not clear how the strategy will remedy the barriers of lack of knowledge about maintenance or concerns about breakdowns. If this is a more major concern than lack of ownership of a bike, there should be a strategy for overcoming these barriers, perhaps by building partnerships with repair businesses and colleges to run courses on maintenance and repair.	This is covered in chapter 14 Smarter Choices and in the Smarter Choices Strategy. An example of how this is being delivered is by providing information on the Connecting Wiltshire website, and encouraging businesses to run maintenance courses through their Travel Plans. As funding opportunities arise, we may be able to do more in this area.
Alistair Millington, Area Manager - Wiltshire Sustrans	
17. 11.6 The strategy should set a target for increasing levels of cycling in the county. The recent Parliamentary report on cycling recommended that a national target of 10% of all trips by bike by 2025. Wiltshire currently has above average levels of cycling and could set itself the target of doubling them from 4% to 8%. Specific targets for school travel should also be considered.	See answer to 5 above. School modal share is measured through School Travel Plans and individual targets are set for these.

Michael Moore	
<p>18. In order to increase cycling needs modest investment in urban cycle routes using some imagination. White lines painted down the side of main roads which stop at dangerous junctions with the words 'end of cycle route' just don't cut it. (Try cycling down the Castle Road from Old Sarum and see what happens as you near the dangerous junction with the ring road). Come on- shared paths and/or alternative routes either via Victoria Road or linking with the riverside cycleway. Don't just drop the cyclists into the traffic. There are endless examples where cycle routes could be joined, priority given at lights or cyclists allowed to cycle the reverse direction up one way streets (standard in Amsterdam). The more people sitting in cars in queues being passed by cyclist the more likely they are to get on a bike, increasing bikes leads to greater safety for cyclists.</p>	<p>Cycle design has evolved significantly in the last decade and we recognise the need for coherence of routes. The Town Cycle Networks set out the key priorities for improvement.</p>
Goals and objectives	
Ms Margaret Willmot	
<p>19. 12.7 In addition to the places listed Calne also had NO2 levels in excess of government guidelines in 2011. 12.8 'In rural areas it is often more important to provide safe off-road routes' - would disagree with this statement (see also 10.21 comments). The dangers particularly apply to rural A roads (as stressed in 12.11) and consideration must be given to make minor rural roads safer for non motorised users - including pedestrians and horse riders as well as cyclists. There should be lower speed limits on minor rural roads, and motorists need to be aware of the likely presence of vulnerable road users (as well as potential for other countryside hazards like slow moving tractors, farm animals and wildlife).</p>	<p>Calne has now been added to the list of AQMA areas.</p> <p>12.8. The emphasis of this statement is that it is unlikely that a critical mass of cyclists required to improve awareness can be achieved on rural A roads. Where minor rural roads exist, they may indeed provide a better alternative route. We have altered the text to try to reflect this.</p>
Anne Henshaw, Group Chaiman, North Wilts and Swindon Group Campaign to Protect Rural England (CPRE)	
<p>20. We would add to the comment at 23.1 the example of Poynton in Cheshire where the radical approach of Shared Streets has shown unexpectedly positive results. The approach to traffic flow should be in order to meet the various objectives of 3, 4 and 12 with a better formula and enhance the case for cycling and walking. A new formula for hard and soft measures needs to be prioritised and reference to them in the Plan.</p>	<p>This comment was on the Smarter Choices Strategy. Shared surface is discussed in Appendix 2 under speed reduction measures. It is not clear what is meant by a 'new formula'. The strategy proposed both hard and soft measures.</p>

Lt Cdr J Blake, Branch Secretary CPRE Wiltshire	
21. In 12.8 the reference to "off road" should please be avoided. It could be replaced with "away from roads" While in some cases it may be best to provide a route that avoids a busy main road, in others it may be best to make less frequented country lanes safe for all users	Off-road may refer to paths alongside or away from roads. Text has been adjusted to recognise quiet lanes.
Gill Anlezark, Hon Membership Secretary Cycling Opportunities Group for Salisbury(COGS)	
<p>22 Health References need updating to include NICE guidance PH41 Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation Public health guidance, PH41 - Issued: November 2012 This guidance sets out how people can be encouraged to increase the amount they walk or cycle for travel or recreation purposes. This will help meet public health and other goals (for instance, to reduce traffic congestion, air pollution and greenhouse gas emissions). The guidance is for commissioners, managers and practitioners involved in physical activity promotion or who work in the environment, parks and leisure or transport planning sectors. They could be working in local authorities, the NHS and other organisations in the public, private, voluntary and community sectors. In addition, it will be of interest to people who promote walking and cycling in an unpaid capacity and other members of the public. In the context of this guidance, walking and cycling includes the use of adapted cycles (such as trikes, tandems and handcycles), wheelchairs and similar mobility aids. Encouraging and enabling people to walk or cycle requires action on many fronts - and by many different sectors. A range of issues have to be addressed, including environmental, social, financial and personal factors. The recommendations cover: local programmes, policy and planning, schools, workplaces and the NHS. In addition to the recommendations made in this (and related) NICE guidance, other measures are needed to tackle the wider influences on walking or cycling. This includes measures to reduce road dangers and to reallocate road space to create a more supportive environment. 12.8 Instead of off-road provision in rural areas, speed limit reduction to a default of 40 mph and less where necessary, would make the roads safer for cyclists to use. 12.25 Measures to encourage women to take up cycling need to be included in the strategy and monitoring of the success of initiatives undertaken.</p>	<p>This has been added to section 10.28.</p> <p>Speed limits are covered in the Road Safety Strategy. Measures to encourage women would form part of the Smarter Choices policy – examples include the information provided on our Connecting Wiltshire website and through the personal travel planning programme.</p>

Ms Rachel Kent	
<p>23 12.7 Calne needs to be added to the list of towns where air pollution is of particular concern. 12.21 Could improved local air quality be added to the list? Wiltshire's air quality action plan will contain measures relating to cycling, particularly within the community action plans which are being developed by the groups in towns with air quality management areas. (Mainly covering Policies 1 - 5 in the cycle strategy) Therefore we welcome the production of the cycling strategy on the grounds of improving air quality and improving health of Wiltshire's population. There are a number of active cycle groups across Wiltshire who are engaging with the community to increase the uptake of cycling, be it for leisure or commuting. These groups should be recognised within the strategy and actively engaged with to avoid duplication of work such as creating cycle maps for the towns and mapping cycle parking (14.14 and 14.16)</p>	<p>Calne has now been added.</p> <p>Air Quality is addressed under health as set out in the main Local Transport Plan document, although we recognise that there are links between several of the objectives.</p> <p>The importance of consulting on design is highlighted in Appendix 2 (table 16.1); however, we have strengthened this by adding in policy 1d. We have attempted to engage with cycle groups in development of these networks, but unfortunately not all groups have had the capacity to respond.</p>
Opportunities and barriers to cycling	
Reverend S Tatton-Brown	
<p>24 As a regular cyclist in Chippenham (I am vicar of St Andrew's and use my cycle for all my parish visiting) may I comment on Section 13, Barriers to Cycling? There are a number of designation cycle routes in Chippenham. Many of them are useless. Either they ride along the pavements, creating a dangerous mix of pedestrians and cyclists (who might be travelling at speeds of 15mph or faster). There are some cycle routes on pavements which go round bends, so cyclists can ride into pedestrians without warning. I'm thinking of the pavement at the bottom of Rowden Hill. Many of these routes come to an end at the next road junction, which is precisely when the cyclist needs protection. There is either a Cyclist Dismount sign (which is often ignored by cyclists), or an End of Cycle Route sign, which gets the Council off the hook but doesn't help cyclists at all. You get the impression that cycle lanes have been put in on the cheap. The cycle lane up Park Lane is brilliant (as long as no one is parked in it). But there is absolutely no protection for cyclists as they approach the road junctions to the top of Park Lane, and those wishing to turn right towards New Road have to cross a lane of traffic, while pushing up a hill. The shared cycle routes across open space (e.g. Monkton Park) are on the whole very good. They work well when there is a low volume of cycle and pedestrian traffic. But if you do succeed in increasing cycle traffic, will these paths have the capacity to cope without some form of separation between pedestrians and cyclists? In</p>	<p>The shared use cycle path at the bottom of Rowden Hill runs between the Lowden Hill Junction and the Bridge roundabout junction. Whilst the corner at the bottom of Rowden Hill is blind, the shared use path actually terminates before the corner and so cyclists should be slowing ready to dismount, or continue on road. Following this, we have noticed that the signage in this area is incorrect and does not specifically state this - the signage will be soon rectified.</p> <p>Sustans' 'Access to Stations' report suggests converting the 2.5m footway connecting Upper New Road to Park Lane - this can be done at its current width or widened by 1m subject to swept path analysis, which will make turning right at the top of Park Lane easier for cyclists.</p> <p>Sustans' report also suggests narrowing the junction with St Pauls Road and providing a raised table junction to slow vehicle speeds and make the right turn movement for cyclists easier. Additional to this, the Western footway should be widened and converted to shared use. All these improvements would mitigate the problems described significantly and are currently being investigated.</p>

<p>Germany, such routes are surfaced in two colours, one (I think grey) for pedestrians, and the other (I think red) where the cyclists ride and the separation is enforced by the police. If you want to encourage cycling between the towns and neighbouring villages, something must be done about the roads approaching Chippenham. The A4 between Corsham and Chippenham sees too many cyclists knocked down and killed. There is no cycle lane. Neither is there any provision for cyclists on the A350 heading north beyond Cepen Park North. The same points can be made for the other roads approaching Chippenham. The cycle route to Calne offers an alternative to the A4, as long as you don't want to travel in the dark. The Pewsham by-pass is dreadful for cyclists. I have to use it regularly to visit Middle Lodge. It's just not wide enough for vehicles to pass cyclists without crossing into the oncoming carriageway, which means they brush alarmingly close to cycles. A word about traffic calming schemes. The traffic calming chicane near Hardens Mead on the London Road leading south out of Chippenham forces cyclists into the middle of the road, in front of following vehicles. Why could there not be a gap to the left of the chicanes for cyclists to ride through, as there is on the chicanes in Derriads Lane? And speed humps make for very uncomfortable cycling! Proper cycle lanes cost money. They also require attention to detail, from the point of view of the cyclist as well as the motorist. I hope these comments help.</p>	<p>Routes between towns are not being considered under this consultation, as this is for the Town Cycle Networks, however, I would recommend a route via Sheldon to cycle between Bath Road, Corsham and Frogwell, Chippenham to avoid using the A4.</p> <p>PRoW have confirmed that the Chippenham to Calne route cannot be street lit, as it is a rural route, where street lighting would be detrimental to the surrounding area. Additionally, the land that the route is on is under multiple ownership and is not owned by Wiltshire Council. This also makes street lighting unfeasible.</p> <p>The A350 duelling will include some pedestrian/cycle paths alongside the A350, as well as a crossing point; however, the design for this is still being developed and so the exact details are currently unknown at present.</p> <p>There are suitable alternatives to avoid cycling along the Pewsham by-pass from St Andrews Church to Middle Lodge, for example an on-street route via Wood Lane and Forest Lane, where you only need to cross the Pewsham by-pass - these routes are included on the Chippenham Town Cycle Network Map.</p> <p>The chicanes on London Road were implemented many years ago, without due consideration to cyclists. It would be a significant improvement to allow cycle access through these chicanes, but we are also working on a cycle route from Baydons Lane to Long Close to Hardens Mead, which would also avoid this problem and provide a quieter and safer cycling route to/from the town centre. As the London Road is not a recommended cycle route, we are focussing attentions on off-road and quieter street routes in this area.</p>
<p>Ms Margaret Willmot</p>	<p>Opportunities and barriers</p>
<p>25 13.5 'Breaks and lighting' should read 'Brakes and lighting'. 13.7 It would be worth considering electrical bike promotion in development where the topography will limit the attractiveness of cycling - e.g. the Fugglestone Red development in Salisbury. There is perhaps the potential to include electric bike provision, or a pool of electric bikes, to be provided as a planning condition as a part of the sustainable transport infrastructure for such a site. (NB purchase costs of electric bikes are not 'prohibitive' when compared to e.g. the cost of a car, & running costs are of course much cheaper). 13.9 'merge wityh' should be 'merge with' Infrastructure General</p>	<p>Noted. The strategy allows for electric bike initiatives as set out in 14.22. The Council's new website, Connecting Wiltshire, promotes electric bike usage. We are not currently looking at any electric bike hire schemes as we believe that a small-scale scheme run by the Council would be difficult to sustain financially. However, we will look for opportunities where schemes might be viable.</p> <p>In the case study mentioned, users found the costs to be prohibitive, but as we highlight in the text, costs are falling and we need to raise</p>

<p>Cycle routes need to be reviewed with the 5 key criteria tucked away in Appendix 2 (coherence, directness, attractiveness, safety and comfort) very much in mind. Too often cycle routes disappear at difficult points on the road network - junctions, roundabouts, etc - and poorly thought through bits of cycle infrastructure may make things worse for cyclists. Consider the Highways Agency 'improvements' at Wilton Road/Skew Bridge in Salisbury, where cyclists are removed from the road to cross the bridge on a top class cycle way, but who then have to stop to give way to traffic when rejoining the main carriageway a few yards later. For new developments, top class cycling and walking and links to town centres and other facilities need to be designed and built, not just walking/cycling links within the development. S106 or CIL contributions need to be allocated for this purpose. The design of new developments needs to take account of the principles in Manual for Streets (e.g. layout and connectivity considerations in Chapter 4). Walking and Cycling linkages outside the development site boundary are not something which is given adequate consideration currently (e.g. Highbury Avenue school site, Salisbury, S/2012/1282).</p>	<p>awareness of this. It is agreed that it would be cheaper to run only an electric bike rather than a car. However, for many people in Wiltshire, particularly in more rural areas, they will want to run a car and a bike.</p> <p>Cycle design has evolved significantly in the last decade and we recognise the need for coherence of routes. In practice, this can be very difficult to achieve where there is limited space and communities are often opposed to losing space for motorists.</p> <p>The importance of Manual for Streets is mentioned in Appendix 2.</p>
<p>Anne Henshaw, Calne Area Transport</p>	
<p>26 13.1 Do not agree with comment. The experience of this group when at local consultation is as follows a) not safe b) not nice due poor driver behaviour and attitude c) lack of any helpful signage d) no facilities for leaving cycles at workplaces, retail outlets or bus stops.</p>	<p>Text has been clarified.</p>
<p>27 We would add to the comment at 23.1 the example of Poynton in Cheshire where the radical approach of Shared Streets has shown unexpectedly positive results. The approach to traffic flow should be in order to meet the various objectives of 3, 4 and 12 with a better formula and enhance the case for cycling and walking. A new formula for hard and soft measures needs to be prioritised and reference to them in the Plan.</p>	<p>Comment refers to Smarter Choices strategy. Appendix 2 sets out some of the factors that need to be considered when choosing design options such as shared streets.</p>
<p>Mr H Helps</p>	
<p>28 Barriers. Highway maintenance. Very Laudable but cycling in the Countryside has now become far more hazardous because of the number of potholes towards the road edge. It is now almost too dangerous to cycle on many rural roads especially in the wetter times because puddles hid large potholes which cause serious problems for cyclists. Many cr/van users try hard to push the cyclist to the side of the road by overtaking at inappropriate times.</p>	<p>Please see the 'Investing in Highways' report</p> <p>http://cms.wiltshire.gov.uk/ieIssueDetails.aspx?IId=39013&PlanId=0&Opt=3#A136156</p>

Gill Anlezark, Hon Membership Secretary Cycling Opportunities Group for Salisbury(COGS)	
29 13.12 Funding constraints It is clear what level of funding is needed to make a difference so we would like to see the strategy committing to a target for funding cycling network improvements in each year of the LTP. It should be quite unacceptable for funding to fall below the £1 per head per year figure quoted and the strategy should aim to obtain much nearer the effective target of £10 per head per year. Reference should be made to the recent All Party Parliamentary Cycling Group report of April 2013 and its key recommendations that include: More of the transport budget should be spent on supporting cycling, at a rate initially set to at least £10 per person per year, and increasing as cycling levels increase. Cycling should be considered at an earlier stage in all planning decisions, whether transport schemes or new houses or businesses. More use should be made of segregated cycle lanes, learning from the Dutch experience. Urban speed limits should generally be reduced to 20 mph. Just as children learn to swim at school they should learn to ride a bike. The Government should produce a detailed cross-departmental Cycling Action Plan, with annual progress reports	<p>Unfortunately funding from the Government and through organisations like Sustrans is uncertain and likely to be distributed through competitions, which makes it difficult to forecast future budgets. The current LSTF programme from 2013-2015 is spending around £1 million improving walking and cycle links to stations.</p> <p>See response to previous comments</p>
Mr Alistair Millington, Area Manager - Wiltshire Sustrans	
30. 13. Road safety is the biggest single barrier to increasing cycling levels in the county. The withdrawal of speed cameras in the county was a backward step for cycle safety and should be reconsidered. 13.8 We would support the wider use of 20 mph zones across the county. In the short-term these should be used to improve road safety in residential roads, particularly the quiet roads used for town cycle networks. In the long-term we would recommend their extension across urban areas. "0 mph limits should be supported by engineering measures to ensure drivers reduce their speed. There are opportunities to improve cycle networks by permitting cycling in pedestrianised areas such as Chippenham High Street or sufficiently wide footpaths/footways. These can often be converted to shared-use relatively inexpensively and with no loss of safety for pedestrians.	<p>Policies on speed limits are set out in the Road Safety Strategy and these will be further refined as new evidence becomes available.</p> <p>Noted</p>
Mr C Gregory, Transport and Tourism Officer New Forest National Park Authority	
31 We welcome this strategy in particular its reference to the growth in the use of electrically assisted bicycles. We are aware of growing popularity of the use of electric bikes to explore the New Forest and other National Parks across the UK. They provide an excellent way of getting new people cycling, by reducing the perceived and actual effects of relief and geography on cyclists.	

Michael Moore	
<p>32 You highlight the potential economic benefit that cycling routes bring to the local economy. Salisbury is on the doorstep of the New Forest which has huge numbers of visitors many of whom will bring cycles. There is currently no safe cycle route from the forest to Salisbury. There is however a disused railway linking Fordingbridge with Alderbury which may be possible to convert to a safe off road cycle route suitable for families and small children. A link route could be provided from Alderbury to Salisbury using one or more of several options. Either by making safe the horrendous short section of the A36 from the Alderbury bypass and creating a cycle route using the main A36 using and utilising existing cycle paths, or by linking through Milford, or better still recreate a river crossing to link with Britford where there is an existing flat cycle route via Britford then Britford Lane. This route could also link the two park and ride sites providing two start points for the cycle route from Salisbury in the reverse direction. The railway continues beyond Fordingbridge and could be linked with an existing cycle route (Castleman Trailway). A route of this kind would require considerable investment but evidence from elsewhere suggests that the economic returns would be significant. An extension to Stonehenge using quiet roads and bridle paths would also be feasible. Imagine the power of the Cathedral to Stones route.</p>	<p>The Council will look for funding opportunities for this type of route as set out in the strategy.</p> <p>The Council has been working with the Highways Agency to create a shared path between Alderbury and the Petersfinger Park & Ride site. Unfortunately the current landowners have blocked this. We will continue to look for opportunities to deliver this route in partnership with the Highways Agency who manage the A36.</p> <p>The Council has looked at a river crossing, and it is unlikely that a route for cyclists will be achievable here.</p>
Michael Moore	
Mr Charles Jenkins	Strategy
<p>33 The strategy of using the Kennet & Avon Canal path for cyclists is to be applauded, but contingency should be made to monitor the canal path surface and where required assist with repair and maintenance. This is particularly relevant to the section of canal path leading from the centre of Devizes out alongside the London Road, where additional housing development could significantly increase the volume of cycle traffic along the canal.</p>	<p>The Kennet And Avon Canal Trust is responsible for the maintenance of the towpath. We are aware that they have certainly asked for contributions for developers in Devizes to contribute to the towpath upgrading/maintenance.</p>
Mr Philip McMullen	Strategy
<p>34 Regarding the town cycle map for Melksham, I'd really like to see something included about helping those in outlying districts to access the town by bike. For example, by simply erecting appropriate signage and painting a white line along the footpath from Challymead to Countrywide Farmers roundabout, cyclists and pedestrians could share the footpath in comparative safety.</p>	<p>The Strategy sets out how rural districts can apply for funding through CATG.</p>

Mr Alistair Millington	Strategy
<p>35 14.10 The Cycling Strategy needs to reinforce the LDF's commitment to prioritising cycle access to new developments. In particular it must emphasise that links between new development areas and town centres or other amenities must be drawn up as part of all masterplans. Delivery can be either as part of new schemes or via S106/CIL contributions but they must take place over the same development timescales. Wiltshire Council must ensure that new development does not reduce the quality of existing cycle provision, by increasing traffic to on-carriageway routes or at crossings, without ensuring that appropriate improvements are made to mitigate this. New cycle paths constructed as part of new developments should be adopted and signed as such. There are examples where this has not happened (e.g: Westbury Leigh) and an opportunity for new cycle routes has been missed. 14.17 The Bike It Plus Officer currently works in Trowbridge, Chippenham, Melksham and Warminster and we hope to expand the project to Devizes and Calne. Subject to the funding for the role being extended beyond academic year 13/14 the Bike It Plus Officer could work elsewhere in the county.</p>	<p>As part of any new development Wiltshire Council's Highways Development Control Team should be, at Planning stage, reviewing the need for cycle routes within the development area and assessing the routes proposed by the Developer, to make sure they are logical, safe and accessible and make recommendations on improvements if necessary. Additionally, HDC should be liaising with the Transport Planning Strategy Team to establish the best way to link these new routes to other established cycle routes within the context of the town, to avoid any severance issues and maintain continuity. Any issues discovered as part of this process should be rectified at Planning stage and result in the Developer contributing/ funding the improvements necessary.</p> <p>Prior to construction taking place on new developments where the roads and paths are to be adopted by Wiltshire Council, the Developer is required to enter into a Dedication Agreement with the Council, most commonly a S.38 Agreement. At this stage, HDC must approve the layout and specification of the all the roads and paths subject to adoption, including signs and lines, which should be approved in accordance to national and local standards.</p> <p>As part of this Agreement process, an HDC Inspector must sign off all the work that is subject to adoption and dedication, making sure they are constructed to the agreed specification and that no maintenance issues arise before completion. This also includes signs and lines and so there should be minimal situations where cycle routes are not constructed or signed correctly, if the process is followed and designs are approved to the appropriate standards.</p> <p>With regards to Westbury Leigh, not all of this estate is adopted as yet and so this could be why there are some routes that are not complete.</p> <p>We are hopeful that the Bike It Officer's role will continue to be extended. Through the LSTF programme we have also employed a Sustrans officer to carry out personal travel planning in schools in Chippenham. This programme last until March 2015 and encourages all forms of sustainable travel including cycling.</p>

Lt Cdr J Blake	Strategy
<p>36 While the aim to establish cycle paths in towns is supported, there is also an urgent need to have cycle paths that link towns, e.g. a cycle path between Wootton Bassett and Swindon where the link within Swindon has been established for some years. It just needs the part in Wiltshire, without having to negotiate M4 Junction 16. Shared usage of paths should be qualified to allow for each path to be assessed or re- assessed separately as some cycle paths may not be suitable for shared access if they become well used by cyclists.</p>	<p>Proposals for a cycle route between RWB and Swindon went out to public consultation in the summer of 2012 and there was overwhelming support for this. The proposed route comprises of a shared use pedestrian/cycle path built alongside the A3102 from Royal Wootton Bassett towards Swindon. At the Sally Pussey Inn on the A3102 the route would then cut across fields towards the Windmill Hill Business Park in Swindon, thereby avoiding the busy J16 of the M4. Work is now underway to progress the project further in partnership with Sustrans, the Highways Agency and Swindon Borough Council</p>
Mr C Gregory Transport and Tourism Officer New Forest National Park Authority	
<p>37 We are delighted to support your cycling strategy and it is good to see a proactive, positive approach to cycling development. The off-road cycling offer in the National Park area of Wiltshire will be significantly improved (in condition) through the LSTF programme. The New Forest National Park Authority has recently submitted an application to the Department for Transport Linking Communities fund (Cycling in the National Parks). Our £3.57 million application seeks to test innovative new ideas to develop family cycling activity in the National Park. There are five projects included within the bid: 1. Development of a world-class cycling visitors centre adjacent to Brockenhurst railway station. 2. Development of the first rural 'transaction and release' bike docking station system in the UK, across 20 docking locations throughout the National Park. Reducing the need for visitors to using their cars to reach cycle hire facilities. 3. Creation of a network of pedal buses and bus routes, providing an innovative and active way of exploring the National Park in a low carbon, active and sociable way. This will replace short journeys normally made by car. 4. Signage improvements to existing cycle routes in the National Park. 5. New Forest cycling facilities capital grants fund. This will support the private sector and local communities to develop high quality cycle parking, hire and maintenance facilities. These measures will have a positive impact on cycling within the Wiltshire Council area of the New Forest National Park and surrounding areas. We are grateful for Wiltshire Councils support in making this application. A decision will be made in June 2013. There are opportunities to make cycling one of the most important means of getting to and around the Forest as a recreational activity for enjoying the National Park. This would require better connectivity between the existing way marked routes and safe road routes and joint working</p>	<p>Noted.</p>

<p>between Wiltshire Council, Hampshire County Council and a range of partners. A series of strategic routes are also needed, linking the New Forest with settlements outside the National Park, and with the Test and Avon Valleys, and the coast. In supporting sustainable access to the New Forest National Park, an aspiration is to link Salisbury to the National Park by a signed cycle route would be welcomed. In Section 14, further investment in the ROW network (bridleways & byways) to make them more physically usable by cyclists could also be considered. This is sort of covered in Policy 3, but many ROW will need more than maintenance (e.g. a bridleway, in particular, by law does not have to be maintained in a condition suitable for use by bicycles)</p>	
<p>Ms Margaret Willmot</p>	
<p>38 issues which are relevant to cycling in Wiltshire are illustrated here - the 'broad description' of the 'balanced' approach could be further enhanced: - The 'balanced' approach to the cycle network talks about providing links to national cycle routes but does not refer to the development of the national cycle routes themselves, which in many cases are still missing key links (e.g. Route 24 - Wilton to Salisbury, Petersfinger to Alderbury crossing, Route 45 to Stonehenge and north of Amesbury). - There is no reference to the Wiltshire Cycleway despite the reference in 12.18 to the tourism benefits which this route could bring. - There is no reference to the improving of rural routes, despite the potential benefit which would accrue from the improving of these routes (see 12.18). An analysis should be undertaken of the settlements within cycling distance of urban areas and market towns, and the benefits which could result from improved cycle links between these settlements. - 'Local Service Centres' have less facilities than 'Market Towns' or 'Principal Settlements', nevertheless they can be important in terms of links to work, education and amenities. In the Salisbury area, one would expect cycle links from the 'Local Service Centres' of Downton and Wilton to Salisbury. Policy 2 The suggestion that horse riders should have permissive access on cycle paths needs more thought.</p>	<p>Improvements to national routes in rural areas are covered by Policy 3.</p> <p>Noted- the text has been amended.</p> <p>Wilton is included within the Salisbury Town Cycle Network area due to its proximity to Salisbury and new development sites. Links to Downton are covered by Policy 3.</p>
<p>39. On bridleways and byways horses are allowed, and cyclists should give way to them. However, currently horses on cycle paths would appear to be contrary to the Highways Code (Para 54 "You MUST NOT take a horse onto a footpath or pavement, and you should not take a horse onto a cycle track..."). Horses can be spooked by cyclists, and a cycle path may not provide enough space for cyclists and horse riders to safely pass. It might be sounder to designate cycle paths as bridleways ONLY</p>	<p>The legal situation is not particularly clear. It is our understanding that it not a criminal act to take a horse on a cycle track but it is a trespassing act against the landowner. The highway code refers to cycle tracks which have not been given any additional access rights for horses. In the code 'should not' is used to indicate advice whereas 'Must not' indicates that it is illegal to do so. Some cycle paths may be legally Cycle Tracks whereas others are</p>

<p>when there is a local demand from equestrians for this and when there is sufficient width for this to be possible safely.</p>	<p>not. We have added some text to clarify that in some cases conversion to bridleway may be appropriate. The Rights of Way legal framework is currently being reviewed and our policies may change in light of these.</p> <p>Policy 2 allows the Council to provide access rights for horseriders in the appropriate circumstances. We have clarified the text. Horses on the National Cycle Network: Technical Information Note 28 (2011) shows that users can share paths safely where widths are sufficient.</p>
<p>40. Policy 3 Only off-road access is being considered for rural areas. It is appreciated that the conversion of sub-standard footpaths to dual use may encourage some cyclists in rural areas. However, in many cases there are no suitable footpaths alongside rural roads and some consideration of speed restrictions in rural areas, particularly on non-A roads, would be helpful to ensure better safety for cyclists (& indeed other road users and animals). Reducing the speed limit on rural minor roads would help towards the following objectives of the LTP: SO8 - To improve safety for all road users and to reduce the number of casualties on Wiltshire's roads; SO9 - To reduce the impact of traffic speeds in towns and villages. Points not covered in the policies - The concept of 20mph zones is supported in the DfT/DH Active Travel Strategy (see para 10.8 of Cycling Strategy) and there should be a policy to encourage this (?maybe in Smarter Choices, since it will assist walking as well as cycling?). The Council has been trialling 20mph zones in rural areas (Appendix 2, p. 45), however there is a large demand for such zones in the urban areas, and plenty of scope for existing 20mph zones (e.g. Salisbury City Centre, Bishopdown) to be extended. DfT Circular 01/2013, Setting Local Speed Limits, asks Traffic authorities to: "...consider the introduction of more 20 mph limits and zones, over time, in urban areas and built-up village streets that are primarily residential, to ensure greater safety for pedestrians and cyclists".</p>	<p>We have clarified the text in 3b – CATG can be used for both on-road and off-road projects.</p> <p>The issue of speed limits is addressed in the Road Safety Strategy and any subsequent policies the Council publishes.</p>
<p>41 Electric Bikes - already mentioned in comment on 13.7. It might be worth adding a section to summarise the benefits of electric bicycles in terms of the environmental and health benefits when compared to vehicles in the Powered Two Wheeler category. It should be explicitly stated that the 'Wheels to Work' scheme (see 19.24 in PTW strategy) will consider provision of electric bicycle where appropriate (one trusts it would - it would be cheaper than a conventional PTW and a perfectly acceptable solution where mileage to be covered is not too great).</p>	<p>The wheels to work scheme covers 50cc mopeds.</p>

<p>42 There is reference in the Accessibility Strategy to the problems caused by the largely car-based access to key tourist attractions in Wiltshire including Stonehenge and Avebury . These problems could be addressed by policies which prioritised the development of cycle links to key tourism destinations - Stonehenge is a key example where cycle access and a link to Sustrans route 45 should be given a high priority. - There could be an explicit policy reference to support for filtered permeability - the provision of an advantage for cyclists by exemptions from the access restrictions applied to motor traffic, or through creation of short connections only available to cyclists and pedestrians (see e.g. Sustrans website).</p>	<p>The balanced option for cycle infrastructure was chosen when the main LTP3 strategy document was consulted on and adopted. The option to improve cycle links between towns was not chosen.</p> <p>Appendix 2 supports the permeability principles as set out by Manual Streets and other best practice design guidelines.</p>
<p>Miss Sue Wright</p>	
<p>43 Policy 1 should specifically mention key tourist destinations and make a stronger statement in relation to national routes. I suggest amending the first sentence of policy 1 so that it reads as follows. The council will aim to provide a sympathetically designed, high quality and well maintained network of cycling routes in the principal settlements and market towns, and to key tourist destinations, and wherever possible provide links to national routes. Justification Tourism is a significant part of the local economy - in South Wiltshire, at any rate - and cycle-based tourism has huge growth potential. Improving cycling provision to and between key destinations (eg Stonehenge, the Stonehenge landscape, Salisbury Cathedral) could provide an important boost to this industry and at the same time help to reduce its carbon footprint and improve its resilience and sustainability.</p>	<p>See response to 42.</p>
<p>Lt Cdr J Blake, Branch Secretary CPRE Wiltshire</p>	
<p>44 Policy 1. While the cycleway maps for the towns are welcomed, there should also be one showing the Wiltshire Cycleway and all the cycleways linking towns so this Policy could refer to them all and to the Wiltshire Cycleway. Smaller towns and large villages may also need cyclepaths. The policy could read"network of cycling routes in and between the principal settlements, market towns and service areas and where appropriate provide links to national routes including the Wiltshire Cycleway." Policy 2 In accordance with the vision at the beginning of the document, this and para 14.11 should be tailored to unique circumstances. See above under 5. Policy 3 It should be stated that cycling does not include motorised cycling. Again speed limits on country roads, especially the less frequented lanes, would help to make them safer for all.</p>	

Gill Anlezark, Hon Membership Secretary Cycling Opportunities Group for Salisbury(COGS)	
45 Policy 2 We disagree that permissive rights for horseriders should be allowed on cycleways. The surface of cycleways is often not suitable for riding on and can easily be destroyed and made uncomfortable for cyclists to ride on.	See response to 39.
Appendices	
Ms Margaret Willmot	
46. Appendices Appendix 1, Town Centre Networks Map 16.10 'Salisbury' should be renamed 'Salisbury & Wilton' since it covers Wilton too. - Broken Bridges - should this read 'alternative to Churchfields Road', rather than 'alternative to Brunel Road'? Appendix 2, Principles for town cycle networks No cycling signs - given that the use of these is discouraged by the DfT it is regrettable that the aspiration is expressed by the Council that a better version will be produced! It might be relevant to give examples of signage which has been useful in encouraging cyclists to take special care of pedestrians (e.g. Cyclists give way to pedestrians at all times).	Noted. While we discourage their use, there are still places where they are needed and the signs are poorly understood.
47 Appendix 4, Cycle Parking Standards The setting of minimum cycle parking standards as a proportion of the [maximum] parking spaces which have been allocated for cars seems counter-intuitive. (e.g. Retail in principle settlements, market towns = a covered space per 10 employees + 1 visitor space per 15 car parking spaces). Car parking spaces can be discounted for easily accessible locations (see LTP3 Parking Strategy), however there would be no reason to discount the cycle parking spaces. City centre locations may rely on publicly available car parking but still benefit from having cycle parking placed conveniently outside (e.g. central health clinic in Salisbury).	We are not proposing discounting cycle parking spaces. City centre locations will be required to provide more spaces than rural locations. This is covered by policy 1.
Anne Henshaw, Calne Area Transport	
48 Appendix 4 Cycle Parking The low cycle parking standards as compared to high car parking space standards is backward thinking. The number of cycle parks should be increased in accessible areas such as town centres where retail, health clinics, libraries, restaurants and town leisure complexes are located. The Wiltshire Parking Strategy needs to be reviewed in the light of the publication of these Other Strategies documents. Town centre locations can still be adequately covered for car parking but with the emphasis moving towards public transport stops and cycle parking. Edge of town retail/supermarkets should be required to have a far greater proportion of cycle parking than currently calculated if a shift in behaviour is to be achieved. The Area Transport Strategies should be able to build on such requirements.	The car parking standards are based on trip rates, thus the cycle parking standards are based on trip rates. The cycle parking standards do require more spaces in town centres.

Gill Anlezark, Hon Membership Secretary Cycling Opportunities Group for Salisbury(COGS)

49 16 Appendix 1 It is not clear what the strategic direction for cycling is in any of the city and town networks. For each, there needs to be a strategic plan that is in place so that opportunities to apply for funding can be responded to quickly and effectively. For each it would be helpful to have some idea of the priorities that local cyclists and planners put on the proposed improvements (cross city/town centre routes, routes to schools, to and from new developments, to and from railway stations etc). The whole strategy needs to be much more proactive in pointing to the key routes in each settlement so that funding is utilized in the most cost-effective way. Many cycling facilities fail to be used to the maximum because little thought appears to have been given to how they contribute to the overall network and scheme for implementing it. The strategy needs to facilitate the coherence of all the networks and not result in the installation of yet more underused facilities. There also needs to be a statement in the strategy for producing and updating maps (whether physical or online) and targets for doing this when there are significant changes to be included We would like to see some method of informing cyclists when cycle ways and key routes are to be interrupted by roadworks and diversions posted as in the case of motor traffic. A target for repairing road surfaces and potholes, particularly those in the road space used by cyclists, in a timely manner is essential. Table 16.1 Hierarchy of provision puts conversion to shared use at the bottom. It is therefore unfortunate that much of the future planning for cycling in major settlements and market towns involves conversion to shared use as the option quoted most frequently. We would like to see a more radical approach to improving the cycle networks along the lines of the preferred option for the Salisbury Transport Strategy. A balanced approach as outlined in 14.1 is not likely to result in higher levels of cycling and consequent improvements in health, air quality, road safety and traffic density required by national guidance and policy quoted in section 10.

The Cycle Networks are the strategic plans. We have only included the maps in the strategy, but each network has a list of schemes which are in the process of being prioritised. This process is set out in the Appendices.

These network options have been developed in consultation with local communities and with Sustrans. There is usually a strong preference for off-road facilities. However, the exact design of each link will depend on individual circumstances.

The balanced option was selected in the main LTP3 consultation.

Mr Douglas Colborne

The key to safe cycle routes is safe junctions. All too often an urban cycle path will end just before a junction when its provision becomes more than white paint and the odd sign. At the most difficult and dangerous point "you're on your own brother".

Noted.

Mr William Boffin, Chairman Market Quarter RA	
<p>Edited version of submission 25. The Market Quarter Estate is located on Cocklebury Road and on the site of the old cattle market. It is the location of the Wiltshire and Swindon Museum and 256 residential properties. The northern boundary of the estate sits on the old Chippenham and Calne railway. The Eastern boundary is separated from Darcy Close by a grassed bund area. The developer included a cycle track to link the cycle track which starts at the Wilshire and Swindon Museum and links to the old railway track, Cycle Route N403 at what is known locally as black bridge and the footpath from Darcy close. The residents of Market Quarter would like to see the 16 metre approx. of rough ground and bramble hedging made into a cycle road to link the existing cycleway on the old railway to the new cycle path.</p>	<p>Sustrans' 'Access to Stations' report categorises this link as a low priority link. Following receipt of a petition from 163 Market Quarter residents and involvement of Councillor Caswill, the development of the link was investigated and we agreed to connect the paths. Despite this, Wiltshire Council's Property Services requested that the link is not developed at present, as the link could potentially be a 'key' to unlock the Core Strategy Development Land to the North and that the development of this link could weaken the Council's negotiating position.</p>
Mrs Mary Jarvis, Clerk Melksham Without Parish Council	
<p>The Melksham Cycleways Plan and Map has a major omission. It does not appear to include any potential new rural cycleway links. So please, what is your vision for rural cycleways?! Despite several comments from my own and other parish councils over the past few years about the need to have safe cycle routes from the Melksham urban area into the surrounding countryside and between towns, no planned routes are mentioned. The movement for safe intra-urban routes is growing as cyclists now have a growing interest in travelling between towns. If one asked the question "What's in this Plan to help cyclists in the villages or to encourage more people to go on their bikes, the answer would be "Very little!" This means that cycling from the villages of Beanacre, Shaw, Whitley, Broughton Gifford into Melksham is a very hazardous occupation, especially with the ever-increasing traffic. The Melksham Cycle Map of April 2013 does not appear to indicate the existing cycleway links to the Kennet and Avon canal - National Route 4 (Bristol to London), or links to the Wiltshire Cycleway. If, as it appears, this Map is just to cover Melksham town , then another map with an inset link is needed to show rural cycleways (even if there are too few of them at present!) A rural cycleway link to Broughton Gifford needs to be included. Although Melksham Lane is part of the Wiltshire Rural Cycleway, it is extremely dangerous to get to it/ Broughton Gifford from Melksham and from it/ Broughton Gifford to Melksham. The Countrywide Farmers roundabout is especially dangerous for cyclists and there is no indication to cyclists of how they should negotiate the roundabout. My Council welcomes the rural link to Berryfield and Semington via the existing, now quiet, Semington Road.</p>	<p>The balanced option for cycle infrastructure was chosen in LTP3. This prioritises links within market towns. The radical option to deliver rural links was not chosen. However, we have provided a number of ways to improve rural cycle links predominantly through CATG requests, but also by providing assistance for land negotiation so that funding bids for larger projects can be made.</p>

However the crossing from the existing Hampton Park cycleway towards Berryfield (light-controlled) does not appear to be shown. An indication of the proposed cycle towpath for the proposed Wilts and Berks canal needs to be shown as a potential rural link. When the canal goes in, it will provide an off road cycle route to Lacock. It will also provide a cycle route along the river, through the centre of town. This too could be used to provide a much needed link in the future to the Wiltshire Cycleway via Melksham Lane, Broughton Gifford and Chalfield etc The potential routes via Kennet and Avon Canal also need to be highlighted. If for example, there was an improved link for walkers and cyclists from Littleton Lane to Great Hinton Lane across A361, close to The Strand and Twyford Farm, this would enable access from canal towpath by Giles Wood out to Great Hinton, Steeple Ashton and the Downs at Great Edington. We understand Great Hinton Parish Council is keen to have better cycle access to Melksham and this proposal would tie in with this objective. There needs to be a potential rural cycle link along edge of A350 to Beanacre (Westlands Lane junction) possibly using part of the Old Road through Beanacre. If the link went to the Westlands Lane junction, Westlands Lane itself could then be used by cyclists to access the Wiltshire Cycleway, via Gastard, and Shaw and Whitley, and this would open up the network considerably. In the past Melksham Without Parish Council carried out a lot of work in conjunction with Wiltshire Council officers to facilitate a design but the Scheme was never carried forward due to lack of funding. However the aspiration to provide such a link still exists and since A350 is now so hazardous, the need for the link is particularly acute. There needs to be a safe cycleway/pedestrian crossing to the east of the Rosemary Way roundabout within the new development east of Melksham. There also needs to be a safe crossing for both pedestrians and cyclists on the Distributor Road by the roundabout in Snowberry Lane.

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Powered Two-Wheeler Strategy consultation comments and responses

Comment	Response
Main document	
Mr Nick Hancock	
17.17 - There should also be driver education, not just rider education.	Driver education is covered in the main Road Safety Strategy.
18.4 - If the absence of motorcycle testing centres in Wiltshire is limiting the growth of PTW usage, then surely some thought needs to be given to increasing the availability of testing in Wiltshire.	Unfortunately Wiltshire Council has very limited ability to affect the location of testing centres.
19.10 - Only allowing access to some bus lanes introduces confusion amongst the users. If PTWs were allowed access to all bus lanes then this confusion in alleviated	Different councils have different policies about bus lanes. Bus lanes usually have differing restrictions such as when cars may or may not drive in them.
Appendices	
Anne Henshaw, Calne Area Transport	
<p>Appendix 1. Powered two-wheelers and mobility scooter parking Given the known demographics nationally, and within the county, there is no recognition that there will be a steadily increasing demand for housing which does not require car parking and people who do not want/cannot take buses. Therefore the minimum parking standards for mobility scooters, lacking at present, need to be clearly stated so that applications for developments take this into account when designing the layouts. 1 secure space for every 20 car parking spaces for mobility scooters will be too low particularly at large retail stores and supermarkets on town edges. Sharing space with motorcycles does not seem practical as it could lead to dispute. As with disabled car drivers there should be dedicated mobility scooter spaces.</p>	<p>The number of spaces required will depend on the exact location and type of housing. Providing space that can be adapted for mobility scooters is encouraged through Wiltshire Council's Core Strategy which requires homes to achieve a certain number of points from the Code for Sustainable Homes. Hea3 and Hea4 in the Code encourage space to be provided which could be adapted for mobility scooters. Sharing spaces with motorcycles is unlikely to be appropriate where there is high demand, but may be appropriate for smaller locations, particularly where the proportion of users of motorcycles and mobility scooters is difficult to estimate. The wording has been adjusted to reflect this. This policy may be reviewed in the future as more evidence emerges.</p>

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Smarter Choices Strategy consultation comments and responses

Name/ Organisation	Ref point in strategy	Comment	Response
Ms Margaret Willmot, Campaign for Better Transport	Smarter choices	Smarter Choices Strategy Overarching Comment. There are a number of issues when a Local Transport Plan is produced piecemeal and over a timespan of several years as has happened in Wiltshire. For example policies in one area of the LTP may suggest a different approach in a different area which has already been adopted. This would be the case with 'Smarter Choice' measures, which typically might include parking restraint, car share clubs, and strong residential travel plans for new developments. This could be fundamentally in conflict with a Parking Strategy which proposes 'minimum' rather than 'maximum' parking standards for new developments (as Wiltshire's Parking Strategy does). It would be appropriate to go back and review the Parking Strategy from March 2011 to ensure it fits in with 'Smarter Choices' strategy which is being proposed.	Noted. However, the Car Parking Strategy and Smarter Choices Strategy do not contain policies that conflict. The SC policy regarding car clubs corresponds with the Parking Strategy. The policy on Residential Travel Plans is in line with our SPD on this.
Ms Margaret Willmot, Campaign for Better Transport	Goals and objectives	23.17 With regard to the selection of 'balanced' as the council's preferred strategic option for Smarter Choices measures: Wiltshire Council have been reluctant to move towards the 'radical' transport policies which are needed to ensure that new developments proposed in the Core Strategy are sustainable from a transport perspective. It is relevant to note that a 'radical' approach was favoured in the public consultation on LTP3, and was confirmed as necessary for Salisbury in the South Wiltshire Core Strategy Examination in Public, see below: Wiltshire Council's Local Transport Plan 2011-2026 Consultation Issues Responses paper, issued in November 2009 following a consultation in March 2009 showed that a 'Radical' long-term transport strategy was favoured by over 60% of respondents. The Salisbury Transport Strategy Options Assessment Report produced in January 2010 concluded that a strategy based on a 'radical' option would best enable Salisbury to meet the challenges of addressing future growth in travel demand in a sustainable manner and it was recommended that this option be further refined. The Inspector's report into the South Wiltshire Core Strategy (SWCS) dated 14.10.11 indicated that one of the changes required, was, in summary "To make reference to the Options Assessment Report prepared as part of the Transport Strategy and to its conclusion that the 'Radical Option' would best enable Salisbury to address future growth in travel demand." It follows from the above, and specifically from the	The approach taken 'Wiltshire -wide' is a balanced approach that should work in Principal settlements and Market Towns; this is explained in more detail in the section on challenges and opportunities. Salisbury is Wiltshire's only city and has a good transport network offering a varied choice of modes, which might make a 'radical' approach possible in

		<p>recommendation in the Inspector's report into the SWCS, that a radical approach to transport planning should be applied in Salisbury. It is unclear how this recommendation will be carried forward locally when the relevant components of LTP3 such as Smarter Choices are only following a 'balanced' approach. Note that para 22.3 quotes the sort of traffic reduction which could occur if an 'intensive smarter choices programme' was followed over 10 years (a reduction in peak hour traffic by 21%) - this will require something more than the 'limited' smarter choices measures in 'appropriate' new developments which are proposed as part of the 'balanced' approach in para 23.17.</p>	<p>that particular area. However, taking Wiltshire as whole, and considering factors such as accessibility and geography, means that the balanced approach is generally deemed more suitable.</p>
<p>Ms Margaret Willmot, Campaign for Better Transport</p>	<p>Strategy</p>	<p>Policy 1 The 'transport assessment thresholds' quoted in 'Development related travel plans in Wiltshire' have been left somewhat vague - e.g. required for 'All major developments exceeding minimum thresholds shown in Table 2', 'All smaller developments generating significant amounts of travel in, or near to, Air Quality Management Areas (AQMA's), and in other locations where there are local initiatives or targets for the reduction of road traffic, or the promotion of public transport, walking and cycling'. Although the supplementary planning document re travel plans is dated July 2009 it does not appear to be enforced currently (e.g. no Travel Plan required for Highbury Avenue planning application S/2012/1282 for 60 dwellings despite the statement that "Travel Plans for household developments exceeding 40 dwelling units will be required through S106 agreement or a planning condition." (5.13 in Development related travel plans SPD)). How effectively is monitoring and enforcement of travel plans being carried out (e.g. in relation to the Bourne Hill Travel plan which was a condition of the planning application for the offices now being used by Wiltshire Council at Bourne Hill)? Policy 2 - School Travel Plans Para 25.10 - a 'Sustainable Modes of Travel Strategy' has been proposed as part of LTP3, however one wonders whether this will be required if there is already a Public Transport Strategy, draft versions of Cycling and Smarter Choices Strategies, and a Walking Strategy to follow. What exactly will be included in 'Sustainable Modes of Travel' (other than more on School Travel plans which is promised in para 25.10) and could this be included in this Smarter Choices Strategy instead to avoid yet more duplication of the policy background etc, etc, which seems inevitable with a multi-volume LTP3.</p>	<p>The SPD on Developed Related Travel Plans allows Wiltshire Council scope to request Travel Plans if and when required on a case by case basis. In terms of travel plan monitoring and enforcement, the SC Strategy proposes ways in which to improve this, e.g. by bringing in monitoring software such as iTrace, see 25.4. The Wiltshire Sustainable Modes of Travel to School Strategy is a legal requirement under the Education and Inspections Act 2006.</p>

<p>Anne Henshaw, Calne Area Transport Group</p>	<p>Smarter choices</p>	<p>New developments being considered through the Wiltshire Core Strategy will have fundamental effects on this strategy. The 'balanced' approach followed by the council will not meet the transport effects without following the old system of facilitating vehicles over all other users. A 'radical' approach is the only way in which sustainable development can be achieved. If traffic reduction is to be achieved then 'limited' smarter choices must change to 'intensive'</p>	<p>The approach taken is applied Wiltshire-wide as this is deemed most appropriate for the majority of towns and villages throughout the county. In some areas, factors such as geography or accessibility mean that it would be extremely challenging to apply a radical approach. However, it is recognised there may be certain locations/circumstances in which more radical approaches can be applied.</p>
<p>Lt Cdr J Blake, Branch Secretary CPRE Wiltshire</p>	<p>Smarter choices</p>	<p>10. Smarter choices are strongly supported. Modal shift is all important in bringing a healthier life-style and reducing carbon emissions. Smarter choices are definitely the way to go and appear to be incompatible with references in LTP3 to "improving journey time reliability on key routes". Improving journey time reliability is very short- term and indeed unsustainable because when new roads are built, or roads are made easier for cars, more cars are encouraged to use them, traffic builds up and there is congestion again. The NPPF paras 29 - 41 promote sustainable transport, so we hope this part of LTP3 may please be revised.</p>	<p>Smarter choices promote the use of sustainable modes of transport and more sustainable car use, which in turn can lead to a reduction in levels of congestion and support new development.</p>

<p>Lorraine McRandle, Committee Administrator Melksham Town Council</p>	<p>Strategy</p>	<p>Travel Plans Policy 1: To continue to use the planning system to develop, monitor and enforce mandatory travel plans and to secure travel plans for all new developments meeting or exceeding transport assessment thresholds as outlined in 'Development Related Travel Plans in Wiltshire'. Comment: The Town Council would like to see through parking charges a Policy to encourage the use of peripheral car parks to avoid congestion in town centres. The Town Council would also like to see the following: The coach park reinstated in Melksham More co-ordination between bus companies on timings. School Travel Plans Policy 2: To provide ongoing support to help schools to implement, monitor and review their travel plans using measures such as: walking buses; park and stride initiatives; car sharing and cycle training. Comment: Agree Residential Travel Plans Policy 3: A Residential Travel Plan will be required for household developments exceeding 40 dwelling units and should be secured through a Section 106 agreement or planning condition. Comment: Agree Personalised Travel Planning Policy 4: Where appropriate opportunities are identified, PTP projects will be considered, particularly when funded by developers for new housing developments as part of Residential Travel Plans Comment: Agree Station Travel Plans: Policy 5: To develop Station Travel Plans with our relevant partners, at all railway stations in Wiltshire Comment: The Town Council would like to see more trains stopping in Melksham. Marketing, information and travel awareness Policy 6: To continue to promote sustainable transport options through the provision of advice and information. In addition, the council will work together with partnership organisations such as the local health authority, sports partnerships and voluntary groups to encourage and promote sustainable travel options whenever possible. Comment: Improve cycleways particularly through the town centre. Car Sharing Policy 7: To continue to maintain the car sharing scheme, particularly through securing travel plans which include measures to encourage car sharing e.g. dedicated car share spaces. Comment: Agree. Car Clubs Policy 8: To support and promote car club developments where appropriate opportunities arise and to expand car clubs to meet demand, particularly where Section 106 funding is available to support this. Comment: Agree. Encouraging low carbon vehicle use Policy 9: To support the provision of charge-points through the planning system. Comment: Agree. Smarter Working Practices Policy 10: To encourage the development of smarter working practices amongst employers and other groups and organisations across Wiltshire. Comment: Would encourage people to pre order goods and collect to sustain a more vibrant town centre rather than home deliveries.</p>	<p>The request for the Parking Policy to consider the use of peripheral car parks to avoid congestion in town centres has been noted and will be considered when a review of the Parking Strategy takes place. However, this suggestion goes against some policies related to the vibrancy and the importance of the local economy in town centres.</p> <p>The coach park re-instatement in Melksham issue will be referred to the Passenger Transport team.</p> <p>Pre-ordering of goods and then collecting, rather than home delivery, is likely to generate more traffic movements than home delivery in a van.</p>
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Mr C Gregory, Transport and Tourism Officer New Forest National Park Authority	Smarter choices	We welcome this strategy. It currently links closely to our LSTF programme which has staff resources allocated to supporting the development of visitor attraction travel plans. For high footfall attractions a small percentage change in visitor travel behaviour can make a significant difference to traffic levels within a locality.	Added 'visitor attractions' as a key partnership organisation to work with in Policy 6.
Mr C Gregory, Transport and Tourism Officer New Forest National Park Authority	Smarter choices	Our Recreation Management Strategy document includes this as an action: 5.10.2 Encourage all recreation providers to have a travel plan offering sustainable transport options to their visitors.	The requirement for a travel plan should be based on the size of the organisation/provider and the number of visitors that site generates. However, this is a laudable suggestion and we have added 'Visitor attractions' as a key partnership organisation to work with in Policy 6.
Anlezark, Hon Membership Secretary Cycling Opportunities Group for Salisbury(COGS)	Goals and objectives	12 Health References need updating to include NICE guidance PH41 Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation Public health guidance, PH41 - Issued: November 2012 This guidance sets out how people can be encouraged to increase the amount they walk or cycle for travel or recreation purposes. This will help meet public health and other goals (for instance, to reduce traffic congestion, air pollution and greenhouse gas emissions). The guidance is for commissioners, managers and practitioners involved in physical activity promotion or who work in the environment, parks and leisure or transport planning sectors. They could be working in local authorities, the NHS and other organisations in the public, private, voluntary and community sectors. In addition, it will be of interest to people who promote walking and cycling in an unpaid capacity and other members of the public. In the context of this guidance, walking and cycling includes the use of adapted cycles (such as trikes, tandems and handcycles), wheelchairs and similar mobility aids. Encouraging and enabling people to walk or cycle requires action on many fronts - and by many different sectors. A range of issues have to be addressed,	A relevant paragraph has been added to 'National Context' in Section 22. A number of the other issues in relation to cycling will be addressing via the Cycling Strategy.

		including environmental, social, financial and personal factors. The recommendations cover: local programmes, policy and planning, schools, workplaces and the NHS. In addition to the recommendations made in this (and related) NICE guidance, other measures are needed to tackle the wider influences on walking or cycling. This includes measures to reduce road dangers and to reallocate road space to create a more supportive environment. 12.8 Instead of off-road provision in rural areas, speed limit reduction to a default of 40 mph and less where necessary, would make the roads safer for cyclists to use. 12.25 Measures to encourage women to take up cycling need to be included in the strategy and monitoring of the success of initiatives undertaken.	
Ms Rachel Kent, Environmental Health Officer Wiltshire Council (Environmental Health)	Smarter choices	22.16 No mention is made of Wiltshire's Air Quality Strategy which sets out the council's actions for improving air quality. Wiltshire's air quality action plan will contain measures relating to smarter choices, particularly within the community action plans which are being developed by the groups in towns with air quality management areas. (Mainly covering Policies 1 - 10 in the smarter choices strategy). Therefore we welcome the production of the smarter choices strategy on the grounds of improving air quality and improving health of Wiltshire's population.	A relevant paragraph will be added to 'National Context' in Section 22.

Wiltshire Local Transport Plan 2011 - 2026

Accessibility, Cycling, Powered Two Wheeler and Smarter Choices Strategies



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1 Introduction

1.1 This consultation provides the opportunity to make comments on a further four sub-documents of the Wiltshire Local Transport Plan 2011-2016 (LTP3):

- Accessibility Strategy
- Cycling Strategy
- Powered-Two Wheeler Strategy
- Smarter Choices Strategy

1.2 The Wiltshire LTP3 was adopted by the Council in February 2011 - LTPs are high level documents which aim to steer the delivery of national transport goals at the local level. The Wiltshire LTP3 is currently made up of a long-term strategy document, a shorter-term implementation plan (to be reviewed in 2013) and four sub-documents: Car Parking Strategy; Freight Strategy; Public Transport Strategy; and Road Safety Strategy (available from: <http://www.wiltshire.gov.uk/council/howtheCouncilworks/plansstrategiespolicies/transportpoliciesandstrategies/localtransportplan3.htm>).

Making comments

1.3 Our preferred method of communication is for comments to be submitted on-line at <http://consult.wiltshire.gov.uk/portal>.

1.4 Alternatively, comments can be emailed to transportplanning@wiltshire.gov.uk or in writing to: Sustainable Transport Group, Wiltshire Council, County Hall, Trowbridge, Wiltshire BA14 8JD.

1.5 Paper copies of the documents will also be available from all libraries.

1.6 The consultation is open from **Friday 1st March to Friday 23rd May 2013**.



2 Accessibility

Introduction

- 2.1** Accessibility is defined as the ability of people to get to locations, goods and services they need or want, allowing them to participate in work, training, education, healthcare, shopping and leisure activities. It was highlighted as a key issue in the Department for Transport's Social Exclusion Unit (SEU) report 'Making the Connections' (February 2003), which examined links between social exclusion, transport and the location and provision of services.
- 2.2** Having good accessibility means that people can lead a full and active life, and having good access not only means travelling with ease to services and facilities but also reducing the need to travel at all by locating goods and services in well-placed locations. Poor accessibility is often created by the lack of synergy and harmony between land use and transport and can lead to social exclusion and feelings of isolation.
- 2.3** Since the mid 1950's the need to travel has become far greater and more complex as society has organised itself around use of the private motor car, and at the same time services and facilities have become more and more concentrated in certain areas. Whilst car ownership has steadily risen, not everyone has access to a car and this has led to problems of accessibility especially for those on low incomes, and for those in areas not as well served by other forms of transport. Some of these issues can be directly influenced by planning authorities and service providers so that feelings of exclusion and isolation are minimised and people's quality of life has the opportunity to significantly improve.
- 2.4** This strategy demonstrates how the council and its partners aims to help improve accessibility to employment, education, healthcare as well as other leisure and social activities. There is particular emphasis on the use of more sustainable modes of transport, and as the government takes forward its "big society" and "localism" ideals there is a need to consider local services and local transport for local people. By doing this, the strategy aims to help create a fairer and more equitable society, providing greater equality of opportunity, which can help tackle climate change, improve the local economy, improve health and safety and enhance quality of life.
- 2.5** Whilst this strategy aims to provide a long-term approach for improving accessibility across Wiltshire it is as much about identifying poor accessibility and prioritising accessibility improvements with a view to making improvements if and when funding and other opportunities arise.

Wider context

- 2.6** In the last fifty years or so, a rapid growth in people's mobility has played a significant role in economic and social advances. It has also stimulated a growth in personal mobility expectations. In rural areas, increasing levels of car ownership have gone hand in hand with the centralisation of services, loss of local shops, and the reduced viability of public transport. This has resulted in the paradox of vastly increased overall mobility versus poorer access to facilities for some, particularly for those rural residents who do not have access to a car. At the same time it has resulted in greater car mileage, and therefore greater individual transport related carbon emissions especially for rural dwellers when compared to urban dwellers.
- 2.7** There are a number of policy and guidance documents which relate to accessibility and its wider impacts. This Accessibility Strategy has been developed within the context of these documents as well as the challenges and opportunities that face Wiltshire.

National context

Creating Growth, Cutting Carbon - Making Sustainable Local Transport Happen

2.8 The White Paper 'Creating Growth, Cutting Carbon: Making Sustainable Local Transport Happen' (January 2011) sets out the government's vision "...for a transport system that is an engine for economic growth, but one that is also greener and safer and improves the quality of life in our communities".

2.9 The two key themes of the White Paper are:

- Offering people sustainable transport choices, particularly for shorter journeys, that will stimulate behavioural change
- Demonstrating how localism and the big society can work for transport

2.10 The stated Department for Transport (DfT) priority for local transport is:

Priority for local transport

Encourage sustainable local transport and economic growth by making public transport and cycling and walking more attractive and effective, promoting lower carbon transport and tackling local road congestion.

2.11 The government believes that it is at the local level that most can be done to enable people to make more sustainable transport choices and to offer a wider range of genuinely sustainable transport modes.

National transport goals

2.12 The DfT's 'Guidance on Local Transport Plans' (July 2009) sets out the following five overarching national transport goals:

- to support national economic competitiveness and growth, by delivering reliable and efficient transport networks.
- to reduce transport's emissions of carbon dioxide and other greenhouse gases, with the desired outcome of tackling climate change.
- to contribute to better safety, security and health and longer life expectancy through reducing the risk of death, injury or illness arising from transport, and promoting travel modes that are beneficial to health.
- to promote greater equality of opportunity for all citizens, with the desired outcome of achieving a fairer society.
- to improve quality of life for transport users and non-transport users, and to promote a healthy natural environment.

2.13 Accessibility is able to contribute to each of the five transport goals, however, it is 'equality of opportunity' and 'quality of life' where it is able to contribute most significantly. Accessibility should 'promote greater equality of opportunity for all citizens, with the desired outcome of

achieving a fairer society', and is about 'enhancing social inclusion and the regeneration of deprived or remote areas by enabling disadvantaged people to connect with employment opportunities, key local services, social networks and goods through improving accessibility, affordability and acceptability'.

National Planning Policy Framework

- 2.14** The National Planning Policy Framework sets out the Government's planning policies and how these are expected to be applied. It streamlines national planning policy into a consolidated set of priorities to consider when planning for or deciding on new development. At the heart of the framework is a presumption in favour of sustainable development, which should be seen as a golden thread running through both plan-making and decision taking. The Framework recognises that transport policies have an important role to play in facilitating sustainable development but also in contributing to wider sustainability and health objectives.
- 2.15** Plans should protect and exploit opportunities for the use of sustainable transport modes for the movement of goods or people. Therefore, developments should be located and designed where practical to:
- Accommodate the efficient delivery of goods and supplies
 - Give priority to pedestrian and cycle movements, and have access to high quality public transport facilities
 - Create safe and secure layouts which minimise conflicts between traffic and cyclists or pedestrians, avoiding street clutter and where appropriate establishing home zones
 - Incorporate facilities for charging plug-in and other ultra low emission vehicles
 - Consider the needs of people with disabilities by all modes of transport.

Door to Door Strategy

- 2.16** Traditionally, different modes of transport have been considered separately with separate policy teams, separate funding and separate transport providers. Whilst this may reflect how the industry operates, it does not reflect the way people think about their journeys. When planning a journey people think about the cost, convenience and complexity of the entire door-to-door journey, not simply one element of it.
- 2.17** This strategy (March 2013) brings together, for the first time, the many areas of work within the Department for Transport that contribute to delivering more convenient and efficient door-to-door journeys by sustainable transport. It focuses on four core areas which required addressing so that people can be confident in choosing sustainable transport:
- Accurate, accessible and reliable information about the different transport options for their journeys;
 - Convenient and affordable tickets, for an entire journeys;
 - Regular and straightforward connections at all stages of the journey and between different modes of transport; and
 - Safe, comfortable transport facilities.

Transport for Everyone: an action plan to improve accessibility for all

2.18 This plan (December 2012) outlines how operators, local councils and the Department for Transport can all help to make it easier for people using public transport, particularly those with disabilities, to get where they need to go. Specific measures seek to:

- Develop an accessible journey planner;
- Build on the long lasting legacy of the Olympic and Paralympic Games, to create a long-lasting legacy of improved access and information, so disabled travellers in particular have the confidence to use public transport; and
- Raise awareness of the designated wheelchair space on public transport by examining signage and enforcement, and by sharing best practice.

Local context

Local Transport Plan

2.19 Wiltshire's third Local Transport Plan (2011-2026) (LTP3) sets out the long term transport strategy for the county. It steers the implementation of national transport policies at the local level. As a strategic document, LTP3 does not contain details of schemes but it does set a number of strategic transport objectives which aim to help deliver the national transport goals.

Local development framework

2.20 The Local Development Framework (LDF) is a term used to describe a portfolio of planning documents which deliver spatial planning at the local level. The Wiltshire LDF contains a series of documents including the Wiltshire Core Strategy which sets out the general spatial planning vision and objectives of the LDF and includes 'strategic site allocations'.

2.21 The vision for Wiltshire in 2026 as set out in the emerging LDF core strategy is:

Wiltshire 2026 spatial vision

By 2026 Wiltshire will have stronger, more resilient communities based on a sustainable pattern of development, focused principally on Trowbridge, Chippenham and Salisbury. Market towns and service centres will have become more self-contained and supported by the necessary infrastructure, with a consequent reduction in the need to travel. In all settlements there will be an improvement in accessibility to local services, a greater feeling of security and the enhancement of a sense of community and place. This pattern of development, with a more sustainable approach towards transport and the generation and use of power and heat, will have contributed towards tackling climate change.

Employment, housing and other development will have been provided in sustainable locations in response to local needs as well as the changing climate and incorporating exceptional standards of design. Wiltshire's important natural, built and historic environment will have been safeguarded and, where necessary, extended and enhanced to provide appropriate green infrastructure, while advantage will have been taken of the Wiltshire's heritage to promote cultural and lifestyle improvements as well as tourism for economic benefit.

Partnership working with communities will have helped plan effectively for local areas and allow communities to receive the benefit of managed growth, where appropriate.

Community Plan

2.22 The Wiltshire Community Plan (2011-2026) sets out the way in which the council will work with other partners and with local communities to achieve shared ambitions for the future of Wiltshire. The plan has the following priorities:

- Creating an economy that is fit for the future
- Reducing disadvantage and inequalities
- Tackling the causes and effects of climate change

2.23 Work will be targeted in these three areas and together they will help to achieve the vision:

Community Plan vision

The vision for Wiltshire is to build stronger and more resilient communities, and greater localism lies at the heart of this. We want to encourage and support communities to take the initiative to strengthen their ability to deal with local challenges and issues in creative ways which are tailored to their unique circumstances.

Joint Strategic Assessment

2.24 The ambition for the Joint Strategic Assessment (JSA) 2011-2012 is that it will provide the council and its six Thematic Delivery Partnerships (Enterprise Wiltshire, Wiltshire's Children and Young People's Trust Board, Community Safety Partnership, Resilient Communities Partnership, Wiltshire Environmental Alliance, Health Improvement Partnership) with a robust analysis of the issues facing Wiltshire. The JSA brings together issues in Wiltshire from across the public sector services. It also contains key information such as population size and geography building a single, accurate reflection - a single version of the truth.

2.25 The JSA will inform the commissioning framework for the Wiltshire Assembly and provide an opportunity to look ahead three to five years so that:

- Inequalities within our population are reduced
- Services are shaped by local communities
- Social inclusion is increased

Neighbourhood Plans

2.26 Under measures proposed in the Localism Act, government wants communities to come together to develop a Neighbourhood Plan which will set the context for development in their area. They will be able to:

- Choose where they want new homes, shops and offices to be built
- Have their say on what those new building should look like
- Grant planning permission for the new buildings they want to see go ahead

Stakeholder partnerships and local interest groups

2.27 Working with stakeholders and local groups is vital to help improve accessibility in Wiltshire. Discussions have taken place with interest groups, during which a number of valid points/issues were raised. Such meetings and discussions will continue to take place with current and new groups to identify new areas and issues of concern as well as monitoring the progress of previously raised points.

New Forest Recreation Management Strategy

2.28 The Recreation Management Strategy sets out a long term vision for how recreation will be managed and promoted in the New Forest National Park over the next 20 years.

2.29 In the coming years, a number of external factors will continue to affect the New Forest National Park and drive changes over time. One identified factor is car use and the lack of willingness to travel by other modes. A rising population has inevitably led to increases in traffic volumes and with further rises predicted there is a need to manage this overtime.

2.30 The strategy identifies a series of actions for the National Park Authority and key partners over the next five years. These are designed to improve and develop the way in which recreation contributes to the sustainability and well being of the New Forest National Park.

Cranborne Chase and West Wiltshire Downs AONB Management Plan 2009-2014

2.31 Cranborne Chase and West Wiltshire Downs was first designated as an Area of Outstanding Natural Beauty (AONB) in 1981, under the National Parks and Access to the Countryside Act 1949. The majority of Cranborne Chase and West Wiltshire Downs lies within the South West region, however 6.8% lies within the South East region, in Hampshire.

2.32 The plan sets out objectives and policies for all the AONB partners over a five year period to 2014. It highlights a number of issues including:

- **Accessibility of service and facilities**
 - Access to local facilities is increasingly important due to low incomes, higher transport and fuel costs for many rural residents.

- Funding/support for rural service provision is scarce. Local shops are under threat as their viability is frequently linked to the provision of post office services which are being progressively withdrawn.
- There are few affordable homes, facilities, and services in the AONB aimed at the young or elderly, leading to their isolation.

2.33 Successful implementation of the plan requires active collaboration and participation of all those involved in the AONB's management. Those partners supporting the implementation of the plan will be contributing to their Section 85 to 'have regard to the purpose of conserving and enhancing the natural beauty of the AONB'.

3 Vision

Accessibility vision for Wiltshire

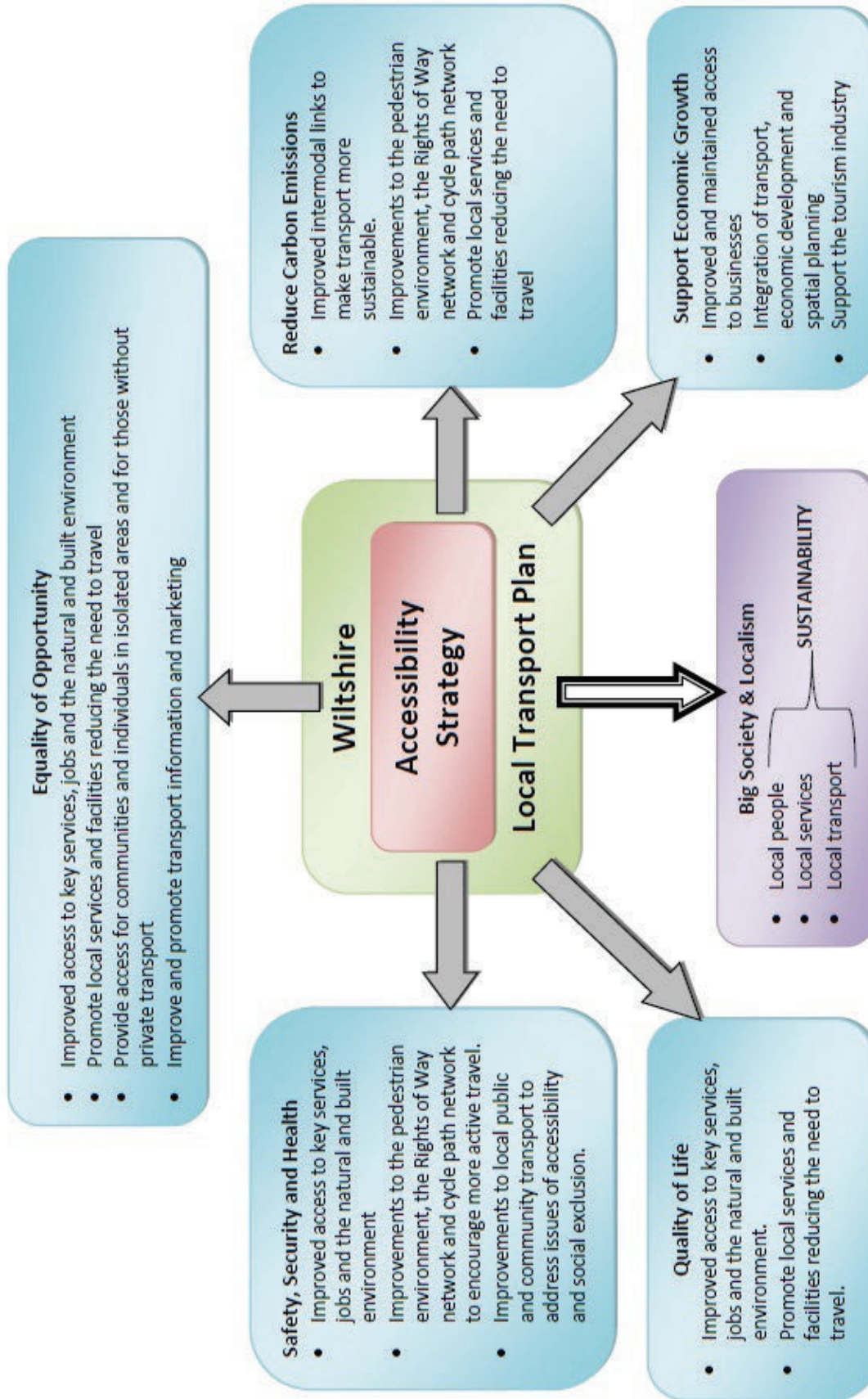
- 3.1** The Accessibility Strategy for Wiltshire is able to contribute to the national transport goals and as well as a number of LTP3's strategic transport objectives. There is also a need for the accessibility strategy to integrate with the wider vision and objectives of the council as well as its corporate and community plans, helping to ensure that all service areas and service providers can contribute to delivering accessibility. To this end the vision for accessibility is:

"to help reduce social exclusion and provide good sustainable access to employment, health care, education, leisure and social activities as well as other vital goods and services so that wherever possible people can satisfy their needs locally and without the need to travel by car"

Big society and localism

- 3.2** The vision for this Accessibility Strategy was developed in light of the big society and localism theme. The Big Society was the flagship policy idea of the 2010 UK Conservative Party general election manifesto. It now forms part of the legislative programme of the Conservative – Liberal Democrat Coalition Agreement and can be broadly defined as more people working together for the common good.
- 3.3** The coalition government has recognised that action at a local level helps deliver gains at a national level. As well as this, action at a local level can also deliver results quickly. Given this it is believed that effective sustainable local access is best delivered through solutions developed for the places they serve, tailored for the specific needs and behaviour patterns of individual communities.
- 3.4** In April 2009 the former County Council and districts were replaced by Wiltshire Council working through 18 Area Boards. The Area Boards are a new way of working to bring local decision making back into the heart of the community. They are a formal part of Wiltshire Council, and try to find solutions for local issues such as road repairs, traffic problems and speeding in villages, litter, facilities for young people and affordable housing.
- 3.5** Those working with the Area Boards include councillors, community area managers, democratic service officers together with one member of the council's top decision making committee, the cabinet. It also includes the local NHS, fire and emergency services, police, town and parish councils, community area partnerships and many other groups.
- 3.6** By working in partnership with local communities, it is hoped that the council can achieve much more than it could on its own, with a view to developing better services, better communities and a better quality of life for everyone in Wiltshire.
- 3.7** Figure 3.1 shows a visual interpretation of how the Accessibility Strategy contributes to the national transport goals and how it fits in with the principles of big society and localism.

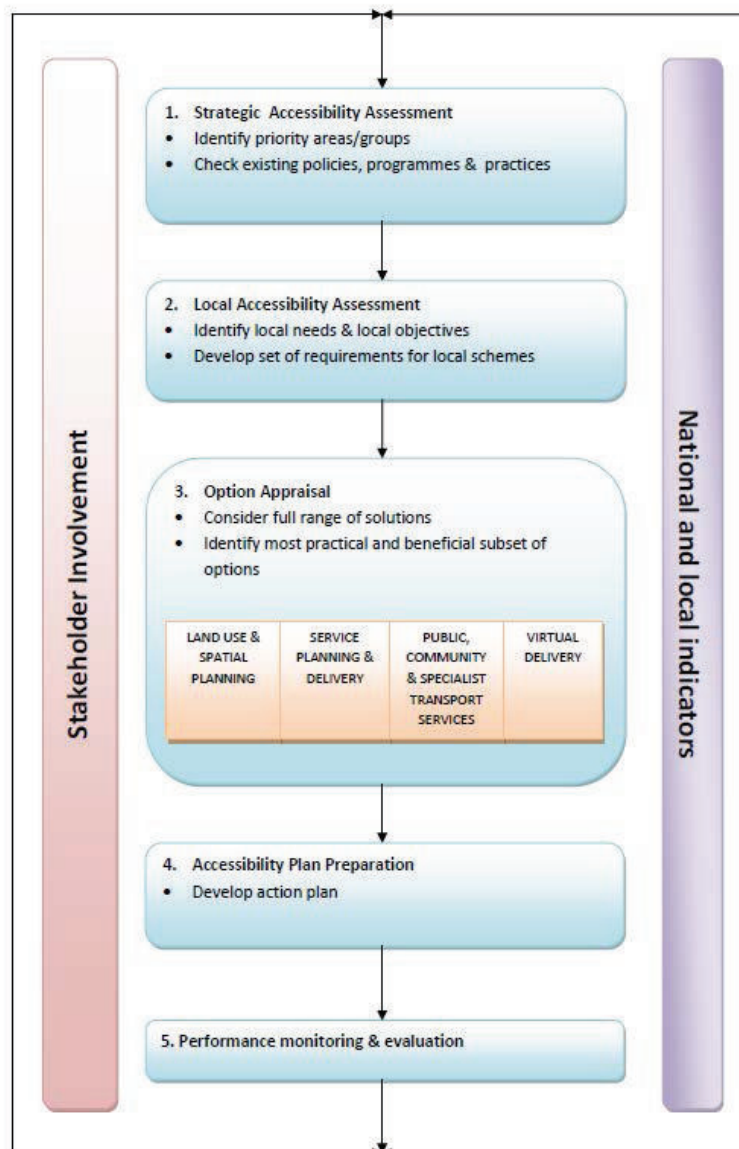
Figure 3.1 Accessibility: the bigger picture



4 Accessibility planning process

4.1 A five stage process for accessibility planning is recommended by DfT, see Figure 4.1.

Figure 4.1 Main stages of the accessibility planning process



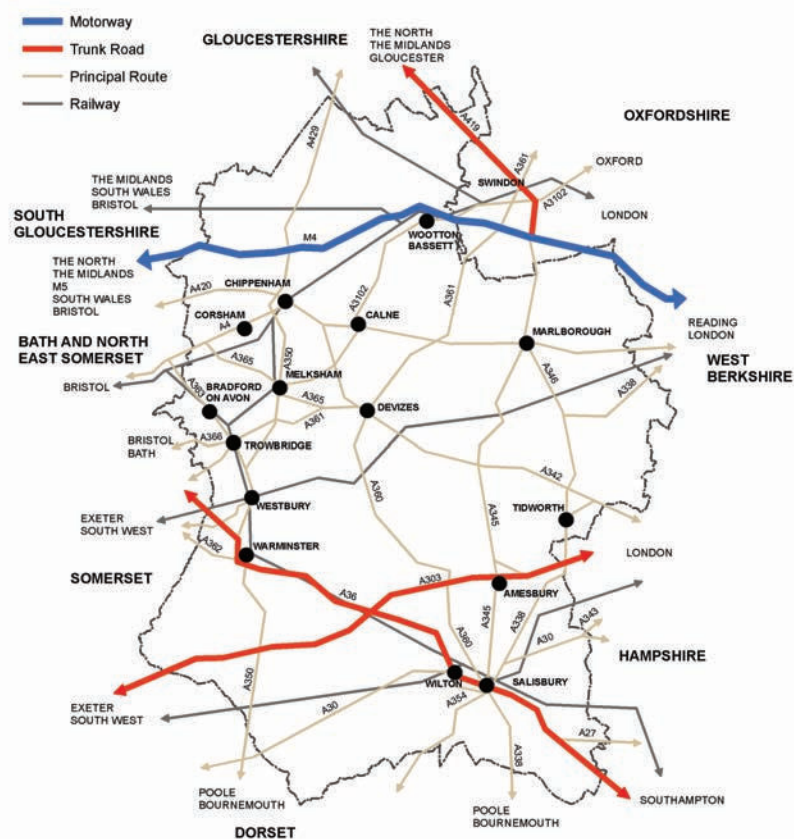
4.2 The first stage of the accessibility planning process seeks to establish the nature and extent of the wider accessibility problem. The strategic accessibility assessment, see chapter 3, has reviewed the existing evidence and produced county wide maps to highlight potential accessibility problems, see Appendices 1-6. The next stage of the process, see chapter 4, has prioritised areas, groups and issues for further action with the aim of producing local assessments and local accessibility action plans. The final stage, see chapter 6, assesses the outcomes of the whole process and provides a 'performance management' feedback loop, this ensures that the accessibility planning process is iterative and a continuing procedure.

5 Strategic accessibility assessment

Geography and geology

- 5.1** Wiltshire is a predominately rural, land-locked county on the eastern edge of the South West region, adjoining the more economically active South East region. The large area of the county and its geographic location in relation to nearby major economic/retail centres results in a wide range of transport and accessibility related problems.
- 5.2** Two thirds of Wiltshire lies on chalk with the largest area of chalk being Salisbury Plain. The northwest of the county is predominately limestone and between the chalk and the limestone lie clay valleys and vales. It is this geology that historically determines the population distribution across the county. Most of the population live in a broad crescent stretching from Wootton Bassett in the north to Warminster in the South West, as well as the city of Salisbury.
- 5.3** The M4 motorway runs through the north of the county and directly connects Wiltshire to London, Swindon and Bristol. Wiltshire has access to other areas of the South West, such as Somerset, Devon, Cornwall and Gloucester through the M4's connection with the M5 motorway. The M4 and M5 also connects Wiltshire to the Midlands and the north. Other major routes in Wiltshire include the A303 trunk road which spans east to west and the A350 Primary Route and the A36 Trunk Road which link the north of the county with the south.

Map 5.1 Strategic transport network for Wiltshire



Wiltshire's rail network

- 5.4** Chippenham, Westbury and Salisbury are on major rail axes from London (see Figure 5.1). Salisbury, Warminster, Westbury, Trowbridge and Bradford on Avon are linked by the hourly Portsmouth-Cardiff services that carry significant flows between Wiltshire and Bristol, Bath

and Southampton. North of Westbury these are supplemented by other services to Bath and Bristol that provide a two trains-per-hour frequency. Chippenham is linked to Bath and Swindon by the half hourly Bristol-Paddington trains. Served by two trains daily each way only, the line connecting Trowbridge, Melksham and Chippenham is effectively a 'missing link' in the rail network.

Figure 5.1 Wiltshire's rail network



5.5 Wiltshire's successful Local Sustainable Transport Fund bid will enable an enhanced service of the train service between Westbury and Swindon via Melksham from the current two trains per day each way to eight trains per day each way commencing in December 2013.

Community areas

5.6 As part of local government reorganisation, a new local authority for Wiltshire was formed in April 2009. Following the formation of Wiltshire Council, 20 community areas were created, where in most parts of the county this includes a market town and its surrounding villages. The community areas are smaller in size than the previous four district councils and therefore should enable the identification of poor accessibility more easily, enabling us to put in place a schedule for prioritising action to help alleviate the identified accessibility problems.

Key accessibility points

- Wiltshire is a large mostly rural county, whose population distribution is predominately determined by its geology.
- It is located to nearby more economically active areas, encouraging travel to these areas for employment, retail and leisure pursuits.
- Motorway and rail links provide good, often direct, access to other areas of the South West as well as further afield to London, the midlands and the north.
- The formation of 20 community areas should enable local areas with poor accessibility to be identified sooner.

Health and wellbeing

5.7 Public health covers a wide range of services that help to improve the quality of life in Wiltshire. These range from providing help for people to stop smoking and make healthy decisions about their lifestyles to focusing on the big killers such as cancer, stroke and heart disease.

5.8 From April 2013 the responsibility for promoting and improving public health moved from the NHS to Wiltshire Council. This creates new opportunities to work with our partners to improve accessibility to health care establishments, particularly for those without access to a car. Indeed the overall delivery of health services has somewhat changed over recent years and can now be generally accessed at more local level. However, this has perhaps created more intricate health care accessibility issues for those users who need to travel further a field to receive health care advice and treatment and where no public transport is available to get them there.

5.9 The Joint Strategic Assessment (JSA) for Health and Wellbeing 2011-12 provides a summary of the current and future health and wellbeing needs of people in Wiltshire. It has been developed with a clear ambition to further improve the scope and quality of our data, centred on transforming data into knowledge and knowledge into wisdom to provide a comprehensive picture of local needs.

5.10 The key health and wellbeing issues for Wiltshire are:

- Children and young people
- Cancer and cardiovascular disease
- Lifestyle choices
- Health inequalities
- Ageing population

Obesity and physical activity

5.11 Wiltshire's Public Health Report 2012 highlights rising obesity trends with analysis of obesity trends and future projections suggesting that obesity prevalence will continue to rise and by 2020, 30% of men and 28% of women could well be obese. In Wiltshire it is estimated that about one in four adults are currently obese.

- 5.12** Wiltshire's rates of childhood obesity are below the national and regional averages. However, 2009/2010 data demonstrates that one in ten boys and one in twelve girls in Reception year and one in five boys and one in seven girls in Year 6 were obese.
- 5.13** Physical exercise and activity are important to ensure good health and tackle obesity. There is evidence that sport and activity can reduce premature death, the incidence of chronic heart disease and the chance of developing Type 2 diabetes as well as increasing protection against many chronic diseases and conditions. Just 14% of adults in Wiltshire have 30 minutes of moderate intensity physical activity on five or more days of the week.
- 5.14** The What Matters Survey 2011 found that 52% would like to lose a little or a lot of weight and 47% would like to be more physically active. It also shows that compared to the Wiltshire averages, there is not a great degree of variation of physical activity between community areas, with just a few exceptions, for example, just over half of respondents in Calne, Trowbridge, Tidworth and Melksham feel that they would like to be more physically active.
- 5.15** The return of public health to Wiltshire Council therefore also offers new and increased opportunities to encourage physical exercise and activity and tackle obesity.

Access to health and wellbeing

- 5.16** Transport enables access to number of activities and services which can influence health in a positive way. Appropriate access to health care for a diverse population requires more than simply providing the health service, provision alone can not guarantee access to health care. Equal access to healthcare has been a central objective of the NHS since it began, yet inequalities still exist. For people living in rural areas, access to health care can be difficult due to distances to services and the time taken to travel to those services. Lack of public or private transport may mean that people living in rural areas do not use available services. Although Wiltshire is generally not a deprived area, the county has pockets of deprivation including five local areas that lie amongst the 20% most deprived in England. In addition, aspects of rural deprivation are difficult to quantify yet are of particular relevance in this county, in which proportionally more of the population live in a rural setting. There are a range of wider determinants of health that impact on inequalities including rurality, transport deprivation, service deprivation and housing deprivation. The increased needs of particular groups such as families, young people, the elderly, disabled persons and carers, the military, prisons, black and minority ethnic groups and gypsies and travellers, and the way these are met, can also affect the inequality gap. For example: a lack of transport to services, facilities and employment results in a degree of inequality for some of Wiltshire residents:
- Around half of Wiltshire bus services run without council funding and the council is working with operators to encourage further commercial operation where this is possible.
 - As in other parts of the country, bus services have suffered as a result of reductions in public spending. Reviews of less well-used bus services are being carried out by the council with local communities being consulted to make sure that as far as possible the impact on users is minimised.
 - The council has also been working with Community First to provide funding and advice to local groups wishing to set up new community transport services: the "Accelerate" scheme and Community Transport Development Fund were launched in Devizes in June 2012.
 - However, reductions in transport inevitably have an impact on the wellbeing of individuals and families without access to private transport.

Key accessibility points

- The transfer of public health to Wiltshire Council offers new and increased opportunities to improve accessibility, encourage physical activity and tackle obesity.
- Local level health care delivery has potentially created greater accessibility issues for those needing to travel further-a-field.
- There is a wide range of health determinants that impact on inequalities including transport deprivation.
- Transport enables access to number of activities and services which can influence health in a positive way.

Population and age profiles

5.17 As with many other parts of England, the population in Wiltshire has been steadily increasing with an estimated population in 2026 of 510,300, see Table 3.1. An increasing population suggests an increasing number of homes, jobs, services and facilities will be required. Not only is the population increasing in size but people are also living longer and this again has implications for the provision of housing, healthcare, and other essentials goods and services.

Table 5.1 Age profile in 2011 and mid-year estimate for 2026

Age band	2011 population	2026 mid year estimate	% change
0-14	84,848	81,840	-4
15-19	29,197	32,820	+12
20-29	50,191	61,690	+23
30-44	91,597	83,750	-9
45-59	98,414	88,070	-11
60-64	31,246	37,240	+19
65-74	45,070	58,770	+30
75-84	28,456	46,230	+62
85-89	7,725	12,270	+59
Age 90 and over	4,237	7,610	+80
TOTAL	470,981	510,290	+8

The elderly

5.18 The retirement age population of Wiltshire is expected to grow at a significantly faster rate than the South West in the run up to 2026, bringing this section of the population from 21% to 25.4% of the total population. The older population, those over 65 years of age, is projected to grow from 2007 by 31% (an additional 25,000 people) in the next ten years, and by 44% (an additional 35,000 people) in the next 15 years. The fastest growth will be among people aged 85 years and over, the major users of care services. The community areas where the

older population is predicted to be the highest percentage of the total population by 2026 is Bradford on Avon, Downton, Tisbury and Pewsey, all with over 30%, followed by Marlborough, Mere, Warminster, Malmesbury and Wilton.

5.19 Many older people will live active and healthy lives, contributing widely to the community around them, however as they get older they may find it increasingly difficult to access the services upon which they rely. With increasing numbers of pensioners living at home alone and with deteriorating health it is a key challenge to ensure that they are adequately cared for and can access the services they require to live comfortably in their old age. Therefore, Wiltshire's ageing population will require access to essential services which may be delivered in a variety of ways including through public transport, and community and voluntary transport providers. Many of the ageing population live in rural areas which can make accessing essential services even more challenging for this section of the population.

5.20 The 'What matters to you survey' (2012) was carried out across Wiltshire from December 2011 to March 2012 to gain information from Wiltshire Council and its partners. The survey covered a range of topics about living in Wiltshire, including questions about transport. Different age groups were asked if they think the council should spend more, the same or less on transport co-ordination and bus services.

5.21 The results show that more respondents in all age groups think that the council should spend more, and that there is a general trend for older respondents to be more likely to think that more should be spent on transport co-ordination and bus services. The age groups from which the highest numbers of respondents think that more should be spent on transport co-ordination and bus services are:

- 75+ (35%)
- 65-74 (30.1%)
- 45-54 (29.6%)

Young people

5.22 At the other end of the spectrum young people often have difficulties accessing services that are important and essential to them, such as education, employment and leisure activities. Many of them live in rural areas where public transport is quite often their only transport option which can be costly and infrequent and unlike other groups young people do not generally have any transport alternatives such as community transport. The Tomorrow's Voice survey in Winter 2006/07 found that walking and catching a lift with a parent or relative were the most common ways for young people to get to activities with 25% of respondents indicating that a lack of appropriate transport, particularly in the evenings, was the main reason for them not being able to reach their chosen destination.

5.23 The 2009 Tellus survey shows that young people's use of public transport was significantly less than the England average. The reasons for not using public transport were broadly in line with England averages, as tables 5.2 and 5.3 show.

Table 5.2

Do you use public transport (such as buses, trams, trains, the underground)?	Wiltshire (%)	England (%)
Yes	24	31

Do you use public transport (such as buses, trams, trains, the underground)?	Wiltshire (%)	England (%)
Sometimes	40	42
No	36	27

Table 5.3

Why don't you use public transport?	Wiltshire (%)	England (%)
I don't need to	89	87
There isn't any where I live	6	5
It costs too much	8	6
I don't feel safe	7	8
It isn't easy	4	4
My parents/carers don't want me to	8	10

5.24 The Community Area Young People's Issues Groups (CAYPIGs) were established to bring young people using services at local level together with elected members from all tiers. They function to improve young people's access to decision-making, inclusion and inter-generational dialogue and cohesion. This has also promoted rural targeting. During 2011, a number of themes emerged with transport being one of them including pricing and timetabling.

Physical and mental disabilities

5.25 Studies also indicate that transport accessibility is a key cause of concern for people with both physical and mental disabilities. This is mainly due to barriers they face when using public transport and accessing the relevant travel information. This was substantiated in a survey published in May 2012 which was carried out by the Wiltshire Learning Disability Partnership Board which showed that 50% of respondents require help planning their journey and reading public transport timetables. The survey also indicated that more buses with low floors are required.

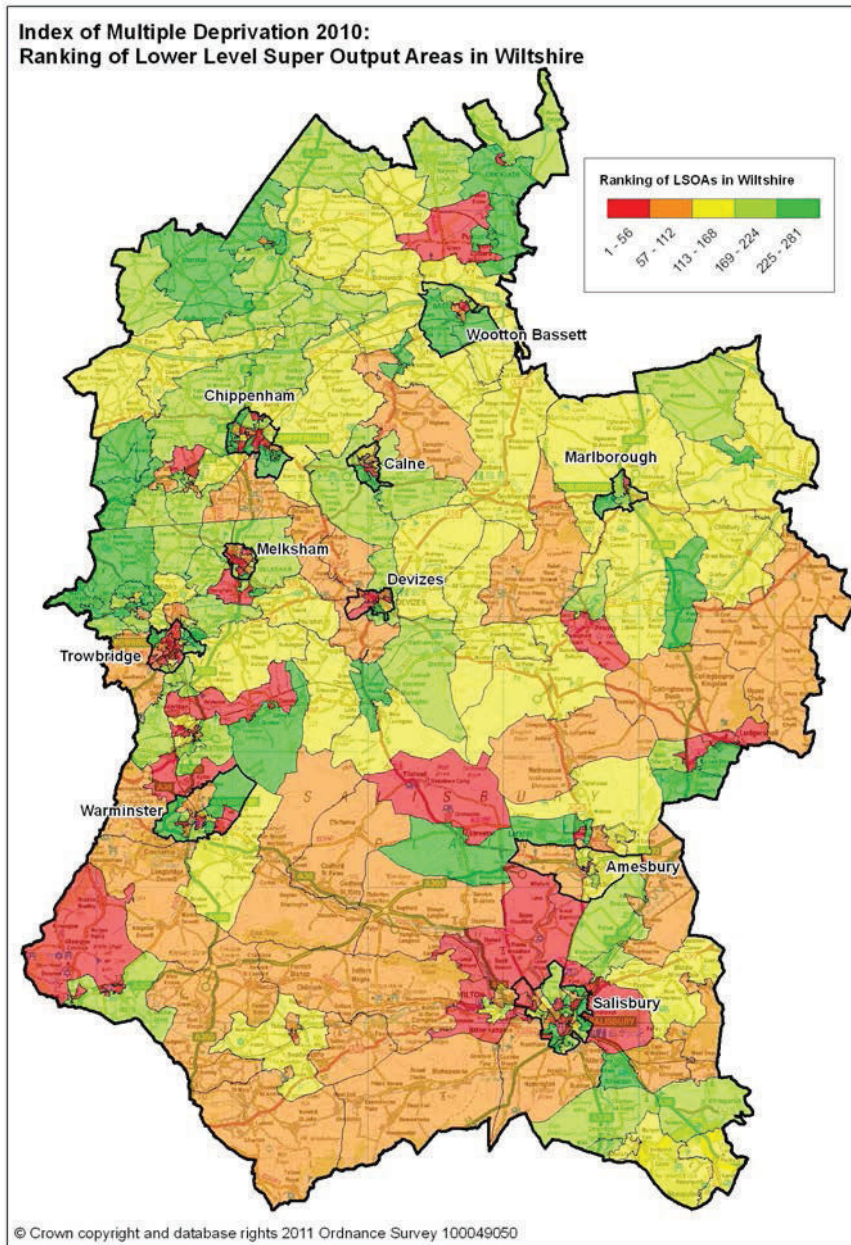
Key accessibility points

- Growing population requires access to an increasing range of goods and essential services.
- The ageing population requires greater access to healthcare and other essential services and those living in rural areas often find access to essential services more challenging.
- Young people often struggle to find inexpensive and suitable transport, particularly in the evenings.
- Accessing transport is a cause for concern for people with physical and learning difficulties.

Disadvantage and poverty

- 5.26** There are a number of sources that can provide a picture of disadvantage and poverty in Wiltshire, including the 2011 Census, the Indices of Deprivation 2010, the Rural Facilities Survey (2012), "The rural share of deprivation in Wiltshire" (2009), Rural Wiltshire: An Overview (2010) and Equality in Wiltshire (2011).
- 5.27** The average Index of Multiple Deprivation (IMD) for Wiltshire's Lower Level Super Output Areas (LSOAs) in the ID 2010 is 22,229, which compares positively against the England benchmark in terms of overall deprivation. However, the county has seen an increase in relative deprivation since the 2007 Indices, as indicated by the decrease in this average rank from 23,184 in 2007 to 22,229 in 2010, a difference of -1584.
- 5.28** The Index of Deprivation 2010 (see Map 5.2) shows however, that for the first time Wiltshire has one LSOA in the 10% most severely deprived in England; Salisbury St Martin – central based on a overall measure of deprivation, along with a total of five LSOAs in the 20% most deprived (an increase of 1 LSOA from ID 2004 to ID 2010) and 14 in the 30% most deprived nationally (an increase of 5 LSOAs).
- 5.29** The largest change in relative deprivation within the 10% most deprived LSOAs has been within the Health Deprivation and Disability domain, with a decrease in average rank of 4,544 reflecting a relative increase in deprivation. The Salisbury St Martin - central LSOA is also now in the 10% most deprived in England with regards to Health Deprivation and Disability. This is the first time that Wiltshire has had an LSOA in this category for the health domain.
- 5.30** The Barriers to Housing and Services domain has the highest number of LSOAs in the most deprived categories nationally (49 LSOAs in the 10% most deprived in England, 75 in the 20% most deprived and 99 in the 30% most deprived for the ID 2010). This is, however, the only domain to have see an decrease in the numbers of LSOAs in these most deprived categories.
- 5.31** For the overall measures of deprivation (IMD) the most deprived areas are typically urban, as these areas generally have the highest proportions of income and employment deprived people.

Map 5.2 Index of Multiple Deprivation 2010: ranking of Wiltshire LSOA with 1 being the most deprived



5.32 Studies have shown that the rural areas of the county have deprived people in almost every community, but that rural areas on the whole are less deprived than the larger towns, with the only exception being with respect to access to key services, in particular for older people. This latter situation is partly a result of the geographical isolation of some communities, but also of the decline in many rural services over the last 30 years.

5.33 Levels of deprivation might not seem that significant when compared with other parts of England. However, the variations within Wiltshire are quite considerable, with some of the most affluent areas in the county being located right next to the very deprived. In addition, rural deprivation is difficult to qualify; given the higher than average proportion of the population living in rural communities in Wiltshire, it is likely that small pockets of rural deprivation will exist that are not highlighted by the Index of Multiple Deprivation.

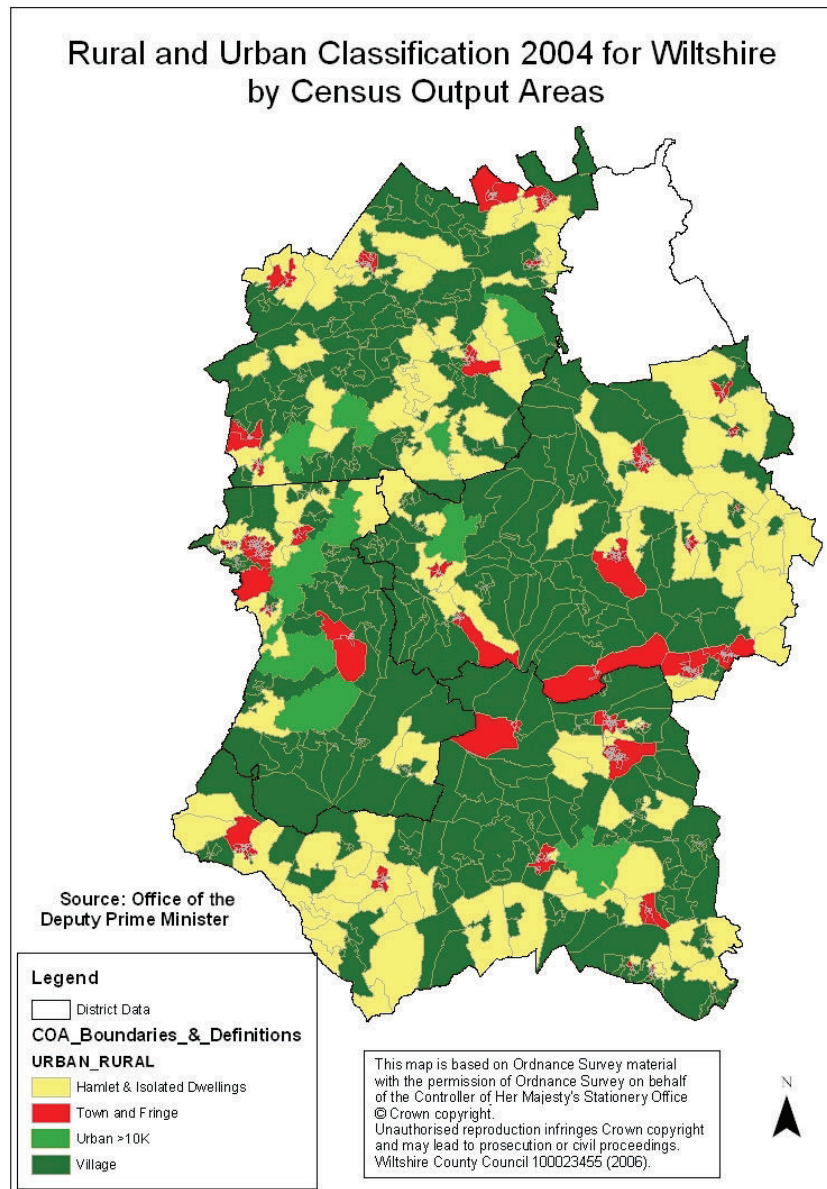
The rural share of deprivation in Wiltshire (2009) report showed that:

- 10,089 households in Wiltshire have no car or van, 35.5% of the total across the county
- Access to education, training and employment: 49,973 (54%) households are more than 10km from principle job centres, 24,031 households (26%) are more than 6km from secondary schools
- 1,555 (14%) people aged 16-19 are more than 60 minutes travel time by public transport from further education institutions
- Access to health services: 5,187 (50%) households are more than 60 minutes travel time by public transport from hospital.

Rural areas and communities

- 5.34** The Rural Definition was introduced in 2004 as a joint project between the Commission for Rural Communities (CRC – formerly the Countryside Agency), the Department for Environment, Food and Rural Affairs (Defra), the Office for National Statistics (ONS), the Office of the Deputy Prime Minister (ODPM) and the Welsh Assembly.
- 5.35** The rural-urban classifications are available for a range of geographical scales and they are categorised into four categories: urban, based on all settlements over 10,000 population; small town and fringe; village and hamlet and isolated dwellings. For this document the definition of rural is based on all areas outside settlements with populations of more than 10,000 people (see Map 5.3).

Map 5.3 Rural and urban classification 2004 for Wiltshire by Census Output Areas



5.36 Over the last thirty years or so, Wiltshire's rural areas and communities have undergone significant economic, social and demographic changes leading to a countryside that is generally quite prosperous. These changes include the decline of the traditional sectors of employment and the in-migration of urban dwellers. These changes have had a serious impact on rural society. Rural services have been profoundly affected by the changing composition of village populations. Most notably, that former urban dwellers tend to be much more mobile and therefore far less reliant on local services and facilities which has been a contributory factor in the decline of many services in rural areas. However, at the same time there are many local residents, especially the elderly, disabled and those on low incomes, that are often still dependent on them.

5.37 Rural deprivation, whether dispersed or concentrated, can often be overlooked due to the relative prosperity and income diversity of many rural areas. This is because deprivation data very much focuses on an area based approach rather than the location of deprived individuals. Nevertheless, generally the rural areas of Wiltshire are less deprived when compared to Wiltshire's urban areas. It is generally acknowledged that there is one exception

to this and that is access to key services. The rural access problems have been a well recognised issue throughout Wiltshire for some time now. Many studies have been undertaken which highlight the need for improvements to accessibility for those living in rural areas which can leave residents feeling both isolated and lonely. The geographical isolation of some areas of Wiltshire make them the most affected in the country.

5.38 The disparate nature of some Wiltshire's smaller settlements and the difficulty of providing frequent and economical public transport to these areas remains a challenging issue. Whilst many of the main settlements of the county have frequent train and bus services, public transport services elsewhere in the county can be infrequent and often have the perception of being expensive to the consumer. Consequently these areas can generally suffer with poor accessibility, especially for those without access to a car. In both rural and urban areas, poor accessibility is often linked to sectors of the population who suffer social exclusion, including the elderly, the mobility impaired, people with learning difficulties and those without English as their first language.

5.39 Public transport in rural areas has a range of demand and supply side characteristics that set it apart from urban based operations. On the supply side it can be difficult to operate a profitable commercial service, due to the dispersed low population and strong competition from the car. On the demand side, the requirements of rural dwellers to access key services are often time sensitive, for example access to jobs and healthcare require different time windows, access to work is at either end of the day whereas visits to the doctors tend to be during the day. Older people, young people, families, working people and disabled people all have different needs. In rural areas where the total demand can only support a low service frequency, it is difficult for conventional public transport service to meet all these different accessibility needs. Low population density in rural areas and the variety of different individual transport needs certainly requires a flexible approach if areas and groups with poor accessibility are to be addressed.

5.40 A closer look at the state of services and facilities shows that accessibility is most definitely a key concern in rural areas, for example: The Rural Facilities Survey (2012) comprises of 324 settlements in the Wiltshire Council and identified the following:

- Since 1976, there has been a decline in the number of villages that offer all four basic facilities, i.e. general food store, journey-to-work public transport, post office and primary school. Whilst there has been a decline in these services, mobile services and sales have increased nearly six-fold in the same period.
- Larger settlements have a wider variety and greater number of facilities than medium and small settlements, i.e. the number and variety of facilities is related to population size.
- The number of settlements recording the presence of a large variety of community facilities has remained fairly stable, although the number of public houses has fallen since 2005.
- All of rural Wiltshire can get some level of access to broadband internet but for the surveyed area around 80 settlements were recorded as having speeds below 2Mbps.

- Public transport has improved since 1976 with the most ubiquitous public transport services in rural Wiltshire being community transport schemes with over 99% of settlements now having access to this scheme.
- Access to journey-to-work service provision has also improved since the last survey in 2008, and it is the most widely available of all the basic facilities within rural settlements. However, it is likely to only offer a limited choice of journey times and destinations.

Key accessibility points

- The Index of Deprivation 2010 shows that for the first time Wiltshire has one LSOA in the 10% most severely deprived in England; Salisbury St Martin – central.
- There has been an influx of urban dwellers to rural villages and areas, significantly altering the socio-demographic make up of rural populations.
- There has been a decline in even the basic rural services and facilities.
- A large proportion of Wiltshire's rural population are very mobile these days disguising that some of the rural population experiences some difficulty access key services.
- Rural dwellers have varying travel needs and it can be difficult for public transport to meet all of these, therefore rural public transport requires a flexible approach.

Accessibility statistics

5.41 The Department for Transport (DfT) measures access to eight key services (employment centres, primary and secondary schools, further education institutes, GP's, hospitals, food stores and town centres) by public transport/ walking, cycle and car. The following information provides some of the key findings from the 2011 statistics.

5.42 In 2011 the average minimum travel time in England to the nearest key service was 14 minutes, for the South West it was 16 minutes and for Wiltshire it was 18 minutes which is longer than both the national average travel time and the regional travel time, see Table 5.4 for more information.

Table 5.4 Average minimum travel time to nearest key service by public transport/walking

Local authorities	Public transport/walking
England	14
South West	16
Wiltshire	18
Cornwall	21
Devon	20
Dorset	17
Gloucestershire	17

Local authorities	Public transport/walking
Somerset	17

5.43 Hospitals have the longest average minimum travel time with the average minimum travel time of 30 minutes by public transport/walking. Appendix 4 shows that access to the main general hospitals in Salisbury, Swindon and Bath is generally poor for much of Wiltshire. Those living close to the hospital in Salisbury have reasonably good access by public transport and can reach the hospital within 40 minutes travel time using public transport. For other residents it can take nearly two hours using public transport to reach their nearest hospital. However there are some Wiltshire residents that cannot reach any hospital using public transport.

5.44 In general, there is little difference in access levels between regions, other than for London. Differences in accessibility are much more noticeable when comparing urban/rural areas within regions. Nationally users in urban areas could access key services by public transport/walking, on average, in 12 minutes compared with 22 minutes in rural areas, see Table 5.5 for more information.

Table 5.5 Urban vs Rural, the average minimum travel time to reach the nearest key service.

	Average	Employment	Primary school	Secondary school	Further education	GP	Hospital	Food store	Town centre	Average
Urban	12	9	8	12	14	9	26	7	14	12
Rural	22	16	12	25	28	15	46	14	29	22

5.45 The proportion of users able to access key services by public transport/walking in a 'reasonable' time was highest for employment centres (81%). The lowest was for hospitals (29%), see Table 3.6 for more information.

Table 5.6 Percentage of users

	Employment	Primary school	Secondary school	Further education	GP	Hospital	Food store	Town centre
England	81	43.9	49.5	61.9	59.9	29	54.3	33.2
South West	79.2	41.4	45.1	57.4	56.8	30.6	52.3	30.3

1. Users are the population of the local area for the relevant service. 2. The percentage of the population that can access a given service within a reasonable time.

The local level

5.46 At the local level, the JSA's for Wiltshire's community areas provides data which shows that the proportion of rural addresses within 800m of buses running hourly or better on weekdays between 9am and 5pm. The table shows quite a contrast between some areas, for example Tisbury has 1% of rural address within 800m, whereas Salisbury has 100%, Bradford on Avon 79% and Corsham 68%. See Table 5.7 for more information.

Table 5.7 Proportion of rural addresses within 800m of buses running hourly or better on weekdays 9am-5pm

Community area	%
Amesbury	75%
Bradford on Avon	79%
Calne	43%
Chippenham	51%

Community area	%
Corsham	68%
Devizes	42%
Malmesbury	22%
Marlborough	22%
Melksham	61%
Mere	45%
Pewsey	26%
Royal Wootton Bassett	13%
Salisbury	100%
Southern Wiltshire	73%
Tidworth	46%
Tisbury	1%
Trowbridge	87%
Warminster	39%
Wesbury	44%
Wilton	28%

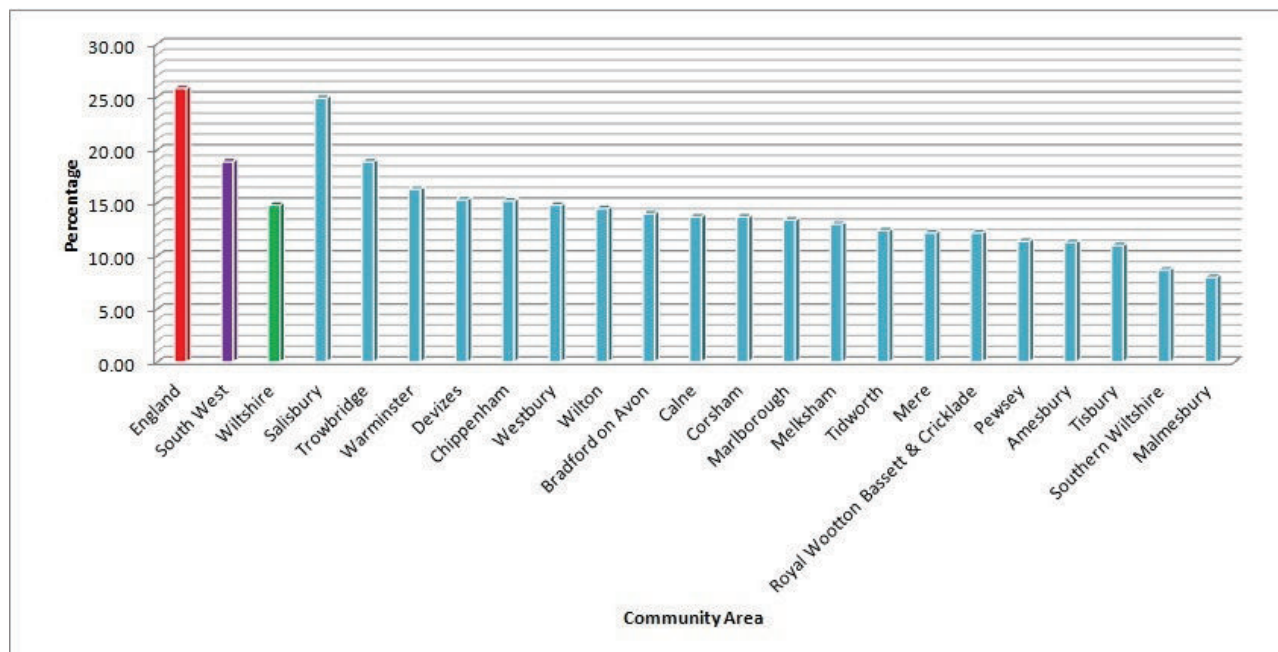
Key accessibility points

- The average minimum travel time in England to the nearest key service was 14 minutes, for the South West it was 16 minutes and for Wiltshire it was 18 minutes.
- Hospitals have the longest average minimum travel time with the average national minimum travel time of 30 minutes by public transport/walking. For some Wiltshire users accessing hospitals by public transport is not an option as it isn't available.
- Differences in accessibility are much more noticeable when comparing urban/rural areas within regions.
- The proportion of users able to access key services by public transport/walking in a 'reasonable' time was highest for employment centres (81%). The lowest was for hospitals (29%),
- There is quite a contrast between Wiltshire's Community Area's in the proportion of rural addresses within 800m of buses running hourly or better on weekdays between 9am and 5pm. For example, Tisbury has 1% of rural address within 800m, whereas Salisbury has 100%, Bradford on Avon 79% and Corsham 68%

Car ownership

- 5.47** Car ownership has a direct impact on the ability of individuals to access key goods, services and employment. This is particularly apparent where there is limited provision of suitable public transport. It is also important to consider those households where the availability of a single car maybe restricted to just one user to access employment, leaving other members of the household reliant on alternative means of transport. This can be particularly so for women, who are often left without access to the family car during normal working hours.
- 5.48** Car ownership is high in Wiltshire reflecting the rural nature and general affluence of the county. Between 1981 and 2001 there was a 92% increase in the number of cars in Wiltshire, and in 2011 just 14.8% of households did not have access to a car, see Figure 5.2. However, through sustainable development and appropriate transport planning the need to own and travel by car could be reduced.
- 5.49** There are groups and individuals without access to a car who experience difficulty accessing even the essential key services and facilities and this often occurs where conventional public transport is expensive to deliver. This is especially true for the elderly whose dependency on the car tends to decline with age. Nationally 42% of men and 67% of women over 75 years old do not have access to a car. Such reduced mobility during the later stages of life can significantly hamper access to vital key services such as GP's, local hospitals, shops and post offices.
- 5.50** Women are particularly vulnerable when there is no direct access to a car, especially if they are working 'out of hours' when conventional public transport is not available.

Figure 5.2 Percentage of households without access to a car or van (2011)



Car usage

- 5.51** Car ownership is typically linked to car usage. In Wiltshire about 40% of working people live within five miles of their workplace, and 26% live within two miles of work, yet only about 15% walk, cycle or take public transport, in fact we are increasingly likely to use cars for shorter trips over walking and cycling.

5.52 According to the DfT, about 28% of car trips made by adults are journeys to work. With these journeys tending to occur during the morning and afternoon peaks. The school run is also a significant contributor to traffic during the morning peak. Consequently reducing both commuter and school traffic could significantly help to reduce congestion and carbon emissions. However, this could pose potential accessibility issues to both employment and education sites, and which would therefore require the provision of alternative transport measures and options.

Key accessibility points

- Car ownership is high in Wiltshire.
- At the time of the census in 2011 14.8% of households in Wiltshire were without a car or van.
- The elderly are less likely to have access to a car.
- 40% of working people in Wiltshire live within five miles of their work place and 26% live within two miles of their workplace.
- Women can be more vulnerable if working 'out of hours' when conventional public transport is not available.

Travel to work patterns

5.53 Most rural counties have a certain amount of out-commuting and in recent years housing and employment trends in the UK and Wiltshire have resulted in an ever increasing car dependent society, where out-commuting to larger towns and cities is now common place. Wiltshire because of its closeness to several larger employment centres, has established commuting links to Bath, Swindon, and Andover, with lesser links to Bristol and Southampton/Eastleigh/Romsey. In 2001 the number of out-commuters stood at 52,344, a 61% increase from 1991, this equated to 24% of the employed population where 62.5% were males.

5.54 Average distances of commuting journeys also increased between 1991 and 2011 both nationally and locally. This trend is reflected in data from the 2011 census which indicates that on average Wiltshire residents are more likely to drive when compared to the rest of the nation and that significantly fewer people use the bus/public transport as shown in Table 5.8

5.55 Over time commuting patterns have become more complex and disparate which clearly has implications in terms of accessibility. The forthcoming Wiltshire Core Strategy seeks to address this issue through its location and placement of new housing and employment hubs. Flexible working patterns can also aid the issue of poor employment accessibility. There are also many people of working age who do not have access to a car, as well as workers in low-paid employment often working anti-social hours where access to their employment can be exceedingly difficult without access to a car. Maintaining and improving accessibility to employment remains an important issue for the council particularly in uncertain economic times.

Table 5.8 Travel to work modes of transport for Wiltshire and England, 2011

Mode	Wiltshire	England
Motor vehicle	48%	41%
Public transport	4%	11.3%
Bicycle	2%	1.9%
Foot	9.2%	7%
Other	0.4%	0.4%
Work from home	5.2%	3.5%

Key accessibility points

- Wiltshire residents are more likely to drive to work than use public transport.
- Out-commuting to nearby employment hubs has significantly increased and is now common-place.
- Commuting patterns are often complex and disparate in nature.
- Low-paid workers and those who work anti-social hours are often hindered in their choice of transport mode to work by the lack of public transport available to them.

Tourism

5.56 Tourism accounts for 10% of the GDP for the South West region and supports over 300,000 jobs. The South West has the highest proportion of market share (19% of expenditure) across the UK and so consequently it is of great value for Wiltshire and offers the potential for further growth in the years ahead. Salisbury is particularly recognised as a nationally important tourist destination with nearly 900,000 visitors to Stonehenge in 2008. However, a high proportion of visitors arrive by car, which has an impact for both local communities and the wider national population in terms of added congestion, increases to noise, air pollution and visual intrusion as well as safety concerns. The additional traffic also discourages others from using more sustainable modes of transport.

5.57 These types of issues are also apparent at other locations in Wiltshire and can potentially jeopardise the environment that attracted visitors in the first instance, as well as impairing the quality of life of local communities and residents. Problems such as these are most acute at Wiltshire's "honey pot" sites such as Avebury, Bradford on Avon, Salisbury, Stonehenge, Castle Coombe and Lacock. Areas of Outstanding Natural Beauty are also threatened with problems such as over-flowing car parks and indiscriminate parking on grass verges and footways.

5.58 The New Forest National Park also attracts considerable visitors every year many of which reside in or travel from Wiltshire which places significant pressure on the transport system within the National Park. The recreational use of cars within the National park also detracts from the tranquillity of the park and can also conflict with other recreational users of the park.

- 5.59** A key priority for the National Park is to encourage and work with Wiltshire Council to increase the accessibility of National Park by providing safe road crossing points at key locations for walkers, horse riders, and cyclists, ensuring that these will not increase pressure on the most fragile parts of the National Park.

Key accessibility points

- High proportion of tourists/visitors arrive by car.
- The additional traffic generated by tourism discourages others from using more sustainable modes of transport.
- Problems caused by high car use are most noticeable at the key visitor sites in the county, such as Stonehenge, Bradford on Avon, and Castle Coombe.

Information communication technology

- 5.60** Today many services can be accessed over the internet; and access to the internet at home has led to an increasing number of people working from home at least some of the time, in 2011 5.2% of Wiltshire's working population mainly worked from home, this is compared 3.5% nationally. Whilst working from home clearly has implications for the commute to and from work, the impact of home-working on society's transport needs is not that well investigated.
- 5.61** Internet shopping has risen sharply in popularity in recent years. In 2007 internet sales were worth £14.7 billion and this is expected to rise to £44.9 billion by 2012 (14% of all sales). It is thought that the internet could account for 40% of all sales by 2020. Individual shopping trips would decrease significantly while delivery would soar. This is likely to reduce the overall number of trips and with the majority of commute trips made by car there should be fewer vehicles on the road network during peak times.
- 5.62** Currently not all parts of Wiltshire have the same access to broadband. This is due to the fact that Wiltshire is a large rural county and it is uneconomic in some areas to supply broadband and the next generation superfast broadband to homes and businesses. Around 5% of all households currently receive a poor service with very slow broadband speeds and over half of all premises are unlikely to receive superfast broadband by 2015.
- 5.63** Two surveys have been carried out in order to understand the views of residents and businesses regarding Wiltshire's existing broadband services, as well as their aspirations for future provision. A total of 3,622 residents responded along with 425 businesses. The results of these surveys have been analysed and are being used to inform the council's Digital Inclusion Programme.

Key accessibility points

- Working from home has increased in recent years, with implications for the commute to and from work.
- Home working does not necessarily mean that workers need to be located near to their employer or work place.
- Internet shopping has also increased with associated reductions in shopping trips but with increases to delivery trips.

Conclusion

5.64 Wiltshire's accessibility challenges are not unique, with many other areas of England, particularly in the South West, suffering with similar issues. Overall, the main points to arise from this review show:

- Wiltshire is mostly rural, which coupled with relatively high-cost public transport, can make accessing key facilities extremely challenging, particularly for those without access to a private motor car.
- The population within Wiltshire has been steadily increasing, with the older population (65 years plus) expected to significantly grow.
- The elderly are particularly vulnerable as they are less likely to have access to a private motor car, with a distinction between those that live in rural areas and those that reside in urban areas.
- Car ownership is relatively high in Wiltshire, which has made the overall population more mobile and less susceptible to issues of poor accessibility. However, there are some isolated areas and individuals who are less mobile and therefore require assistance with accessing key services and facilities.
- The socio-demographics of rural populations have significantly altered due to an influx of relatively affluent and mobile families and individuals. This has led to the demise of some of the most basic rural facilities, leaving those without access to cars struggling to have an acceptable quality of life.
- Advances in information communication technology have led to increased home working and other internet-based activities such as social networking, shopping and entertainment and now means virtual accessibility is becoming more and more the norm.

6 Accessibility priorities

6.1 Government guidance requires that authorities identify accessibility priorities within their LTP areas and advises that these priorities should be where:

- Disadvantage is greatest or where there are concentrations of people at risk of social exclusion.
- The accessibility of a single service or combination of services is poorest.
- Accessibility improvements are likely to make the greatest contribution to delivering the authority's wider objectives, and those of the strategic level partnership.

LTP2 priorities

6.2 A strategic accessibility assessment was undertaken as part of the development of LTP2 in 2005/06 when three initial accessibility priorities for action were identified (see below). This section provides a brief update on these priorities.

Health

6.3 Access to health was identified as a priority because of the opportunity offered by the Wiltshire Primary Care Trust's (PCT's) 'Pathways for Change' programme which was being introduced at the time of the development of the LTP2. Unfortunately, it proved difficult to work with the PCT to influence the way in which health services were provided, or to identify funding sources to improve transport and access. As a result, progress on improving accessibility as part of the 'Pathways for Change' programme was limited and work on this priority as part of the LTP2 Accessibility Strategy was therefore curtailed.

6.4 The council continues, however, to provide access to health services through conventional bus services and demand responsive services, and both the council and Community First provide grant funding to assist with the community Link schemes. In the future, it is hoped that the transfer of public health services to the council as part of the Health and Social Care Act 2012 will provide the opportunity to improve accessibility to health services in Wiltshire.

Education, skills and training

6.5 The council continues to try and improve access to education, skill and training opportunities through a number of measures including:

- Education transport – the council spends in excess of £13million a year on home-to-school and college transport including a non-statutory post-16 scheme to facilitate access to further education in the rural areas of the county.
- Community/Life Long Learning – the council has linked up with the extended schools initiative to help enhance the provision of community learning opportunities.
- Wheels to Work – the council provides some grant funding towards a countywide scheme launched in 2006 and run by Community First that provides a means of access to work and training for young people who do not have other transport available.

South Wiltshire – Tisbury

- 6.6** For a number of reasons (e.g. evidence from the Indices of Multiple Deprivation), the area in and around Tisbury was identified as an priority. However, while a number of suggestions to improve accessibility were explored with the community and partners, none were eventually taken forward. The Tisbury area continues, however, to benefit from bus services that are comparable to other rural areas in Wiltshire, from having a rail station and from an active community bus and Link scheme.

LTP3 priorities

- 6.7** The strategic accessibility assessments carried out as part of the Accessibility Strategy have provided a very high level snap shot of the accessibility issues facing Wiltshire. The overall aim of the assessments was to provide a sound platform upon which to base further investigation and undertake local assessments. Given this, the issues and areas identified will require a much deeper and thorough investigation so that the council's resources can be directed in the most appropriate manner helping to ensure that those most in need can gain the most benefit.
- 6.8** Local assessments will include engagement with service user groups, service teams within the council, relevant service providers and other key stakeholders and will be carried out by Accessibility Officers who liaise with council colleagues responsible for implementing and co-ordinating public transport and cycling, walking and smarter choice measures.
- 6.9** It is anticipated that local assessments will:
- Gain a more lucid picture of what accessibility related issues there are in the prioritised areas. This will be achieved through local forums, surveys and other platforms of communication with local communities and transport operators.
 - Consider, create and sustain partnership working where appropriate and necessary.
 - Audit and understand any current initiatives in the areas and where applicable devise ways upon which to build on these foundations.
 - Provide realistic opportunities for improving accessibility given the identified constraints.

Accessibility priorities for further assessment

Young people

- 6.10** The first priority for further assessment is accessibility for young people (16-25 years). The reasons for identifying this as a priority are as follows:
- The Tomorrow's Voice survey in Winter 2006/07 highlighted some of difficulties and issues young people experience when accessing which are important to them. The survey found that walking and catching a lift with a parent or relative were the most common ways for young people to get to activities, with 25% of respondents indicating that a lack of appropriate transport, particularly in the evenings, was the main reason for them not being able to their chosen destination.
 - The Community Area Young People's Issues Groups (CAYPIGs) highlighted issues with young people and transport including pricing and timetabling.

- Cycling offers a cheap, reliable and easy mode of travel for all ages. With rising obesity levels as reported in Wiltshire's Public Health Report 2012 there is potential considerable scope to improve accessibility and help tackle obesity at the same time.
- The return of public health to Wiltshire Council offers new opportunities for joint working so issues of accessibility, physical activity and obesity could be considered under joint objectives.

Access to health care

6.11 The second priority for further assessment is accessibility to health care, particularly main general hospitals (Salisbury District Hospital, Great Western Swindon and the Royal United in Bath) from within Wiltshire. The reasons for identifying this as a priority are as follows:

- Nationally hospitals have the longest average minimum travel time with the average minimum travel time of 30 minutes by public transport/walking, 21 minutes by cycling and 9 minutes by driving.
- Appendix 4 indicates that travel time and access to the main hospitals can be lengthy and poor from within Wiltshire. Residents living within the immediate vicinity of Salisbury District Hospital have relatively good access, however, for some of the outlying areas of Wiltshire conventional public transport is not always a realistic option to access any of the three hospitals Salisbury, Swindon or Bath.
- The Joint Strategic Assessment 2011-2012 lists an ageing population as a key health and wellbeing issue for Wiltshire. Evidence suggests that the fastest growth will be among people aged 85 years and over who are major users of health and care services. Providing good accessibility to health care is therefore essential to ensure that this group of Wiltshire's population can access health care when they most need it. In line with this information are the results from the 'What matters to you survey' (2012) which shows that and that there is a general trend for older respondents to be more likely to think that more should be spent on transport co-ordination and bus services.
- The Indices of Deprivation 2010 shows that the largest change in relative deprivation within the 10% most deprived LSOAs has been within the Health Deprivation and Disability domain.
- Joint working with public health could ensure that the best value for money is achieved in delivering accessibility benefits.

Area specific accessibility issues

6.12 The strategic accessibility assessment has highlighted some of the accessibility issues often faced by those living in rural areas both at a national and at the local level. Examples of this include:

- The 'rural share of deprivation in Wiltshire' (2009) report shows that 10,089 rural households in Wiltshire do not have a car or van, which is 35.5% of the total across the county.

- Just 1% of those living at rural addresses in the Tisbury Community Area are within 800m of buses running hourly or better on weekdays from 9am to 5pm. This is a significant difference when compared to 100% of those living in the Salisbury Community Area.
- The DfT Accessibility Statistics for 2011 shows that differences in accessibility are much more noticeable when comparing urban/rural areas within regions. Nationally users in urban areas could access key services by public transport/walking, on average, in 12 minutes compared with 22 minutes in rural areas.

6.13 Whilst this evidence indicates that in general there is a difference between urban and rural accessibility, sometimes a significant difference, the nature of this strategy has meant that specific local accessibility issues and problems cannot be pinpointed with accuracy. This is where local assessments will be used to help locate and identify specific local accessibility issues.

6.14 Whilst it is recognised that accessing key services from rural locations can often be problematic, urban areas must not be overlooked.

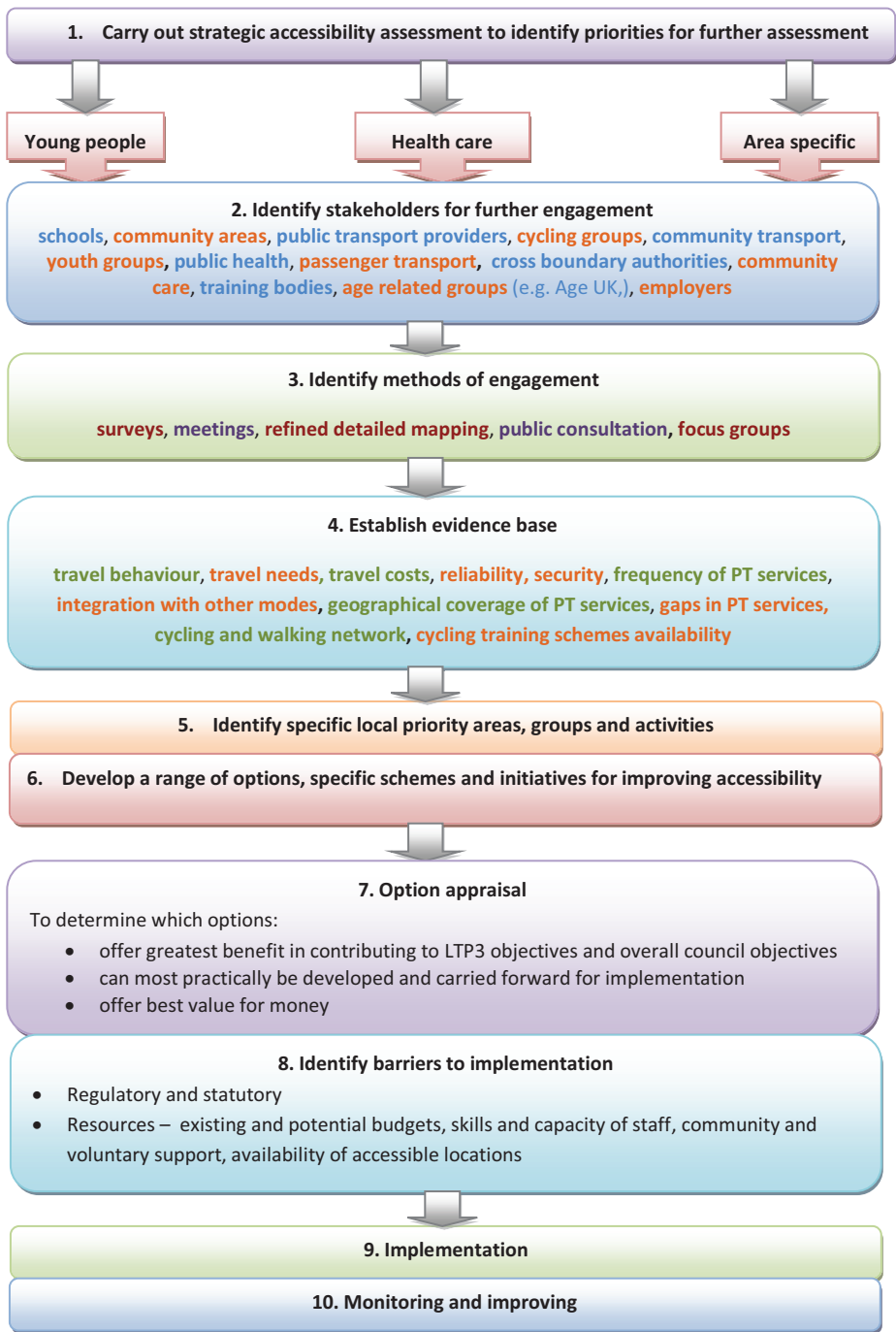
Local assessments

6.15 Over the next 12-18 months Transport Planning Officers will seek to identify with more accuracy and assurance where the specific accessibility issues occur. Data from the 2011 Census is beginning to be published now and it is envisaged that some of this data will help build a clearer picture of accessibility issues throughout Wiltshire.

6.16 The assessments will also require more engagement with users, groups and individuals throughout Wiltshire's communities. It is anticipated that local assessments will follow the process outlined in Figure 6.1.

6.17 Accessibility mapping will form a broad starting point for local assessments. Examples are provided in Appendices 1-6 which show accessibility based on public transport/walking travel time to some essential key services, including employment, secondary schools, further education, hospitals, GP's, supermarkets and town centres. Whilst these maps show an overall level of accessibility they are not explicit and could be a little ambiguous without some knowledge of other relevant information. For example, Appendix 2: Access to Secondary Schools is showing either no accessibility or very little accessibility with travel time in excess of two hours in south west Wiltshire. However, the map doesn't account for schools which are located outside the county but which many Wiltshire children attend. Similarly, Appendix 4: Access to Hospitals is also a little misleading because, as with all the maps, it does not account for demand responsive transport, such as the Wiltshire Hopper which transports many people to and from Bath's Royal United Hospital. Consequently, such maps should be viewed with a some forethought knowing that further accessibility assessments will be undertaken.

Figure 6.1 Accessibility assessment: from strategic to local



7 Delivering accessibility

Providing and improving accessibility

7.1 Accessibility planning, providing and improving is key to localism, it already involves collaboration between the public, commercial, as well as the community voluntary and social enterprise (CVSE) sectors. It is about facilitating tailored solutions to meet locally-identified problems. Current and future accessibility planning will focus on the accessibility priorities identified within this strategy, i.e. young people, health care and area specific accessibility issues. In seeking to do this the following methods have been chosen as the best way to deliver accessibility for the identified priorities.

Provision of transport services and infrastructure

7.2 The provision of transport services and infrastructure allows people without private transport, to gain access to key services and facilities. This includes improved infrastructure to facilitate walking and cycling for shorter trips and improved bus and community transport to cater for longer trips. In areas where the population is sparse and it is not financially economical or efficient to provide conventional timetable bus services demand responsive transport, community transport services and car share schemes can all provide a vital role in improving accessibility.

Public transport

7.3 The Public Transport Strategy (2011-2026) is a daughter document of LTP3 and was published in March 2011. The strategy sets out the council's long term and short term delivery plan for public transport. The document forms an integral and important part of LTP3, but can also be read in its own right, summarising the contribution that public transport makes to the national transport goals and the overall transport strategy.

7.4 The LTP3 Public Transport Strategy sets out the council's public transport policies and strategies. The council's vision for 2026 is for a public transport system that provides the level of access that people across the county need in order to allow to lead satisfying and fulfilling lives, and that in and between the main centres of population provides an attractive alternative to the private motor car that is able to make a major contribution to achieving sustainable transport objectives.

7.5 Whilst many existing accessibility needs are currently being met through the existing commercial and supported public transport network the council faces massive challenges for future service provision. There is particular tension between increasing demands, financial costs and diminishing funding. With considerable pressures on public spending and financial pressures on transport operators there is need to ensure that the Public Transport Strategy is realistic about what is achievable in the short to medium term. There is a need to identify the most cost effective way providing the maximum access benefit given the resources available over this time period.

7.6 The accessibility related measures in the long-term strategy include the following:

Bus	The existing bus network will be reviewed, with operators, to determine the best match between demand and need for travel and available resources. A hierarchy of routes will be developed, distinguishing between strategic routes and local routes.
Travel concessions	The travel concession scheme for Wiltshire residents will recognise the need to make additional provision for people who have difficulty in using buses.

Community Transport	More active steps will be taken to promote the development and increase the capacity of community and voluntary transport particularly in light of the accessibility planning process.
Rail	<p>The council will actively support railway organisations and the DfT to provide improved services and facilities for the county.</p> <p>The council will also work with bus and rail operators to secure closer integration of bus and rail services and will support the introduction of through bus/rail ticketing schemes.</p>
Information and marketing	<p>The council will seek to ensure that easily understandable public transport information is available in a variety of formats.</p> <p>The bus information strategy will be reviewed to take account of changing user requirements and operators will be encouraged to take a more positive approach to marketing their services, including taking advantage of new technology such as smart cards and to develop new pricing and ticketing strategies, so as to increase their use.</p>
Infrastructure	Any funding that is available for public transport infrastructure will be partially used to improve the accessibility of services for those who currently find them difficult to use, including access to the vehicle and access to and between modes of transport.

Re-design of the bus network

- 7.7** In order to achieve the most effective use of resources and to optimise the contribution that public transport can make to achieving the council's transport objectives the Public Transport Strategy proposes to review and re-design the Wiltshire bus network. This will help to deliver public transport services to people who do not have access to a car to a range of important services and facilities by offering a minimum once a day weekday service wherever possible.
- 7.8** The first stage of re-design will be to define and map strategic network and primary town routes and identify the areas to be served by local services. Following this a detailed planning of local services will take place. These reviews will involve consulting with area boards and local communities to help identify and establish local needs and service priorities.

Park and Ride schemes

- 7.9** Park and ride schemes allow you to park your vehicle outside town, and then use a special, frequent bus service to get into the town centre.
- 7.10** They have a useful role to play improving accessibility and have many advantages for road users including:
- Less time spent in traffic trying to park
 - Usually much cheaper than town centre car parks
 - Park and ride buses use bus lanes and often have priority at traffic lights
- 7.11** There are also benefits for residents and local authorities such as less congestion, less nuisance parking, safer roads, less noise and pollutions and less damage to historic buildings.

- 7.12** The Salisbury Park and Ride scheme was first introduced in 2001, and since then has grown enormously in popularity, and now carries almost half a million customers a year.
- 7.13** In 2011 the service was reviewed and changes took place in June 2011. The emphasis was very much about retaining existing customers and gaining new ones. One of the main changes is to the pricing structure. At the time of publication the amount you pay to use the scheme will depend on the number of people travelling with you: £2.50 for one person or £3.50 for 2,3 or 4 people travelling in a group. The scheme is also free for concessionary pass holders.

Localism and Big Society

- 7.14** The role of current community and voluntary transport is well described in the Public Transport Strategy document. On the whole these services provide an invaluable facility for those that are not able to use the relatively extensive local bus network. It is likely that there will be an opportunity for community and voluntary transport to play a bigger role in the future; as transport operating costs rise so it expected that there will be reductions in the level of service that can be provided by the conventional bus network. With these opportunities comes the potential to harness the government's 'Big Society' agenda to empower local communities to find and deliver solutions to local concerns. Local operation may also bring benefits in allowing local communities to have a more direct influence over the service that is provided, matching it more closely to changing local needs.

Cycling

- 7.15** Cycling is becoming more and more popular, it offers users a cheap, reliable, easy and healthy alternative to motorised modes of travel and meets many accessibility priorities.
- 7.16** The LTP3 Cycling Strategy sets out the council's strategies and policies and a programme of action for cycling until 2026. The Cycling Strategy works closely with the Smarter Choices Strategy, where there is some overlap of strategies and policies.

Information and marketing

- 7.17** Improving information and marketing are a core element of smarter choices measures. This will include informing people of cycling measures through school, residential and work place travel plans, including the council's County Hall Travel Plan. Easily accessible information for cyclists will become more readily available and will enable cyclists to better plan their journeys. Social marketing techniques will be employed to encourage more cycling for both new and existing cyclists. Where appropriate new bike hire schemes will be implemented and will be promoted accordingly to ensure public awareness.

Cycling infrastructure

- 7.18** Improvements to the cycle network are most effective in areas where the potential for cycling is higher and when they are combined with other measures. It is intended therefore, that Wiltshire Council will prioritise network improvements on strategic links in principal settlements and market towns. Intra-urban routes may also form a part of the network plans. Town Centre Cycle Network Plans have been published for a number of Wiltshire's towns while several others are being developed. These are regularly updated when significant developments occur, traffic conditions change, new problems are identified or through feedback from local people. Thus the strategy aims to provide a sympathetically designed, high quality and well maintained network of cycling routes in the SSCTs and market towns, and where possible it will provide links to national routes.

7.19 Cycle parking is a key element of the cycle network. The strategy seeks to ensure high quality cycle parking is provided at key destinations and transport interchanges and that all new developments are suitably equipped to provide adequate levels of parking. The council will also work with transport operators to ensure that the carriage of cycles on public transport is adequate to meet demand.

Synergies with leisure cycling

7.20 Leisure cycling is becoming more and more popular and cycling is one of the fastest growing sports. People who participate in leisure or sport cycling generally have increased levels of confidence and consequently are more inclined to start to use cycling as a means of transport. The council will be rolling out a programme of basic leisure training for adults to increase confidence levels and hopefully increase cycling as a transport mode.

Walking

7.21 The Walking Strategy (to be published in 2013) will focus on providing a sympathetically designed, high quality and well maintained network of walking routes in and between significant trip origin and destination points, such as shops, housing, employment areas, education establishments, transport interchanges and tourist and leisure hot spots. There will be particular emphasis on principal settlements and market town networks.

Countryside Access Improvement Plan - rights of way

7.22 The Countryside Access Improvement Plan (CAIP) focuses primarily on rights of way, it also states that improvements to other routes and areas which allow people to access the countryside should also be considered. This access may be on foot, bicycle, horseback, non-motorised vehicle (normally horse and carriage) or motorised vehicle (4x4 or motorbike).

7.23 The CAIP sets out the actions Wiltshire Council will take to promote use of the countryside access network (CAN). The CAN includes:

- Public rights of way in rural and urban areas
- Permissive paths
- Cycleways (not adjacent to roads)
- Canal towpaths
- Town parks
- Country parks
- Forests with public access
- Access Land
- Stretches of roads which link paths and tracks

7.24 The CAN is important for improving accessibility because it enables people to get away from roads in the countryside and within towns, providing an often vital link to local facilities and services. In many places the CAN offers opportunities for countryside access and access to local services without the need for a car. Whilst Wiltshire Council does not manage some parts of the CAN itself, it will work in conjunction with its partners to improve public access to the countryside wherever possible.

7.25 The help and support of voluntary groups is a much valued local resource and indeed there are hundreds of local volunteers that help with the maintenance and management of Wiltshire's CAN, including jobs such as clearance of vegetation and obstructions from paths, maintenance of bridges, stiles and gates and signposting of rights of way.

Smarter choices

- 7.26** Smarter choices are initiatives, measures or techniques aimed at influencing people's travel behaviour more towards sustainable travel options, and over the last ten years, they have become an integral part of local transport plans. Measures include: travel plans, information and marketing, training and enabling, alternatives to travel and sustainable car use. These types of measures can provide people with a wide-range of travel choices and are central to improvements in accessibility. Many smarter choices measures are most effective when they are combined and work in conjunction with other transport policies such as improved cycling and walking infrastructure or better bus or rail services. Other policies away from transport can also have an impact on the effectiveness of smarter choices measures, for example parental preference of schools can lead to a much longer journey to school.
- 7.27** The focus of Wiltshire's Smarter Choices Strategy will be on introducing smarter choices measures in areas where they are most likely to have a significant impact, namely new developments, principal settlements and market towns. The council will seek contributions from developers to support smarter choices measures in new developments.
- 7.28** The strategy seeks to encourage a change in travel behaviour through the use of travel plans, including school, residential and workplace, marketing, information and travel awareness and sustainable car use, such as car share, car clubs and smarter driving. It also supports flexible working, staggered journey times and tele-working, all of which can reduce the need to travel and commute.

Powered two-wheeler

- 7.29** Powered two-wheelers, such as motorcycles, scooters, mopeds and electric bikes, are on the increase. After many years of declining use they are now increasing in popularity again, this is mainly due to their low emissions, fuel economy, ease of parking and their ability to beat congestion. However, they account for a disproportionately high percentage of road casualties, and are therefore a priority group for Wiltshire Council's Road Safety Partnership.
- 7.30** Powered two-wheelers have low start up, maintenance and fuel costs, with electric bikes and mopeds have particularly low running costs, making them an excellent transport choice for young people who may otherwise struggle to finance the more expensive option of a car. They can provide an immediate sense of freedom and independence, and provide accessibility to essential services and facilities. The Wheels to Work is a scheme run by Community First which aims to improve accessibility to work, training, and education. It is a small scheme but provides an important service for those without direct access to other more expensive modes of transport.

Influencing the ways in which key services and facilities are delivered

- 7.31** Whilst it is envisaged that in the short term improvements to accessibility will occur through the provision of transport services, in the medium to long term the council will be taking a more sustainable approach to such improvements and will aim to improve accessibility through better ways of delivering key services and facilities. In a lot of cases this means taking the services to the people rather than vice versa. This is already happening in a number of areas and either means physically delivering services locally, or with the significant improvements to Information Communication Technology (ICT) through more "virtual" delivery of services. The forthcoming Wiltshire Core Strategy will seek to achieve more sustainable development, linking dwellings, services and transport.

Influencing land use development

- 7.32** In line with sustainable development, transport planning will work in partnership with spatial planning to influence Local Development Frameworks and ad hoc planning applications to ensure that where ever possible new land use development, particularly residential, takes due account of the accessibility needs of the local population. At the micro level this will help ensure that new development is adequately served by public transport, cycling and walking networks, or at the macro level to help ensure there are suitable local retail and employment opportunities. This may not result in short term accessibility improvements but over the longer term this should ensure a significant reduction in accessibility problems.

Alternatives to travel

- 7.33** Not all measures to improve accessibility to services and facilities rely upon improved transport and even where transport is available some residents may not be able to make use of it. Advances in technology and the effective use of the planning process can significantly reduce the need to travel.

Home working and remote working

Government policy over recent years has stressed the importance of maintaining a healthy work-life balance. Flexible working can contribute significantly to successfully achieving this. Home working is certainly a very flexible way of working and is already fairly widespread, it is estimated that between April and June 2010 that almost 12% of the workforce surveyed (across the UK) had spent at least one hour working from home in the previous week, whilst about 3% worked mainly from home.

It is reported that home working can result in various benefits, such as less commute time, which can help to improve the work/life balance. For organisations this can result in less staff turnover and reduced office and parking space requirements, and therefore reduced business costs.

Working from home can have much wider impacts too, with reductions in traffic and the subsequent congestion there will be economic benefits. Additionally, more people working from home or nearer to home, may help to support local communities, as people make greater use of their local facilities, such as shops and services.

Internet shopping

Internet shopping is a growing market; in 2008 73% of individuals said their household had ordered goods by the internet, phone or post for delivery, with 37% receiving deliveries at least monthly.

Broadband provision

- 7.34** Currently not all parts of Wiltshire have the same access to broadband. This is due to the fact that Wiltshire is a large rural county and it is uneconomic in some areas to supply broadband and the next generation superfast broadband to homes and businesses. Around 5% of all households currently receive a poor service with very slow broadband speeds and over half of all premises are unlikely to receive superfast broadband by 2015. Wiltshire Council is investing in digital inclusion and superfast broadband provision to support residents and local businesses.

Economic challenge

- 7.35** At the time of writing there has been substantial reductions in public spending which have and will affect the council's ability to deliver the transport services it believes are necessary for Wiltshire. LTP3 will focus on making the best of the transport network and resources it already has. It is necessary to ensure that the plan for transport is robust, realistic and achievable in the context of these cuts.

Conclusion

- 7.36** This document has made a relatively broad strategic assessment of accessibility in Wiltshire with a number of priorities being identified for assessment. Some of the issues considered in this LTP had already been identified for action in LTP2 and where possible these have been addressed through either the funding levels available at the time or by statute. The Accessibility Strategy together with the other related strategies of public transport, cycling, walking, smarter choices and rights of way, will seek to address the identified accessibility priorities during the lifespan of LTP3. However, priorities can and do change and therefore this process is very much an iterative one and one where more in depth local assessments will seek to re-evaluate and re-address the priorities to help ensure that funding and resources are being directed in the most appropriate way possible.

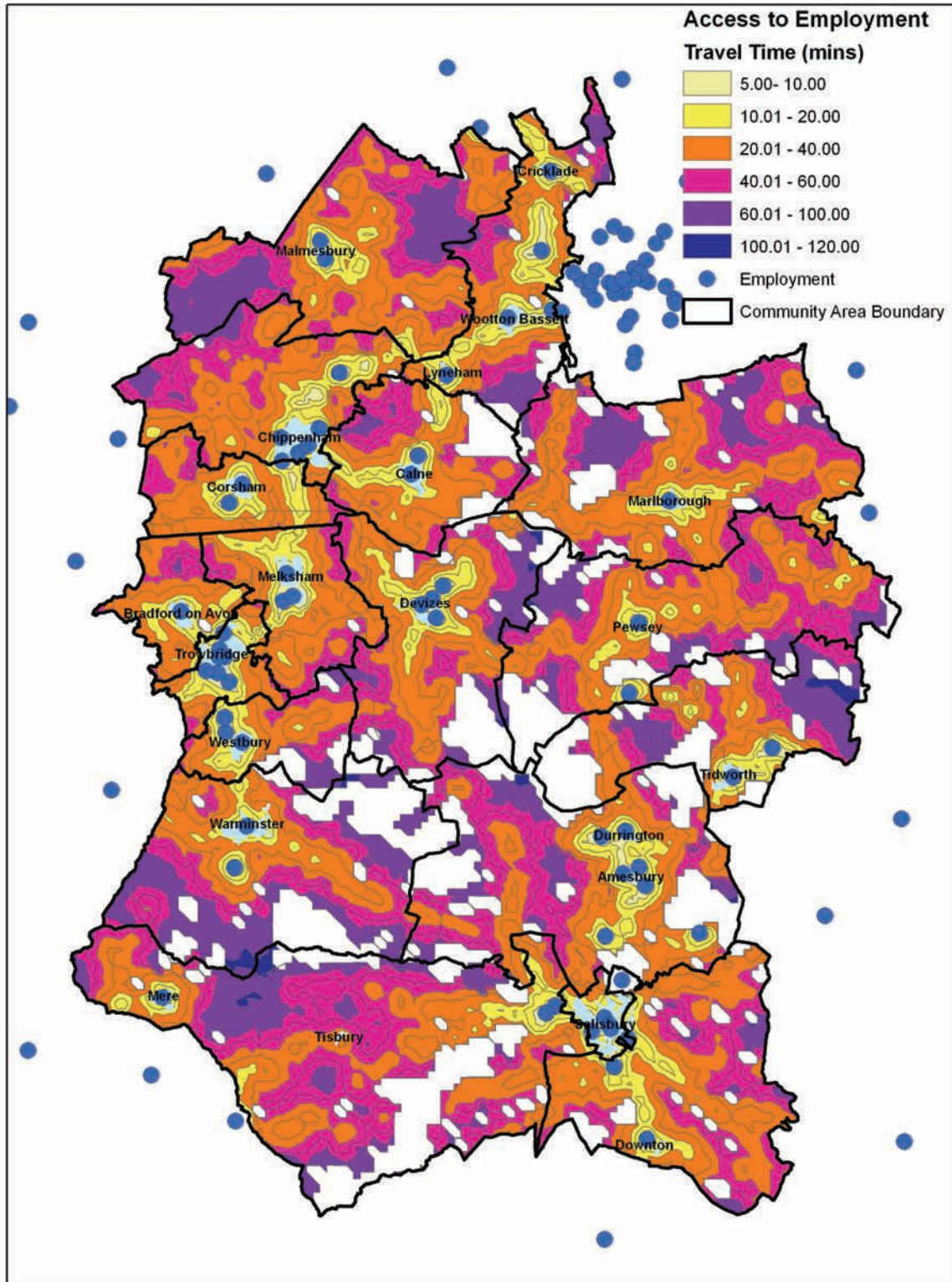
8 Performance management

Monitoring improvements in accessibility

The Implementation Plan 2011/12 briefly considers performance management and contains only a few predefined targets. As far as accessibility performance management is concerned, monitoring improvements in accessibility will be carried out as part of the overall monitoring programme for LTP3. The council's approach to performance management for LTP3 will be refined in the new three year implementation plan due for publication in 2013.

9 Appendices

Appendix 1 - Travel time to employment centres by public transport/walking

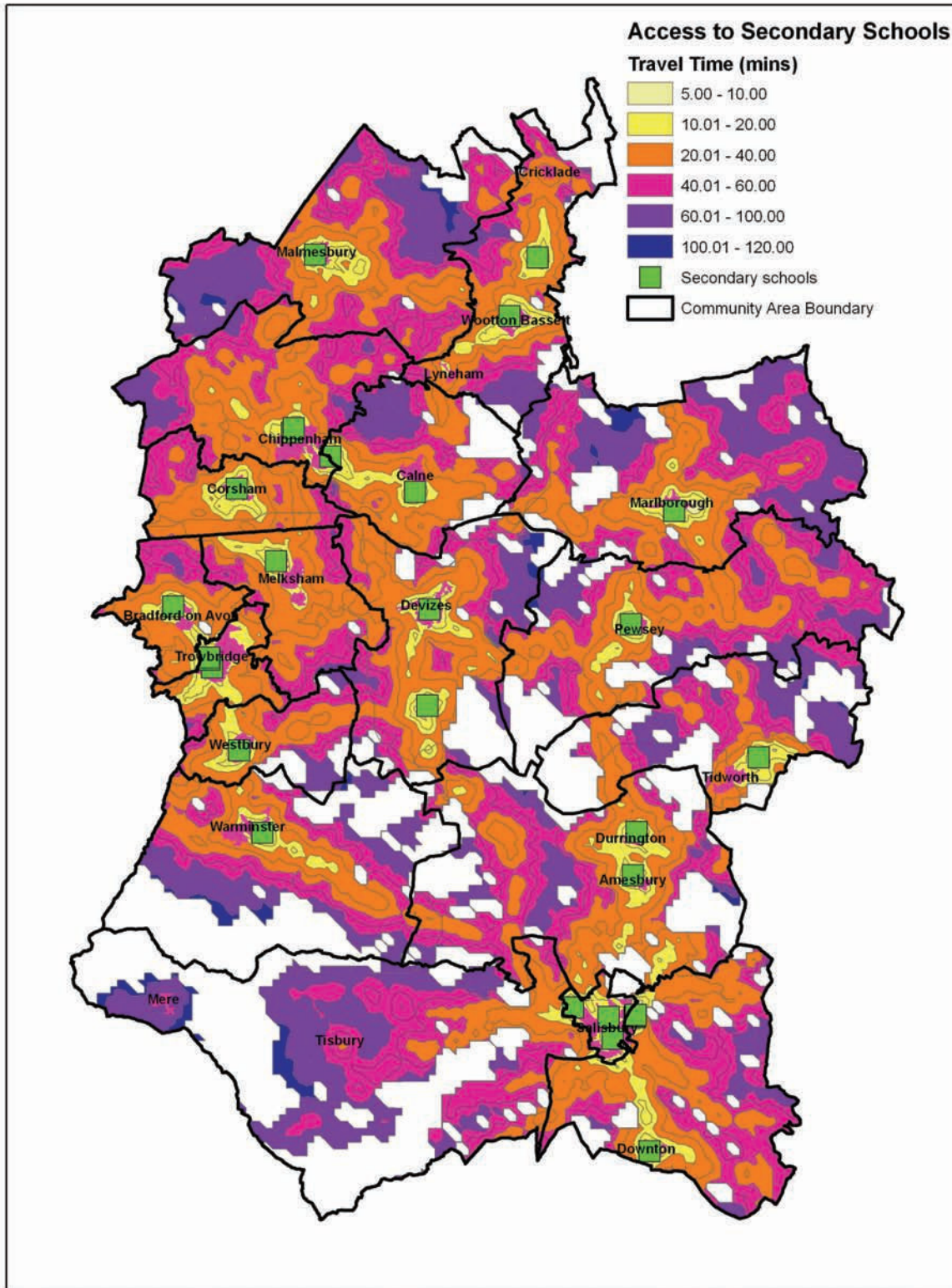


Access to Employment Centres across Wiltshire

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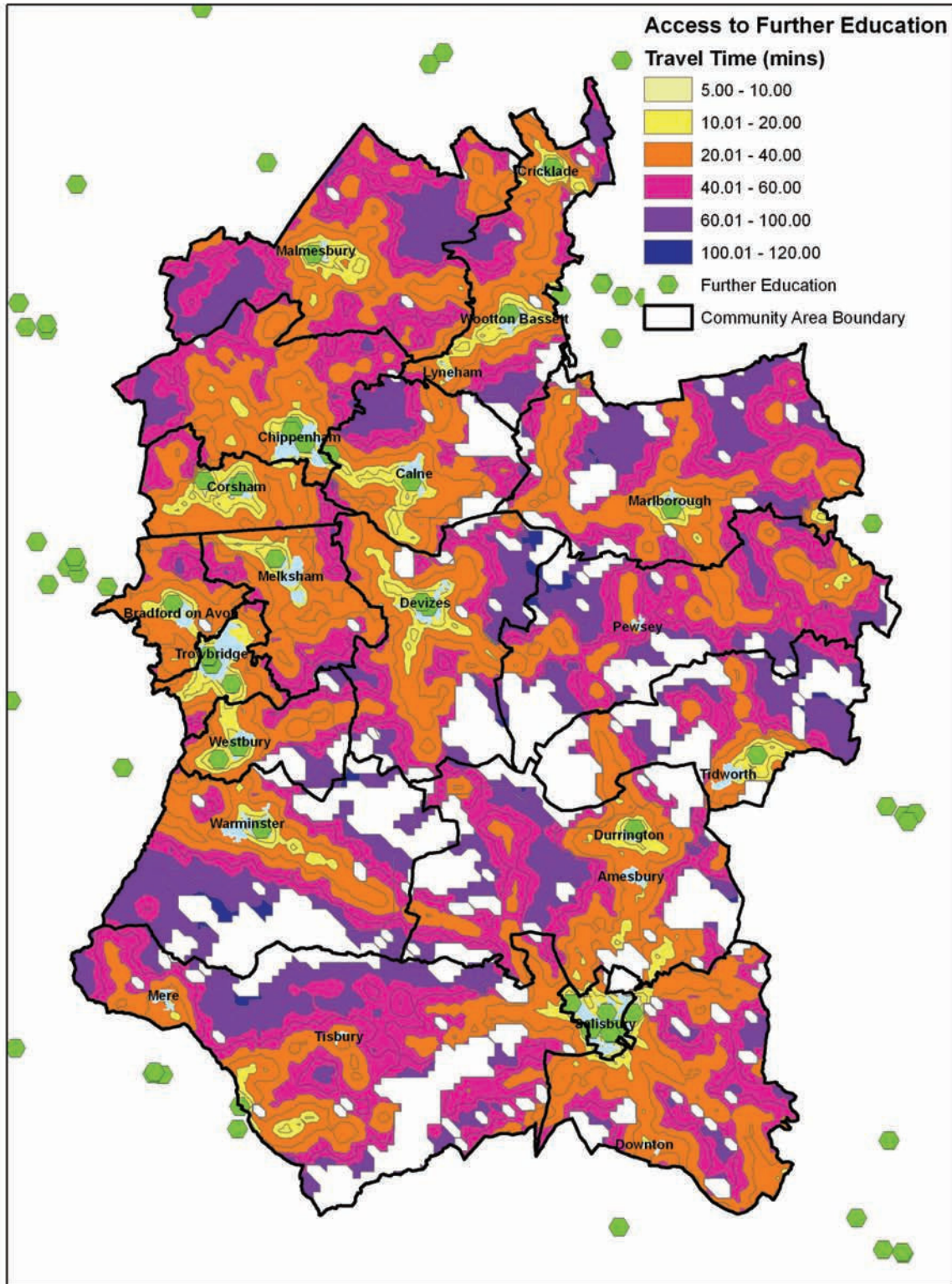


Access to Secondary Schools across Wiltshire

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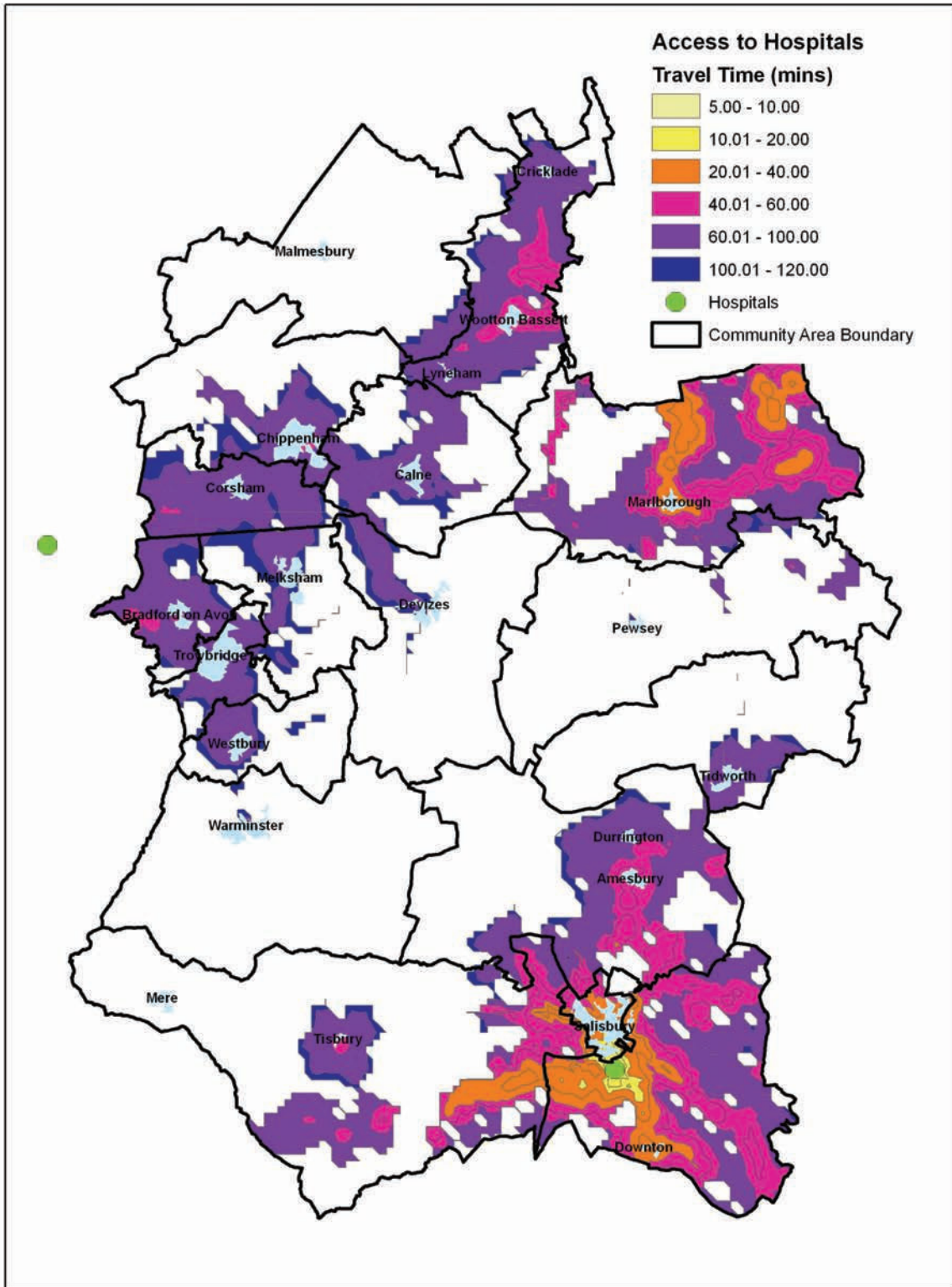


Access to Further Education across Wiltshire

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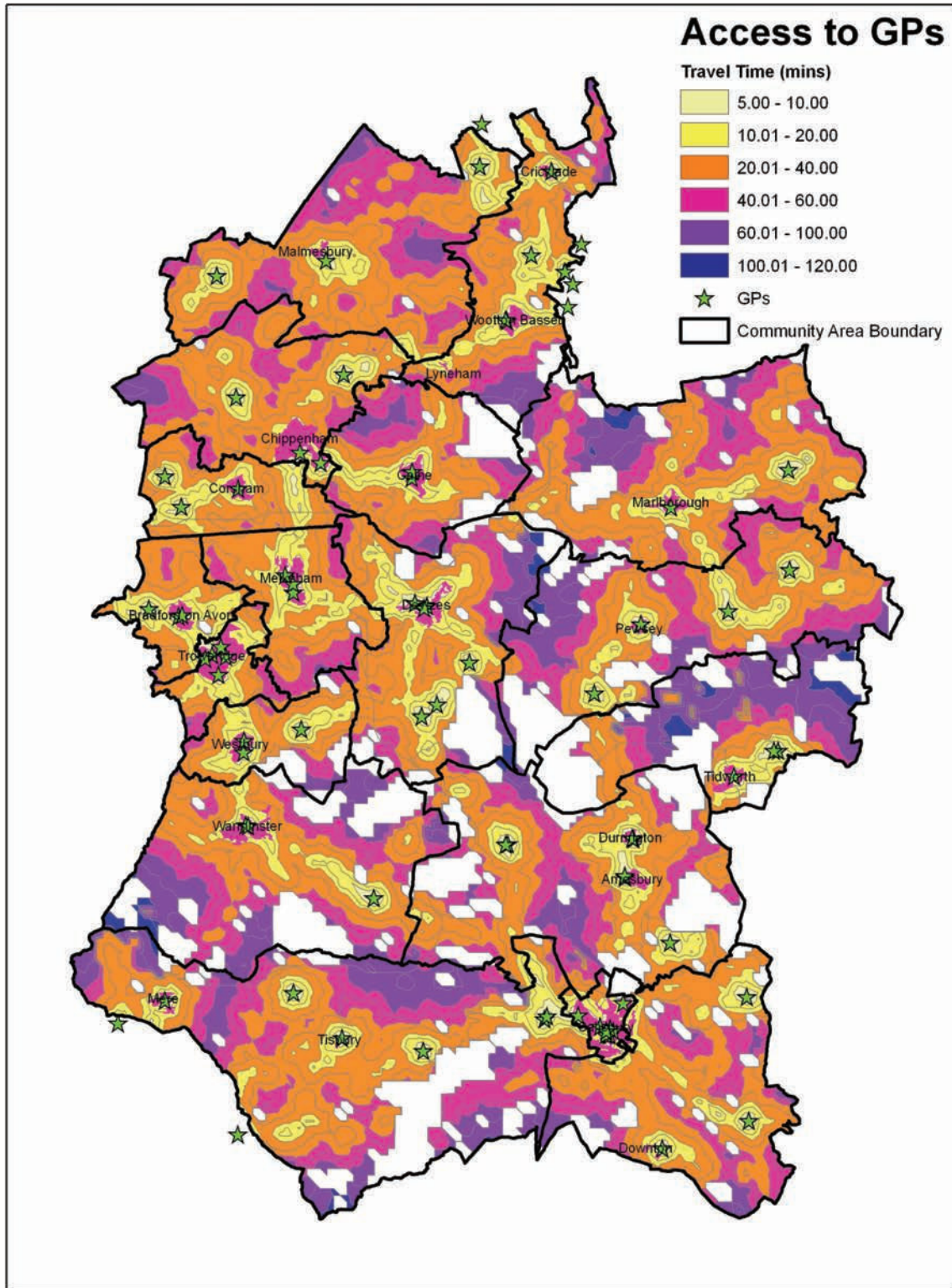


Access to Hospitals (main/general) across Wiltshire

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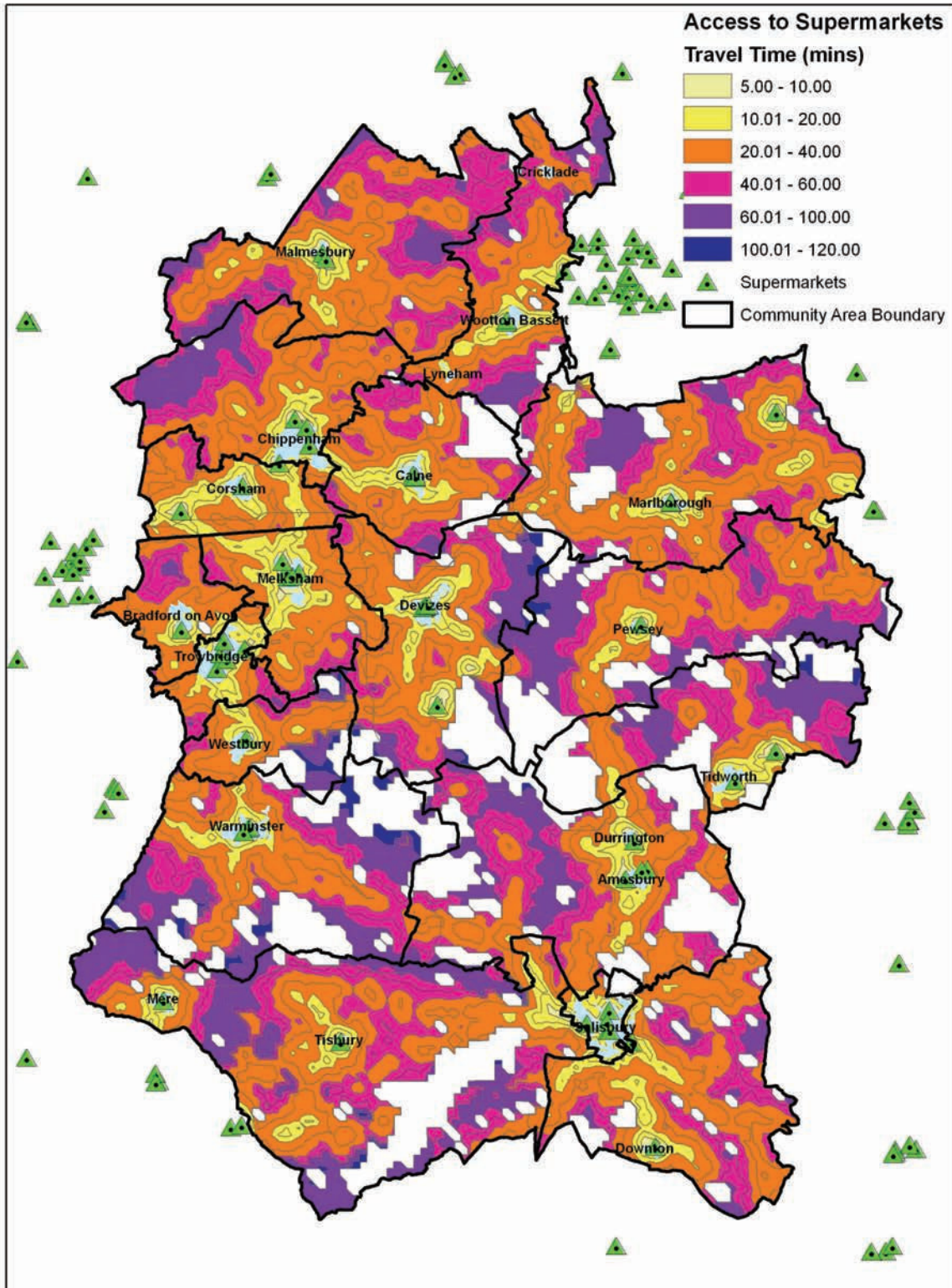


Access to GPs across Wiltshire

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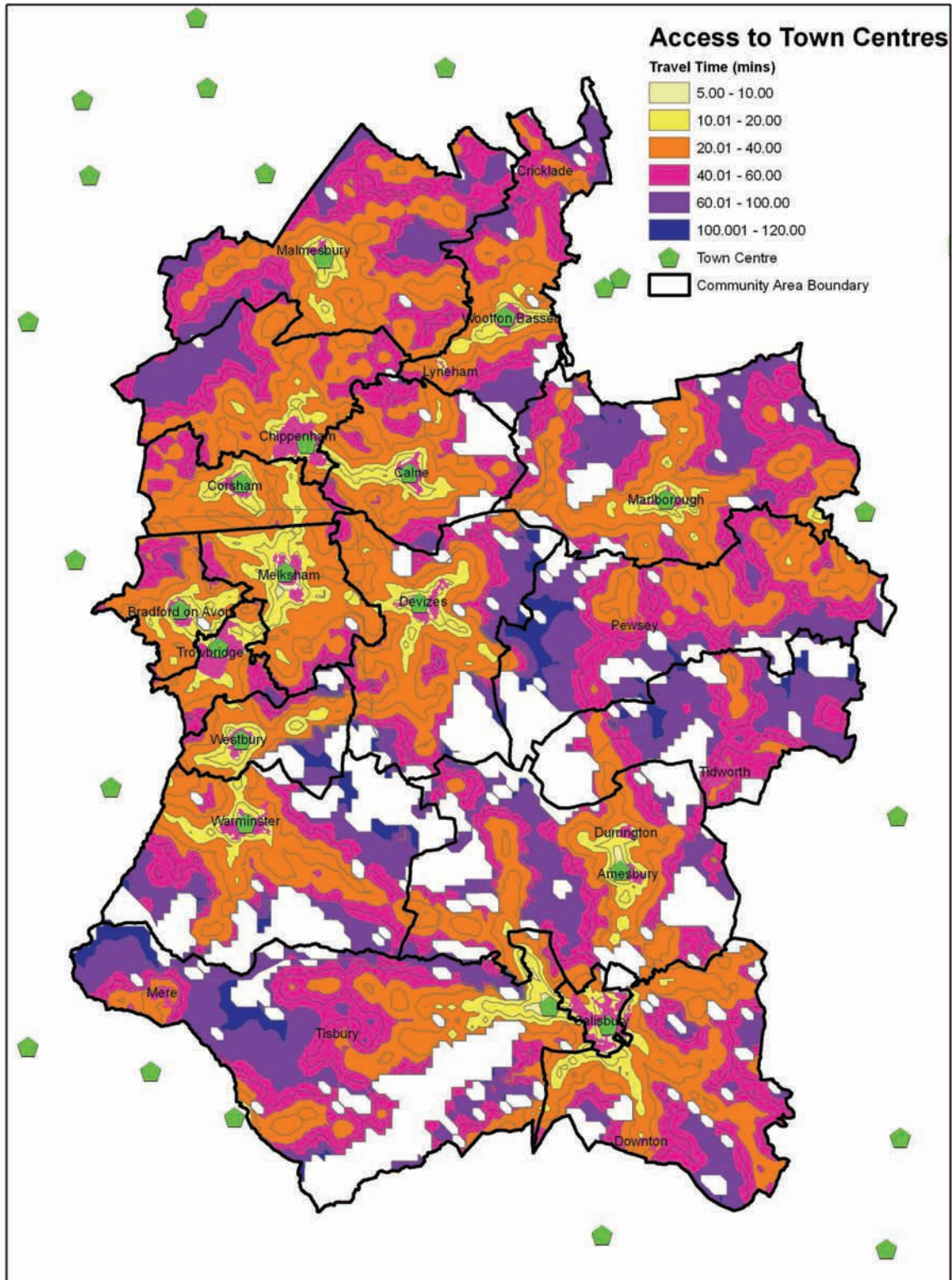


Access to Supermarkets across Wiltshire

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Access to Town Centres across Wiltshire

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0 1 2 4 6 8 Miles



10 Cycling

10.1 Cycling, along with walking, has the potential to produce large improvements in health, cut costs for the NHS and boost Wiltshire's local economy. As 55% of car journeys are under 5 miles, there is great scope to increase cycling. By 2025, if the number of cycle trips in the UK have increased by 50%, the savings in health, pollution and congestion will be around £1.3 billion. Its benefits include:

- Improvement in health and fitness.
- Improved mental health and reduced stress levels.
- Reduced air pollution.
- Tackling climate change by reducing CO₂ emissions.
- Reducing congestion.
- Improved quality of life for communities (reduced noise, increased natural observance and community cohesion).
- Improved road safety through traffic reduction and increased awareness of cyclists.
- Wealth generation through tourism and leisure pursuits.
- Reduced energy dependence.
- Affordable and widely accessible transport option for nearly all groups of people.

10.2 The benefits of cycling are higher when:

- Inactive people become active.
- Older people are persuaded to cycle.
- Younger people (children) are encouraged to cycle.
- Cycling replaces a car trip, particularly in urban areas.
- The journey is a regular trip.

10.3 Cycling is both a means of transport (utility cycling) and an activity in its own right (leisure cycling). While the LTP is primarily concerned with utility cycling, it is essential to recognise the links with leisure. Leisure cycling can be a gateway to utility cycling.

10.4 Utility cycling has gradually been declining over the past few decades, but in recent years it has been increasing in popularity. Several towns and cities have seen rapid increases as a result of targeted investment. This cycle action plan forms a part of Wiltshire Council's third Local Transport Plan which covers the period 2010 to 2026. It sets out:

- The wider policy context for cycling.

- A summary of the opportunities and challenges for cycling in Wiltshire.
- Our policies for cycling in Wiltshire.

Wider context

10.5 There is a plethora of guidance and policy that exists for cycling. This guidance is rapidly evolving as cycling increases in popularity and more is understood about how we can encourage safe cycling. The council will take new guidance into account in the application of its policies.

National context

Creating Growth, Cutting Carbon – Making Sustainable Local Transport Happen

10.6 In this White Paper (DfT, 2011), the Government sets out a vision for transport as an engine for economic growth, but one that is also greener and safer and improves quality of life in our communities. Key goals are:

- Enabling economic growth by improving access to jobs, shops and services, supporting the tourism industry, improving the public realm and improving resiliency.
- Promoting social mobility through improved accessibility.
- Reducing carbon emissions.
- Promoting road safety and improving health through increasing activity levels, improving air quality and tackling noise pollution.
- Realising wider environmental benefits

10.7 The strategy puts an emphasis on enabling choice and encouraging people to make sustainable transport choices for shorter journeys. It states that active travel needs to become the norm in local communities. It highlights the effectiveness of packages of targeted measures delivered by local authorities in consultation with cycling expert groups and local communities. It also sets out the growing importance of electric bicycles and bike-rail integration.

Active Travel Strategy

10.8 The Active Travel Strategy (DfT & DH, 2010) states that walking and cycling must be at the heart of transport and health strategies. It aims to see:

- Local Authorities introduce 20mph zones and limits into more residential streets (and other streets where there are many pedestrians and cyclists), making streets safer and more attractive for cycling and walking.
- Access to Bikeability for every child who wants it, creating a generations of new, safe cyclists.
- Every major public sector employer signed up to the Cycle to Work Guarantee.
- Cycle parking at or within easy reach of every public building.
- Sufficient secure bike parking at every rail station.

10.9 The strategy also makes it clear that development plans and planning applications must encourage accessibility by walking and cycling. Cycle facilities are a cost-effective way of meeting sustainable travel and accessibility objectives and should be a priority when considering agreements with developers.

Walking and Cycling: An Action Plan

10.10 Walking and Cycling: An Action Plan (DfT, 2004) sets out actions in four areas:

- Creating places that people want to walk and cycle in through land use planning and improving community safety;
- Providing high quality facilities for walking and cycling;
- Influencing travel behaviour through education, training, marketing and promotion;
- Improving the skills of planners and engineers to implement cycling and walking schemes.

10.11 This strategy is supported by various other policy documents including:

- The National Cycling Strategy for England (DETR, 1996)
- A Sustainable Future for Cycling (DfT, 2008)
- Delivering a Sustainable Transport System (2008)

Smarter choices measures

10.12 The Behavioural Insights Toolkit (DfT, 2011) puts a firm emphasis on using behavioural theory to design small scale interventions that encourage people to choose more sustainable transport options. It encourages policy-makers to look at attitudes, habit and cultural norms as well as physical infrastructure and prices. In practice, this means better understanding of target markets when designing interventions and using tailored advertising and information measures to complement other measures.

10.13 The Cycle to Work scheme was introduced by the 1999 Finance Act. This 'salary sacrifice' arrangement allows employers to loan cycles to their staff to cycle to work at a lower cost than employees could purchase them through a tax break scheme. The scheme is now supported by the '**businesscycle**' network, which is a partnership between Transport for London, British Cycling, the Cycle to Work Alliance and the Department for Transport. The network also promotes other business travel plan measures. Wiltshire Council encourages businesses to utilise the loan scheme or use such measures through workplace travel plans.

10.14 Cycle training can increase the confidence of new cyclists and encourage safer cycling. Bikeability is Cycle England's national training standard for children and adults. It consists of three levels:

- Level 1 – Cycling in an off-road environment usually a playground.
- Level 2 – Cycling on quiet roads
- Level 3 – Cycling on main roads

10.15 By 2012 the government aims to see all children achieve Level 2. Research across England has shown that Bikeability increased cycling levels in 83% of schemes, and 67% of children said they were cycling more after taking part.

10.16 The Door to Door Strategy (DfT, 2013) sets out the governments vision for integrated sustainable journeys. It focuses on:

- accurate, accessible and reliable information about the different transport options for their journeys;
- convenient and affordable tickets, for an entire journey;
- regular and straightforward connections at all stages of the journey and between different modes of transport; and
- safe, comfortable transport facilities.

Infrastructure

- 10.17** National research and local consultation shows that improving cycling infrastructure is an essential measure to increase cycling. In recent years, understanding of good design has increased immensely. The provision of cycle infrastructure can also improve accessibility for non-cyclists e.g. disabled people through the provision of wider pathways, improved surfaces, dropped kerbs and crossings.
- 10.18** Local Transport Note 2/08 sets out DfT's guidance on cycle infrastructure design. Other key policies are the Manual for Streets and Cycling England's Design Checklist & Guidance. The latter encourages local authorities to look at a variety of sources including the London Cycling Design Standards, Sustrans Greenway Design Guide and Lancashire County Council's design codes. The Manual for Streets predominantly focuses on lightly-trafficked streets, but the DfT is working to extend this remit. CILT has recently taken on some of the functions of Cycling England including producing design best practice guidance.
- 10.19** Infrastructure for cyclists should adhere to five key criteria (CROW, 1993):
- Coherence: links all departure and destination points of cyclists.
 - Directness: as direct a route as possible.
 - Attractiveness: designed and fitted into the surroundings.
 - Safety: improves safety for cyclists, including personal safety.
 - Comfort: quick and comfortable flow for bicycle traffic.
- 10.20** Delivery of the National Cycling Strategy: A Review (2005) concluded that while infrastructure was being constructed, it was not in the best locations, or of adequate quality, or sufficiently promoted. It also concluded that some of the most effective measures to promote cycling are not traditional cycling infrastructure, but other measures such as bus lanes and traffic calming schemes.
- 10.21** The Shared Use Operational Review (2012) produced by Atkins for DfT showed that segregated paths were ineffective at supporting compliance from both pedestrians and cyclists. Segregation had no significant effect on cycle speeds or whether a collision was likely to occur. However it also found that sufficient capacity (i.e. width in relation to usage) reduces the likelihood of user conflict.
- 10.22** Local Transport Note 1/12 encourages councils to be more flexible in their approach to cycle infrastructure. While it recommends an on-road approach is usually more appropriate and should usually be considered first, it recognises that on-road provision is not always achievable and shared paths may be the most appropriate facility in some circumstances. It states that sometimes both on-road and off-road provision should be considered to provide for different types of cyclist. It also discourages the usage of excessive lining and signing. The minimum width requirements for shared paths in LTN2/08 are superseded by the new guidance in LTN 1/12. This includes advice that minimum widths may not be applicable in rural areas where there is likely to be very light usage by both pedestrians and cyclists.

10.23 LTP and ROWIP Integration Good Practice Note (Natural England, 2009, NE325) states that Local Transport Plans and Rights of Way Implementation Plans should clearly relate to each other and show evidence of pragmatic integration. It suggests that Rights of Way can be used to increase connectivity and promoting cycling by improving the condition of existing routes as well as creating new links where appropriate.

10.24 Horses on the National Cycle Network: Technical Information Note 28 (2011) states that there should be no problems with horses sharing paths with cyclists and walkers if the width is adequate.

10.25 Further information on infrastructure is provided in Appendix 2

Planning policy

10.26 The National Planning Policy Framework (DCLG, 2012) states that local planning authorities should develop strategies for the provision of viable infrastructure necessary to support sustainable development. They should identify and protect, where there is robust evidence, sites and routes which could be critical in developing infrastructure to widen transport choice.

Developments should be located and designed where practical to:

- give priority to pedestrian and cycle movements, and have access to high quality public transport facilities;
- create safe and secure layouts which minimise conflicts between traffic and cyclists or pedestrians, avoiding street clutter and where appropriate establishing home zones

10.27 The balance of land uses should allow people to be encouraged to minimise journey lengths for employment, shopping, leisure, education and other activities. The Framework also states that a key tool to promote and exploit sustainable transport choices such as cycling will be a Travel Plan and developments which generate significant amounts of movement should be required to provide a Travel Plan.

10.28 The Code for Sustainable Homes (DCLG, 2007) encourages developers to provide adequate, safe, secure, convenient and weather-proof cycle storage.

Health, physical activity, sport and schools policy

10.29 Cycling is increasingly recognised as an important activity to combat obesity, inactivity and promote good health as set out in the following policies:

- Choosing Health (DH, 2004)
- Promoting and Creating Built or Natural Environments that Promote or Support Physical Activity (NICE, 2007)
- Healthy Weight, Healthy Life: Government Strategy on Obesity (2008)
- The Children's Plan - Building Brighter Futures (Department for Children, Schools and Families 2007)
- Start active, stay active: a report on physical activity from the four home countries' Chief Medical Officers (2011)

- Healthy Lives, Healthy people: Call to action on Obesity in England (HM Government, 2011)
- The Public Health Responsibility Deal (DH, 2011)
- Local measures to promote walking and cycling as forms of travel and recreationm (PH 41, NICE, 2012)
- Creating A Sporting Habit for Life Strategy 2012 – 17 (DCMS/Sport England, 2012)
- Plans for the Legacy from the 2012 Olympic and Paralympic Games (DCMS, 2010)

These strategies state that:

- It is important for people to build activity into their daily lives and active transport such as cycling is one of the best ways to do this.
- All schools should have an Active Travel Plan
- To reduce the proportion of obese and overweight children to 2000 levels by 2020.
- Key target groups are disadvantaged people, who tend to do less physical activity, young people and older people.
- Increasing walking and cycling rates should be part of all council activities such as developing and implementing local plans and joint health and wellbeing strategies.

They provide the following activity guidelines:

- Children of pre-school age (under 5s) who are capable of walking unaided should be physically active daily for at least 180 minutes (3 hours), spread throughout the day.
- All children and young people (5-18 year olds) should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.
- Adults (18-64 year olds) should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week. Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous intensity activity.
- Older adults (Over 65 year olds) should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week. For those who are already regularly active at moderate intensity, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous activity.
- Cycling at approximately 10-12mph is usually a moderate activity. At 12-14pm it is usually a vigorous activity.

10.30 In 2008 approximately 40% of men and 28% of women In England were achieving 30 minutes of activity five times a week. Recommendations include:

- Ensuring planning applications for new developments always prioritise the need for people (including those whose mobility is impaired) to be physically active as a routine part of their daily life.
- Ensuring pedestrians, cyclists and users of other modes of transport that involve physical activity are given the highest priority when developing or maintaining streets and roads.
- Planning and providing a comprehensive network of routes for walking, cycling and using other modes of transport involving physical activity.

- Ensuring local facilities and workplaces are easily reached on foot and by bicycle;
- Supporting health at work - for example by employers promoting healthy ways of getting to work;
- Personalised advice through the NHS, for example a person can be advised to go on a programme of cycle rides for health.
- Providing support to encourage adults in particular to cycle by increasing confidence
- Providing Bikeability cycle training.

10.31 The NHS has launched bike4life as part of its change4life campaign, which encourages people to improve their health through diet and exercise.

10.32 British Cycling is the national governing body for cycling sport in the UK. The organisation is continuing to expand their everyday cycling programme which recognises that utility cycling is an easy and effective way for people to develop a more active lifestyle. In 2009 it published its Whole Sport Plan, which aims to promote cycling as a sport at elite and grass roots levels. This includes aims:

- To boost competitive cycling by expanding the nationwide network of traffic free cycling facilities and creating a more satisfactory legal framework for access to the public highway to enable road racing to thrive
- To get one million more people cycling once a month and 125,000 more people cycling once a week by 2013. This will be achieved by rolling out a series of mass participation cycling events in partnership with Sky through the Skyride initiative.

Traffic enforcement policy

10.33 The Home Office is responsible for Road Traffic Law enforcement policy. Cyclists have exactly the same legal rights and obligations as other road users. The police enforce this law, but use common sense and discretion in exercising their powers in accordance with local crime priorities. For example, very young children are not expected to cycle on roads.

10.34 There is an emerging market for electric powered bicycles and powered two-wheelers. Electrically assisted bicycles are treated in law as bicycles. An electric bike must have functioning pedals and conform to normal bicycle construction. The maximum power output is 200 watts, the maximum speed is 15mph and the bike must not weigh more than 40kg. The rider must be over 14 years. Bikes outside this specification are powered two-wheelers which requires the rider to hold an appropriate license, wear a safety helmet, and ensure that the vehicle is taxed and has an MOT certificate. These powered two-wheelers must not be ridden on cycle paths or other routes where motorised vehicles are prohibited.

Local context

Local Development Framework

10.35 The Local Development Framework (LDF) is a portfolio of planning documents which deliver spatial planning at the local level. The emerging Wiltshire LDF contains a series of documents including the Wiltshire Core Strategy which sets out the general spatial vision and objectives

for the delivery of the LDF in Wiltshire. Ensuring adequate infrastructure, reducing the need to travel, promoting self-contained communities, improving accessibility to services and tackling climate change are key elements in this vision.

- 10.36** The Building Research Establishment's Environmental Assessment Method (BREEAM) is a voluntary rating for buildings. Wiltshire's Core Strategy states that all non-residential development must meet the relevant 'Very Good' standards from 2013, rising to the relevant 'Excellent' standards from 2019. Cycle storage and other facilities such as showers, changing areas and lockers for clothing/helmets form one (optional) element of the assessment criteria.
- 10.37** The Code for Sustainable Homes was developed by the Building Research Establishment for DCLG and supersedes BREEAM for residential buildings. Wiltshire's Core Strategy states that all new homes will be required to achieve at least level 3 of the Code for Sustainable homes, progressing to Level 4 from 2013 and Level 5 from 2016. Cycle storage and forms an optional element of the assessment criteria.
- 10.38** The Wiltshire Infrastructure Delivery Plan (2011-2026) includes the provision of cycle networks in principal settlements and market towns, improvements to specific cycle routes, particularly National Cycle Network routes and smarter choices measures through the Transport Strategies for Chippenham, Salisbury, Trowbridge and Devizes.

A Sustainable Community Strategy for Wiltshire 2007-2016

- 10.39** The document 'A Sustainable Community Strategy for Wiltshire 2007-2016' was endorsed by the Wiltshire Strategic Board (now the Wiltshire Assembly) in September 2007. Its vision is 'Strong and Sustainable Communities in Wiltshire' which includes:
- Communities where people feel safe.
 - Promoting the health of residents and reducing health inequalities.
 - Communities where people are not disadvantaged by a lack of transport.
 - Communities where young people enjoy life and achieve their potential.
 - Involving people in decision-making.

Wiltshire Council Corporate Plan 2010-2014

- 10.40** The vision of the Council's Corporate Plan 2010-2014 is 'To create stronger and more resilient communities'. Four of the nine priorities identified in this plan are:
- Improve our roads and road safety.
 - Reduce our environmental impact.
 - Achieve savings, be more efficient and ensure we deliver value for money.
 - Focus on our customers and improve access to our services.

Wiltshire Local Transport Plan

- 10.41** The Local Transport Plan (LTP) sets out a long-term transport strategy, a shorter-term implementation plan based on a realistic assessment of available funding and a number of theme and area transport strategies. In addition, the LTP provides the framework for all other organisations with a direct or indirect involvement in transport in Wiltshire.
- 10.42** The first Wiltshire LTP (LTP1) was published in July 2000 and covered the five year period 2001/02-2005/06. The second Wiltshire LTP (LTP2), published in March 2006, then covered the five year period 2006/07-2010/11. The third Wiltshire LTP (LTP3) covers the period 2011/12-2025/26.
- 10.43** LTP3's strategic objectives which relate to cycling are:

No.	Objective
SO1	To support and help improve the vitality, viability and resilience of Wiltshire's economy and market towns.
SO2	To provide, support and/or promote a choice of sustainable transport alternatives including walking, cycling, buses and rail.
SO3	To reduce the impact of traffic on people's quality of life and Wiltshire's built and natural environment.
SO4	To minimise traffic delays and disruption and improve journey time reliability on key routes.
SO5	To improve sustainable access to a full range of opportunities particularly for those people without access to a car.
SO6	To make the best use of the existing infrastructure through effective design, management and maintenance.
SO7	To enhance Wiltshire's public realm and streetscene.
SO8	To improve safety for all road users and to reduce the number of casualties on Wiltshire's roads.
SO9	To reduce the impact of traffic speeds in towns and villages.
SO11	To reduce the level of air pollutant and climate change emissions from transport.
SO12	To support planned growth in Wiltshire and ensure that new developments adequately provide for their sustainable transport requirements and mitigate their traffic impacts.
SO13	To reduce the need to travel, particularly by private car.
SO14	To promote travel modes that are beneficial to health.
SO15	To reduce barriers to transport and access for people with disabilities and mobility impairment.
SO16	To improve the resilience of the transport system to impacts such as adverse weather, climate change and peak oil.

No.	Objective
SO17	To improve access to Wiltshire's countryside and provide a more useable public rights of way network.
SO18	To enhance the journey experience of transport users.

Road Safety Strategy

- 10.44** The Wiltshire and Swindon Road Safety Partnership is committed to making Wiltshire's roads safer and to reducing casualties from road traffic collisions. The Government has set out a strategic framework for road safety and sets out the increased freedom given to local authorities in assessing and acting on their own priorities. In view of this framework the Wiltshire Road Safety partnership has agreed to set local targets for casualty reduction of a 40% reduction in KSI by 2020 based on the 2005/09 average. The casualty reduction measures include school travel planning, taking action on school journeys and road safety education training and publicity in order to meet the targets set.
- 10.45** Wiltshire Council is one of only 17 accredited Instructor Training Organisations (ITO) in the country and runs courses to train individuals to become accredited Bikeability instructors.
- 10.46** Bikeability is a national scheme and is cycling proficiency for the 21st century, designed to give the next generation the skills and confidence to ride and enjoy their bikes on today's roads.

Wiltshire Children and Young People's Plan

- 10.47** The Wiltshire Children and Young People's Plan (CYPP) brings together 50 other relevant strategies and sets out how the lives of children and young people (particularly those in vulnerable groups) across Wiltshire will be improved to ensure they are healthy, stay safe, enjoy life, achieve their potential, make a positive contribution to society and obtain economic wellbeing.

Health, sport and recreational cycling

- 10.48** The Annual Joint Strategic Assessment (JSA) for Health and Wellbeing provides a summary of current and future health needs in Wiltshire. It sets out five key issues:
- Children and young people
 - Cancer and cardiovascular disease
 - Lifestyle choices
 - Health inequalities
 - Ageing population
- 10.49** The Joint Health and Well-being Strategy sets out the areas on which the different organisations in Wiltshire will be working together so that people have the support they need to live longer, healthier lives. This includes the promotion of physical activity.
- 10.50** The Health Improvement Partnership is the main forum for strategic overview and planning to improve the health and wellbeing of the population of Wiltshire. Its remit includes encouraging exercise and reducing obesity.

- 10.51** The Workplace Well-being Charter is being promoted by the NHS to organisations in Wiltshire.
- 10.52** Supporting active lifestyles is a key part of the council's Sport and Physical Activity programme and is documented in the Sports and Physical Activity Service Plan 2012-13, with cycling being a key means of encouraging greater physical activity participation amongst the Wiltshire Community. The Leisure Services Strategy – Indoor Facilities Action Plan highlights aims to promote accessibility by non-vehicular means and commits to working with local communities to provide a sustainable transport plan, including walking, cycling and public transport for leisure facilities. The Olympic Legacy and Action Plan 2012 -15 (Leisure) sets out how the council will carry forwards impetus towards physical activity, particularly cycling, created by the Olympics.
- 10.53** The Wiltshire Tourism Partnership promotes opportunities to cycle in Wiltshire, both as a means to visit attractions and as a leisure activity. This includes publishing maps and route guidance.
- 10.54** Wiltshire Council also encourages leisure cycling through maintaining and developing access to the countryside. This includes mapping, maintaining and upgrading public rights of way and supporting the maintenance and restoration of canals.

Countryside Access Improvement Plan

- 10.55** The CAIP will be completed in 2013. It will set out the council's approach to maintaining, enhancing and promoting the rights of way network and other routes such as canal towpaths or where landowners have allowed permissive access. Key routes which have some permissive access include the Kennet and Avon canal path, Wilts & Berks canal path, Chippenham to Calne railway path and Chiseldon to Marlborough railway path
- 10.56** On the rights of way network cyclists can use bridleways, restricted byways and byways open to all traffic. The council aims to improve routes to enhance access to the countryside and to improve accessibility to local facilities for residents. Some rights of way are within or between settlements and are well surfaced so are used for utility cycling (e.g. accessing schools, shops etc)

The Highways Agency

- 10.57** The Highways Agency is responsible for the strategic road network in Wiltshire, including the M4, the A36, the A419 and the A303. It carries out maintenance for the benefit of all road users and consider the needs of cyclists in network improvements.
- 10.58** The Highways Agency's Strategic Plan (2010-2015) states that they will continue to reduce deaths and serious injuries on their network. They will do this through greater use of information to customers through on-road systems, targeted improvements to our roads, and through driver information programmes. Their goals include delivering sustainable solutions and making our roads the safest in the world.

The Safety Framework for the Strategic Road Network (Highways Agency, 2011) commits the agency to work towards reducing the number of collisions by targeting interventions based upon analysis of collisions that result in injury.

DMRB 91/05 Provision for non-motorised users sets out how provision should be made for cyclists, pedestrians and equestrians. It states that:

- Encouraging modal shift, particularly to walking and cycling, has a very important role to play in creating a more integrated and sustainable transport system.
- All purpose trunk roads typically carry high flows of fast moving traffic and are generally unattractive for non-motorised users to travel along or across. However, trunk roads often provide important links or routes for non-motorised users, representing the quickest, most direct route between key destinations, and are often used because of the lack of more convenient alternatives. As such there is a need to ensure that scheme designs take full account of non-motorised users requirements, and that opportunities are taken to encourage safer and more attractive provision wherever possible.

National Cycle Network

10.59 The following National Cycle Network (NCN) routes pass through the county:

- NCN Route 4 (London to Fishguard),
- NCN Route 24 (Bath to Eastleigh),
- NCN Route 25 (Longleat to Bournemouth),
- NCN Route 45 (Chester to Salisbury),
- NCN Route 403 (Semington to Great Bedwyn), and
- NCN Route 481 (Chiseldon to Marlborough).

10.60 These routes use a mixture of quieter roads, rights of way and permissive routes. The network in the county is being developed by Sustrans working alongside Wiltshire Council and other partners. It is valuable for both utility and recreational journeys.

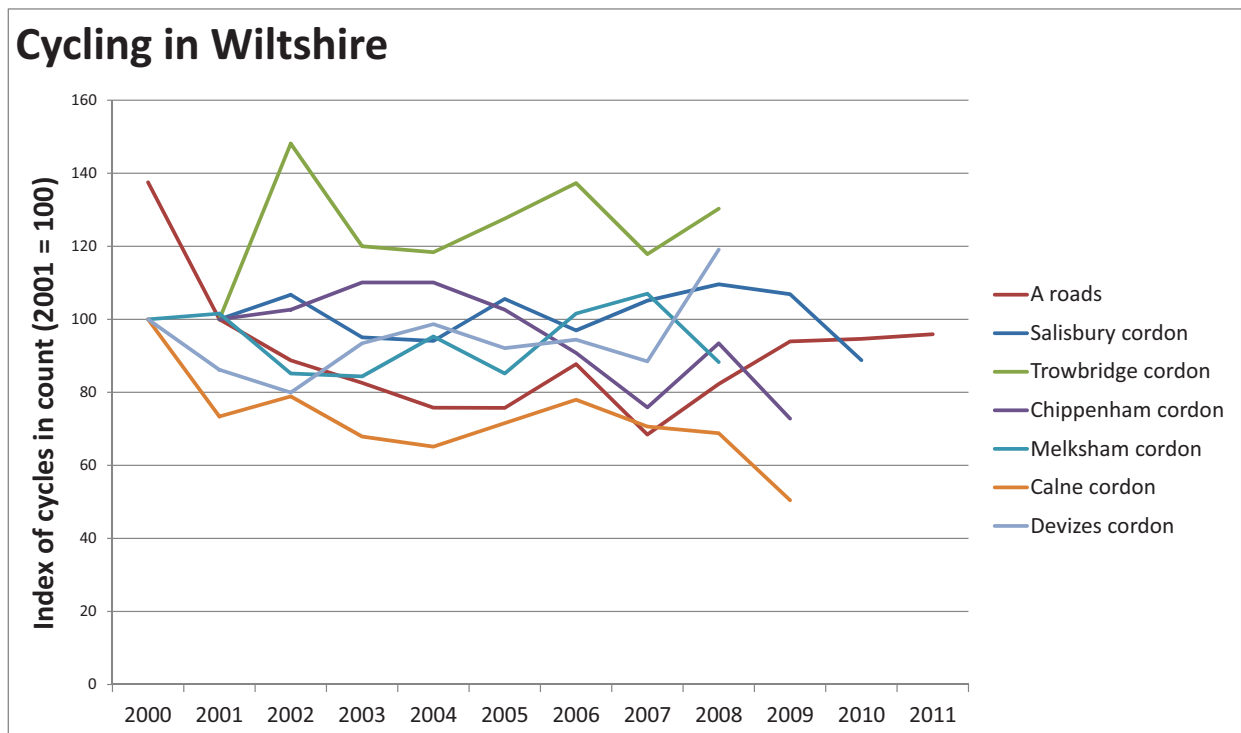
The Wiltshire Cycleway

10.61 The council has developed and promoted the Wiltshire Cycleway (Sustrans Regional Route 20), which is a circular 160 mile (255 kms) route around Wiltshire taking in Salisbury, Amesbury, Marlborough, Malmesbury, Corsham, Bradford-on-Avon, Mere and Wilton. This route includes key proposed links such as the New Forest Link, the Vale of Pewsey route and the Wylde Valley route.

11 Cycling in Wiltshire

- 11.1** Across the UK cycling accounts for 1% of all trips and 2% of all trips under 2 miles (DfT National travel Survey). Other European countries with similar weather and topography have much higher rates of cycling e.g. Germany (10%) and Denmark (18%). Within the UK there are great variations with the highest rates of cycling to work seen in Cambridge (18% of all residents in 2011 or 32% of people travelling to work) and Oxfordshire (10% of all residents or 19% of people travelling to work).
- 11.2** In the 2011 Census, 2% of residents in Wiltshire cycled to work (3.2% of all people travelling to work), which is about the same as the English average and many similar predominantly rural areas.
- 11.3** Between 2001 and 2008 the number of cycles counted in six Wiltshire towns remained stable. This is similar to national trends (outside of London and cycling demonstration towns). There are variations in these different towns as can be seen in Figure 11.1. although the data may not be robust enough to confirm these trends. Due to the way cycling is monitored, small variations each year are unlikely to be significant.

Figure 11.1 Cycling in Wiltshire



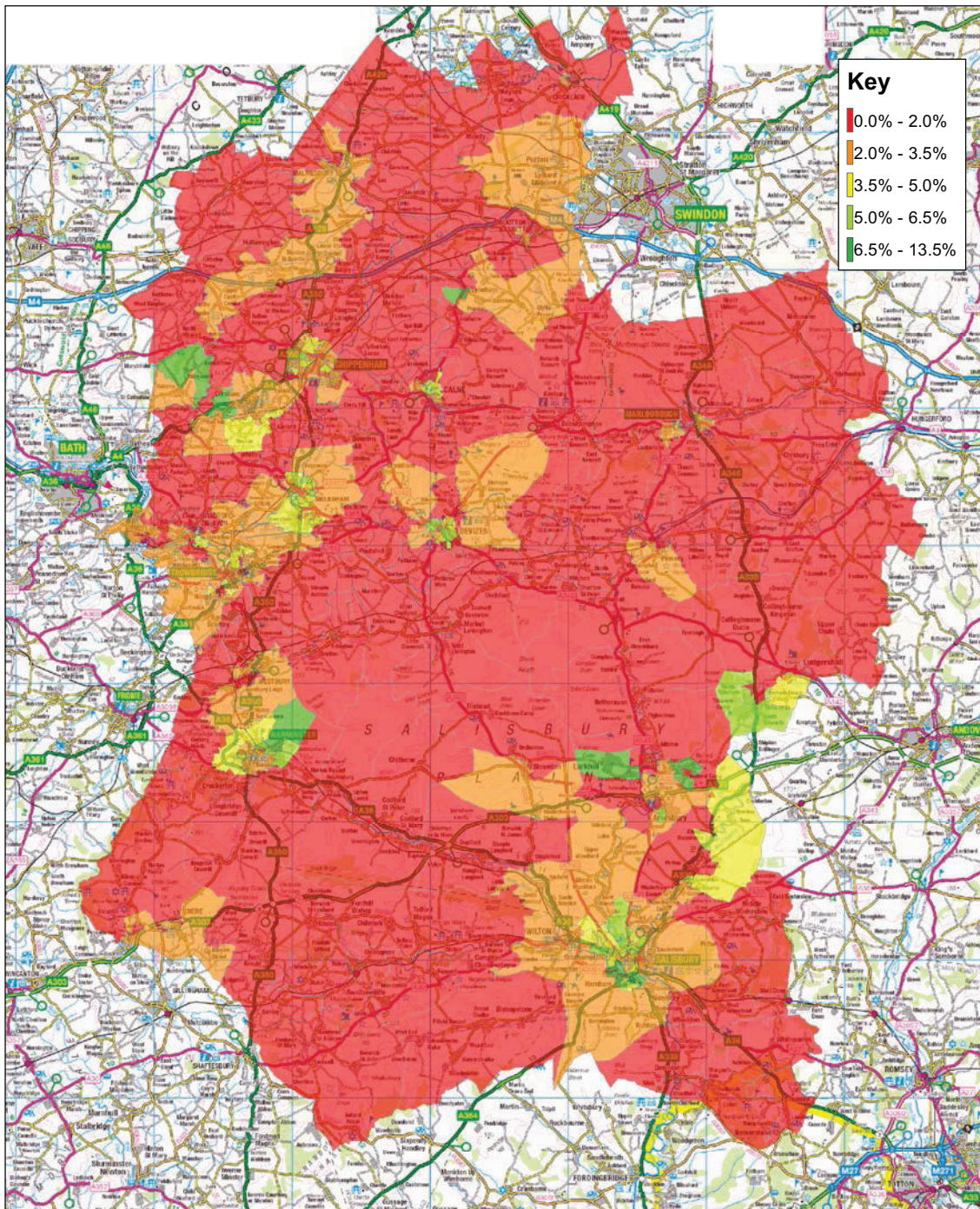
- 11.4** Wiltshire has large rural areas where cycling may be less practical due to the larger distances involved. However, 49% of the population live in urban settlements or large market towns, and by 2026 many of these may have grown in size. Improved interchange with buses and trains, and 'park & cycle' schemes can make cycling more viable for rural areas.
- 11.5** Lyneham has the highest rate of cycling to work at 13%. Other areas with high proportions of cycling to work (6-9%) tend to be parts of Salisbury and Chippenham or around military bases e.g. Tidworth, Melksham, Bulford, Warminster, Harnham, Colerne, Calne, and Chippenham Redland. This correlates with higher proportions of people living less than 2km

from their place of work in these areas. Despite being one of the largest settlements in Wiltshire, only 3-5% of people cycle to work in Trowbridge. There are also large areas of Chippenham and Salisbury where cycling is at similarly low levels.

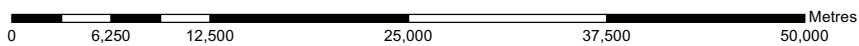
- 11.6** At schools across Wiltshire, cycling accounts for 0% to 15% of journeys to school. Schools with a proportion above 6% include primary schools and are located in both rural and urban areas.
- 11.7** There is great potential to increase cycling in Wiltshire, particularly through replacing short car journeys. This is most feasible for trips under 5 miles (30 minutes), although it can also form a part of longer journeys. The National Travel Survey shows that 71% of cycle trips were under 5 miles in 2010 compared to 89% in 1998/2000. This may show that some people are prepared to cycle longer distances. 40% of commuters in Wiltshire live within cycling distance of work, yet only 3% cycle. Only 10% walk and 2% take the bus to work so it's clear that there are a large proportion of journeys which could switch from car to cycle. Electric bikes can be comfortably used for journeys up to 10 miles and 77% of car journeys are less than this distance. This potential can be increased further by measures to promote the integration of cycling with rail and bus trips.
- 11.8** Cycling is more popular in higher income households. Wiltshire's relative affluence and high levels of cycle ownership offer a good opportunity to increase levels of cycling. 43% of people in the UK own a bike yet only 15% of people say they use a bike at least once a week. Ownership levels are highest amongst under-16s and higher income quartiles which generally correlates with higher usage levels. Lack of knowledge about maintenance or concerns about breakdowns may be more of a barrier than bike ownership.

Picture 11.1

Cycling to work: LSOA Census 2011



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12 Goals and objectives

- 12.1** Cycling can contribute considerably towards the five overarching national transport goals that are outlined in the main LTP strategy document. There are also opportunities to tie in with other agendas and partners in these areas.

Safety, security and health

Health

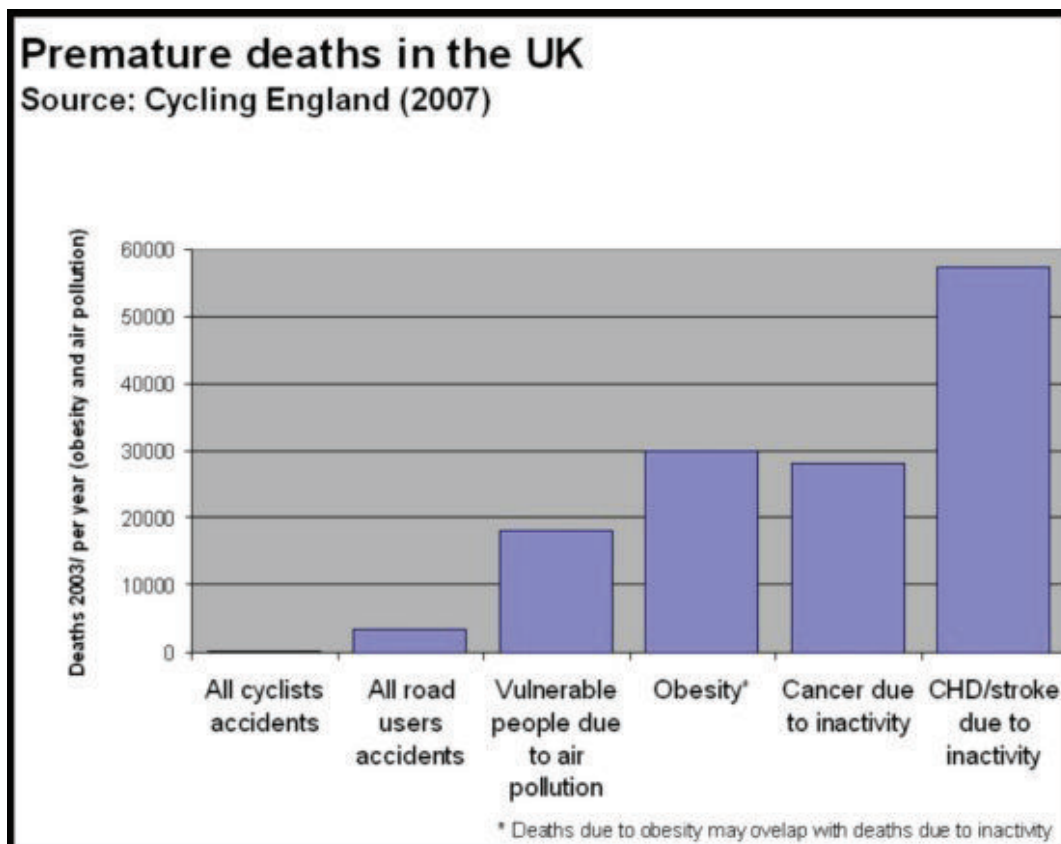
- 12.2** In 2013, the cost of physical inactivity in Wiltshire was estimated to be £7 million a year. Greater physical activity is linked to the prevention of a range of chronic diseases including heart disease, stroke and colon cancer. Up to two-thirds of men and three-quarters of women report levels of activity that are so low that their risk of contracting these diseases is significantly higher. For example, women who cycle are 34% less likely to get breast cancer. Physical activity also improves physical and mental health and reduces absence from work.
- 12.3** The Government's White paper on public health estimates the cost of obesity in England as up to £3.7 billion per year although this is likely to be an underestimate. An estimated 1 in 4 adults in Wiltshire are obese according to the Association of Public Health Observatories. 16% of children Year 6 at school are classified as obese.
- 12.4** While genetic influences may be the primary cause for a few individuals, the overwhelming influences for 99% of the population are environmental, according to the International Obesity Task Force. A high calorie diet and low levels of activity, exacerbated by the move from an active lifestyle based around walking and cycling to a sedentary lifestyle based around the car, are responsible for the current epidemic of obesity.
- 12.5** Currently only 27% of people in Wiltshire say that they have participated in at least 20 sessions of ~30 minutes activity or sport in the last 4 weeks; this includes walking and cycling. If 75% of people in Wiltshire reached these activity levels, it is estimated that 186 deaths would be prevented every year.
- 12.6** Data collated by Cycling England shows that those who do not cycle to work experience a 40% higher mortality rate than those who do. Cyclists not only live longer, but experience less health problems in older age. Regular cyclists enjoy fitness levels equivalent to being 10 years younger. Cycling as part of normal daily activity can provide the same improvements as specific training programmes such as gym attendance. Body fat is usually significantly reduced, strength improved and a range of other benefits reported include enhanced well-being, self confidence, tolerance to stress and reductions in difficulty sleeping. The value of cycling to health increases with age.
- 12.7** "The recommended level of activity for adults can be achieved by 30 minutes walking or cycling five times a week, and by embedding activity into our daily lives – e.g. through cycling to work or walking to the shops – it is more likely to be sustained. Active travel in the working age population is a particularly appealing route to those who find money and time barriers to taking more physical activity. Even walking and cycling to meetings when at work can bring real health benefits as well as often being as quick and more reliable than driving." (DfT & DH Active Travel Strategy, 2010).
- 12.8** According to the European Commission, emissions from transport account for around 70% of air pollution in towns and cities. Air pollution has been identified as a particular problem in Salisbury, Westbury, Bradford-on-Avon, Calne, Marlborough and Devizes. This can have a significant impact on people's health, particular those who are already vulnerable, such

as asthmatics or elderly people. When cycle trips are substituted for car journeys, emissions are reduced. The greatest scope for increasing cycling is in those urban areas where air pollution exceeds recommended levels.

Safety in numbers

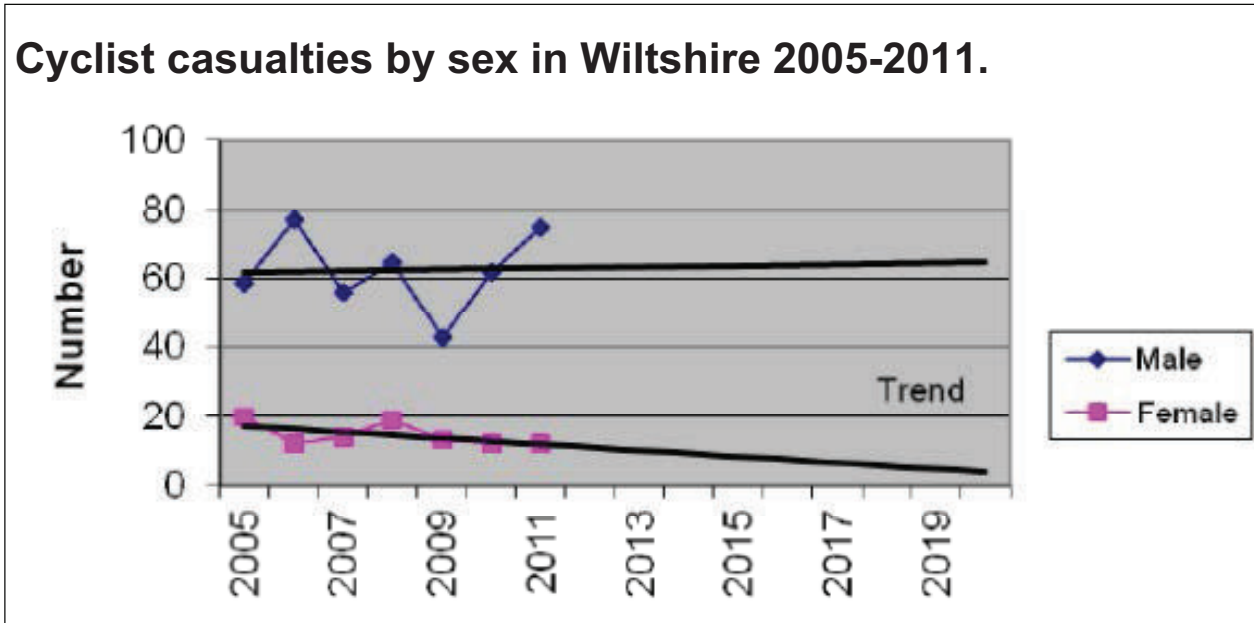
- 12.9** There is a growing body of evidence that the more cyclists there are on the roads, the lower the risk of an accident. It is thought that this is because motorists become more aware of cyclists and drive more safely in response. However, for such improvements in safety, it's likely that a critical mass of cyclists needs to be reached. In urban areas of Wiltshire this critical mass is certainly achievable. In rural areas, it is often more important to provide safe off-road routes or sign-post alternative quiet roads, and educate drivers about non-motorised users. In all areas, it is often the quality of the cycle facilities that determines safety. While the risk of accidents for cyclists is about 8 times higher than for car users (DfT, 2008), the actual risk of accidents for cyclists remains small: one death per 33 million kilometres of cycling.
- 12.10** The cost to the NHS of accidents involving cyclists is far outweighed by the saving from increased activity levels by a factor of about 20 to 1. The rates of cyclists causing injuries to pedestrians are also extremely low. On average, each year two pedestrians are injured in collisions with cyclists in Wiltshire. Data from DfT shows that the fault of these accidents tends to be distributed approximately evenly between cyclists and pedestrians. Most pedestrian accidents involve cars and freight vehicles.

Figure 12.1 Premature deaths



12.11 Nationally, the number of cyclists who are killed or seriously injured (KSIs) has risen for the last 5 consecutive years, with a 15% rise between 2010 and 2011. There are more male cyclists involved in accidents than female, which reflects the fact that men are more likely to cycle. Compared to all road accident casualties, cyclist casualties are more likely to be children and less likely to be over 60. In Wiltshire, cyclists accounted for 8% of all road casualties in 2011. There were three deaths and 10 serious injuries. The overall number of cyclist casualties rose between 2010 and 2011, but the number of cyclists killed or seriously injured decreased.

Figure 12.2 Cyclist casualty trend



12.12 National figures show that rural A roads are the most dangerous for cyclists with around 160 reported KSIs per 100 million kilometres travelled in 2008, compared to around 120 KSIs per 100 million km on urban A roads and around 40 KSIs per 100 million km on urban and rural non-A roads. However, cyclists most frequently travel on urban roads, so while the rate of accidents on rural A roads is high, over 80% of accidents and most deaths or serious injuries occur in urban areas. In Wiltshire, 76% of collisions and 92% of child collisions occur in urban areas. The dangers and perceived dangers of both urban and rural A roads acts as a significant deterrent to encouraging cycling, particularly amongst children and novice riders.

12.13 Junctions and roundabouts can be particularly dangerous for cyclists, especially where visibility is poor. Large vehicles such as Heavy Goods Vehicles (HGVs) are involved in a disproportionate number of cyclist fatalities. These dangers can be reduced by improving visibility, rider skills and awareness in drivers. A general reduction in motor vehicle speeds produces the greatest reduction in cyclist and other casualties, but incidents involving HGVs tend to take place at lower speeds. Driver error/poor reaction is the overwhelming factor in incidents that lead to a cyclist casualty.

Security

12.14 Cycle thefts are not common in Wiltshire, but they occur most frequently in Salisbury, Warminster and Trowbridge. This is largely due to higher numbers of cyclists in these areas and also reflects general crime rates. Bicycle thefts in the UK tripled between 1981 and 1995, but then reduced by 45% between 1995 and 2001/2 according to the British Crime

Survey. Since 2002/3 there has been a gradual upward trend. Many cyclists in Wiltshire continue to lock their bicycle to itself rather than to a fixed object, and the more valuable bikes that are on the market today are more attractive to thieves.

- 12.15** A lack of secure parking facilities can discourage cycle journeys, lead to parking in unsuitable locations and encourage theft. Many workplaces and shopping areas have not been designed with cyclists in mind, so there is a lack of secure parking. Whilst many new parking spaces have been provided by the council, it can be difficult to find appropriate locations in Wiltshire's historic town centres and the council has limited abilities to influence private companies.
- 12.16** Wiltshire Council currently runs a scheme to provide cycle parking stands to businesses on request, although businesses must install these themselves. In new developments the council ensures that sufficient cycle parking spaces are provided through the planning system.

Supporting economic competitiveness and growth

- 12.17** Research by Cycling England indicates that a regular commuter saves the economy £208 every year through reduced congestion and pollution. Cycling also encourages people to travel shorter distances and support their local shops. Many retailers underestimate the potential for trade from non-car modes. One study of 126 retailers found that they overestimated the importance of car-borne trade by nearly 100%. Studies show that motorists are not better customers than cyclists. Rather cyclists tend to purchase the same or greater amounts but in more trips. This is possibly due to more impulse buying or more disposable income as transport costs are very low for cyclists.
- 12.18** Well designed streets, which use quality materials, reduce traffic speeds and encourage walking and cycling, can add at least 5% to the value of property and rental prices. The higher the volume of traffic on high streets, the higher the percentage of shop vacancies tends to be. Attractive retail environments which prioritise slow modes of travel tend to maximise footfall and increase retail vitality.
- 12.19** Cycling is also an important tourist attraction both for participants and as a spectator event. The Twinings Pro-Am tour in 2011, which took place over two days, brought estimated economic benefits in excess of £36,000. It also raised the profile of Wiltshire through national media coverage and Sky Sports coverage. Cycling and mountain biking together were estimated to account for 4% of the UK's 1.3 billion day trips to the countryside in 2002/3. Rural trails are particular attractions. The Celtic and Taff trails in Wales, which attract mainly cyclists and walkers have been shown to contribute around £75 million to the economy of South Wales with £9.7 million of this income from tourists. Touring cyclists are thought to spend around £90-£100 per day. Wiltshire has many attractive cycle-based holidays such as guided tours to Stonehenge and Avebury or more informal touring. The Wiltshire Cycleway primarily uses quiet country lanes and passes many of the county's most attractive places to visit. The 160 mile cycle route is supplemented by a network of shorter loops offering a wide choice of distance and terrain. Improving links into market towns, as well as improving rural routes themselves, would improve the potential for Wiltshire to benefit economically from such activities.

Tackling climate change

- 12.20** In the South West, transport accounts for 28% of CO2 emissions with road transport dominating that total. Around 40% of emissions come from journeys under 10 miles. Wiltshire Council has signed up to the Nottingham Declaration which pledges us to systematically address the causes of climate change and to prepare for its impacts.

- 12.21** Cycling to the rail station can reduce journey times for many rail passengers and make this a feasible mode of transport. These longer journeys account for a large proportion of emissions.

Quality of life and a healthy natural environment

- 12.22** Through reducing car trips, cycling can reduce impacts on the natural and built environment such as noise and visual intrusions. A high level of motor traffic discourages interactions between neighbours, which can reduce the sense of community in an area. It can also create severance, reducing people's ability to access services.
- 12.23** The provision of cycling facilities can require removal of small amounts of vegetation, but this can usually be mitigated. Encouraging compact urban developments, based on cycling and walking, reduces the pressure to develop greenfield land.

Equality of opportunity

- 12.24** For many people, particularly those without access to a car, cycling can be a faster, more flexible form of transport than walking or public transport. It is also much more affordable than the private car. This can improve people's ability to access work, shopping and other services including rail services. Currently more people cycle to work than take the bus to work in Wiltshire.
- 12.25** There may be a need/opportunity to promote cycling amongst lower income households where reliance on cars may use a significant proportion of their income. 16% of households in Wiltshire do not have access to a car, which can exclude these people from employment, education and training. This varies across the county with the highest level of 26% in Salisbury and the lowest level of 10% in Southern Wiltshire and Malmesbury. In rural areas, public transport networks are less dense, so cycling offers a vital opportunity to connect to bus stops and rail stations as well as direct access to jobs and services.
- 12.26** Men are more likely to cycle than women: 17% of women sometimes cycle compared to 29% of men, and regular cyclists are also more likely to be male (DfT, 2007). Smarter choices measures can help encourage more women to take up cycling.

13 Opportunities and barriers to cycling

- 13.1** Some people are more likely to take up cycling than others. While much analysis of regular cyclists has been done, there is far less understanding of what would make non-cyclists take up cycling. Implementing the measures that people say would make them cycle do not always have as much effect as hoped as there may be other relevant factors e.g. a reluctance to change habits, fears about unfitness that people are unwilling to admit, etc. New infrastructure may be necessary, but it may not be sufficient to make people change habits, so smarter choices measures such as training and marketing are also required.
- 13.2** Research in London has shown that roughly 70% of cyclists make only about 25% of trips. These trips tend to be summer and weekend leisure trips, occasional shopping trips and fair weather commuting. These people make up about 10% of London's population. In Wiltshire it is likely that there is a greater proportion of infrequent cyclists. These people are already positively disposed towards cycling, but need encouragement to become regular cyclists. The most popular sports for adults in Wiltshire are: cycling, swimming, gym, football and athletics
- 13.3** The reasons why people do not cycle vary between different social groups. National research by the Transport Research Laboratory shows there tend to be nine groups of attitudes towards cycling:

Type	Percentage	Main characteristics
Committed cyclists	7%	Cycle about four times a week; few opportunities to increase this
Regular cyclists	8%	Mostly male; scope to increase their cycling for both recreational and everyday journeys
Occasional cyclists	15%	Most own bikes but use them only once every couple of weeks. Very receptive to promotional messages
Toe-dippers	5%	Most own a bicycle but cycle only occasionally. More likely to cycle for leisure than everyday journeys. Cycling promotion needs to convince them of the benefits of cycling
The unconvinced	27%	Two-thirds are women; very few own bikes. Promotion needs to focus on increasing cycle ownership, although not all are receptive
The unthinking	18%	About half own a bike, but use it rarely. Generally pro-cycling in their attitudes. Need to focus on promoting cycle ownership, and then on leisure rather than everyday trips
The no-needers	12%	Predominantly female and over 44; don't own a bike, or think they need one. Difficult to persuade
The self-conscious	6%	Almost all women, half under 26; most own a bike and cycle occasionally. Not likely to cycle more unless their circumstances change
The lads	3%	Predominantly young (under 26) and male. Do not own a bike and no plans to get one, though not actively hostile to cycling.

- 13.4** Negative perceptions of cycling are often far from the reality. One study looked at a number of motorists whose cars were unavailable to them and had to cycle instead. Their experience of cycling was much better than they had expected with 53% finding it less effort than expected, 46% finding it faster than expected and 67% finding the weather better than expected. Cycle training, marketing and information provision can help break down these negative perceptions.

Increasing bike ownership

- 13.5** Many people are unaware of the improvements to bicycles in the last two decades. Modern bikes are lighter, more comfortable, easier to maintain and easier to ride. Brakes and lighting systems are much more powerful. Breakdown and theft insurance are becoming more common and affordable. There has been a surge in bike sales following the Olympics. However, there are still many people in Wiltshire who may not be able to afford a bike or who struggle to justify the initial outlay before knowing whether they will actually use it regularly.
- 13.6** The Cycle to Work scheme, which effectively allows employees to purchase bikes at a reduced price has proved effective in encouraging cycling. It has recently been relaunched as 'businesscycle'. Surveys have shown that 29% of participants are new cyclists and 23% increase their cycling due to the scheme. There have been recent changes to the scheme which have reduced the benefits to participants, but many organisations are continuing to run the scheme successfully.
- 13.7** Electrically assisted bicycles are also making it easier for people to travel longer distances and in hillier areas. CPRE launched a trial loan scheme in May 2011 looking at how electric bikes can improve accessibility in rural areas. The bikes were popular with the 20 people who trialled them and 60% of these were not regular cyclists. The bikes were mainly used for shopping and leisure trips, with a limited amount of commuting. The scheme was particularly popular with older people, which may have been due to the style of the bikes, and while many of those involved would have liked to continue to ride the bikes, the current purchase costs are prohibitive. As electric bikes become cheaper, there may be more opportunities to promote them.

Improving infrastructure

- 13.8** Many people who do not cycle say they would cycle if the infrastructure were improved. The existing road network forms the basis for cycle infrastructure. On-road routes are usually the most direct and safest within towns. Significant improvements can often only be achieved through traffic calming or traffic reduction. Wiltshire has led the way in the provision of 20mph zones in Salisbury, Trowbridge and Chippenham. Advisory and mandatory cycle lanes are a suitable low cost measure at low to medium traffic volumes and speeds subject to there being adequate width on the carriageway. The careful use of contraflow facilities will create more direct routes for cyclists where one way streets and systems are in place. Shared space schemes are particularly suitable in town centres, but can be expensive. These enhance the environment for all users and increase retail vitality. However, high traffic volumes on arterial routes and the location of parking continue to present a barrier to cycling in the narrow roads of Wiltshire's historic towns.
- 13.9** Segregation from traffic is often preferred by newer and more vulnerable cyclists such as children. However, junctions where cycle paths cross traffic or merge with the highway are a common location for accidents. Careful design can reduce these risks for example through improved visibility, raised crossings and coloured surfaces which highlight the presence of cyclists. Generally, creating safe on-road routes should be the first option considered, but shared use or segregated cycle paths will usually be more appropriate:

- Where there are large numbers of heavy goods vehicles;
- Where traffic speeds and volumes are high and cannot be reduced;
- In rural areas where cyclist numbers are low and driver awareness is poor.
- Where there are significant numbers of novice cyclists such as around schools.

13.10 Off-road routes can increase the permeability of the network and reduce journey times for cyclists. These links are particularly important where the road network follows a pattern of cul-de-sacs or a spoke-and-hub layout. Improvements to the cycle network are most effective in areas where the potential for cycling is higher and when they are combined with other measures.

13.11 There are many existing links that are poorly used because people are not aware of them. Signposting, maps and online journey-planning tools can all improve awareness of routes. Journey planning technology is improving rapidly and it is not yet clear what is the most cost-effective way for the council to support such measures.

Funding constraints

13.12 According to DfT, the average LTP capital spend on cycling in England is about £1 per head per year. Evidence from European cities that have successfully increased cycling suggests that they have typically spent around £5 per head per year for an intensive period of 10-15 years in order to make cycling the easy, convenient, safe and attractive choice. Provision of infrastructure, particularly in historic towns can take decades to deliver, so sustained funding is required.

13.13 Research for Cycling England shows that every £10,000 invested in cycling would need to generate at least one extra cyclist, each year, over a 30 year period in order to justify the investment. The cycle demonstrations towns funded by Cycling England have shown how such investment translates into a rise in cycling. For example, Exeter has seen a rise in cycling to work from 4% in 2001 to 9% in 2008.

13.14 There are opportunities for the council to gain funding for cycling improvements through partnership working with organisations such as Sustrans and local businesses. Although it is a charity, Sustrans has been given the role of distributing national government funding for example from DfT, the Department of Health and the Big Lottery Fund.

Combining different measures

13.15 The Cycling Cities and Towns Programme Overview (2009) demonstrated that a package of measures and sustained levels of investment can achieve substantial increases in cycling. Over the first three years of the programme, cycling rates increased by 27% on average. These consisted of 40% investment in infrastructure and 60% investment in other measures such as Bikeability (cycle training) and Bikelt (a programme of events and promotions at schools).

13.16 Leisure and utility cycling encourages people to improve their levels of fitness and confidence, which increases participation in competitive sports. Cycling is one of the most popular sports that people in England would like to participate in more often and it is also one of the fastest growing. Conversely, people who participate in leisure or sports cycling are more likely to start using cycling as a means of transport. This is partly due to bike ownership and partly due to increased confidence levels. The Olympic Games in 2012 has provided a surge in popularity for leisure cycling and there is an opportunity to build on this.

14 Strategy

- 14.1** As part of the strategic options and appraisal process (see chapter 5 of the main LTP3 strategy document) the council's preferred strategic options with regards to cycling measures are as follows:

Cycle network

Approach	Balanced
Broad description	Provide a sympathetically designed, high quality and well maintained network of cycle routes in the principal settlements and market towns, and where appropriate, between the market towns and to national cycle routes.

Cycle parking

Approach	Balanced
Broad description	Provide high quality cycle parking at key destinations and transport interchanges. Require adequate levels of high quality cycle parking in all new developments with higher levels of provision in the principal settlements and market towns.

- 14.2** The Principal Settlements are Chippenham, Salisbury and Trowbridge.
- 14.3** The Market Towns are: Amesbury, Bradford on Avon, Calne, Corsham, Devizes, Malmesbury, Marlborough, Melksham, Tidworth and Ludgershall, Warminster, Westbury, and Royal Wootton Bassett.
- 14.4** The following National Cycle Routes pass through the county. National Cycle Routes 4 (London to Fishguard), 24 (Bath to Eastleigh), 25 (Longleat to Bournemouth), 45 (Chester to Salisbury), 403 (Semington to Great Bedwyn) and 481 (Chiseldon to Marlborough). They use a mixture of quiet roads, cycle paths, rights of way and permissive routes. The network in the county is being developed by Sustrans working alongside Wiltshire Council and other partners. It is a valuable for utility and leisure journeys. These policies and their interaction with other policies, such as Smarter Choices, are expanded on below.
- 14.5** The Wiltshire Cycleway is a key regional route and this includes the New Forest Link, the Vale of Pewsey route and the Wylve Valley route. The exact route continues to be developed.

Cycling infrastructure

- 14.6** Improvements to the cycle network are most effective in areas where the potential for cycling is higher and when they are combined with other measures. For this reason Wiltshire Council will prioritise network improvements on strategic links in principal settlements and market towns. These links are shown on Wiltshire's Town Cycle Network Plans.
- 14.7** While the main focus will be on links within these towns, intra-urban links may also form a part of the Network Plans where the distances are short enough or there is a route to a strategic employment site. For example, key intra-urban links have been improved between Trowbridge and Bradford-upon-Avon. The proposed Royal Wootton Bassett to Swindon cycle link is a key intra-urban link that sits alongside the Town Cycle Networks as it is a short

(under 5km), well used commuter link between a market town and a major city. Additional improvements to Rights of Way and other rural and leisure routes may also be considered through developer contributions, area board funding or other external funding sources.

14.8 The Town Cycle Network Plans are continuously updated, particularly in the light of significant developments or changes in traffic flows. Networks have been developed for:

- Chippenham
- Salisbury (& Wilton)
- Trowbridge
- Amesbury (including Durrington, Bulford & Larkhill)
- Bradford on Avon
- Calne
- Corsham
- Devizes
- Malmesbury
- Marlborough
- Melksham
- Tidworth & Ludgershall
- Warminster
- Westbury
- Wootton Bassett

14.9 These are shown in Appendix 1. Updated versions of the Town Cycle Networks will be published as improvements are made and if routes are changed due to further feasibility work. Appendix 2 sets out the planning and design principles for Town Cycle Networks. Following best practice design standards, comprehensive directional signing will be applied to all key cycle routes as set out in the forthcoming Wayfinding Strategy. Such signage will be co-ordinated with pedestrian signage and high standards of design applied to ensure that the character of the streetscene is maintained or improved.

14.10 A revised assessment framework has been prepared (Appendix 3), which sets out how links on the network will be prioritised for delivery. This is based on factors such as the proximity to key destinations and the likely cost of improvements. Improvements will require co-ordination with other transport schemes such as public transport, pedestrian improvements and parking strategies. Wiltshire Council will also continue to work with the Highways Agency to deliver improvements on the Network Plans around the A36, A419 and A303.

14.11 Many cycle facilities can only be delivered by securing access to land off the highway. This will require negotiation with private landowners and support from the local community. Land negotiations are frequently lengthy, which means that it can be difficult to secure funding for routes. Wiltshire Council helps fund the Sustrans Area Manager for Wiltshire whose role includes assisting the council with land negotiations.

Policy 1

The council will aim to provide a sympathetically designed, high quality and well maintained network of cycling routes in the principal settlements and market towns and where appropriate, provide links to national routes. As part of this approach, the council will:

1a Where necessary, seek to secure land or access rights for the cycle network and cycle parking either through the planning process or through negotiation with private landowners

1b Follow design guidance in Appendix 2 and prioritise improvements to links based on potential demand, safety and feasibility as shown in Appendix 3.

1c Ensure appropriate directional signage is included in new schemes and look for opportunities to improve directions on existing routes by developing and implementing Signposting Implementation Plans for each Town Cycle Network following the principles of the Wayfinding Strategy.

1d Consult with local cycle groups about development of Town Cycle Networks and scheme design where possible as set out in Appendix 2.

- 14.12** Shared paths also provide a useful facility for other users such as disabled people and pedestrians. These users will be considered when implementing facilities for cyclists and opportunities will be explored where cycle facilities can improve the amenity for other users.

Policy 2

The council will consider other non-motorised users when implementing cycle facilities, and look for opportunities to enhance amenity for these users.

This approach will include providing permissive access for horses on cycle paths and shared use cycle paths that are owned by the council where such access is not significantly detrimental to access for cyclists, pedestrians or disabled people, and where such access would improve safety for horse-riders.

- 14.13** The suitability of a cycle path for horse-riders will depend on its width, availability of passing areas, and the number of pedestrians, cyclists and horses expected to use the path. Ideally cycle paths and bridleways where both cycle and equestrian access is needed would be sufficiently wide to provide a sealed surface for cycling and an unsealed surface for horse-riders, but this is not always feasible.
- 14.14** The council may also consider creating paths as or converting paths to bridleways depending on the existing legal status of a route. The government is currently reviewing the legal framework for Rights of Way which may alter the legal options available to the council.

Rural and recreational cycling infrastructure

- 14.15** While the priority will be the town cycle networks, the council will also try to find ways to support communities who want to improve other cycling routes, and look for synergies with the leisure agenda.

Policy 3

The council, with relevant partners, will look for opportunities to support and enable improved cycle access in rural areas. This will include:

3a Support measures for cycling (such as maintenance, signposting and removal of stiles) on appropriate Rights of Way and green routes through the council's Green Infrastructure Strategy and the Countryside Access Improvement Plan.

3b Enable communities to improve cycle access in rural areas either on existing rights of way or on private land by providing advice on land negotiation and helping to identify funding opportunities for measures (both on road and off road) such as Community Area Transport grants (CATG) or external grants.

3c Trial the conversion of pedestrian footways (adjacent to roads) in rural areas that are below standard widths for a shared path (described in Appendix 2), where pedestrian flows are very limited and there is no alternative cycle route.

3d. Working with partners to signpost key national and regional cycle routes on highways such as the Wiltshire Cycleway.

14.16 In rural areas, there may be footways along busy roads between settlements which see very little usage by pedestrians. LTN 1/12 makes it clear that sub-standard widths may be considered on such paths and that excessive signing is not necessary. Further information is provided in Appendix 2. Policy 3c is primarily intended to provide a process that allows legal usage on existing highway and is likely to be primarily funded by Area Boards or external funding sources. By allowing legal cycling on these paths, it is hoped that cycle usage will increase in order to justify increased funding for cycle infrastructure in these areas in future LTP periods.

14.17 Some minor roads can form key intra-urban cycle routes. Improving safety on these routes is addressed through the Road Safety Strategy and minor improvements may also be made through CATG applications.

14.18 This includes looking for opportunities to improve or signpost key routes from Porton Down to Amesbury and Salisbury and from the New Forest to Salisbury.

Cycle parking

Policy 4

The council will support and promote the provision of high quality cycle parking at key destinations and transport interchanges. Adequate levels of high quality parking will be required in all new developments with higher levels in market towns. In particular the council will:

4a Require cycle parking standards for new developments as shown in Appendix 4. This includes shower/changing facilities where appropriate.

4b Provide assistance for organisations to install cycle parking through the Cycle Parking Scheme.

4c Seek opportunities to improve cycle parking at key destinations and transport interchanges with regard to the standards set out in Appendix 4.

14.19 Cycle parking is a key part of the cycle network. Wiltshire Council will audit and map cycle parking as part of the Cycle Network Plans and identify locations where parking could be provided.

14.20 While the key routes are shown on the Town Cycle Networks, permeability between routes is also important. Policy 61 in Wiltshire Council's Core Strategy states that new development should be located and designed to reduce the need to travel and to encourage the use of sustainable transport alternatives. The Manual for Streets (1 and 2) provides more detailed guidance.

Public transport integration

14.21 While the council has no control over the carriage of cycles on public transport, the council will encourage operators to improve the integration of cycling with rail and bus services through a number of associated measures, such as cycle parking and signposting.

Policy 5

The council will seek opportunities to work with public transport operators to improve integration with cycling.

Smarter choices

14.22 Improving information and marketing are a core part of smarter choices measures. This may include:

- Improved signposting of routes - a coherent approach is needed to cycle signing in town centres (see Appendix 2). Signs should fit in with the urban character of the area and be integrated with pedestrian/vehicle signing where appropriate. Cycle signs will be provided as part of improvements to town cycle networks, but in some areas a wider review of signs is required through the Wayfaring Strategy. In rural areas a more tailored approach might be appropriate. Area boards and voluntary groups may wish to help fund signposting of leisure and rural routes.
- Creating cycle maps for towns - this may include printed maps or online maps.
- Creating maps and providing information for recreational cycling through the council's leisure and countryside access programmes.
- Online journey planning - The council has developed an integrated journey planner on its Connecting Wiltshire website. The council has also created a map showing all rights of way in Wiltshire at www.wiltshire.gov.uk/rightsofwaymap.htm.
- Promotional information or campaigns - this may include basic maintenance advice, bike purchasing advice including electric bicycles, road safety advice, details of local bike shops, cycle training and support groups, information about the health/cost benefits of cycling.
- Promotional events - such as bike/electric bike trials, bike breakfasts, Dr Bike maintenance workshops and sponsored rides.
- Promotional merchandise such as High-vis clothing, lights, bells or reflectors.

14.23 The Connecting Wiltshire website, brand and marketing strategy is the key focus for providing information and marketing for cycling alongside other sustainable transport modes.

14.24 School travel plans are developed by schools to encourage children to walk, cycle, scoot, use public transport or car share rather than arrive by car. There is particular emphasis on active travel modes to encourage children to adopt healthy lifestyles. Wiltshire Council has a school travel plan adviser to support schools in this process. There is also a Sustrans Bike It Plus officer working with a number of schools in the Chippenham and Trowbridge areas to encourage cycling, walking and scooting to school.

Some travel plan measures may include:

- Improvements to the highway network, such as new crossings or cycle paths
- Cycle parking
- Events and activities to encourage cycling
- Maps and promotional information

14.25 Workplace Travel Plans are a set of measures produced by employers that seek to reduce reliance on single-occupancy car usage. They may be required as part of the planning process or they may be voluntary. Many public sector organisations and large businesses have travel plans in order to reduce their impacts on local communities and reduce the costs of providing car parking. There are many measures to promote cycling that can be included in travel plans including:

- Provision of showers or lockers.
- High quality, covered cycle parking.
- Bicycle User Groups – these help identify any particular barriers to cycling and encourage cyclists to share information about suitable routes or maintenance tips.
- Maintenance courses.
- Events or campaigns to promote cycling including leisure rides, sponsored rides, competitions, providing free bike bells or lights, etc.
- Incentives for cycling - these can be for one day or several months. Incentives might include a free breakfast, hot drink, vouchers for services provided by the employer or priority car parking on days that they don't cycle. The most effective incentives have a value of around £2 and should be continued for at least a month.
- Discounts on bicycle purchase (often through the Cycle to Work scheme).
- Pool bikes or bike hire schemes (including electric bikes).
- Cycle training including Back on Your Bike or Bikeability training.
- Tailored maps and promotional information.

14.26 Residential travel planning measures may also be required in larger developments. Appropriate measures include:

- Discounts on bicycle purchase.
- High levels of high quality, covered cycle parking.
- Vouchers for cycle training.
- Providing tailored maps and promotional information

14.27 Bike hire and loan schemes can include:

- Pool bike schemes run by individual organisations or a group of organisations. Bikes are usually purchased by an employer and made available to employees. This encourages cycling and helps reduce travel expenses for employers.
- Bike hire schemes run by individual organisations such as businesses, job centres or community centres. There may be restrictions on who is eligible to hire bikes.
- Short-term public bike hire schemes. These schemes already operate in places like Cardiff, Reading and London. Bikes may be taken from hire points and returned at any time. These schemes are usually priced by the hour and aimed at commuters.
- Long-term public bike hire schemes. There are several bike shops in Wiltshire that offer daily bike hire. The bike must usually be returned to the shop during opening hours. This is most useful for leisure or tourist outings. Train companies are increasingly offering such schemes.

14.28 The Council will promote cycling through the Smarter Choices Strategy. We will:

- Include cycling measures in school, residential and workplace travel plans.
- Promote cycling in the council's internal travel plan.
- Provide easily accessible information for cyclists to plan their journeys and use social marketing techniques to encourage cycling.
- Evaluate emerging evidence on new initiatives such as electric bike hire and bike hire schemes. Seek to implement such schemes where appropriate.
- Promote leisure cycling through smarter choices measures and look for opportunities to promote utility cycling to leisure or sports cyclists.
- Continue to support the Bikelt programme or similar measures.

14.29 Wiltshire Council's Sports and Physical activity development team are currently looking to work with British cycling on developing a programme of Sky rides and training local champions.

14.30 Wiltshire Council provides Bikeability training Level 1/2 for children of 10 years old or above; this is usually delivered to year 6 children in primary school. Level 3 (advanced) training is available for young people in secondary schools and for adults. The Council has secured Department for Transport (DfT) funding to support delivery of Bikeability training at Levels 2 and 3 for children in primary and secondary schools.

14.31 In 2011/12 2700 children received Bikeability training. The numbers taking up training are increasing year on year and it is hoped to increase the number of secondary school students taking up Level 3 training, which is now supported by DfT funding.

14.32 The Council will provide cycle training as part of the Road Safety and Leisure Strategies. We will

- Provide cycle training to children as set out in the Road Safety Strategy.
- Seek opportunities to provide Bikeability Level 3 training to children and training at all levels to adults.

15 Useful information

The cost of high way works in Wiltshire: www.wiltshire.gov.uk/costwiltshighwaysworks.htm

Wiltshire's Town Cycle networks: <http://www.wiltshire.gov.uk/towncyclenetworks.htm>

Plan any cycle journey at: www.transportinfo.com

Leisure routes for cycling: <http://www.wiltshire.gov.uk/walkingandcycling.htm>

An online map of Public Rights of Way and reporting problems:
www.wiltshire.gov.uk/rightsofwaymap.htm

The Salisbury/Wessex Big Wheel/50/100 bike rides: www.bike-events.com

Advise for businesses at: businesscycle: <http://businesscycle.org.uk/>

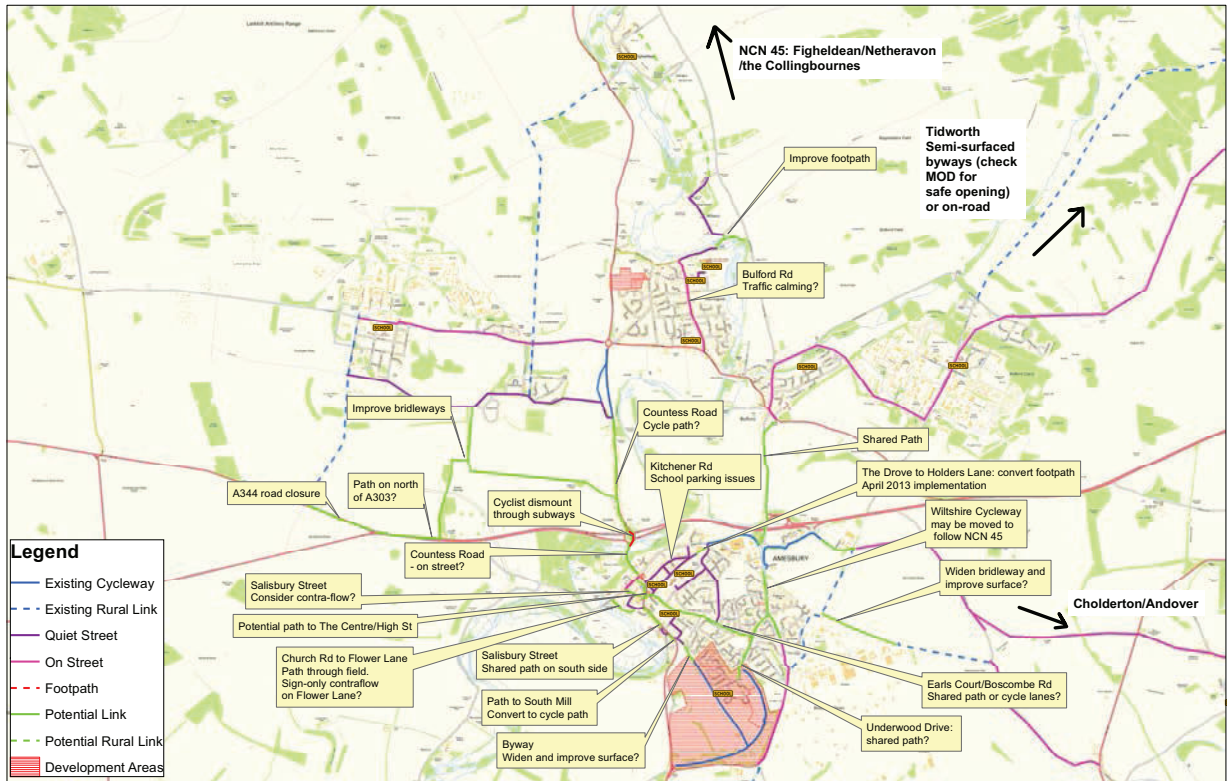
16 Appendices

Appendix 1: Town Cycle Networks

The following network maps are provided. All maps, including will be subject to change as set out in Appendix 2.

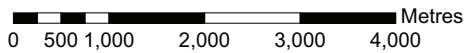
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- Bradford on Avon
- Calne
- Chippenham
- Corsham
- Devizes
- Malmesbury
- Marlborough
- Melksham
- Salisbury & Wilton
- Tidworth & Ludgershall
- Trowbridge
- Warminster
- Westbury
- Wootton Bassett

Map 16.1 Amesbury



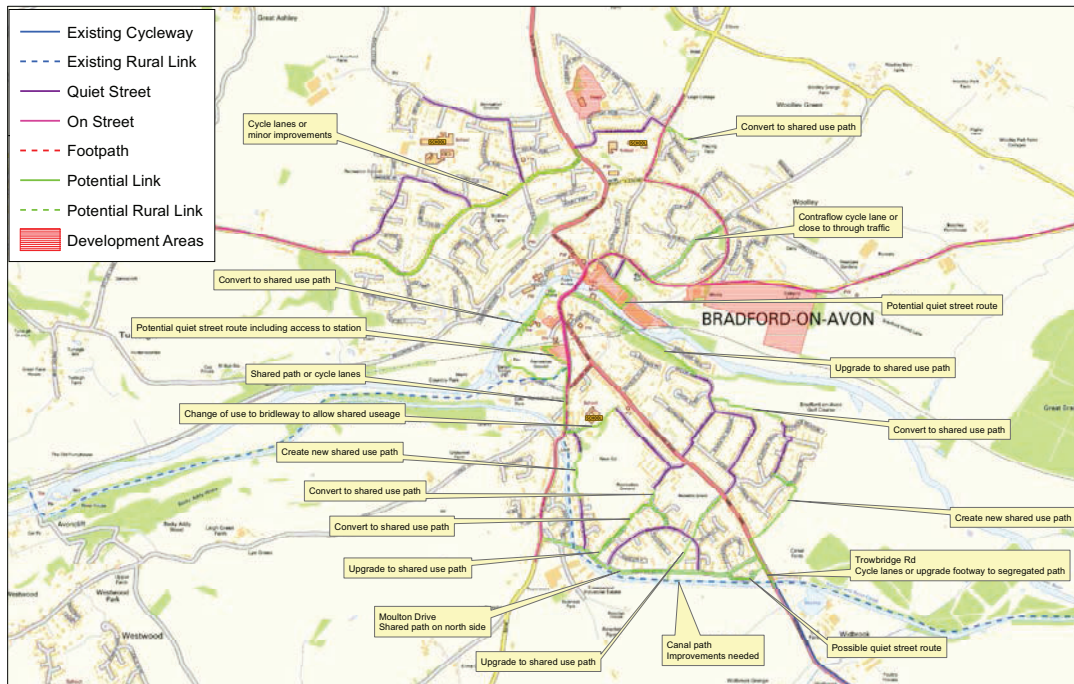
Amesbury Town Cycle Network (including Bulford & Durrington)

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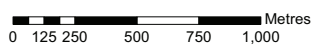
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Map 16.2 Bradford



Bradford-on-Avon Town Cycle Network

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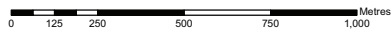
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Map 16.3 Calne

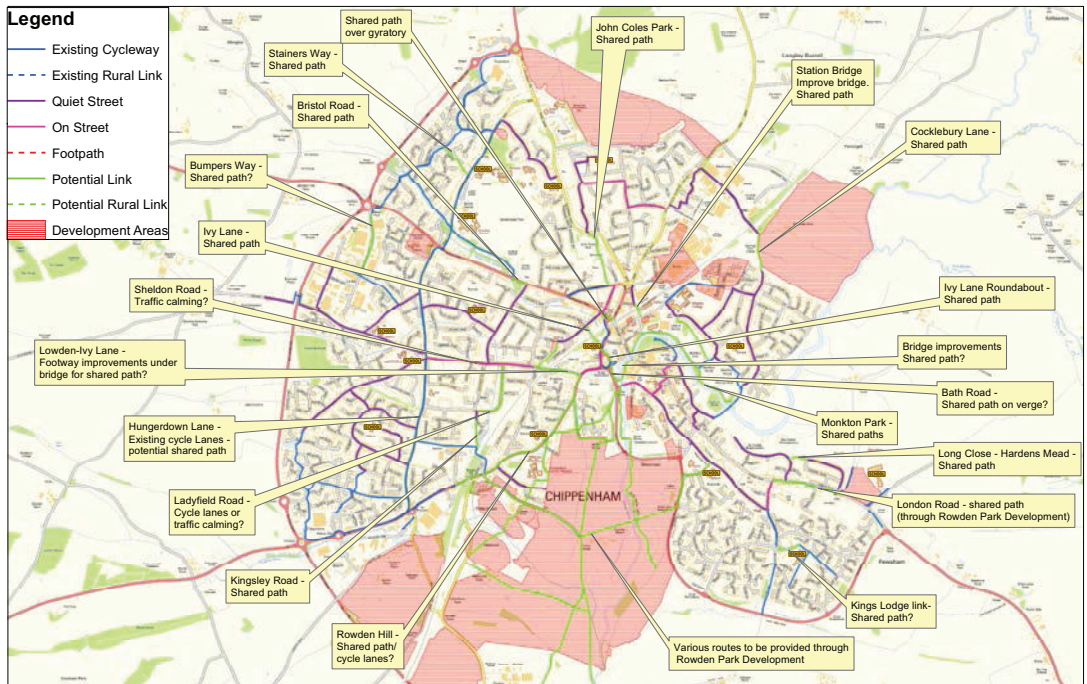


Calne Town Cycle Network

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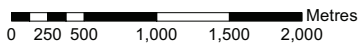


Map 16.4 Chippenham

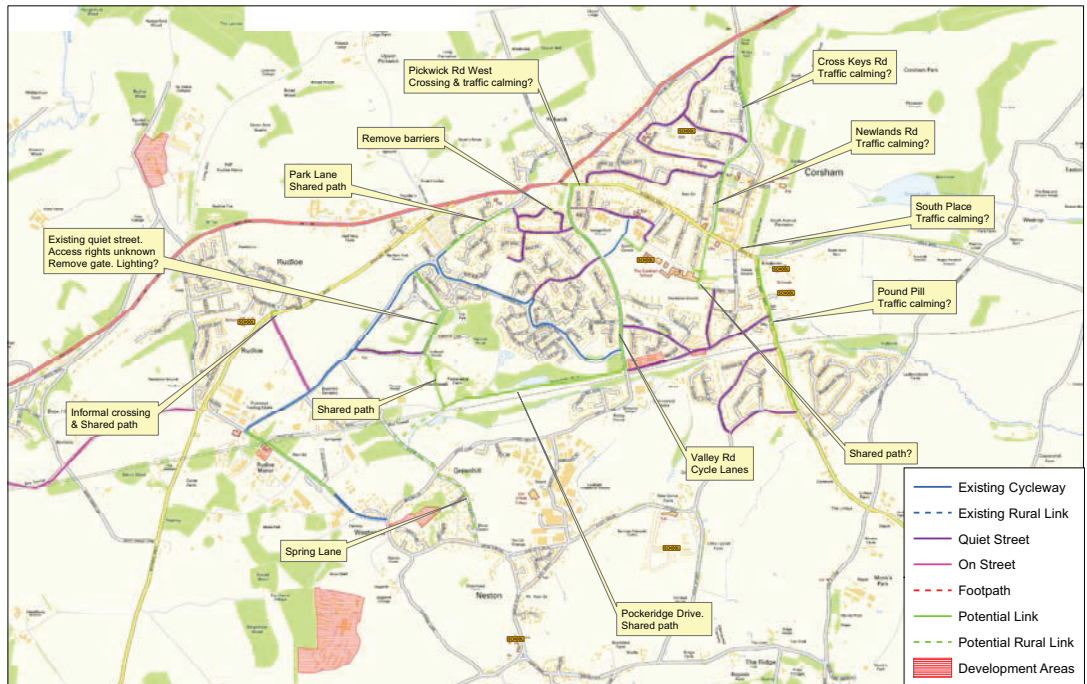


Chippenham Town Cycle Network

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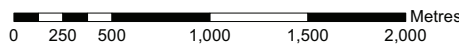


Map 16.5 Corsham

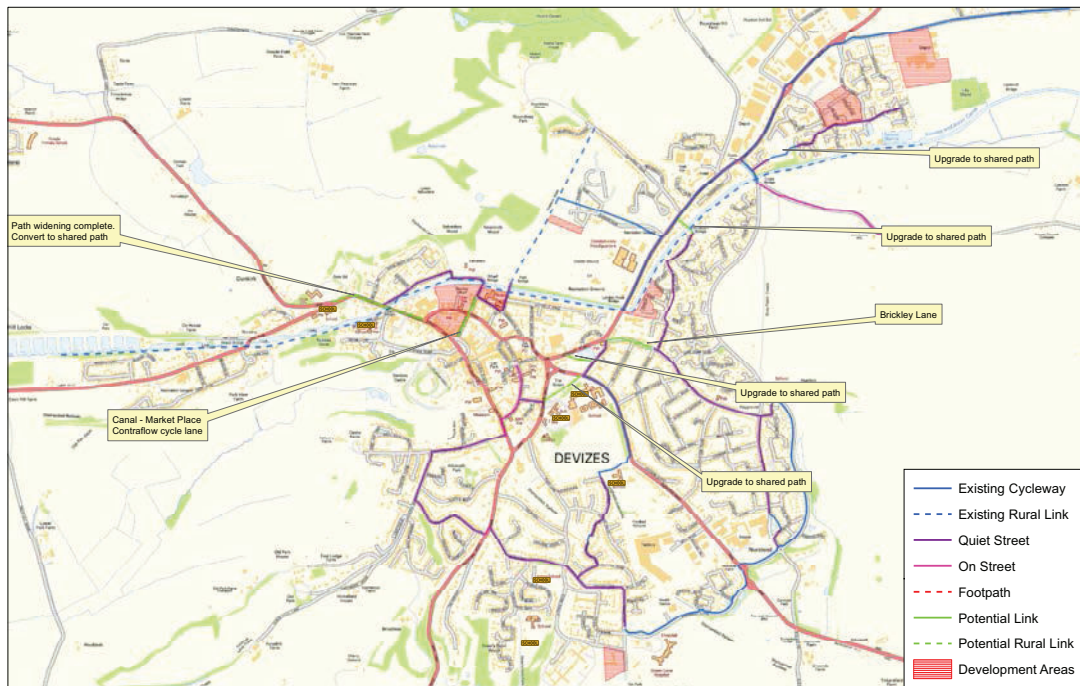


Corsham Town Cycle Network

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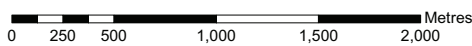


Map 16.6 Devizes



Devizes Town Cycle Network

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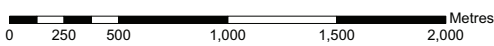


Map 16.7 Malmesbury



Malmesbury Town Cycle Network

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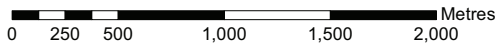


Map 16.8 Marlborough

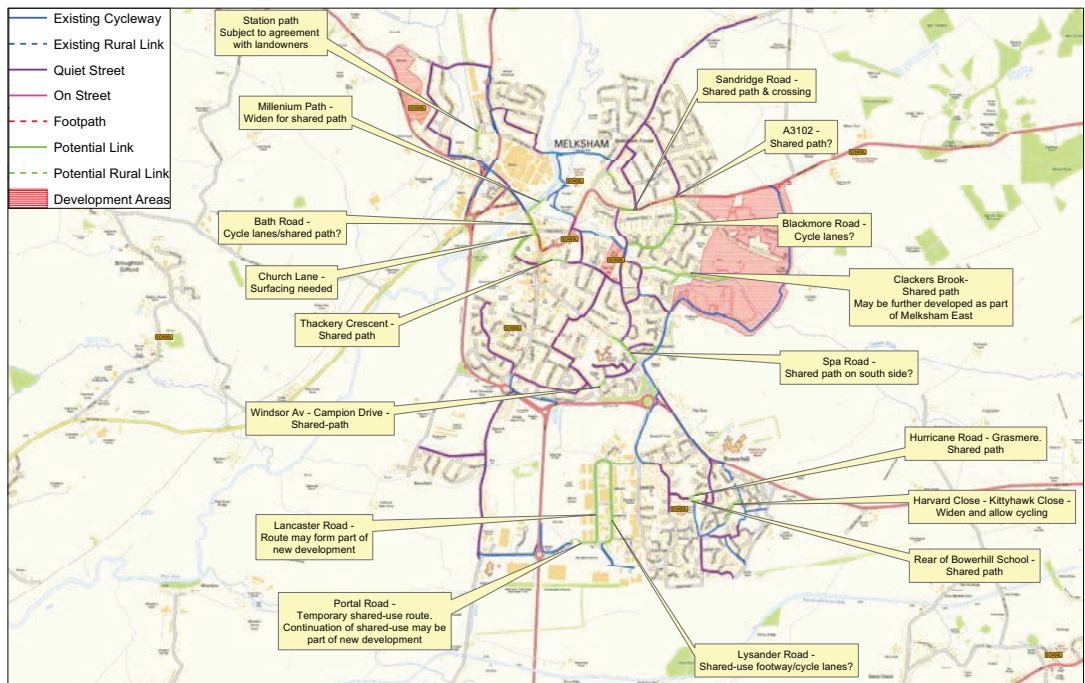


Marlborough Town Cycle Network

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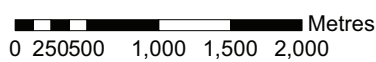


Map 16.9 Melksham

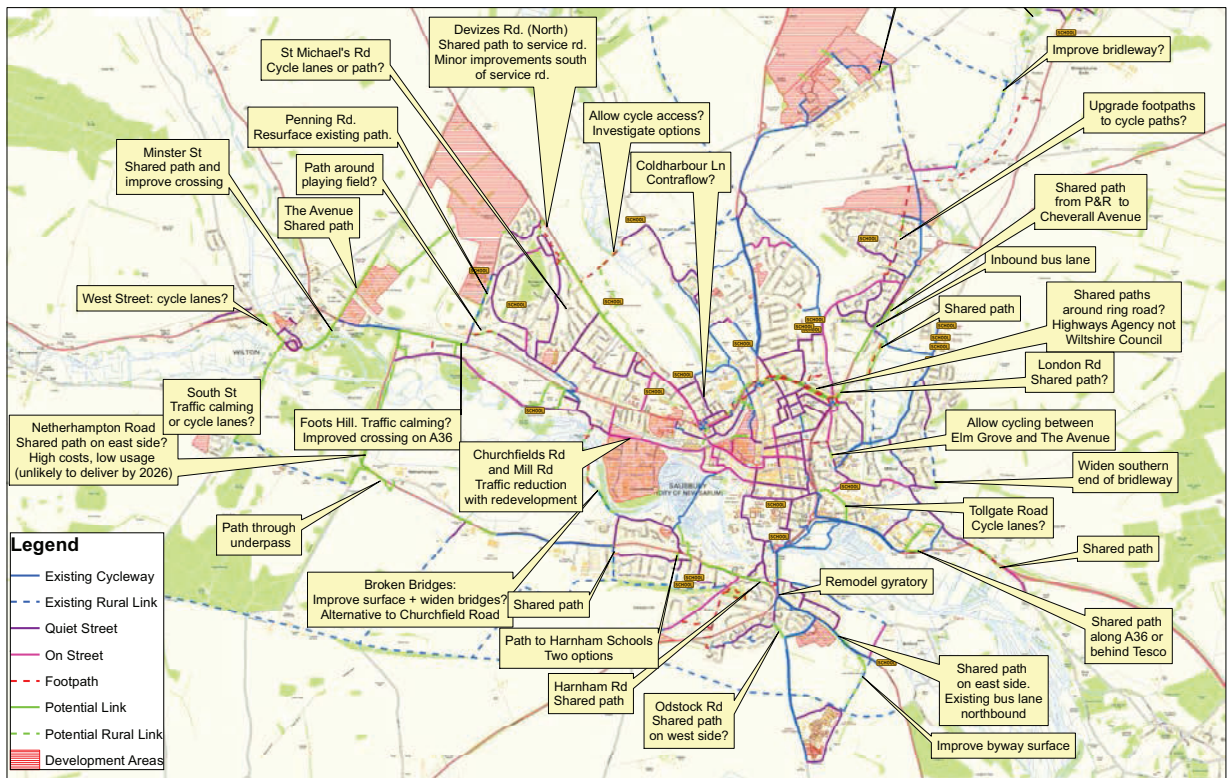


Melksham Town Cycle Network

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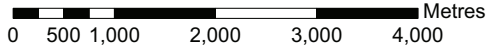


Map 16.10 Salisbury & Wilton



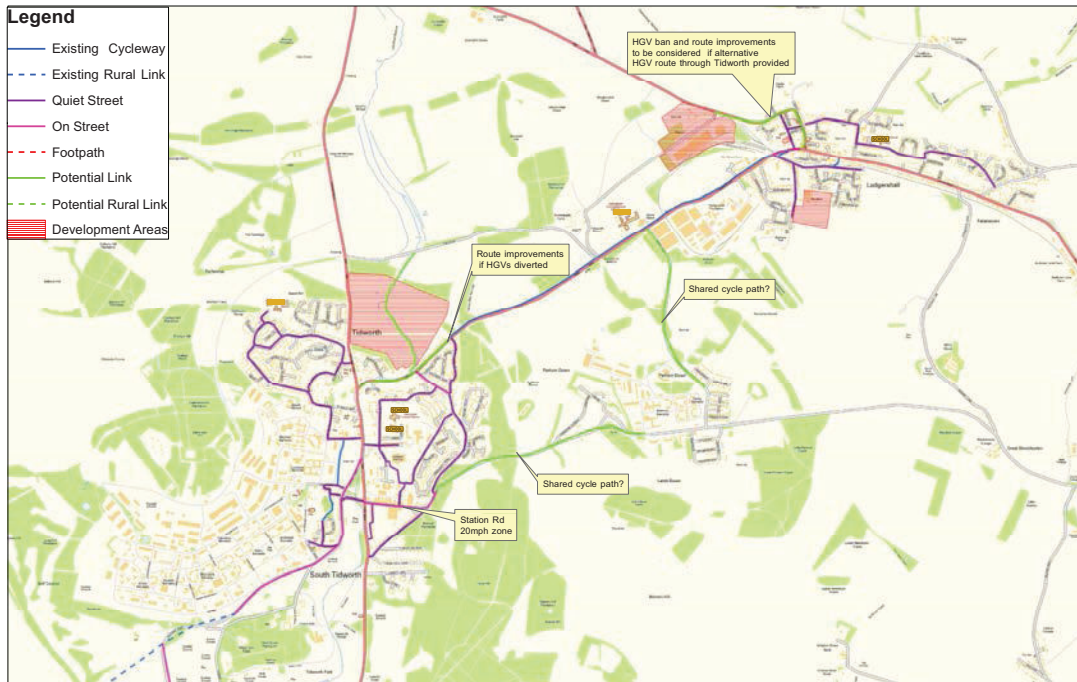
Salisbury & Wilton Town Cycle Network

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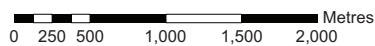
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Map 16.11 Tidworth



Tidworth Town Cycle Network

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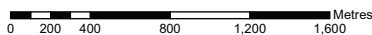
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Picture 16.1 Trowbridge



Trowbridge Town Cycle Network

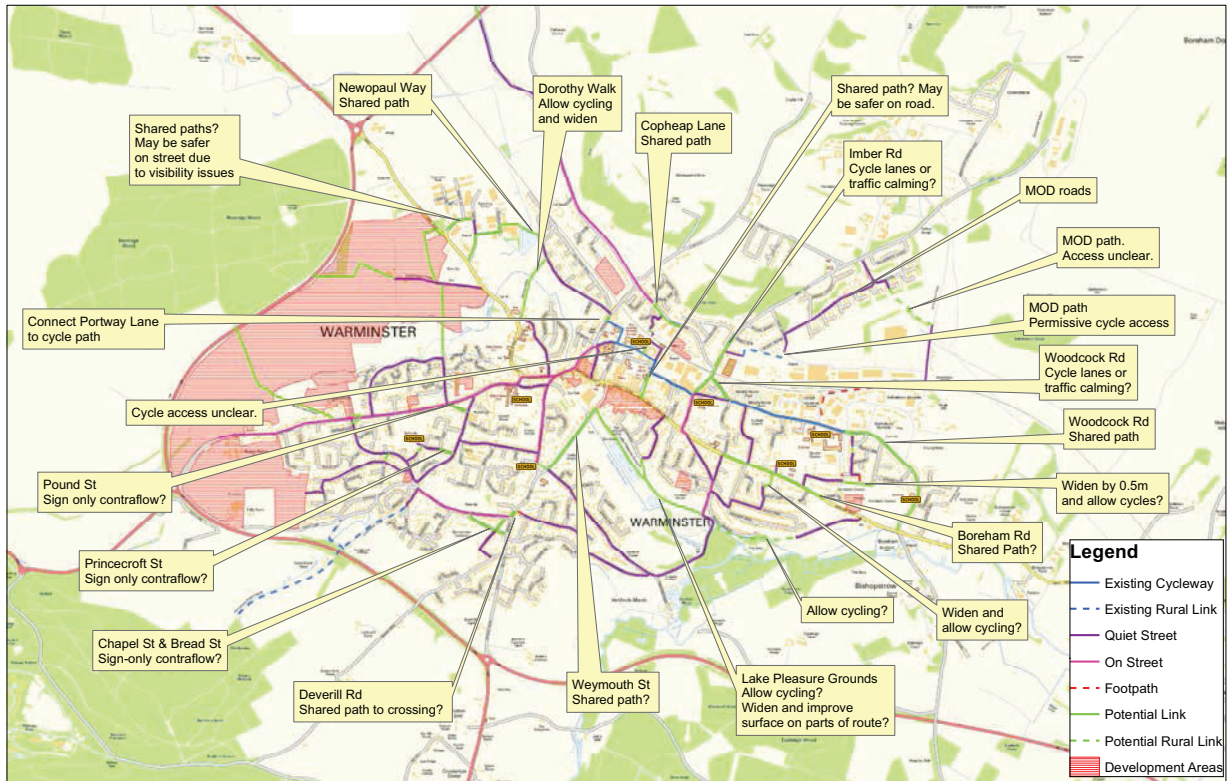
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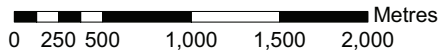


Map 16.12 Warminster



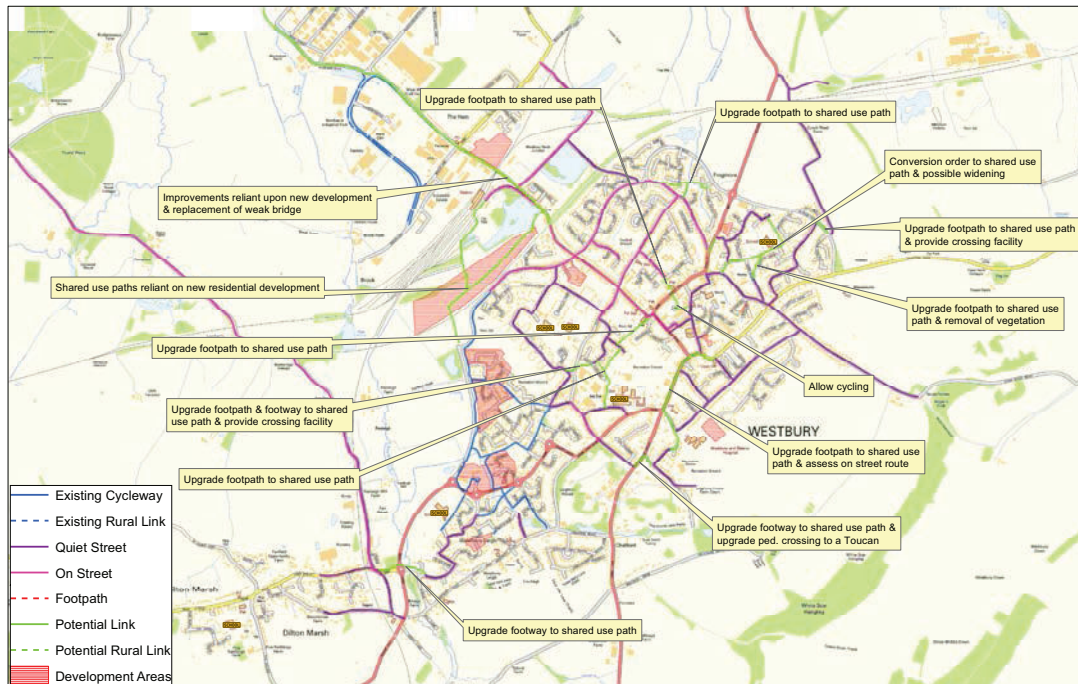
Warminster Town Cycle Network

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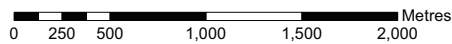
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Map 16.13 Westbury



Westbury Town Cycle Network

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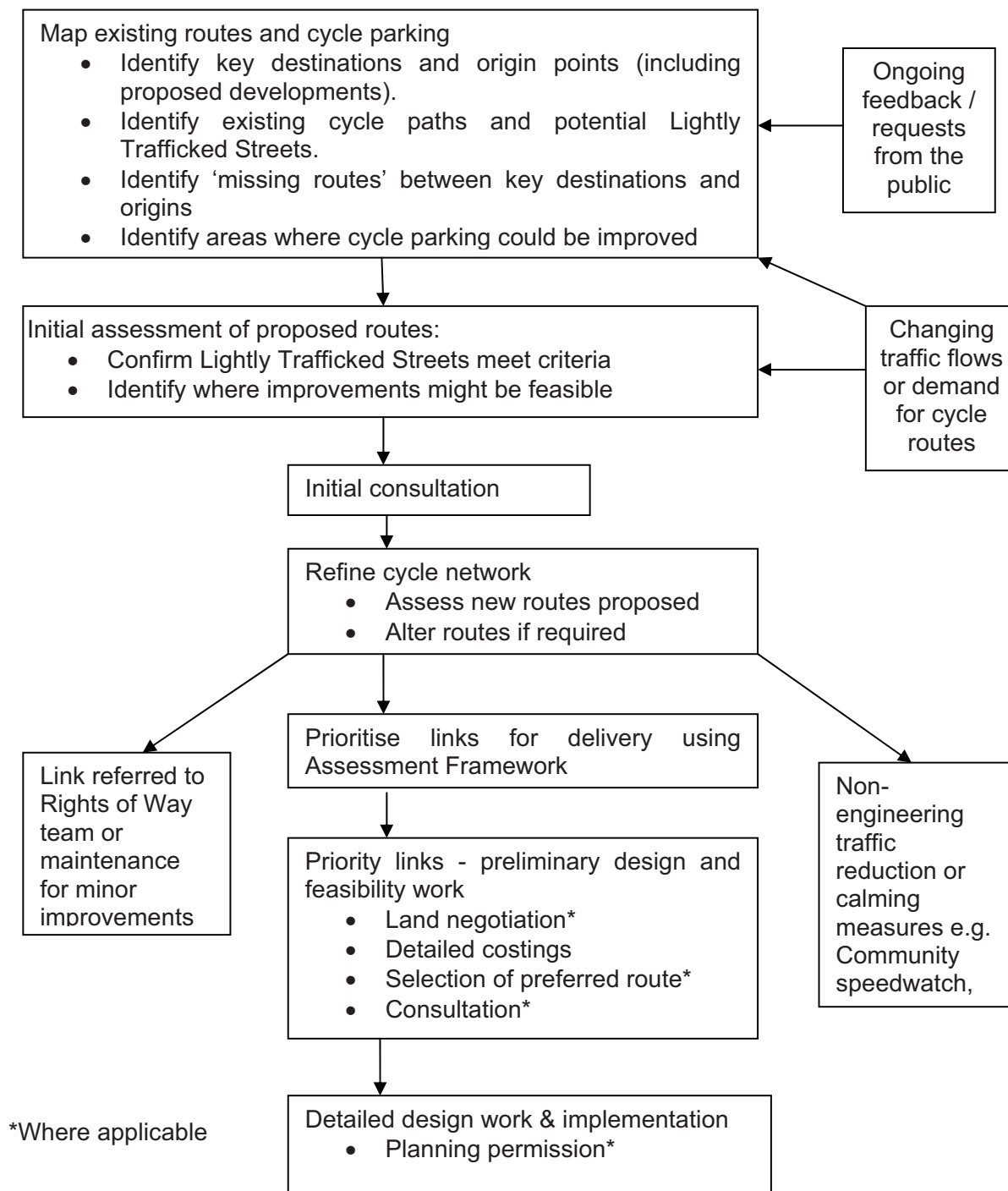
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Appendix 2 : Principles for town cycle networks

This appendix sets out the principles for planning and designing cycle infrastructure for Wiltshire's Town Cycle Networks. The following diagram shows the process for developing a Town Cycle Network:

Figure 16.1 flow chart



Principles for town cycle networks

The key design guidance for cycle networks and cycle infrastructure is set out in:

- Local Transport Note 2/08 Cycling Infrastructure⁽¹⁾
- Local Transport Note 1/11 Shared Space⁽²⁾
- Local Transport Note 1/12 Shared Use Routes for Pedestrians and Cyclists⁽³⁾
- The Cycling England (CILT) design checklist⁽⁴⁾
- Manual for Streets⁽⁵⁾ and Manual for Streets 2
- Sustrans design guidelines, particularly the Greenway Design Guide⁽⁶⁾

An overview needs to be taken of cyclists' desire lines. This should take into account potential future demand for cycling due to new developments, cultural changes and improved routes.

Key destinations (trip generators) include educational centres, large employment sites, doctor's surgeries and hospitals, shopping/retail centres, leisure centres, libraries, railway stations and the main bus interchange points. Proposed development areas in the Core Strategy should also be included.

Key origins would be the main residential suburbs, usually within 8 miles of the destination. According to the 2010 National Travel Survey, 85% of cycle trips are under 5 miles (8km or around 35 minutes⁽⁷⁾) and 45 % were under 2 miles. In comparison, 58% of car trips were under 2 miles, and 77% were under 5 miles.

Infrastructure for cyclists should adhere to five key criteria (CROW, 1993):

- Coherence - The cycling infrastructure should form a coherent entity, linking all significant trip origins and destinations; routes should be continuous and consistent in standard.
- Directness - Routes should be as direct as possible, based on desire lines – detours and delays will deter use.
- Attractiveness - Routes must be attractive to cyclists on subjective as well as objective criteria: Lighting, personal safety, aesthetics, noise and integration with the surrounding area are important.
- Safety - Designs should minimise casualties and perceived danger for cyclists and other road users.
- Comfort - Cyclists need smooth, well-maintained surfaces, flush kerbs, regular sweeping, and gentle gradients; routes must be convenient to use and avoid complicated manoeuvres and interruptions.

While the key routes are shown on the Town Cycle Networks, permeability between routes is also important. Policy 61 in Wiltshire Council's Core Strategy states that new development should be located and designed to reduce the need to travel and to encourage the use of sustainable transport alternatives. The Manual for Streets (1 and 2) provides more detailed guidance.

1 <http://www2.dft.gov.uk/pgr/roads/tpm/ltnotes/ltn208.pdf>

2 <http://www.dft.gov.uk/publications/ltn-01-11>

3 <http://www.dft.gov.uk/publications/ltn-01-12>

4 <http://www.ciltuk.org.uk/pages/cyclinginfrastructure>

5 <http://www2.dft.gov.uk/pgr/sustainable/manforstreets/>

6 <http://www.sustrans.org.uk/resources/design-and-construction>

7 On average, a cyclist on a level surface travels at around 12 mph (5m/second), with a typical range from 6 mph (2.7m/second) to 20 mph (9m/second) (Cycling England Design Checklist B.04).

Provision for different types of cyclist

LTN 2/08 identifies different types of cyclists that may require different types of facility:

- Fast commuter – confident in most on-road situations and will use a route with significant traffic volumes if it is more direct than a quieter route;
- Utility cyclist – may seek some segregation at busy junctions and on links carrying high-speed traffic;
- Inexperienced and/or leisure cyclist – may be willing to sacrifice directness, in terms of both distance and time, for a route with less traffic and more places to stop and rest;
- Child – may require segregated, direct largely offroad routes from residential areas to schools, even where an onroad solution is available. Design needs to take account of personal security issues. Child cyclists should be anticipated in all residential areas and on most leisure cycling routes; and
- Users of specialised equipment – includes users of trailers, trailer-cycles, tandems and tricycles, as well as disabled people. This group requires wide facilities free of sharp bends and an absence of pinchpoints or any other features that force cyclists to dismount. Cycle tracks and lanes where adult cyclists frequently accompany young children should be sufficiently wide to allow for cycling two abreast. This enables adults to ride alongside children when necessary.

The Town Cycle Networks aim to provide links for ‘the lowest common denominator’ i.e. links which are quiet enough for children and less confident cyclists, but direct enough for faster, confident cyclists. However, it is not always possible to provide one route which meets the needs of all cyclists. The Manual for Streets recommends that different routes should be provided for different user groups e.g. a quiet off-road route which may be less direct, as well as junction treatments or cycle lanes on a more direct, but busier route. Sometimes it may be appropriate to make provision for different types of cyclist on the same route e.g. a shared path and cycle lanes.

The creation of routes for inexperienced cyclists or children is the predominant focus of funding for the Town Cycle Networks. Safety treatments are more likely to be provided through the Road Safety budget. Routes for leisure cyclists are addressed through the Rights of Way Strategy. Area Board or external funds might be used for any of these schemes.

Principles of cycle infrastructure

National guidance, such as LTN 2/08 and the Manual for Streets, states that cycle specific infrastructure should only be considered when options to reduce motor vehicle traffic have been exhausted. A recent review of cycling infrastructure⁽⁸⁾ has found that the most significant improvements in cycle safety are from a reduction in motor vehicle speeds.

‘Invisible infrastructure’ measures such as speed or traffic reduction have the benefit of improving safety for all road users rather than just cyclists. This approach also recognises that the historic development of urban areas such as Wiltshire’s market towns and villages makes it difficult to provide quality off-carriageway routes that do not compromise pedestrian facilities or result in potential hazards and loss of priority for cyclists at side roads.

8 <http://assets.dft.gov.uk/publications/infrastructure-and-cyclist-safety/infrastructure-and-cyclist-safety.pdf>

The biggest infrastructure risk factors where cyclists are involved in a collision with another vehicle are junctions and higher speed limits. Segregated facilities (e.g. shared paths) can actually increase overall risks by exposing cyclists at junctions, particularly where cycle-specific crossing facilities are not provided, and where cyclists rejoin the highway.

However, research into people's attitudes⁽⁹⁾ has highlighted the fact that non-cyclists are more likely to take up cycling where segregated facilities are provided particularly on arterial or busy routes. There is evidence that safety is also improved by the increased awareness amongst motorists generated by higher numbers of cyclists ('Safety in Numbers'). So a segregated facility that is more likely to be used may be safer than an on-road facility that will not be used.

LTN 1/12 recommends considering on-carriageway facilities first, but recognises that this is not always possible, and that off-road paths are particularly important in rural areas. The hierarchy of provision is set out below.

Table 16.1 Hierarchy of Provision (LTN 1/12, DfT)

Hierarchy of provision		
Consider first	Provide for cyclists in the carriageway	Traffic speed/volume reduction Junction/ hazard site treatment Re-allocation of carriageway space
	Create new shared use routes	
Consider last	Convert pedestrian routes to shared use	

In practice, the type of measure chosen should take account of this hierarchy, but will also depend on the specific local situation. The table below shows the appropriate type of facility that is likely to be chosen based on traffic speed and flows. This assumes that measures to reduce speed and flows have already been taken or discounted.

Table 16.2 Matrix of cycle facility solutions (adapted from LTN 2/08)

	85%ile Speed			
	< 20 mph Very Low	20-30 mph Low	30-40mph Medium	>40 mph High
Very Low <1,500VPD <150VPH	Combined use i.e. Lightly trafficked (quiet) street		Combined use /Lanes/ Paths	Lanes or paths

9 http://www.lec.lancs.ac.uk/research/society_and_environment/walking_and_cycling.php

	85%mile Speed			
Low 1,500-3,000VPD 150-300 VPH			Lanes or paths	Lanes or paths
Medium 3,000-8,000VPD 300-800 VPH	Lanes or combined use	Lanes or combined use	Lanes or paths	Paths
High 8,000-10,000 VPD 800-1,000 VPH	Lanes	Lanes	Lanes or paths	Paths
Very High >10,000VPD	Lanes or paths	Lanes or paths	Lanes or paths	Paths

Notes:

1 vpd = number of motor vehicles in typical 24hour weekday.

2 vph = number of motor vehicles in typical morning peak hour.

3. Where traffic speeds/flows are low, the designer should assume a default position of no signs/markings specifically for cyclists. However, there may be situations where it is appropriate to indicate the cycle route using cycle symbol markings to diagram 1057 with advisory route signs to diagram 967.

4. Cycle lanes used in the higher speed/flow situations should provide good separation between cyclists and motorists. Wide cycle lanes or buffer zones can help here.

5. Where cycle lanes or tracks are shown in the table, cycle lanes should be considered first. In general, cycle tracks should only be considered if cycle lanes cannot be made to work.

6. In congested areas cycle lanes can be useful even when traffic speeds/flows are low.

However, a number of other factors may also affect which type of facility is suitable. This includes:

- High proportion of HGVs. These may make an off-road solution more appropriate.
- Many high-volume side turnings. These may make an on-road solution more appropriate
- Visibility. Where traffic speeds are high (even over 40mph) but volume is low (up to 3000VPD), but visibility is very good, an on-road solution may be more appropriate.
- A high proportion of vulnerable cyclists e.g. primary school children. An off-road solution may be more appropriate.

- Parking can reduce the width of the road and act as a natural traffic calming feature. However, it can also be a hazard causing dangerous overtaking or a hazard from frequent parking movements or opening doors.
- The Place and Movement function of the street. A significant degree of place functions and a high number of cyclist and pedestrian movements encourages better driving behaviour.

Many arterial routes in Wiltshire's urban areas may require both off-road and on-road provision in order to cater for different types of cyclist as recommended by LTN 1/12.

Types of cycle infrastructure

The cycle network is likely to be made up of the following facilities:

Lightly trafficked streets (combined use on road)

Where there are low traffic volumes and speeds (300 VPH/ 30mph), it may not be necessary to provide specific cyclist facilities. These streets should also be well lit, with good natural observance, not too high a gradient and no barriers to cycling such as a high number of parking movements. The best lightly traffic streets will have speeds below 20mph.

Where such a road is identified as a key part of the network, it may only be necessary for some additional signage to be put in place, particularly if the route provides an alternative to a busier road. Cycle route markings (diagram 1057 from The Traffic Signs Regulations and General Directions 2002) may also be used to alert drivers to the presence of cyclists.

Picture 16.2 Quiet street with cycle symbol, Laverstock



Volume reduction

Measures might include:

- Demand management measures such as parking strategies.
- Marketing and behavioural approaches such as workplace and school travel plans.
- Land-use and development policies that reduce the need to travel and reduce reliance on the private car.
- Public transport policies, infrastructure and services that create a viable alternative to car use and facilitate multi-modal journeys such as bike and rail.

Wiltshire Council's policy on these measures is set out in the Core Strategy and the LTP3 theme strategies on Parking, Smarter Choices and Public Transport.

Speed reduction measures

These types of measure are often put in as pedestrian or urban realm improvements, rather than as schemes specifically aimed at cyclists.

They may include 20mph zones, road narrowings with a cycle bypass, vertical deflections with a cycle bypass or sinusoidal profile, or shared space schemes. Shared space schemes tend to benefit all road users and improve the quality of the urban realm, but can be expensive to implement.

The council is currently trialling signed-only 20mph zones in rural areas, but the results have so far been inconclusive. While not as effective as zones which also provide traffic calming features, sign-only zones have been shown to produce a slight reduction in speeds in some urban areas.

LTN 01/11 describes shared space as: “A street or place designed to improve pedestrian movement and comfort by reducing the dominance of motor vehicles and enabling all users to share the space rather than follow the clearly defined rules implied by more conventional designs.”

Many historic streets and some rural lanes (such as byways) might already be considered shared space.

Picture 16.3 Shared space scheme in Tidworth



Typical features are set out in Table 16.3. Such features encourage slower vehicle speeds, increased awareness of cyclists/pedestrians and better driver behaviour. A maximum design speed of 20mph should be sought. The design speed can be substantially lower than the speed limit.

Table 16.3 Typical features on sharing (LTN 01/11)

Less shared design		More shared design
Kerbs	Low kerbs, chamfered kerbs	No kerbs
Pedestrian barriers		No pedestrian barriers
Vehicles restricted to parts of street, e.g. by bollards, street trees, etc.	Implied vehicle paths using surface materials	No barriers to vehicle movement

Less shared design		More shared design
Poor quality or unwelcoming public space characteristics	A few places where people can rest and chat	Presence of features such as cafes, markets, abundant seating, planting, public art, etc.
Conventional road markings	Limited road markings	No road markings
Traffic signals		No traffic signals
Signal controlled crossings	Zebra crossings	Courtesy crossings or no crossings

Junction and hazard treatment

This may include Advanced Stop Lines, improving sight-lines, improving crossing facilities or highlighting the movement of cyclists across junctions.

These type of improvements will be considered on Wiltshire's road wherever there is a valid safety concern, and not necessarily only on the Town Cycle Networks.

Re-allocation of carriageway space

This may include cycle lanes or bus lanes.

Cycle lanes

In urban areas, where traffic management or speed reduction measures have been discounted, the next consideration should be to provide a cycle facility on the carriageway. Cycle lanes can:

- Provide cyclists with more space and a greater sense of safety.
- Allow for increased separation between cyclists and overtaking vehicles.
- Alert drivers to the presence of cyclists.
- Slow traffic speeds.

Cycle lanes can either be mandatory or advisory. It is not compulsory for cyclists to use cycle lanes.

Picture 16.4 Mandatory cycle lane, New Road, Chippenham.



Mandatory cycle lanes - These are marked with a continuous white line and are supported by a Traffic Regulation Order (TRO), which prohibits vehicles from driving or parking in the lane. Mandatory lanes must be discontinued at side road junctions but the use of a short length advisory lane may preserve continuity.

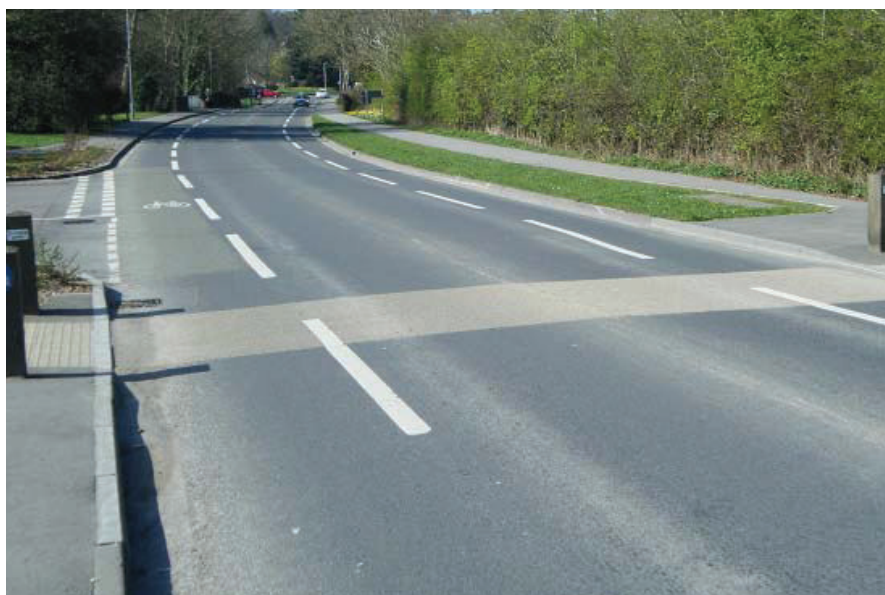
Advisory cycle lanes - These are marked with a broken white line and do not require a TRO. Motorists should not enter these lanes unless they are clear of cyclists. It is generally the council's policy to continue advisory cycle lanes across side road junctions. Advisory lanes are often used to reflect local circumstances, for example, a road may not be of a consistent width to prevent vehicle encroachment all of the time.

Both advisory and mandatory cycle lanes can be coloured to emphasise their presence. Cycle lanes are generally between 1.0m and 2.0m in width depending on flows and site characteristics although a minimum width of 1.5 metres is recommended. An additional 500mm "buffer" zone is recommended where a cycle lane passes alongside designated parking spaces.

Contraflow cycle lanes - These enable cyclists to travel in the opposite direction to the traffic flow on a one-way street within the designated lane, thus avoiding lengthy and hazardous detours. A TRO is required.

Removal of the centre line – Where the carriageway is not wide enough to allow two lanes of traffic and cycle lanes, the centre line may be removed and advisory cycle lanes put in place. The road then operates as a single-track road with passing places. This can only be implemented where traffic speeds and flows are low enough.

Picture 16.5 Removal of centre line with cycle lanes, Laverstock



Design

Both advisory and mandatory cycle lanes can be coloured to emphasise their presence. Cycle lanes are generally between 1.2m and 2.0m in width depending on flows and site characteristics although a minimum width of 1.5 metres is recommended. An additional 500mm “buffer” zone is recommended where a cycle lane passes alongside designated parking spaces.

Table 16.4 Cycle lane widths

Type of Feature	Preferred Width	Minimum Width (where 85th percentile below 35mph)
With flow on road cycle lane	2.0m	1.5m
Contra flow on road cycle lane	2.0m	1.5m

Hybrid cycle tracks, where the cycle lanes is separated by a kerb or height difference, should also follow these minimum widths.

Bus lanes

Cycles are permitted to use all bus lanes in Wiltshire. Bus lanes can:

- Provide cyclists with more space and a greater sense of safety.
- Allow for increased separation between cyclists and overtaking vehicles.
- Allow for greater bus priority, which encourages less traffic overall.

Research by TRL shows that there is usually little conflict between buses and cyclists in bus lanes. The greatest risk is actually from other motor vehicles at junctions or where the bus lane merges with general traffic.

Bus lane should ideally be at least 4.0m wide to allow safe overtaking of cyclists. Lanes between 3.1m and 4.0m wide should be avoided as they may encourage unsafe overtaking. Lanes that are 3.0m wide will force buses to follow the cyclists.

Even where bus and cycle use is high, cyclists have been found to have little impact on overall bus punctuality, and there is little evidence of reduced safety. However, off-road facilities should be considered as a complimentary measure.

Bus lane design should also consider:

- Whether a cycle lane could be included for cyclists
- Whether cyclist bypass facilities are required at vehicle activated bus gates or crossing points.

Off-road cycle provision

Where the speeds and volume of traffic may be high such as on rural roads or major inter-urban routes, cycle tracks can be built either next to the carriageway or away from it. Cycle paths are a more attractive option for less confident cyclists and children. In some circumstances the road function, geometric design and layout of junctions may also make it desirable to provide off-carriageway options. Cycle tracks should provide adequate width, safe crossing points and a good surface.

Shared use paths

Shared use paths may be implemented on highway land. They should be used where traffic speeds and/or volumes are high. Paths that do not run alongside roads also help to improve connectivity and permeability: by shortening journey times such links can encourage an increase in cycling.

Gradient

Generally routes should flow with, not against, the natural shape of the land. The steepness of the route is important for many people who can find steep gradients a barrier. To provide a facility that can be used by nearly everyone, gradients should not exceed 1: 20 (5%) and wherever possible should be below 3%. Steep slopes may discourage some cyclists and can result in cyclists travelling at high speeds on down-hill sections which is potentially dangerous, especially on unsegregated facilities or those where it is easy for pedestrians to wander into the cycle track.

Barriers

Steps should wherever possible be avoided as they act as barriers and can discourage cyclists, who have to dismount. If there is no alternative a wheeling ramp should be provided for cyclists to avoid them having to carry the bike.

Barriers should usually be avoided as they deter access and create a hazard for all users. A single bollard may be used to prevent motorised vehicles using the path, or to prevent user conflicts at junctions. At junctions where there is a steep gradient, barriers might be used to slow cyclists and prevent conflict. These should be at least 1.5m apart and reflective markings should be used.

Preferred and minimum widths

The following table sets out the minimum widths for cycle paths. For new developments, the widths set out in LTN 1/12 should be followed. Where the existing cycle network in Wiltshire is being upgraded, the LTN 1/12 widths should be sought where possible, but where usage is likely to be lower (below 200 users per hour), the Wiltshire minimum widths may be applied⁽¹⁰⁾. Where usage is likely to be below 25 users per hour in peak times, and there is no significant development frontage, the rural Wiltshire minimum widths may be applied.

These rural standards are not applicable on routes that form part of the Town Cycle Networks. The implementation of these paths is seen as part of an incremental process to improve rural cycling facilities, and wherever possible widths should be maximised.

In general a 3m unsegregated path is preferable to a 3m segregated path. This is because a lack of segregation encourages slower speeds and better behaviour by cyclists and require less visually intrusive road markings. Segregated routes may be more appropriate where there is a high proportion of vulnerable pedestrian users (particularly elderly people), where there is a high proportion of fast commuter cyclists or where the path has an effective width of at least 4.5m.

Table 16.5 Cycle path widths

Type		Minimum widths (LTN 1/12)	Minimum widths Wiltshire	Minimum width rural Wiltshire
Unsegregated shared use		3 m preferred (effective)*	2m (effective)*	1.2m (effective)* ⁽¹¹⁾
Segregated shared use	Pedestrian path unbounded on at least one side, e.g. segregated by white line	1.5 m (actual)	1.5 m (actual)	N/A
	Pedestrian path bounded on both sides	2 m (actual)	2 m (actual)	N/A
	One-way cycle track	2 m preferred (effective)*	1.5 m preferred (effective)*	N/A
	Two-way cycle track	3 m preferred (effective)*	1.5 m (actual) (effective)*	N/A

10 Based on TfL guidance.

11 Based on the width required for a standard cycle with trailer.

The effective width will be determined by how the path is bounded. The additional widths recommended for each type of boundary are shown in Table 16.6 below. These are required for all paths in new developments, but where an existing path is converted the additional width will be subject to site-specific factors such as the length of the route, usage levels, user behaviour and visibility.

Additional buffer zones may also be required where the path runs alongside a highway where the 85th percentile is higher than 35mph or where there are a significant number of private driveways or side crossings along the path. Rural paths below 2m in width are particularly likely to require a buffer zone of at least 0.5m.

Table 16.6 Additional Clearance widths to maintain effective widths for cycle paths (LTN 1/12)

Type of edge constraint	Additional width required to maintain effective width of cycle track in mm
Flush or near-flush surface	No additional width needed
Kerb up to 150 mm high	Add 200
Vertical feature from 150 to 600 mm high	Add 250
Vertical feature above 600 mm high	Add 500

Surfacing

Corduroy pavements should be provided in accordance with LTN 2/04

Lighting

If routes are to be used during hours of darkness then lighting should be provided wherever possible. Low level and covered lighting should be considered in order to reduce light pollution. Lighting may not be appropriate in more rural areas.

Rights of way and permissive paths

Cycle routes in rural areas are more likely to be on Rights of Way or permissive paths.

Rights of way

Footpath - a highway where you have a right of way on foot only. Cycles are not allowed on these routes. Cycles can usually be wheeled or carried on footpaths in urban areas, but in rural areas the legal situation is unclear. The council advises that cyclists should follow the landowners requests.

Bridleway - a highway where you have a right of way:

- on foot
- on any pedal cycle
- on horseback

Restricted byway - a highway where you have a right of way:

- on a horse drawn vehicle (eg. horse and cart)
- on foot
- on any pedal cycle
- on horseback

Byway Open to All Traffic (BOAT) - a highway where you have a right of way:

- on a horse drawn vehicle (eg. horse and cart)
- on foot
- on any pedal cycle
- on horseback
- on wheeled vehicles of any kind (including cars and motorbikes)

Note that the surface of this type of byway does not have to be of a standard that ordinary cars can drive over it.

Permissive routes/paths

These are not public rights of way but public use is specifically allowed by the landowner. Some of these are waymarked with “permissive route” waymarkers. There are also other areas the public can use such as some nature reserves and country parks.

Cycle parking

A key element of developing a cycle friendly infrastructure is the provision of good quality cycle parking. Ideally, cycle parking should be provided at all major destinations such as schools, hospitals, leisure attractions and major employment sites as well as at major local journey attractors such as supermarkets, health clinics and leisure venues. Parking should be located in areas of natural surveillance to ensure that they can be seen at night time. Stands should be arranged in a line with other street furniture to ensure that they are not an obstruction or hazard for pedestrians and especially visually impaired persons.

Further information is provided in Appendix 4.

Cycle signage guidance

This guidance may be updated in light of national policy changes.

Directional signage

The forthcoming Wayfinding Strategy sets out the principles for directional cycle signing.

Regulatory signage and route markings

Coloured surfacing

In general, Wiltshire Council does not use coloured surfacing for cycle lanes as it is expensive to maintain and can lose its visual impact through overuse. Green coloured surfacing should be used to mark cycle lanes (or cycle movements without a lane) where they cross a hazardous junction or to highlight a cycle crossing point or at Advanced Stop Lines.

Cycle warning signs

Cycle warning signs alert motorists to the presence of cyclists. There is no clear evidence of their effectiveness and this is likely to be reduced by overuse. They are used where appropriate on a case-by-case basis.

‘No Cycling’ signs.

‘No cycling’ signs are poorly understood by the public, poorly enforced and DfT discourages their use. The council hopes that DfT will provide a more easily understandable sign.

The Council will use 'No Cycling signs' where other options are infeasible or inappropriate. Other options are:

- to make improvements to a route to encourage safe cycling such as widening a path, providing mirrors (on off-highway routes) or positioning objects (e.g. bollards or planters) to reduce speeds.
- to provide signs or other information (such as 'end of route' markings to direct cyclists to more appropriate routes.

The council will also encourage compliance with 'no cycling' signs through the provision of informational materials and cycle training (as set out in the Road Safety Strategy).

Resources:

http://www.dft.gov.uk/cyclingengland/site/wp-content/uploads/2011/01/c03_signs.pdf

http://www.dft.gov.uk/cyclingengland/site/wp-content/uploads/2008/12/sm05_cycle_route_information_maps_and_signage.pdf

[The Traffic Signs Regulations and General Directions 2002](#)

<http://www.dft.gov.uk/pgr/roads/tpm/ltnotes/lt208.Pdf>

Appendix 3: Assessment framework for cycle networks

Factor	Description	Score	Notes
Demand potential	The link should provide a direct route to the destination from a significant residential area. Points should be given for each site the route links to. A group of small destinations should be counted as one large destination.		
Employment	Link within 2km of large ¹ employer/s	8	PPG13 suggests that people can be expected to cycle up to 8km (5 miles) to work, however this is a practical maximum level, typical commuting levels are below this. 1. Approx 250+ employees 2. Approx 30-249 employees Excludes employment listed below e.g. schools, retail or hospitals.
	Link within 2km of small ² employer/s	6	
	Link within 2km - 5km of large employer/s	4	
	Link within 2km - 5km of small employer	2	
	Link within 5km - 8km of large employer	2	
Education	Link within 2km of secondary school	10	2001 Census: 2km - 5km being considered a reasonable distance which can easily be cycled. Most pupils live close enough to school to cycle comfortably – the average journey in England is 2.3 miles (3.75km).
	Link within 0.5km of primary school	10	
	Link within 2-5km of secondary school or college.	5	
	Link within 0.5-2km of primary school	5	
Retail/Amenity/Leisure	Link within 5km of major retail/amenity/leisure site ³	5	3. Large supermarket, leisure centre, town centre shopping area, law courts, large library, cinema, significant tourist attraction, etc. 4. Small library, local shopping street, park, etc.
	Link within 2km of minor retail/amenity/leisure site ⁴	2	

Factor	Description	Score	Notes
Health	Link within 5km of hospital or large medical centre	8	
	Link within 2km of small medical facility e.g. Doctor	2	
Transport hubs	Link within 0.5km of rail station	8	
	Link within 0.5 - 4km of a railway station	5	
	Link within 0.5km of bus station	3	
	Link within 0.5 - 2km of bus station	1	
Population benefitting factor	0-100 households	0.5	Multiply each score above by the appropriate factor.
	101-250 households	1	
	Over 250 households	2	
Deliverability			
Costs	High cost (over £50,000)	0	
	Medium cost	5	
	Low cost (under £10,000)	10	
Land ownership risks	High land risks	0	
	Low land risk	5	
	No land risks	10	
Other risks e.g. user conflict/legal/planning	High community/legal risks	0	Consider whether planning permission is required, support for the scheme, removal of parking, etc.
	Low community/legal risks	5	
	No community/legal risks	10	

Appendix 4: Cycle parking standards

The cycle parking standards apply to both new build and change of use. The tabulated minimum standard should be observed for the relevant use. It should also be noted that cycle parking is an optional element in the Code for Sustainable Homes and BREEAM standards, and that Wiltshire's Core Strategy requires developments to meet a certain level of these standards as specified in Core Policy 41. BREEAM also includes shower/changing facilities as an optional element and these may be required as part of a Travel Plan.

Where standards relate to staff numbers, this means the maximum number of staff that are expected to be on site at any time. Spaces for disabled employees or motorcycles will be additional to these requirements. Each Sheffield hoop provides 2 cycle spaces (unless it is positioned against a wall). Where spaces are provided as a ratio of car parking spaces, this includes off-site car parking provision.

The following quality standards also apply:

- All cycle parking should be convenient and easily accessible. Short-stay cycle parking (for visitors and shoppers) should be located as close to the building entrance as possible (preferably within 30m). Long stay cycle parking should preferably be within 50m and at least as close as the nearest car parking area. Cycle parking at transport interchanges (e.g. rail or bus stations) should minimise interchange times by being located close to ticket offices or platforms/bays.
- Long-stay cycle parking should be covered. It is desirable that short-stay cycle parking (shopping and visitor) should be covered, but this is not essential.
- Where cycle parking is not in a locked enclosure or within a building, it should be covered by natural surveillance or CCTV. It is recommended that if cycle lockers are used, that these are also covered by natural surveillance or CCTV, but this may depend on how prone to vandalism the lockers are.
- Where cycle parking is not in a locked enclosure, bicycles must be able to be secured by locking to the frame, not to the wheels. A Sheffield Stand is recommended.
- Residential cycle parking should be in an internal area or within a covered, lockable enclosure i.e. a garage, shed or locker. Access to the highway must be convenient. Where cycle parking is provided in a garage, this is additional to space for car parking.
- For flats, parking may be provided in communal hallways, so long as it is in a lockable enclosure or the cycle frame may be locked to an immovable object, and there is suitable access to the highway.
- Cycle sheds in front gardens are permitted, but should be an appropriate size and design and/or appropriately screened, so as not to create a visual intrusion.
- Two-tier or vertical storage is unlikely to be appropriate at most sites in Wiltshire. Where it is included, some provision must be made for less mobile users.
- The South West Travelwise Factsheets should be used as guidance on quality and location of cycling parking. Guidance on the spacing of Sheffield Stands and permissible types of parking must be adhered to. Adequate spacing for trailers is desirable but not essential.

For residential parking the exact space requirements will depend on the location and design selected. As a guideline, the minimum space allocated should be:

- 1.9m x 0.75m x 1.2m (depth, width, height) for one bike
- 1.9m x 0.9m x 1.2m for two bikes
- 1.9m x 1.65m x 1.2m for three bikes
- 1.9m x 1.8m x 1.2m for four bikes

However, the dimensions set out in the Code for Sustainable Homes should be viewed as best practice:

- 1 cycle: 2m long x 0.75m wide
- 2 cycles: 2m long x 1.5m wide
- 4 cycles: 2m long x 2.5m wide.

Higher numbers may be required if indicated by a Transport Assessment or as part of a Travel Plan. In some cases, where change of use is sought, the appropriate standards may be physically impossible. In these cases, the individual application will be considered on its merits to determine whether sub standard provision is acceptable. For older residential buildings, uncovered, on-street parking may be an acceptable alternative to a lockable enclosure, but innovative solutions should be considered first.

The minimum for all major non-residential developments is 4 covered cycle spaces. Where spaces are provided as a ratio of car parking spaces, this should be based on the calculated requirement before any discount is applied and should include parking provision that is provided external to the site i.e. it is a ratio based on expected trip numbers, not actual parking provision.

Land Use	Area	Minimum Cycle Parking Standards
A1 Retail (food and non-food)	Principal Settlements and Market Towns	1 covered cycle space per 10 employees. + 1 visitor space per 15 car parking spaces
A2 Financial and professional services	All other areas	1 covered cycle space per 12 employees. + 1 visitor space per 20 car parking spaces
A3, A4, A5: Restaurants & cafes, pubs/bars & hot food takeaways		
Sui Generis - motor vehicle sales, motor repair garages, petrol filling	Principal Settlements and Market Towns	1 covered cycle space per 10 employees. + visitor spaces on merit.
	All other areas	1 covered cycle space per 12 employees.

Land Use	Area	Minimum Cycle Parking Standards
stations, laundrettes, night clubs.		+ visitor spaces on merit.
D2 Sports facilities	Visitor spaces for sports centres should take into account whether events are likely to be held attracting spectators and whether the sports catered for require regular transport of equipment which could not be carried on a standard bicycle with panniers.	
B Business D1 Non-residential institutions (museums, libraries, galleries, exhibition halls, public halls and places of worship)	Principal Settlements and Market Towns	1 covered cycle space per 10 employees. + 1 cycle space per 10 visitor parking spaces. OR, where employee/visitor numbers cannot be estimated: 4 covered cycle spaces + 2 covered spaces for each 400m ² above 1000m ² gross floor area
D2 Assembly and Leisure (including cinemas, conference facilities, and leisure centres)	All other areas	1 covered cycle space per 12 employees. + 1 cycle space per 15 visitor parking spaces OR, where employee/visitor numbers cannot be estimated: 4 covered cycle spaces + 2 covered spaces for each 500m ² above 1000m ² gross floor area
C1 Hotels including hotels, boarding and guest houses.	Principal Settlements and Market Towns	1 covered cycle space per 10 employees. + 1 cycle space per 20 bedrooms.
	All other areas	1 covered cycle space per 12 employees. + visitor spaces on merit.
	A higher number of visitor spaces is likely to be appropriate where the development is located within 1km of a rail station or the target market has a higher predisposition towards cycling (such as youth hostels), or in areas where there is a high level of cycle tourism.	
C2 Residential institutions including residential schools and colleges, hospitals and convalescent / nursing homes.	Principal Settlements and Market Towns	1 covered cycle space per 10 employees. + 1 visitor space per 15 beds.
	All other areas	1 covered cycle space per 12 employees. + 1 visitor space per 20 beds.

Land Use	Area	Minimum Cycle Parking Standards
		Visitor spaces includes provision for residents and visitors. It may be long stay or short stay as appropriate. Reduced numbers may be appropriate where there is a high proportion of non-mobile residents (including prisons).
C3 Dwelling houses and flats	All areas	<p>1 covered space per bedroom for up to 3 bedroom dwellings.</p> <p>3 covered spaces per unit for 4 bedroom dwellings.</p> <p>4 covered spaces per unit for 5 bedroom dwellings, (etc)</p> <p>+ 1 visitor space per 20 bedrooms.</p>
	Exceptions may be made for certain types of special needs housing. Housing for the active elderly should include cycle parking provision.	
D1 Education establishments (Including primary, secondary and colleges of further education, crèches and nurseries)	Principal Settlements and Market Towns	<p>1 covered space per 10 staff.</p> <p>+ 1 visitor space per 45 pupils.</p> <p>+ 1 covered space per 5 pupils (Years 1-6)</p> <p>+ 1 covered space per 3 pupils (Years 7+)</p>
	All other areas	<p>1 covered space per 12 staff.</p> <p>+ 1 visitor space per 45 pupils.</p> <p>+ 1 covered space per 10 pupils (Years 1-6))</p> <p>+ 1 covered space per 5 pupils (Years 7+)</p>
D1 Non-residential institutions (clinics, health centres, surgeries)	Principal Settlements and Market Towns	<p>1 covered space per 10 staff.</p> <p>+ 1 visitor space per 2 consulting rooms</p>
	All other areas	<p>1 covered space per 12 staff.</p> <p>+ 1 visitor space per 3 consulting rooms</p>
Exceptions to the number of visitor spaces may be made for veterinary surgeries or institutions with a high proportion of non-mobile users.		

17 Powered two-wheelers

- 17.1** After several decades of declining use, powered two-wheelers are now increasing in popularity due to their low emissions, fuel economy, ease of parking and ability to beat congestion. Motorcycles and mopeds now account for 5% of motor vehicles. However, motorcyclists make up a disproportionately high percentage of road casualties and are a priority group for Wiltshire Council's Road Safety Partnership. So the council must accommodate this growth in use while continuing to reduce casualties.
- 17.2** 'Powered two-wheelers' refers to all motorcycles, scooters and mopeds. The terms 'powered two-wheeler' and 'motorcycle' are used interchangeably in this document. This document sets out Wiltshire Council's action plan for all powered two-wheel vehicles for the period 2010-2026.
- 17.3** There is also an emerging market for electric powered motorcycles, scooters and pedal cycles. Electrically assisted pedal cycles (EAPCs) are discussed in Wiltshire Council's Cycling Strategy. These come under the 1983 EAPC regulations and can legally be ridden where ordinary pedal cycles are allowed, but only by someone aged 14 years or more. They are not classed as motor vehicles for the purposes of road traffic legislation. The requirements for a conventional (single-seat) assisted bicycle are that it:
- has a motor not capable of exceeding 200 W continuous output;
 - weighs not more than 40 kg unladen;
 - has pedals that can propel the machine; and
 - has a motor that does not apply power above 15 mph.
- 17.4** Vehicles which exceed these requirements are classified as motor vehicles and covered by the Powered Two Wheeler Strategy. These powered two-wheelers are not allowed to use cycle paths or other routes where motorised traffic is prohibited.

Wider context

National context

Creating Growth, Cutting Carbon – Making Sustainable Local Transport Happen

- 17.5** In this White Paper (2011), the Government sets out a vision for transport as an engine for economic growth but one that is also greener and safer and improves quality of life in our communities. Key goals are:
- Enabling economic growth by improving access to jobs, shops and services, supporting the tourism industry, improving the public realm and improving resiliency.
 - Promoting social mobility through improved accessibility.
 - Reducing carbon emissions.
 - Promoting road safety and improving health through increasing activity levels, improving air quality and tackling noise pollution.
 - Realising wider environmental benefits

- 17.6** The strategy puts an emphasis on enabling choice and encouraging people to make sustainable transport choices for shorter journeys. It recognised that motorcycles can form an alternative to the car for some journeys and highlights the ability of Wheels to Work schemes to improve accessibility. These schemes usually loan mopeds to people aged 16-25 to enable them to travel to work or training. They are particularly important where public transport is limited and long distances discourage active travel modes.

Delivering a Sustainable Transport System

- 17.7** In this document (2008), the Government has set out its five broad transport goals:

- to support national economic competitiveness and growth, by delivering reliable and efficient transport network;
- to reduce transport's emissions of carbon dioxide and other greenhouse gases, with the desired outcome of tackling climate change;
- to contribute to better safety, security and health and longer life-expectancy by reducing the risk of death, injury or illness arising from transport, and by promoting travel modes that are beneficial to health;
- to promote greater equality of opportunity for all citizens, with the desired outcome of achieving a fairer society; and
- to improve quality of life for transport users and non-transport users, and to promote a healthy natural environment.

The Government's Motorcycling Strategy

- 17.8** The strategy (DfT, 2005) aims to mainstream motorcycling, so that all the organisations involved in the development and implementation of transport policy recognise motorcycling as a legitimate, safe, affordable and increasingly popular mode of transport. It recommended a number of improvements for improved motorcycle design and testing in order to improve safety and reduce emissions. It also recommended further research into issues such as allowing PTWs to use bus lanes and advanced stop lines. A number of guidelines have been issued as a result of this research as set out below.

IHIE Guidelines for Motorcycling

- 17.9** These guidelines (IHIE, 2007), sponsored by the Highways Agency and DfT, recommend:

- Mainstreaming PTWs in Local Transport Plans.
- Including PTWs in travel planning and smarter choices.
- Providing secure and appropriately sited parking facilities.
- Including both engineering and non-engineering methods in strategies.
- Prioritising planned road maintenance and ensuring rapid response to fault reporting.
- Consulting with riders in the development and implementation of strategies.
- Ensuring PTWs are considered in Road Safety Audits.

Traffic Advisory Leaflet 2/07 The Use of Bus Lanes by Motorcyclists

17.10 This guidance from DfT advises that local authorities should determine whether it is appropriate for PTWs to use bus lanes on a case-by-case basis.

European Emissions Standards.

17.11 The European Commission has proposed new emissions standards and compulsory reporting of emissions for all L category vehicles i.e. motorcycles, mopeds and similar vehicles. This will bring the emissions of powered two wheelers in line with cars.

17.12 The proposed enforcement dates are shown below:

Euro level	Enforcement dates		
	New Types (optional)	New Types (obligatory)	Existing Types (obligatory)
Euro 3 ⁽¹⁾	1 July 2013	1 January 2014	1 January 2015
Euro 4 ⁽²⁾	1 January 2015	1 January 2017	1 January 2018
Euro 5 ⁽³⁾	1 January 2018 ⁽⁴⁾	1 January 2020 ⁽⁴⁾	1 January 2021 ⁽⁴⁾

(1) Euro 4 for motorcycles (Category L3e) (2) Euro 5 for motorcycles (3) Euro 6 for motorcycles (4) Subject to Commission review

Local context

Wiltshire Local Transport Plan

17.13 The Local Transport Plan (LTP) sets out a long-term transport strategy, a shorter-term implementation plan based on a realistic assessment of available funding and a number of theme and area transport strategies. In addition, the LTP provides the framework for all other organisations with a direct or indirect involvement in transport in Wiltshire.

17.14 The first Wiltshire LTP (LTP1) was published in July 2000 and covered the five year period 2001/02-2005/06. The second Wiltshire LTP (LTP2), published in March 2006, then covered the five year period 2006/07-2010/11. The third Wiltshire LTP (LTP3) covers the period 2011/12-2025/26.

17.15 The LTP3's strategic objectives are:

No.	Objective
SO1	To support and help improve the vitality, viability and resilience of Wiltshire's economy and market towns.
SO2	To provide, support and/or promote a choice of sustainable transport alternatives including walking, cycling, buses and rail.
SO3	To reduce the impact of traffic on people's quality of life and Wiltshire's built and natural environment.
SO4	To minimise traffic delays and disruption and improve journey time reliability on key routes.

No.	Objective
SO5	To improve sustainable access to a full range of opportunities particularly for those people without access to a car.
SO6	To make the best use of the existing infrastructure through effective design, management and maintenance.
SO7	To enhance Wiltshire's public realm and streetscene.
SO8	To improve safety for all road users and to reduce the number of casualties on Wiltshire's roads.
SO9	To reduce the impact of traffic speeds in towns and villages.
SO10	To encourage the efficient and sustainable distribution of freight around Wiltshire.
SO11	To reduce the level of air pollutant and climate change emissions from transport.
SO12	To support planned growth in Wiltshire and ensure that new developments adequately provide for their sustainable transport requirements and mitigate their traffic impacts.
SO13	To reduce the need to travel, particularly by private car.
SO14	To promote travel modes that are beneficial to health.
SO15	To reduce barriers to transport and access for people with disabilities and mobility impairment.
SO16	To improve the resilience of the transport system to impacts such as adverse weather, climate change and peak oil.
SO17	To improve access to Wiltshire's countryside and provide a more useable public rights of way network.
SO18	To enhance the journey experience of transport users.

Road Safety Strategy 2011

17.16 The LTP includes a number of theme strategies including road safety. The Wiltshire and Swindon Road Safety Partnership is committed to making Wiltshire's roads safer and to reducing casualties from road traffic collisions. The Government has set out a strategic framework for road safety and sets out the increased freedom given to local authorities in assessing and acting on their own priorities. In view of this framework the Wiltshire Road Safety partnership has agreed to set local targets for casualty reduction of a 40% reduction in KSI by 2020 based on the 2005/09 average.

Killed or seriously injured	2005/09 Average	2020 (-40%)
Wiltshire Highway Network*	234	141

*Excludes Highways Agency motorways and trunk roads and Swindon Borough Council highways

- 17.17** The council's road safety strategy is based on the proven approach of education, enforcement and engineering. Many of the interventions improve safety for motorcyclists, by improving the road environment or improving rider and driver behaviour. The interventions include the nationally recognised and successful Bikesafe 'Love to ride...Ride to live' programme. Bikesafe addresses rider attitude and rider skills and includes observed rides with police motorcyclists. Participants are offered information and advice regarding further motorcycle training. There are 8 sessions each year from April to October and additional sessions for the military. Bikesafe is operated in partnership with Wiltshire police and Swindon Borough Council.

Local Development Framework

- 17.18** The Local Development Framework (LDF) is a term used to describe a portfolio of planning documents which deliver spatial planning at the local level. The Wiltshire LDF contains a series of documents including the Wiltshire Core Strategy which sets out the general spatial planning vision and objectives of the LDF and includes 'strategic site allocations'.
- 17.19** The vision for Wiltshire in 2026 as set out in the emerging LDF core strategy is:

Wiltshire 2026 spatial vision

By 2026 Wiltshire will have a much more sustainable pattern of development, focused principally on Trowbridge, Chippenham and Salisbury. Settlements of all sizes will have become more self-contained and supported by the necessary infrastructure, with a consequent reduction in the need to travel, an improvement in accessibility to local services, a greater feeling of security and the enhancement of a sense of community and place. This pattern of development, with a more sustainable approach towards transport and the generation and use of power and heat, will have contributed towards tackling climate change. Housing, employment and other development will have been provided in sustainable locations in response to local needs as well as the changing climate and the incorporation of exceptional standards of design. Wiltshire's important biological and built environment will have been safeguarded and, where necessary, extended and enhanced to provide appropriate green infrastructure, while advantage will have been taken of the county's heritage to promote improvements in tourism for economic benefit.

Community Plan

- 17.20** The Wiltshire Community Plan (2011-2026) sets out the way in which the council will work with other partners and with local communities to achieve shared ambitions for the future of Wiltshire. The plan has the following priorities:
- Creating an economy that is fit for the future
 - Reducing disadvantage and inequalities
 - Tackling the causes and effects of climate change
- 17.21** Work will be targeted in these three areas and together they will help to achieve the vision.

Community Plan vision

The vision for Wiltshire is to build stronger and more resilient communities, and greater localism lies at the heart of this. We want to encourage and support communities to take the initiative to strengthen their ability to deal with local challenges and issues in creative ways which are tailored to their unique circumstances.

Joint Strategic Assessment

17.22 The ambition for the Joint Strategic Assessment (JSA) 2011-2013 is that it will provide the council and its eight Thematic Delivery Partnerships with a robust analysis of the issues facing Wiltshire. The JSA brings together issues in Wiltshire from across the public sector services. It also contains key information such as population size and geography building a single, accurate reflection - a single version of the truth. The five key areas for the JSA are:

- Children and young people
- Cancer and cardiovascular disease
- Lifestyle choices
- Health inequalities
- Ageing population

17.23 The 2011 Health Profile for Wiltshire shows the high rates of injuries and deaths due to road traffic collisions in Wiltshire as compared to England.

Wiltshire's Joint Health and Well-being Strategy

17.24 This strategy (draft 2012) published by Wiltshire Council and NHS Wiltshire sets out the following objectives for people in Wiltshire:

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

Neighbourhood Plans

17.25 Under measures proposed in the Localism Act, government wants communities to come together to develop a Neighbourhood Plan which will set the context for development in their area. They will be able to:

- Choose where they want new homes, shops and offices to be built
- Have their say on what those new building should look like
- Grant planning permission for the new buildings they want to see go ahead

Wiltshire Council Corporate Plan

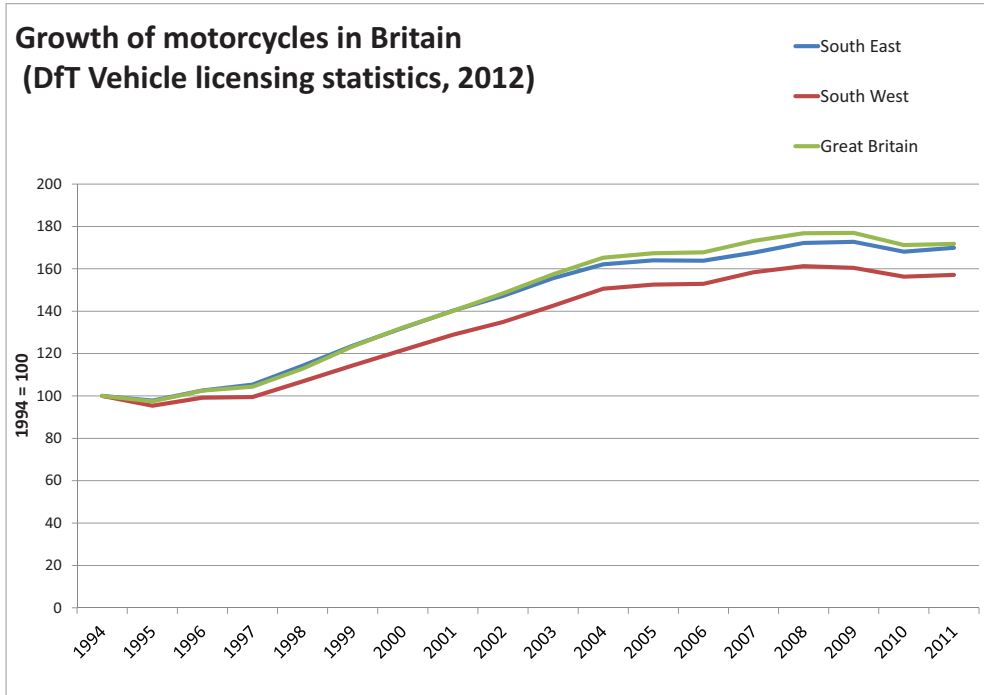
17.26 The vision of the Council's Corporate Plan 2010-2014 is 'To create stronger and more resilient communities'. Four of the nine priorities identified in this plan are:

- Improve our roads and road safety.
- Reduce our environmental impact.
- Achieve savings, be more efficient and ensure we deliver value for money.
- Focus on our customers and improve access to our services.

18 Powered two-wheelers in Wiltshire

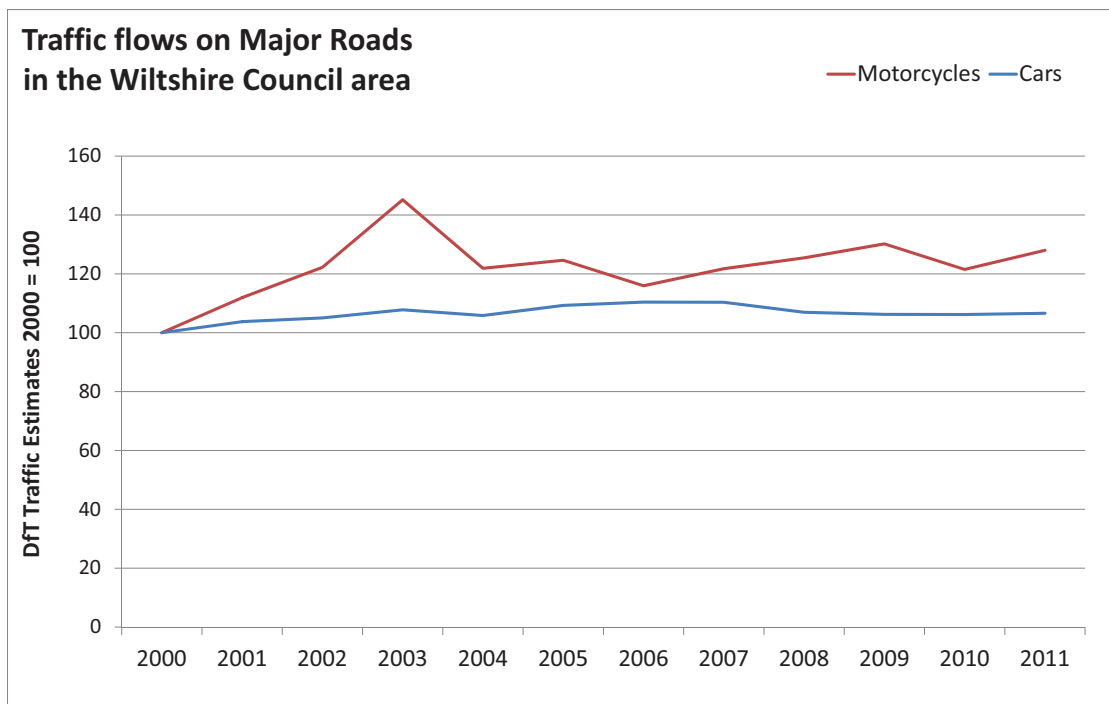
- 18.1** In the UK, the number of registered motorcycles grew by 22% between 2001 and 2011. While growth was rapid in the late 1990s and early 2000s, the number of motorcycles has been fairly static since 2006 as shown in Figure 18.1.

Picture 18.1 Growth of motorcycles



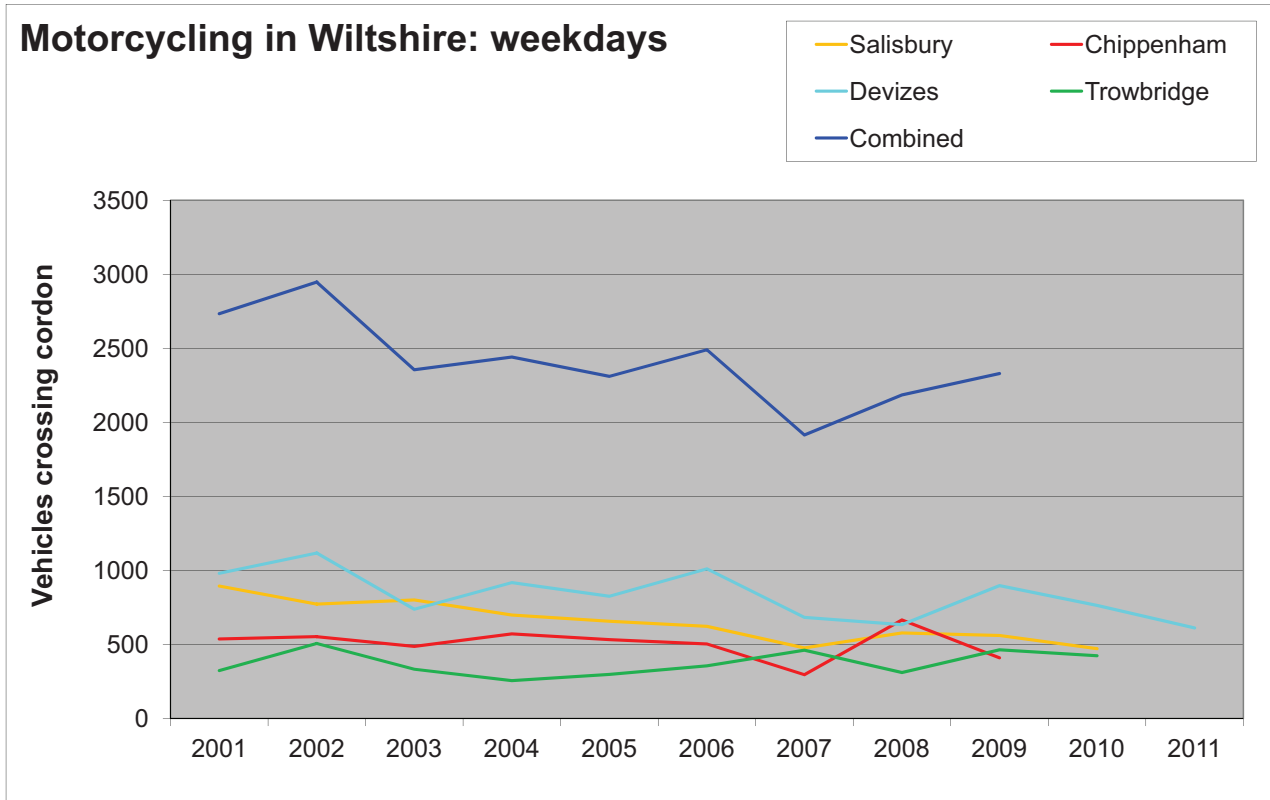
- 18.2** On A roads and the M4 motorcycle traffic has increased by 28% between 2000 and 2001 compared to 7% growth in car traffic.

Figure 18.1 Traffic flow on major roads



18.3 However, weekday trips into the main urban areas of Wiltshire seem to have decreased since 2001. It is unclear whether this data is robust, but it may be that Wiltshire is behind the trend for England, as there is a greater incentive to use powered two-wheelers in areas which are more congested and have more restricted car parking such as London and Bristol. So out-commuting and through trips to these areas may be higher in Wiltshire than commuting trips into Wiltshire's towns. Or it may be that occasional leisure use is increasing (hence increased ownership) but regular commuting use is falling. Nationally leisure accounts for 12% of trips, while business and commuting accounts for 61% of trips.

Figure 18.2 Motorcycling in Wiltshire



18.4 The absence of motorcycle testing centres in Wiltshire may be limiting the growth of powered two wheelers. However, as petrol prices rise and there is increasing pressure on parking space, it is likely that powered two-wheelers will become increasingly popular. As the Government rolls out a network of electric charging points over the next decade, it is likely that electric vehicles will become more popular due to their low running costs.

19 Goals and objectives

19.1 Motorcycling affects the five overarching national transport goals that are outlined in the main LTP strategy document. There are also opportunities to tie in with other agendas and partners in these areas.

Safety, security and health

Safety

19.2 Motorcyclists are more at risk of injury or death as shown in Figure 19.1 below. Motorcycles are more difficult for other vehicle drivers to detect due to their small size. The low number of motorcycles on the roads can also lead to lower awareness and inadequate checks being made by drivers of other vehicles. When motorcyclists are involved in a collision they are far more likely to be injured than other vehicle users due to the high speeds they are travelling at and the low level of protection.

19.3 Motorcyclists may also be more likely to be involved in road collisions due to poor driving skills or to increased risk-taking among certain sections of the motorcycling population. Inexperienced new riders and middle-aged riders returning to motorcycling are particularly at risk.

Table 19.1 Comparative risk of different modes of travel (Road Accident Statistics, DfT, 2012)

	Casualty rate per billion vehicle miles	
	Killed	Killed or seriously injured
Car driver	3	26
Pedestrian	42	542
Pedal cyclist	35	1035
Motorcycle rider	122	1868

19.4 In 2011, powered two-wheelers accounted for 11% of casualties in road collisions, but 22% of those killed or seriously injured (KSIs) in Wiltshire. 21% of all casualties and 20% of KSIs occur in the 16-19 age range. In 2011 there was a noticeable increase in casualties in the 20-24 age group.

19.5 Trends show that overall casualties are decreasing, but the rate of KSIs has remained approximately constant.

19.6 There is an approximately even split between rural and urban accidents, although fatal and serious collisions are more common in rural areas and slight injuries more common in urban areas.

19.7 61% of collisions occur at junctions and analysis of these incidents indicates that the actions of other road users are more frequently the primary cause.

19.8 National data (DfT, 2011) shows that:

- Over two thirds of motorcycle fatalities occurred in rural areas, compared to less than half for serious motorcycle casualties and under a third for slight motorcycle casualties.

- 34% of riders of motorcycles less than 50 cc involved in personal injury road accidents were 16 years old. A further 16% were 17 years old.
- For motorcycles greater than 500 cc, 51% of riders were 30–49 years old.
- 73% of motorcycle fatalities were riding motorcycles greater than 500 cc.
- Motorcycle casualties for all severities have declined between 2003 and 2010 with a slight increase in serious and slight casualties in 2011.

19.9 The council's road safety strategy has successfully reduced the number of PTW casualties through both engineering and non-engineering measures. There are limited opportunities to further improve safety through engineering measures. Passive road design (i.e. 'crash-friendly' road features such as lightweight sign-posts and clear-zones) can only prevent injuries and fatalities at lower speeds.

19.10 There is an opportunity to allow powered two-wheelers to use bus lanes where constructed in Wiltshire. There are currently only a small number of bus lanes in Wiltshire. Trials elsewhere in the UK have shown few statistically significant changes in casualties when motorcycles are allowed in bus lanes, either in terms of improved safety for motorcyclists or detrimental changes for pedestrians or cyclists. Preliminary evidence suggests that safety should be considered on a site-by-site basis.

19.11 Advanced training and awareness campaigns are likely to have the greatest impact on casualties rather than engineering measures. This includes road safety awareness for drivers of other vehicles.

Health

19.12 Emissions from transport account for around 70% of air pollution in towns and cities. The levels of nitrogen oxides and particulates are a particular problem in Salisbury, Westbury, Bradford-upon-Avon and Devizes. This can have a significant impact on people's health, particularly those who are already vulnerable such as asthmatics or elderly people.

19.13 Motorcycles of all classes tend to have higher emission levels per kilometre, when compared to the average car, for carbon monoxide, particulates, benzene and 1,3-butadiene. Emissions per kilometre of carbon dioxide, nitrogen oxides, lead and sulphur dioxide are lower. Where motorcyclists can bypass traffic rather than sitting in a queue, they will also emit less pollution, but this is less likely to happen in narrow urban streets.

19.14 The new Euro standards are likely to reduce emissions, especially particulates. Electric powered bikes and motorcycles offer an even greater opportunity to reduce noise and air pollution, although uptake is likely to be slow and the impact is likely to be limited in Wiltshire. Overall, increasing the substitution of car trips for motorcycle trips is likely to have a beneficial effect on air pollution in Wiltshire if the use of newer vehicles is promoted.

19.15 For shorter journeys, active modes of travel i.e. walking and cycling have the potential to produce large health benefits. Using public transport also has benefits due to the short walking trips involved. Motorcycling is slightly more active than car driving, but does not produce the health benefits of these active travel modes. However, the National Travel Survey (2010) shows that motorcyclists tend to be making much longer journeys than cyclists (an average of 8 trips per week covering 88 miles by motorcyclists compared to 6 trips per week covering 16 miles by cyclists). It's possible that motorcyclists could be encouraged to

use more active modes by changing their destinations e.g. by shopping locally. However, it's also possible that motorcyclists tend to live further from amenities and having considered alternatives to the car, selected a motorcycle as the most practical option.

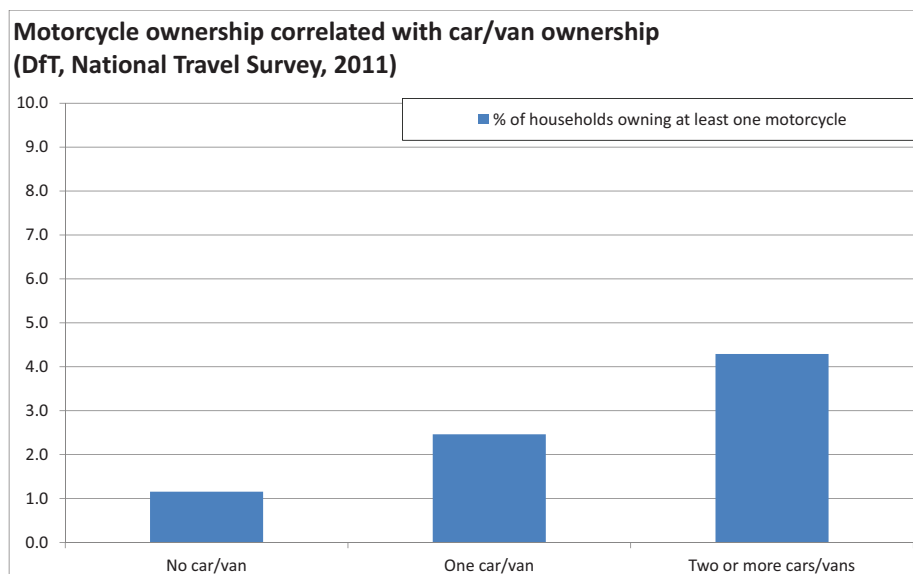
Security

- 19.16** Theft of motorcycles has risen nationally, although rates of theft are generally low in Wiltshire. Secure motorcycle parking can reduce theft rates. Riders can also be encouraged to use high security locks.
- 19.17** Motorcycle parking is free in council car parks and on-street throughout Wiltshire. There is some feedback from riders that the increased use of anchor points would be helpful. Anchor points or 600mm high rails are the most effective and can be used in combination with posts or waist-level rails to prevent a trip hazard being created.

Tackling climate change

- 19.18** Powered two wheelers have a clear advantage over cars in terms of carbon dioxide (CO₂) emissions. The smaller motorcycles that dominate the urban/commuter sector tend to have CO₂ emissions per kilometre travelled of less than half of those of the average car. However, larger motorcycles can emit more CO₂ than some cars because they offer far poorer fuel economy. Motorcycles are reducing their emissions, however they are lagging behind the dramatic improvements achieved by passenger cars in recent years. Tighter European emissions standards will require both new and existing vehicles to produce less emissions by 2020.
- 19.19** While for some people a motorcycle may replace car ownership, people who own motorcycles are generally more likely to be multiple vehicle owners as shown in Figure 19.1 below. The CO₂ emissions of vehicle production can be as high as that of vehicle usage, so carbon reductions will be maximised where motorcycle owners are encouraged to reduce their overall vehicle ownership. For example, by promoting car share, car hire and car clubs to motorcycle owners. Conversely the promotion of these initiatives could be supplemented by promoting PTWs as a lower carbon option.

Figure 19.1 Motorcycle ownership



Supporting economic growth and competitiveness

- 19.20** Powered two wheelers can help to reduce congestion due to the fact that they take up a smaller amount of road and parking spaces. Leisure motorcycling can help boost tourism particularly in rural areas with around £570 million spent each year by motorcycle tourists in the UK on accommodation, food and drink.
- 19.21** A reduction in casualties will reduce costs for the NHS and emergency services. While many of the measures to improve safety and security for motorcyclists are low-cost, delivery is likely to be slow due to the pressure on funding expected over the next few years.

Quality of life and a healthy natural environment

- 19.22** Motorcycle users have a legal right to use byways open to all traffic in the countryside. Public rights of way are highways so users must comply with highway law. If users do not comply with highway law or use other public rights of way where they have no legal right, ie footpaths, bridleways or restricted byways, this is a matter for the police. For further information relating to the management of public rights of way, see Wiltshire Council's Countryside Access Improvement Plan.

Equality of opportunity

- 19.23** Powered two wheelers have low start up, maintenance and fuel costs. Electric powered bikes and mopeds have particularly low running costs.
- 19.24** The Wheels to Work scheme run by Community First aims to improve accessibility to work, training and education. The scheme loans a moped and safety equipment to young people and the long-term unemployed who facing transport barriers. Community First also cover insurance and maintenance. While this scheme is small in scale, it provides an important service for those people who would otherwise be unable to access work or training. The scheme is funded with assistance from Wiltshire Council. There is an opportunity for the council to further promote this scheme through accessibility and smarter choices work.

20 Strategy

20.1 The council recognises that powered two-wheelers are a legitimate, safe, affordable and increasingly popular mode of transport. They are also a priority group for reduction of casualties.

Bikesafe

20.2 The council will reduce powered two-wheeler casualties as part of a broader road safety strategy, specifically:

- We will continue the BikeSafe programme along with broader interventions set out in the Road Safety Strategy.

20.3 The Wiltshire 'Bikesafe' Partnership was formed in the year 2000. The partners include, Wiltshire Police and the road safety, education/training sections of Wiltshire and Swindon Councils. Bikesafe is a National police-led initiative that seeks to engage with fully licenced riders of powered two wheelers(over 125 cc), to increase their awareness and to encourage a genuine desire to learn about safer riding.

20.4 The Partnership currently run eight, one day, sessions/events per year with a maximum of 24 riders per session. An average of 200 riders volunteer to attend per year. In addition to the above, special events, currently, three per year, are provided by the Wiltshire Partnership for Military personnel within Wiltshire. They are usually conducted at Tidworth with facilities provided by the Military. They are extremely well attended.

20.5 The aim of the Bikesafe programme to is to achieve:

A reduction in road casualties by helping riders identify their strengths and weaknesses in preparation for training, where necessary, by recognised providers of advanced training, e.g. IAM (Institute of Advanced Motor Cyclists) and RoSPA (Royal Society for Prevention of Accidents).

20.6 Each of the sessions/events in Wiltshire comply with the National Bikesafe curriculum with classroom inputs covering

- Attitudinal issues & collision causations
- Positioning, observation, hazard perception
- Braking, cornering, overtaking & filtering

They also include an 'on-road' observed ride/assessment with a Police advanced motorcyclist.

20.7 Historically, it has been the experience of most authorities in the country that it is more difficult to engage and encourage riders of powered two wheelers (under 125cc) to seek extra advice and training. Wiltshire is no exception to this experience.

20.8 However, we will continue to develop and deliver together with our partners and other interested training groups, road safety education/training programmes for colleges and secondary schools for riders of powered two wheelers (under 125cc). This will be delivered following their initial CBT (Compulsory Basic Training)

Infrastructure

Policy 1

The Council will continue to make improvements to road infrastructure including:

- Removing excessive street furniture and signs, which can be a hazard to riders, where the opportunity arises.
- When safety fences are replaced, consideration will be given to the use of motorcycle-safe designs.
- Replacement of ironworks (manhole covers) with non-skid surfaces where they are identified as a hazard.
- Minimising the use of surfaces such as lining that might cause powered two wheelers to skid.
- Ensuring that the needs of powered two wheelers are considered in road safety audits.
- Allowing motorcyclists to use bus lanes where there would be no detriment to safety.

Policy 1a

The use of bus lanes will be decided on a case-by-case basis and will take into account the following factors:

- The presence or planned construction of segregated cycle facilities - where cyclists may use an off-road path of sufficient quality, there is less likely to be conflict in the bus lane.
- The width of the bus lane - a narrower lane may encourage motorcyclists to overtake by passing out of the bus lane and possibly risk conflict with other vehicles.
- The volume of buses likely to use the bus lane - a high volume of buses may make conflicts between buses and motorcycles or cycles and motorcycles more likely.
- The accident history of the area and the speed/volume of traffic in adjacent lanes.

Parking

- 20.9** Parking for motorcycles is free in on-street parking bays and in dedicated motorcycle bays within council-owned car parks throughout Wiltshire. However, motorcyclists must adhere to the time limits of the parking bay. If motorcyclists use a bay for cars in a council-owned car park, they will need to pay the normal fare. Motorcyclists will be encouraged to pay for such tickets by mobile phone as there is a risk that Pay & Display tickets can be lost.

Policy 2

The Council will seek to provide adequate levels of secure parking for powered two wheelers including:

- Continuing to provide free parking for powered two wheelers in on-street car parking bays and within dedicated motorcycling bays in council-owned car parks.
- Looking for opportunities to improve parking in on-street locations or council owned car parks by providing secure locking facilities or increasing the number of motorcycle bays where there is sufficient demand.
- Securing adequate levels of powered two wheeler parking in new developments through standards set out in Appendix 1.
- Encouraging provision of secure parking through workplace travel plans.
- Providing adequate levels of secure parking at council offices.

20.10 The Council will continue to involve users in developing and delivering road safety policies and infrastructure improvements. Motorcyclist user groups will be encouraged to collate feedback from their members and disseminate news of any consultations. This will:

- Allow riders to be consulted on major transport schemes such as bus lanes.
- Encourage riders to identify areas where parking could be improved.
- Encourage riders to identify areas where ironworks or potholes are particularly hazardous.

20.11 The Council will also promote the safe usage of powered two wheelers through the accessibility and smarter choices strategies, specifically we will

- Promote the Wheels to Work scheme.
- Promote the usage of powered two wheelers in travel plans where it is appropriate to do so and in combination with safety promotion.
- Promote the usage of electric vehicles.
- Promote PTWs as an option in combination with car clubs, car hire or car share and in combination with safety promotion.

21 Appendices

Appendix 1: Powered two-wheelers & mobility scooter parking standards

Current motorcycle ownership is approximately one per 35 people and 5% of all motor vehicles. Given the congestion benefits of motorcycles it is generally recommended that at least 5% of parking spaces should be for motorcycles. The minimum standards for Wiltshire are set out below.

Land use	Minimum parking standards
C3 Residential dwellings	There are no specific standards for residential developments. It is expected that residents would use a proportion of their car parking spaces for powered two wheelers. It may be appropriate to provide specific motorcycle parking where demand is likely to be high.
All other uses.	<p>1 secure space for every 20 car parking spaces.</p> <p>A minimum of 1 secure space to be provided where 10 or more car parking spaces are provided. If only one space is required, this may alternate as a car parking space, although the anchor point must be located safely to allow dual usage.</p> <p>If less than 10 car parking spaces are provided, it is expected that motorcyclists would use car parking spaces and no additional security measures are required although they are desirable.</p> <p>Exceptions may be allowed based on merit.</p>

Spaces provided should be at least 0.8m wide by 2m long with sufficient overhead space. It is not usually necessary to mark individual motorcycle bays within a motorcycle parking area. Spaces should:

- Have anchor points consisting of a rail or post at a height of around 60cm above ground level, and/or be within a restricted-access area.
- Have quality level surfacing,
- Be covered by CCTV and/or natural surveillance, and/or be within a restricted-access area.
- Be located away from drain gratings,
- Preferably be protected from the elements.

Further guidelines on location and design are set out by the IHE at www.motorcycleguidelines.org.uk

Mobility scooters

Where significant usage by mobility scooters is likely, provision must be made either within an external parking area or within the building. The parking must be under cover and close to the building entrance.

Spaces for powered-two wheelers may also be used for mobility scooters if the design is adequate i.e. if there is adjacent access to a footway. This will only be acceptable where usage of motorcycles is likely to be fairly low.



22 Smarter choices

22.1 Over the past decade, smarter choices have become a key element of Local Transport Plans. Typically, they are initiatives, measures or techniques aimed at influencing people's travel behaviour towards more sustainable options and are often referred to as "soft measures." Measures typically include the following:

Travel plans	Information & marketing	Alternatives to travel	Sustainable travel	Training & enabling	Cycle & walking	Smart & integrated ticketing
Business	Public transport & marketing	Home working	Car clubs	Walking for health groups	Cycle hire schemes	Smart cards on public transport
Residential		Flexible working	Car share schemes			
School	Journey planners	Tele & Video conferencing	Encouraging low carbon travel	Bikeability (cycle training)	Walking and cycling groups	Rail and bus tickets
Personalised	Travel awareness campaigns					
Station						

22.2 Evidence shows, that if managed effectively, these types of measures provide people with the opportunity to access a wide-range of travel choices and also help to reduce congestion and carbon emissions. In addition, they also contribute cost-effectively towards various government objectives such as helping to increase levels of physical activity, encouraging regeneration and increasing levels of social inclusion.

22.3 Research undertaken by the Department for Transport (DfT) in 2005 found that an intensive smarter choices programme over 10 years, could cut urban peak-hour traffic by 21% and off-peak traffic by 13%. Nationally, traffic volumes could fall by 11%. Whilst Wiltshire is a predominantly rural county in which it may be more difficult to achieve these levels of reduction, this still demonstrates the scope for smarter choices measures to help reduce traffic levels.

22.4 By 2020, the UK must meet a 34% reduction in greenhouse gas emissions based on 1990s level and sustainable transport clearly has a crucial role to play in meeting this target. A key part of the Government's approach to making this happen is through promoting modes such as walking, cycling and public transport. In addition, a shift to new technologies and fuels, and using market mechanisms to encourage a shift to more sustainable modes of transport is seen as crucial

Wider context

22.5 There are a number of recent policy and guidance documents that are all influential in terms of the latest thinking on smarter choices. This Smarter Choices Strategy has been developed in the context of these documents whilst also taking into account the challenges and opportunities that Wiltshire faces in implementing some of the associated measures. In addition, a Cycling Strategy and Walking Strategy are also being developed which will interlink with the policies outlined in this document.

National context

Creating Growth, Cutting Carbon – Making Sustainable Local Transport Happen

22.6 This White Paper (DfT, 2011) puts an emphasis on enabling choice and encouraging people to make sustainable transport choices for shorter journeys as this is where the biggest opportunity exists for people to make a change. It highlights the importance of providing targeted information, marketing and travel plans to influence peoples' travel choices. It recommends that while 'nudges' are vital to ensure modal shift, they must be complemented by sufficient transport infrastructure.

“In order to identify which interventions local authorities might successfully implement in a local area, it will first be necessary to identify what the transport problems are, and from that, who the “target” market is, and what type of intervention would be most likely to influence this market. Previous successful approaches have targeted people at “life changing” moments, for example when they are about to move home and therefore might be reconsidering their transport choices. This approach might involve working together with estate agents. Other authorities have targeted residents who, for example, live within one mile of a major bus route.” (DfT, 2011)

The National Planning Policy Framework

22.7 The National Planning Policy Framework (NPPF) (DCLG, 2012) states that Local Plans should protect and exploit opportunities for the use of sustainable transport modes for the movement of goods or people. It states that developments should be located and designed where practical to:

- Give priority to pedestrian and cycle movements and have access to high quality public transport facilities
- Create safe and secure layouts which minimise conflicts between traffic and cyclists or pedestrians, avoiding street clutter and where appropriate establishing home zones
- Incorporate facilities for charging plug-in and other ultra-low emission vehicles.

22.8 The NPPF also states that a key tool to facilitate the above will be a Travel Plan and developments which generate significant amounts of movement should be required to provide a Travel Plan.

Smarter Choices - Changing the way we travel

22.9 Smarter Choices - Changing the way we travel (DfT, 2005) draws on earlier studies of the impact of soft measures, new evidence from the UK and abroad, case study interviews relating to 24 specific initiatives, and the experience of commercial, public and voluntary stakeholders involved in organising such schemes. Each of the soft measures is analysed separately, followed by an assessment of their combined potential impact.

22.10 One of the key considerations of this paper is the significant number of single occupancy vehicle trip savings that can be made through the adoption of smarter choices measures. Local Authorities are encouraged to "lock in" the benefits of smarter choices measures through the adoption of demand management measures such as parking polices, or "hard" measures, such as traffic calming or bus priority infrastructure.

Active Travel Strategy

22.11 The Active Travel Strategy (DoH and DfT, 2010) highlights plans to put walking and cycling at the heart of local transport and public health strategies over the next decade. The guiding principles for the strategy are that walking and cycling should be everyday ways of getting around, not just for their own sake, but also because of what they can do to improve public health, increase participation in physical activity, tackle congestion, reduce carbon emissions and improve the local environment.

Door to Door Strategy

22.12 The DfT's 2013 Door to Door Strategy sets out the government's vision for integrated sustainable journeys. It focuses on four key areas to help encourage people choose greener modes of transport. These are:

- Accurate, accessible and reliable information about different transport options
- Convenient and affordable tickets for an entire journey
- Regular and straightforward connections at all stages of the journey and between different modes of transport
- Safe and comfortable transport facilities.

Walking and Cycling: local measures to promote walking and cycling as forms of travel or recreation

22.13 This guidance document, published by NICE in November 2012, sets out how people can be encouraged to increase the amount they walk or cycle for travel or recreation purposes. This can assist with numerous public health objectives as well as helping to reduce traffic congestion and air pollution. The guidance is for commissioners, managers and practitioners involved in physical activity promotion or who work in the environment, parks and leisure or transport planning sectors.

Alternatives to Travel – Next Steps

22.14 Alternatives to Travel – Next Steps (DfT, 2011) outlines how measures that reduce or remove the need to travel, such as home-working and tele-conferencing, make good business sense as well as helping to reduce carbon emissions and improving business resilience to extreme weather events such as snow.

Good Practice Guidelines: Delivering Travel Plans through the Planning System

22.15 Good Practice Guidelines: Delivering Travel Plans through the Planning System (DfT, 2009) outlines how travel plans are an important tool in delivering sustainable access to new development whatever the land use. It states that they should be seen as an integral part of the wider implementation of an area's sustainable transport strategy. It provides best practice recommendations for Travel Plans.

Making Connections: the Plug-In Vehicle Infrastructure Strategy

22.16 Making Connections: the Plug-In Vehicle Infrastructure Strategy (Office for Low Emission Vehicles, 2011) sets out the Government's aspirations for expanding the market for electric vehicles. The Government expects the majority of recharging to take place at people's homes. It also expects to see charge points at work places and key destinations such as supermarkets and car parks. The Government is currently trialling charging infrastructure to inform the development of standardised, interoperable commercial charge points.

Wiltshire's Local Development Framework

22.17 Ensuring adequate infrastructure, reducing the need to travel, promoting self-contained communities, improving accessibility to services and tackling climate change are key elements of the vision set out in Wiltshire's emerging Core Strategy. Smarter choices measures are also included as a key element of the Transport Strategies associated with development growth in Chippenham, Salisbury, Devizes and Trowbridge.

Wiltshire Council Strategies

22.18 'A Sustainable Community Strategy for Wiltshire 2007-2016' and the 'Wiltshire Council Business Plan 2011-2015' both set priorities to reduce our environmental impact, improve access to services and improve the health and well-being of residents. One of the key aims of the Business Strategy is to create more opportunities for local people to pursue a healthy lifestyle; this can be achieved by encouraging more people to walk and cycle. From April 2013, Wiltshire will also have a new Health and Wellbeing Strategy. The strategy will set out the areas on which the different organisations in Wiltshire will be working together so that people have the support they need to live longer, healthier lives.

22.19 Wiltshire's 'Energy, Change and Opportunity (ECO) Strategy 2011-2020' sets out the council's ambitions for reducing its carbon emissions as an organisation and preparing for climate change. It sets out commitments to:

- Tackle the council's own transport emissions by:

- trialling the use of alternative fuels for council vehicles
- reducing business mileage through providing more opportunities for home working and multimedia communication
- improving cycle storage and installing changing facilities in all main council buildings

- Minimise CO2 emissions from transport in Wiltshire by:

- looking at ways to promote car clubs and alternative fuelled vehicles
- promoting 'smarter driving' in partnership with the Energy Saving Trust

- Work with schools to reduce emissions and congestion from the school run by:

- introducing and promoting more "walking buses" for school children
- working with schools to ensure that everyone has a SMART travel plan

- Improve communication infrastructure in rural parts of Wiltshire.

22.20 Wiltshire Council has launched a Corporate Driving at Work Policy and a wider Fleet Strategy. This focuses on reducing carbon emissions through projects such as:

- Improved vehicle utilisation and replacement programmes
- Reducing vehicle idling
- Encouraging greater use of the council's pool cars and smarter thinking around journey planning, sharing pool vehicles etc
- Using more energy efficient vehicles in the pool car fleet.

22.21 Wiltshire Council has produced an Air Quality Strategy (2011-2015) which is a high level guiding document to inform policy and direction across a range of council services with the aim to improve air quality. Air quality in Wiltshire is predominantly good with the majority of the county having clean unpolluted air. There are however a small number of locations where

the combination of traffic, road layout and geography has resulted in exceedences of the annual average for nitrogen dioxide (NO₂) and fine particulates (PM₁₀). Some of the key ways in which the strategy seeks to improve air quality is through supporting sustainable travel alternatives to reduce congestion and reduce emissions, reducing use of the private car and supporting innovation solutions as part of school travel plans.

23 Goals and objectives

Goals

- 23.1** Whilst it is a widely held belief that achieving behavioural change, particularly in relation to travel is difficult, the evidence does not support this. In April 2004, the DfT selected Darlington, Peterborough and Worcester as Sustainable Travel Demonstration Towns to showcase the role of soft measures in promoting walking, cycling and public transport, and reducing car use. Research carried out at the time revealed a potential for 9 out of 10 journeys to be made by foot, bike and public transport.
- 23.2** Between April 2008 and March 2011, the Department for Transport, the Department of Health and Cycling England invested over £140m to promote cycling and to address a historic decline in cycling activity. The investment aimed to deliver a step change in the provision of facilities and the promotion of cycling for travel and leisure purposes, leading to wider impacts in areas such as health, congestion, reduced carbon emissions and accessibility. The programme built on the experience of the Cycling Demonstration Towns project (2005-2009) which resulted, on average, in a 27% increase in cycling levels in those areas.
- 23.3** A recent government report also highlighted research suggesting that people could replace 78% of their local car journeys under five miles with a journey by foot, bike or public transport.
- 23.4** Smarter choices measures are able to contribute considerably towards the following five overarching national transport goals that are outlined in the Wiltshire's main LTP strategy document:

Supporting economic growth

- 23.5** Smarter choices promote the use of sustainable modes of transport and more sustainable car use, which in turn can lead to a reduction in levels of congestion and support new development. The Eddington Transport Study concluded that while the basic connectivity of the UK transport network is good, congestion and unreliability at certain places at certain times of the day constrains our economic growth. While Wiltshire does not suffer from high levels of congestion overall, there are certain parts of the network, particularly along the A350 and entering the principal settlements, where there are significant delays.
- 23.6** Wiltshire Council has recently been awarded £4.25 million through the Local Sustainable Transport Fund (LSTF) to improve Wiltshire's rail offer by improving services and stations along the Trans Wilts line from Swindon to Salisbury and to integrate the new rail services with buses. An improved north-south train service will help attract, retain and grow Wiltshire businesses and will help in supporting sustainable tourism.
- 23.7** In other locations, further from the rail network and with poor inter-urban bus services, there is significant potential to encourage more sustainable car use through measures such as car sharing, flexi-working to avoid peak travel times and tele-conferencing. For instance, at Porton Down, car sharing increased from 9% to 22% between 2007 and 2011. Along with other Travel Plan activities, this has supported a significant increase in jobs at this rural site.
- 23.8** Reducing dependence on cars and increasing information about different transport options or alternatives to travel can also increase resilience in Wiltshire to rising oil prices and unexpected events such as heavy snow. Increased use of rail for business travel can also allow travel time to be used for work purposes.

- 23.9** Increasing bus patronage through marketing and information can support the viability of bus services. This can reduce local subsidies or encourage private operators to retain services or increase their frequencies.

Reducing carbon emissions

- 23.10** Through the promotion of less polluting modes of transport, smarter choices can reduce carbon emissions generated by transport. Over a third of transport related emissions come from the journey to work and travelling as part of work, with the vast majority of these journeys made by car. Business is therefore a key area to tackle in terms of carbon reduction. Workplace travel plans typically combine measures to support walking, cycling, public transport and car sharing and reduce business travel related carbon emissions.
- 23.11** There are opportunities to work with partners, both within the council and externally, to integrate transport into awareness campaigns and initiatives to tackle climate change throughout the county.

Better safety, security and health

- 23.12** Sustainable travel modes such as walking and cycling enhance health through increased levels of physical activity. Various studies have shown that increased levels of activity can also reduce stress and conditions such as depression. Increased use of public transport also has health benefits due to the element of walking involved and reduced stress levels. There are also health problems associated with poor air quality, to which transport is a major contributor, so encouraging smarter choices is key to tackling a range of health issues.
- 23.13** Travel plans can promote better awareness of personal safety and security issues. For example, the provision of cycle stands in a highly visible location that is well-lit and close to the entrance of a building, can be a real deterrent to any potential bike thieves but can also encourage more people to use their bicycles. Similarly, by simply encouraging more people to use a particular walking route can increase people's feeling of safety, purely by creating busier route which makes pedestrians feel less vulnerable.

Promote equality of opportunity

- 23.14** Increasing awareness of travel options can help improve accessibility to services and increase the job opportunities available to people, particularly for those without access to a car. Cycling and walking are an affordable transport option for most people and research shows that many low income households are reliant on buses for access to work, education and shopping.
- 23.15** Smarter choices measures can also help to reduce the cost of the daily commute. Car-sharing, cycling to a bus or train service and Park & Cycle are all transport options which do not require major infrastructure investment, but can reduce transport costs and increase opportunities. In addition, initiatives such as the Wheels to Work scheme run by Community First, provide low cost mopeds to young people in rural areas.

Improve quality of life and a healthy, natural environment

- 23.16** Reducing car use helps to reduce air pollution and reduce land-take needed for car parking and new transport infrastructure. It can also reduce noise pollution and improve the urban street scene. Improving facilities for walking and cycling can provide people with more of an opportunity to experience and enjoy the natural environment.

Strategic options appraisal

23.17 As part of the strategic options and appraisal process (see chapter 5 of the main LTP3 strategy document) the council's preferred strategic options with regards to smarter choices measures are as follows:

Smarter choices

Approach	Balanced
Broad description	Promote limited smarter choices measures in appropriate new developments and the market towns and undertake a range of targeted smarter choices promotions.

Travel plans

Approach	Balanced
Broad description	Use the planning system to develop, monitor and enforce mandatory residential and business travel plans, and promote the use of voluntary travel plans by organisations generally. Require appropriate contributions to support sustainable transport measures

Objectives

23.18 Smarter choices measures will play a vital role in helping to achieve all of the objectives contained within Wiltshire's third LTP but are particularly useful in meeting the following objectives:

Objective	Description
SO2	To provide, support and/or promote a choice of sustainable transport alternatives including walking, cycling, buses and rail.
SO3	To reduce the impact of traffic on people's quality of life and Wiltshire's built and natural environment.
SO4	To minimise traffic delays and disruption and improve journey time reliability on key routes.
SO5	To improve sustainable access to a full range of opportunities particularly for those people without access to a car.
SO11	To reduce the level of air pollutant and climate change emissions from transport.
SO12	To support planned growth in Wiltshire and ensure that new developments adequately provide for their sustainable transport requirements and mitigate their traffic impacts.
SO13	To reduce the need to travel, particularly by private car.
SO14	To promote travel modes that are beneficial to health.

Objective	Description
SO16	To improve the resilience of the transport system to impacts such as adverse weather, climate change and peak oil.
SO18	To enhance the journey experience of transport users.

24 Challenges and opportunities

- 24.1** As Wiltshire is a predominantly rural authority there are some elements of the smarter choices 'menu' that will be unlikely to be as successful as in a predominantly urban area. In forming the most suitable approach to smarter choices in Wiltshire the following challenges and opportunities have all been taken into consideration.

Geography

- 24.2** Local topography and population densities can all have a notable impact on the effectiveness of smarter choices. Sustainable travel does not have a "one size fits all" solution because local circumstances vary and national evidence has shown that smarter choices have proved more effective in urban/semi rural areas where there is a density of trips that makes cycling, walking and car club/sharing realistic alternatives (DfT, 2009). There is most opportunity to do this in Wiltshire's larger settlements, particularly Chippenham, Salisbury and Trowbridge. Some smaller towns such as Westbury, Bradford on Avon and Warminster also have a higher degree of connectivity and scope to encourage these modes of travel.

Accessibility

- 24.3** Accessibility by non-car modes to some employment, education and health services in certain parts of Wiltshire is fairly limited. The DfT suggest that where providing viable alternatives to single occupancy car trips is more difficult, typically in more rural settlements such as those found in Wiltshire, the emphasis should be on sustainable car use.
- 24.4** Low paid workers and those who work anti-social hours are often hindered in their choice of transport modes to work by the lack of public transport available to them. In addition, the cost of public transport can be a significant deterrent. In this respect, the council has a limited ability to influence public transport fares or network coverage. Nonetheless, cycling and walking are relatively low cost transport options and are therefore options that can be targeted at low paid workers. However, improvements to cycling and walking infrastructure are seen as most beneficial in more urbanised areas and Wiltshire's policy is to concentrate cycling improvements in the principal settlements and market towns. Therefore, smarter choices measures are likely to be most effective where the existing infrastructure is already fairly good.

Travel to work patterns

- 24.5** Many rural counties such as Wiltshire, experience a higher percentage of out-commuting to larger towns and cities than more urban areas. Due to its closeness to several larger employment centres, Wiltshire has established commuting links to Bath, Swindon, and Andover, with lesser links to Bristol and Southampton/Eastleigh/Romsey. Average distances of commuting journeys increased between 1991 and 2011 both nationally and locally. This trend is reflected in data from the 2011 census which indicates that on average Wiltshire residents are more likely to drive when compared to the rest of the nation and that significantly fewer people use the bus/public transport.

Car ownership

- 24.6** The level of car ownership in Wiltshire is high reflecting the rural nature of the county and its relative level of affluence. Whilst the scope to reduce car use for the work journey may be somewhat reduced in Wiltshire due to its rural nature there is clearly potential through the adoption of a range of smarter choices measures to reduce car dependency. National evidence suggests that effective travel planning can reduce car use by between 15% and 20%, especially travel plans which include parking management measures.

24.7 The results from the Sustainable Travel Towns have also been very positive, indicating, for the three towns taken together, the following (from 2004-2009):

- A reduction in car trips by 9 per cent
- Bus trips per person increased by 10-22 per cent
- Cycle trips per person increased by 26-30 per cent
- Walking trips per person increased by 10-13 per cent.

24.8 Whilst Wiltshire's principal settlements are not directly comparable to the three Sustainable Travel Towns, the evidence still suggests there is scope to change travel behaviour through targeted measures.

Transport information

24.9 Lack of information about using alternative modes of transport can be a significant barrier to changing travel behaviour. For example, someone may be aware that a bus travels past their house throughout the day but they may not know whether the bus service would suit their travel needs or where to obtain this sort of information easily. People need to be provided with the relevant information to make an informed decision about their choice of transport mode. In addition, many people may not be fully aware of the health, financial and environmental benefits of using non-car modes or may hold a negative view of cycling or public transport. For example, using the bus can often be associated with low social status. Similarly, traffic levels and speed of traffic can also deter people from choosing modes such as walking and cycling but people may not be aware, for example, of the off-road routes available. The provision of transport information in a variety of formats, can help to overcome many of these perceived barriers.

Value for money

24.10 There has already been significant evidence that smarter choices measures can have a number of benefits over more traditional infrastructure-based schemes. Smarter choices can be more flexible and implementation times are shorter than 'traditional' road schemes. In addition, smarter choices measures can be downscaled more quickly in response to changing circumstances.

24.11 The Sustainable Travel Demonstration Town projects are prime examples of how travel planning, marketing, improved information and other smarter choices measures have resulted in significant increases in cycling, walking and bus use, and decreases in car use and traffic. A review of the programme showed that it offered very high value for money (DfT, 2010).

Integration with other policies

24.12 It is not only transport policies that can affect the suitability and effectiveness of smarter choices measures. For example, educational policies that support parental preference in selecting schools can encourage longer journeys to school. However, encouraging new developments in accessible locations allows a better uptake of sustainable transport modes.

24.13 There is significant scope to integrate the health agenda with the introduction of smarter choices measures through the promotion of active travel modes such as walking and cycling. Promoting healthy lifestyles is key to addressing health issues such as obesity and heart disease. There is also a significant link to the leisure/activity agenda which aims to encourage more people to participate in activities such as cycling and walking.

24.14 Many smarter choices measures are most effective where they are combined with other transport policies such as improved cycling and walking infrastructure or better bus or rail services. While bus and rail fares are perceived to be high, there may be ticket options such as season tickets, which can reduce costs. People also tend to disregard many hidden costs of car travel such as maintenance and their vehicle's depreciation. Information and marketing measures can help people find the best fares and make a more accurate comparison of costs.

24.15 In light of the Strategic Options Appraisal outlined in the previous chapter and the challenges and opportunities above, the focus of Wiltshire's Smarter Choices Strategy will be on:

- Introducing smarter choices measures in areas where they are most likely to have a significant impact. This will be in appropriate new developments throughout Wiltshire, in the Principal Settlements (Trowbridge, Chippenham Salisbury) and in market towns.
- Using the planning system to develop, monitor and enforce mandatory residential and business travel plans.
- Promoting the use of voluntary travel plans amongst other businesses and organisations.
- Seeking contributions from developers to support smarter choices measures in new developments.
- Ensuring that Wiltshire Council is leading by example by developing travel plans for their own office hubs and encouraging staff to consider smarter travel options.

25 Strategy

Travel plans

25.1 One of the key mechanisms for delivering a range of smarter choices measures is the implementation of a travel plan.

What is a travel plan?

25.2 A travel plan is a package of measures that is tailored to a specific site to encourage alternatives to single-occupancy car use. A travel plan co-ordinator is generally appointed by the organisation responsible for undertaking the travel plan and ensures delivery of the different measures, monitors progress and adapts measures based on responses. Travel plans can be secured through Section 106 agreements or planning conditions or they can be undertaken voluntarily by an organisation. The success of a travel plan is measured by regularly monitoring the modal split at a site.

25.3 Travel plan measures include:

- Travel information and marketing
- Parking measures such as charges, permits or dedicated car-share spaces
- Pool cars, car club membership or pool bikes
- A car share group
- Financial incentives such as discounts on public transport tickets or bicycles, rewards for car sharing and business travel hierarchies
- Provision of cycle parking, showers and lockers
- Flexible working practices
- Cycle training or maintenance courses.

Benefits of a travel plan

- Environmental benefits such as less congestion and improved air quality
- Improved transport choices e.g. better public transport services and walking and cycling facilities
- Improved relations with neighbours by easing traffic in the local area
- Greater environmental performance
- Improved corporate image (for businesses specifically)
- Healthier, less-stressed staff leading to less time loss due to illness and greater staff retention
- Financial savings through more effective use of business travel and reduced commuting costs
- Reduced demand for car parking, with associated savings in land allocated
- Time savings through more effective business travel/commuter travel.

Policy 1

To continue to use the planning system to develop, monitor and enforce mandatory travel plans and to secure travel plans for all new developments meeting or exceeding transport assessment thresholds at outlined in '*Development Related Travel Plans in Wiltshire.*' (www.wiltshire.gov.uk/spd-2.pdf)

- 25.4** Wiltshire Council will also further investigate the use of a travel plan monitoring system, such as iTRACE, to enable more detailed and accurate monitoring to take place.

Workplace travel plans

- 25.5** A workplace travel plan is a package of measures put in place by an employer to encourage staff to travel more sustainably. Whilst they primarily aim to address commuter travel, increasingly they also incorporate measures aimed at business travel, visitors, deliveries and suppliers.
- 25.6** National evidence from the DfT shows that a good workplace travel plan can reduce the number of people driving to work by 15%. With an increasing number of local authorities now monitoring travel plans, more evidence is emerging about their success in different areas and regions.
- 25.7** Wiltshire Council will seek to develop online travel planning advice and guidance for employers in Wiltshire and will develop and ensure delivery of workplace travel plans at Wiltshire Council operated sites.

School travel plans

- 25.8** Whilst the school run accounts for a relatively small percentage of all car traffic on the road, it can be a significant contributor to peak hour congestion. School Travel Plans put forward a package of measures to improve safety and reduce car use through promoting active or sustainable modes of travel.
- 25.9** Wiltshire largely managed to achieve the Government target for all schools to have an approved travel plan by March 2010 and the focus will now be on implementing and reviewing these in order to maintain progression with these plans.

Policy 2

To provide ongoing support to help schools to implement, monitor and review their travel plans using measures such as:

- Walking buses
- Park and Stride initiatives
- Car Sharing
- Cycle training

- 25.10** In addition, opportunities will be taken to integrate school travel plan initiatives with wider LTP schemes wherever possible. Further details on school travel plans can be found in the Wiltshire Sustainable Modes of Travel to School Strategy that is also being developed and is a legal requirement under the Education and Inspections Act 2006.

Residential travel plans

- 25.11** With the current demand for housing throughout England, a substantial level of growth is expected in the next few years. Integrating new homes into existing towns and cities and minimising the impact on our transport system is a key challenge. A Residential Travel Plan (RTP) is an important tool for delivering accessible communities. The aims are to reduce

the need for car use with added benefits in terms of reduced traffic, congestion and air pollution. RTPs achieve this by improving accessibility to local facilities through improving travel choices such as public transport services.

25.12 RTPs are usually best adopted early during the design and planning phase and secured and funded by S106 agreements. Measures typically include:

- Welcome packs for occupiers with free travel information
- Free introductory period travel passes
- Walking and cycling maps.

Policy 3

A Residential Travel Plan will be required for household developments exceeding 40 dwelling units and should be secured through a Section 106 agreement or planning condition.

Personalised travel planning

25.13 Personalised Travel Plans (PTPs) provide travel advice and incentives usually to a particular target group on an individual basis. By tailoring travel information, the individual may be more inclined to try an alternative to driving, as their main barriers and anxieties to trying alternative modes of transport are addressed.

25.14 In 2003, the DfT part funded 14 pilot projects to examine how effective PTP could be in reducing reliance upon the private car. These pilot projects targeted households and employers, with the results from the household projects in particular, showing significant reductions in overall car use in urban areas.

25.15 Through Wiltshire Council's Local Sustainable Transport Fund programme, PTP has been piloted in a number of areas across the county in 2013. In addition to a residential PTP programme, schools and businesses have also been targeted. The results of these pilots will help to inform the size and scale of any PTP projects that may be carried out in the future.

Policy 4

Where appropriate opportunities are identified, PTP projects will be considered, particularly when funded by developers for new housing developments as part of Residential Travel Plans.

Station travel plans

25.16 A Station Travel Plan is developed in order to encourage rail users to walk, cycle, car share or catch the bus to the railway station. This in turn helps create more space in the car park, reduces congestion around the station site and save passengers money. It also helps reduce the station's environmental impact and encourages more travel by rail.

25.17 As set out in Wiltshire's LSTF programme, a package of complementary measures is being targeted at key stations on the Transwilt (Swindon to Salisbury) line with the aim of creating recognisable transport hubs. In line with LTP3 objectives, the council will also ensure that solutions to car parking at railways stations promote modal shift by encouraging the use of walking, cycling and public transport.

Policy 5

To develop Station Travel Plans with our relevant partners, at all railway stations in Wiltshire.

- 25.18** In line with the council's Car Parking Strategy, increased parking provision will only be considered at railway stations if it is considered as part of Station Travel Plan.

Marketing, information and travel awareness

- 25.19** Decisions about whether to make a trip and how to make it are affected by a variety of factors including:

- Cost
- Journey time and journey time reliability
- Network coverage
- Safety and security
- Immediacy, flexibility and convenience
- Social status and personal expression
- Habit.

- 25.20** Once we have made a journey the first time, we are unlikely to re-evaluate our decision without significant prompting such as a change in price, network coverage or a change in personal circumstances. Improving information about the costs and availability of sustainable transport alternatives can reduce demand for car travel and improve accessibility.

- 25.21** Journey planning websites, campaigns such as Bike Week and cycle and walking maps all help to promote these sustainable modes. Increasingly, more technologically advanced measures such as I-Kiosks and the ability to access travel information whilst on the move via mobile phones, are increasing the opportunities for people to access travel information. The promotion of these types of measures is key in raising public awareness and changing travel behaviour.

Policy 6

To continue to promote sustainable transport options through the provision of advice and information. In addition, the council will work together with partnership organisations such as the local health authority, sports partnerships, local visitor attractions and voluntary groups to encourage and promote sustainable travel options whenever possible.

- 25.22** The type of initiatives that will be promoted include:

- The 'Connecting Wiltshire' website which provides a 'one-stop-shop' for travel information including links to public transport information, car sharing websites, journey planners etc.
- Joint campaigns with business communities encouraging travel plans
- Advertising through local media including press releases
- Use of social media to promote smarter choices initiatives
- Publication and distribution of cycle and walking maps in key towns
- Road safety initiatives to encourage more people to walk and cycle
- Organised walks and cycle rides, bike buddy schemes and walking for health groups.

Public transport information and marketing

25.23 A key factor in increasing the use of public transport is improving the level and accessibility of public transport. Marketing can help increase the uptake by making people aware of the options available. Key to this is providing better information about services and fares. A valuable tool available to everyone in the UK who has access to the internet is the Transport Direct website (<http://www.transportdirect.info>) which allows people to plan a journey by car or public transport, door to door. As well as this, Wiltshire Council continues to support Traveline as a comprehensive source of public transport information (<http://www.travelinesw.com>). There are also a range of other useful measures which can encourage more people to use public transport, these include:

- Bus maps
- Ticketing initiatives such as 'Plusbus' and multi-operator tickets
- Improvements to information at bus stops including real time information
- Journey planning facilities and information centres and kiosks.
- Text and go service – bus arrival times to your mobile phone.
- Marketing campaigns.

25.24 We will continue to promote public transport in the following ways:

- By providing easily available and understandable public transport information in a variety of formats.
- Reviewing Wiltshire's Bus Information Strategy (2003) taking into account changing user requirements. For example, the growth in electronic communications, and improving the effectiveness of present methods of information provision.
- By encouraging operators to take a more positive approach to marketing their services through measures such as introducing smart cards and developing new pricing and ticketing strategies.

Cycling and walking information and marketing

25.25 The Cycling Strategy sets out the council's commitment to improving information and marketing for cycling. A Walking Strategy is also to be developed in 2014.

25.26 Wiltshire Council will promote cycling and walking through a variety of smarter choices measures including:

- Ensuring cycling and walking measures are part of school, residential and workplace travel plans
- Promote cycling and walking in the council's own travel plan
- Provide easily accessible information for cyclists and pedestrians, such as maps, to plan their journeys

25.27 There is also emerging evidence on the success of new initiatives such as electric bike hire schemes and Wiltshire Council will consider the implementation of such schemes where appropriate.

Car sharing

25.28 The majority of car sharing schemes are now internet based and work by providing matches for people wanting to share the same or similar journeys. The best developed schemes tend to be those targeted at the daily commute where the vast majority of journeys are made as single occupancy car trips and there is a huge potential to share journeys.

- 25.29** Approximately 2,850 people are already signed up to the Wiltshire car share scheme, www.carsharewiltshire.com which also includes members using the Wiltshire Council staff 'private' scheme. There is also a Car Share Salisbury scheme that has been set up recently.
- 25.30** Given the reliance on the car in a predominantly rural area like Wiltshire, a car share scheme can be an effective means of reducing car use as well as being cost effective and providing social benefits for isolated or vulnerable groups. However, some people are reluctant to car share through the more formally arranged internet-based systems that exist so there may be scope to investigate other ways in which to allow more informal car sharing to take place.

Policy 7

To continue to maintain the www.carsharewiltshire.com scheme, particularly through securing travel plans which include measures to encourage car sharing e.g. dedicated car share spaces.

- 25.31** Wiltshire Council will also seek opportunities to market and expand Wiltshire's car share scheme and will explore new and innovative ways to bring potential car sharers together, such as more informal car sharing arrangements.

Car clubs

- 25.32** Car clubs across the UK are becoming increasingly popular as they give people access to a car without them having to own one, allowing people more flexibility and choice in the way that they travel. Car clubs can reduce the number of cars owned in an area and therefore reduce unnecessary congestion and demand for parking. Users also make financial savings by not having the associated overheads of running a private motor vehicle.
- 25.33** Car clubs can range from relatively informal arrangements in rural areas, through to high-tech schemes in city centres. Whilst a car club was in operation in Bradford on Avon for some time, it closed after the initial funding for the club, ran out. There has been a community based car club called hOURCARS operating in Salisbury since 2003. This operates successfully but membership is small and organic expansion has been slow.
- 25.34** Nonetheless, evidence suggests that car clubs have a useful role in delivering both local transport and land-use planning objectives particularly where a tangible problem exists, such as a severe shortage of car parking, significant local congestion, and limited alternatives to travelling by car. In addition, where an external factor exists, such as a planning condition on a development that requires an organisation to limit the number of cars accessing its site, car clubs can be also be a useful tool.

Policy 8

To support and promote car club developments where appropriate opportunities arise and to expand car clubs to meet demand, particularly where Section 106 funding is available to support this.

- 25.35** In line with Wiltshire Council's Car Parking Strategy, on-street car club parking bays will be provided in accordance with the hierarchy of kerb space users, which will ensure a relatively high priority for car club spaces.

Smarter driving

25.36 Better driving techniques can improve fuel efficiency and help reduce emissions. There are a number of ways in which people can drive and look after their car to help reduce the amount of fuel burnt and so cut down on CO₂ emissions. These include:

- Better gear changing
- Smoother acceleration
- Vehicle maintenance including pumping up tyres correctly
- Removing excess baggage to cut wind drag and vehicle weight.

25.37 It has been shown that such 'smarter driving' can cut emissions by 8%, equal to an annual fuel saving of up to one month, as well as improving road safety. There is some evidence that benefits can reduce over time as people slip back into bad habits, so continued promotion may be necessary.

25.38 Wiltshire Council will work to promote smarter driving amongst council staff and provide information and advice to other groups and organisations on request.

Encouraging low carbon vehicle use

25.39 The take up of more efficient vehicles and alternative fuels is central to reducing CO₂ emissions in the transport sector. The government are already introducing some incentives to encourage low carbon vehicle use. The DfT's 2009 report *Ultra Low Carbon Cars* also outlines the ways in which the Government will encourage the use of alternative fuels and initiate consumer incentives to stimulate the take up of electric and hybrid plug-in vehicles. Wiltshire Council are already actively encouraging the use of low carbon vehicles amongst their own fleet.

Policy 9

To support the provision of charge-points through the planning system and specifically:

- Charge-points will be encouraged in new residential developments.
- Require the provision of 16 amp charge-points (or any future standardised charge-point) in new supermarkets, large retail areas and key employment destinations. The scale of provision should be based on likely demand and this will be kept under review.
- To identify locations such as town centre car parks, Park & Ride sites or key destinations where the council could provide top-up charge points.

Smarter working practices

25.40 Introducing home working, flexi-time and tele-working can all reduce the need for staff to travel and commute. In turn, this will have an impact on congestion, public transport capacity and road safety. These types of measures offer considerable congestion and economic benefits and address some of the social imbalances caused by high housing prices or rurality. The costs of setting up an employee at home can be offset by the travel and office costs saved whilst it provides the employee with increased flexibility.

25.41 The provision of good broadband connection also enables more people to work from home and can benefit smaller business in rural locations, reducing the overall need to travel.

Policy 10

To encourage the development of smarter working practices amongst employers and other groups and organisations across Wiltshire.

Home shopping

- 25.42** Internet and home catalogue shopping has the potential to reduce shopping car trips and can be particularly useful to those who have difficulties accessing local shops. However, efficient distribution systems are vital to ensure that there is a net reduction in vehicle trips and distance travelled.
- 25.43** Evidence suggests that home shopping has the potential to increase the use of local shops for 'top-up' shopping by reducing trips to large supermarkets but it can actually increase the demand for travel as retail trips are replaced by leisure or window-shopping trips combined with deliveries. However, it is also argued that home-shopping has the potential to undermine the vitality of town centres and increase freight movements in unsuitable rural locations. Wiltshire Council will continue to monitor the impacts of home shopping and review our policies in the light of new evidence.

Supporting infrastructure

- 25.44** To have a significant impact on all of the objectives outlined earlier in this document, smarter choices measures should be combined with transport infrastructure improvements and services to be most effective. For example, the provision of an improved rail service could be promoted by the provision of journey planning information provided to local residents and businesses and a local advertising campaign. Similarly the provision of a new cycle route could be promoted with the provision of new walking and cycling maps in local shops, cafes and libraries.
- 25.45** Smarter choices measures should complement and support the delivery of transport infrastructure and services in Wiltshire as this will enhance the benefits from these types of improvements.

This document was published by Wiltshire Council Sustainable Transport Group.
You can contact us in the following ways:

By telephone
01225 713458

By post
Sustainable Transport Group, Neighbourhood and Planning Department,
County Hall, Trowbridge, Wiltshire BA14 8JD

By email
transportplanning@wiltshire.gov.uk

Electronic version available at
<http://www.wiltshire.gov.uk/transportpoliciesandstrategies/localtransportplan3.htm>

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

Please contact the council by telephone **0300 456 0100**,
by textphone **01225 712500**,
or email customerservices@wiltshire.gov.uk

Wiltshire Council

Cabinet

21 January 2014

**Subject: Wiltshire Council direct provision –
CQC registered care services for adults**

**Cabinet member: Councillor Keith Humphries – Public Health, Protection
Services, Adult Care and Housing**

Key Decision: No

Executive Summary

The Care Quality Commission (CQC) is the independent regulator of health and social care services in England. The Health and Social Care Act 2008 established CQC, and sets out their powers to regulate health and social care services and to take enforcement action. CQC registers services that demonstrate that they meet legal requirements, and after registration checks that they continue to do so. All services regulated must comply with the law, but in particular, they must comply with the Health and Social Care Act 2008 and the Regulations made under it, which are the Care Quality Commission (Registration) Regulations 2009 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Wiltshire Council Adult Social Care both commissions placements in registered care services for all our customer groups (older people, older people with dementia, people with physical disabilities and adults with learning disabilities) and is also a direct provider of those services for adults with learning disabilities. These services are delivered within and managed by adult care operations. CQC requires that residential services for people with learning disabilities are registered and must meet a set of essential standards in order to be compliant within the legislation. Note that day services for people with learning disabilities are currently not required to be registered.

This Cabinet report briefs members on the registered services provided in-house. The report confirms that all services are compliant against essential standards and informs on the management systems which are in place to ensure that Wiltshire Council leads the way in terms of delivery of quality services. This report is timely, especially given the recommendations of the Francis Report, the outcome of the Winterbourne View enquiry and the recent recommendations of the Camilla Cavendish report on the training of health care assistants in hospitals and social care settings. This report assures members of

the work we are doing within Wiltshire to deliver a well regarded service.

Proposals

That Cabinet:

- (i) Note the key outcomes of the CQC inspections in relation to the Council run registered services and acknowledge the level of managerial input required in order to achieve such positive outcomes, which gives assurance to the Council that quality services are being provided

Reason for Proposals

To ensure that Cabinet is aware of the high quality of service provision being delivered by the Council's Adult Care directly provided registered services

Maggie Rae
Corporate Director

Wiltshire Council

Cabinet

21st January 2014

**Subject: Wiltshire Council direct provision –
CQC registered care services for adults**

**Cabinet member: Councillor Keith Humphries – Public Health, Protection
Services, Adult Care and Housing**

Key Decision: No

Purpose of Report

1. The Care Quality Commission (CQC) is the independent regulator of health and social care services in England. The Health and Social Care Act 2008 established CQC, and sets out their powers to regulate health and social care services and to take enforcement action. CQC registers services that demonstrate that they meet legal requirements, and after registration checks that they continue to do so. All services regulated must comply with the law, but in particular, they must comply with the Health and Social Care Act 2008 and the Regulations made under it, which are the Care Quality Commission (Registration) Regulations 2009 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.
2. Wiltshire Council Adult Social Care both commissions placements in registered care services for all our customer groups (older people, older people with dementia, people with physical disabilities and adults with learning disabilities) and is also a direct provider of those services for adults with learning disabilities. These services are delivered within and managed by adult care operations. CQC requires that residential services for people with learning disabilities are registered and must meet a set of essential standards in order to be compliant within the legislation. Note that day services for people with learning disabilities are currently not required to be registered.
3. This Cabinet report briefs members on the registered services provided in-house. The report confirms that all services are compliant against essential standards and informs on the management systems which are in place to ensure that Wiltshire Council leads the way in terms of delivery of quality services. This report is timely, especially given the recommendations of the Francis Report, the outcome of the Winterbourne View enquiry and the recent recommendations of the Camilla Cavendish report on the training of health care assistants in hospitals and social care settings. This report assures members of the work we are doing within Wiltshire to deliver a well regarded service.

Relevance to the Council's Business Plan

4. These registered services support the Council's business plan by delivering high quality support to both customers and their carers enabling customers to remain in their family home for as long as possible, and as part of their communities.
5. In addition, the services also provide valuable emergency support for vulnerable adults within the safeguarding process.

Background Information - Services directly provided by Wiltshire Council

6. Wiltshire Council directly provides the following registered care services for adults with learning disabilities:
 - (i) Wiltshire Adult Placement Service (Shared Lives) – assessment and placement service for adults with learning disabilities (akin to foster care). Some service examples of 2 people who use respite services as well as information about the process for those wishing to become Adult Placement Carers are attached at **Appendix 1**, explaining the assessment/ approval process as well as the matching process of people to Carers
 - (ii) Residential Care providing respite and short breaks for adults and their families in 3 locations across the County - Chippenham Respite located at Derriads and at Meadow Lodge; Bradbury Manor in Devizes and Bradbury House in Salisbury
7. Residential Respite Care or Short Breaks are provided as part of a package of care to support adults with learning disabilities and their families to have a break from each other. In each of the 3 services described below, people will have an allocated number of respite weeks/ days according to their need which they book at times to suit them. Pen pictures of 2 people who use respite services are attached at **Appendix 2**.
8. We also provide emergency beds within these services which are used in particular to support adults with learning disabilities following family breakdown or housing crisis or for a short time whilst a longer term accommodation solution with support is sourced. Pen pictures of people who have used emergency beds are attached at **Appendix 2**.
 - (i) Chippenham Respite – provides 8 bedrooms – 4 at Meadow Lodge (a house adjacent to Seymour House care home) and 4 at Derriads (an adapted bungalow). There is one registered manager for both buildings but each is inspected in its own entirety, separately, by CQC.
 - (ii) Bradbury Manor is a fully adapted modern single storey property in Devizes and is registered to support 11 people with a learning disability with varying support needs. There is one registered manager for this building.

- (iii) Bradbury House is a fully adapted modern single storey property in Old Sarum, Salisbury and is registered to support 10 people with varying needs, within the design it has a separated self contained area with 2 bedrooms that can support emergency placements or people whose behaviour may be challenging. There is one registered manager for this building.

CQC Regulatory requirements

9. Each registered service, by law must have a suitable person registered as a manager for that service, legally known as the “Registered Manager”. Staff in these roles are employed by the Council but approved via a regulatory application and interview with CQC. Registered Managers are responsible for the delivery of the service in accordance with regulatory requirement and good practice.
10. Wiltshire Council as the “owner” of these services has to appoint a “Responsible Individual” – a legal title and the holder of this role (currently James Cawley, Associate Director - Adult Care Commissioning, Safeguarding and Housing) is personally and professionally as well as organisationally responsible for the delivery of the service in accordance with regulatory requirement and good practice. The holder of this role is also interviewed and must be approved by CQC.
11. The regulations are highly detailed and set out requirements whereby CQC must be notified of key events so that they can ensure they are being dealt with in accordance with law and regulation. Such events will include:
- A safeguarding alert (this could include a disciplinary matter with a staff member)
 - A significant complaint about the service
 - The significant illness of a resident or accident or death of a resident or service user
 - An accident or death of a member of staff if it occurs on the premises or whilst working with residents or service users
 - The absence of the registered manager or responsible individual for more than a month if that person is sick or absent from work for any other reason
 - Failure to deliver any one of the minimum standards required for quality service delivery
 - Any incident where the Police are involved
12. It is also expected that the “Responsible Individual” undertakes directly or delegates the undertaking of regular quality audits at each of the premises and services, this currently happens at least four times a year. The outcome of these audits is reported back to CQC. In Wiltshire these are

undertaken by James Cawley, Debbie Medlock, Rhonda Ward, Malcolm Wilson and Christopher Lyne.

13. CQC will undertake annual visits at care homes and the main registered premises for the delivery of supported living and adult placement services. An extract of CQC feedback on each of these registered services is attached at Appendix 3 and we believe that this, together with the rigorous and robust audit and management of the service, provides evidence for Members that a quality service is being delivered.

Main Considerations for the Council

14. Compliance – It is noted that all services are fully compliance against CQC essential standards of quality and safety. See **Appendix 3** - Key outcomes from recent inspections.

Safeguarding Considerations

15. A key part of the business of adult social care is in managing risk and in supporting others to be as independent as possible whilst managing the inherent risks as part of their vulnerability.
16. The prime aim is to support customers to be as independent as possible whilst ensuring that they remain safe and that they and their families have confidence in the quality of care delivered. In order to deliver this our staff have to be well trained and all participate in the adult social care induction programme so they see the value of their work in relation to the wider adult social care responsibility.
17. They also undertake mandatory training on
 - Safeguarding vulnerable adults (and children) and information on how to assess and refer / alert on a safeguarding issue
 - First Aid, Food Hygiene Manual Handling
 - Common induction standards specific for staff working with people with a learning disability.
18. The emphasis on all training is for staff to work in a person-centred way and also includes full induction in managing risk for individuals, understanding/ familiarisation with many of the different health issues and disabilities which are particular to their customer group
19. All staff receive regular and monthly one to one supervision from their line manager and annual appraisal
20. Monthly quality audit visits assess delivery of the service against nationally agreed minimum standards for delivery, as regulated by CQC, as well as Wiltshire management and quality assurance requirements. There is a feedback loop in that the outcomes of the monthly audits are addressed with each registered manager and reviewed the subsequent month to ensure that any issues raised in the previous visit have been addressed

Public Health Implications

21. There are no direct public health implications in relation to this cabinet paper.

Environmental and Climate Change Considerations

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

Equalities Impact of the Proposal

23. The services will consider the equality for those receiving the service, the Council, and the Provider staff.

Risk Assessment

24. This is an update on the services currently provided by the Council's provider services. Comprehensive risk assessments are in place in each of the services to ensure risks are minimised.

Financial Implications

25. There are no direct financial implications in relation to this cabinet paper.

Legal Implications

26. This report informs Cabinet of the key outcomes of recent unannounced inspections by the CQC, which looked at the in-house care services for adults with learning disabilities provided directly by the Council. The Care Quality Commission (CQC) requires that such services are registered and is responsible for regulating them. All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety, which are standards everyone should be able to expect when they receive care. The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. There are 16 essential standards that relate most directly to the quality and safety of care, and when the CQC inspect any of these 16 standards can be the subject of their inspection. This report shows that when recently inspected all such in-house provision was shown to meet the essential standards focused upon in each individual case. There are no further legal implications.

Options Considered

27. Report is for information only.

Conclusions

28. Report is for information only.

Maggie Rae
Corporate Director

Report Author: Debbie Medlock Interim Associate Director – Adult Care
[Operations]

Contact details: Briefings can be provided by Rhonda Ward (Head of Service) by contacting her on rhonda.ward@wiltshire.gov.uk or on 07990 508 507

Date of Report : 11th December 2013

Background Papers

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

Appendices

Appendix 1 – Wiltshire Council Adult Placement / Shared Lives Service - Offering respite and short stays to people with learning disabilities within the community – 2 recent examples of service provided

Appendix 2 – Examples of the people who use respite and emergency care

Appendix 3 – Key outcomes feedback from recent inspections at Wiltshire Council registered services

- Appendix 3a – Wiltshire Council Adult Placement Service [Bourne Hill Office]
- Appendix 3b – Bradbury House, Salisbury
- Appendix 3c – Meadow Lodge, Chippenham
- Appendix 3d – Derriads, Chippenham
- Appendix 3e – Bradbury Manor, Devizes

WILTSHIRE COUNCIL ADULT PLACEMENT/SHARED LIVES SERVICE

Offering respite and short stays to people with learning disabilities within the community – 2 recent examples of service provided

- R is a man in his 40s with Aspergers Syndrome, a learning disability and epilepsy. His carer was due to have an operation that would leave her unable to provide care to R for two weeks. R's care management team referred him to us; we introduced R to an Adult Placement Carer who specialises in providing respite. During his stay with the couple he was supported to maintain his usual routines (which are of particular importance to him) and to join in with the Adult Placement Carer's family activities. This respite arrangement successfully met both the needs of R's carer and R himself, as he was provided with continuity, support and companionship by the Adult Placement Carers whilst his own carer was incapacitated.
- C is a woman with psychosis and a learning disability. There have recently been safeguarding concerns about where she lives. A few weeks ago C was admitted to a mental health facility to help stabilise her mental health and her behaviour. Ordinarily once her condition improved she would have been discharged and return home. However, due to the on-going safeguarding concerns at the time, she was referred to the service for a six week short term placement whilst longer term arrangements could be explored by the care management team. Although C is described by the Adult Placement Carer as the most challenging person they have worked with, they recognise that she requires and responds to their close support. And so, at the request of the department, they have agreed to extend the short stay for a further period whilst longer term arrangements are set in place.

Adult Placement (AP) Carers

AP carers may be single or couples, with or without children living at the family home. They are allowed to have one, two or three customers living or staying with them, depending upon their facilities. The suitability of each Carer is assessed over several months by the AP assessment team and the process includes:

- The completion of Common Induction Standards training with exercises designed to prepare people for this role.
- Evaluation of the family's circumstances, capabilities and values.
- DBS checks (formally CRB).
- References from GP, professionals and friends.
- The assessor's report on their suitability.

Prospective AP carers are then interviewed by the AP Approval Panel who consider the application and give final approval.

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Examples of the people who use respite and emergency care

Richard first arrived at Bradbury House in November 2012 as an Emergency Placement. Richard's father, who is his main carer, had become very unwell and was no longer able to care for Richard. When Richard first came into Bradbury House, he was very anxious and upset that his father was in hospital. Staff supported Richard, making sure he still had access to see his father at the hospital and helped support him afterwards, when he was very upset and distressed. Sadly, Richard received the upsetting news that his father had passed away. This was a very difficult time for Richard but staff supported him to come to terms with this loss and after some time, he was able to accept this and start to look forward to his future. During his time at Bradbury House, Richard learned a lot of life skills which he did not do at home, as his family did everything for him. Richard now enjoys attending activities and socialising within the community and is looking forward to moving into a new Supported Living home in the near future.

Miranda came into Bradbury House in June 2013, as an Emergency Placement. When Miranda arrived, she was very quiet, anxious and not really sure what was happening to her. The staff supported Miranda through this very difficult time as she was missing her son Joshua, a great deal and was anxious to know when she could see him again. Miranda gradually built up a trusting relationship with the staff and began to feel able to talk about her worries and concerns with them. Staff have supported Miranda to attend Court and give her emotional support when she is upset. Miranda thoroughly enjoys going on outings with other customers in the house. Since the short time of being at Bradbury House, Miranda's confidence and self esteem has really grown and she is now looking forward to moving on with her life.

Marlon first started accessing Bradbury House for respite in June 2011. Marlon does not use verbal language to communicate; instead he communicates using vocal noises, eye contact, facial movement and body language such as smiling and jiggling when he is happy. Staff have really got to know Marlon extremely well and understand his needs and choices. Staff are aware that Marlon loves being talked to; he enjoys listening to any kind of music; going out and about and he particularly enjoys playing with blue elastic bands. Staff support Marlon to have time out of his wheelchair due to his pronounced curve in his spine. Marlon loves going out and about with the staff and other customers. Marlon accesses the service approximately twice a month and comes weekly to the service for tea visits, giving his family a well earned break, knowing he is in a safe and caring environment.

Charlie is one of our new customers and has recently come through as a transition from Children's Services. Charlie started using our service in January 2013. Charlie is quite a complex young person and is known to display challenging behaviour. When Charlie comes into respite, staff must use a consistent approach to support him. Charlie enjoys playing pool in the games room with staff and enjoys watching Power Rangers DVDs. Staff understand, that it is important to provide Charlie with a structured routine whilst he is staying at Bradbury House and engage him in activities to prevent him getting bored. Staff have been trained to cope with Charlie's emotional feelings which can become very challenging and can change very quickly, at times. After an episode, Charlie can get very tearful and staff support and help him through this. Sadly, Charlie has recently suffered bereavement in the family and is finding the emotional aspect of this very difficult to deal with, including expressing his emotions and staff are supporting him to come to terms with this loss.

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Key outcomes feedback from recent inspections at Wiltshire Council registered services

- Appendix 3a – Wiltshire Council Adult Placement Service [Bourne Hill Office]
- Appendix 3b – Bradbury House, Salisbury
- Appendix 3c – Meadow Lodge, Chippenham
- Appendix 3d – Derriads, Chippenham
- Appendix 3e – Bradbury Manor, Devizes

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We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Wiltshire Council Adult Placement Service (Bourne Hill office)

Department of Community Services, PO Box 2281
, Salisbury, SP2 2HX

Tel: 01722438196

Date of Inspection: 28 November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
---------------------------------------------------------	---	-------------------

Care and welfare of people who use services	✓	Met this standard
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Requirements relating to workers	✓	Met this standard
-----------------------------------------	---	-------------------

Staffing	✓	Met this standard
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Complaints	✓	Met this standard
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Details about this location

Registered Provider	Wiltshire Council
Registered Manager	Mr. Christopher Lyne
Overview of the service	Wiltshire County Council Adult Placement Service provides care or support to people who are unable to live in a home of their own, but who live alongside other people in a family-like setting.
Type of service	Shared Lives
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 November 2013, talked with people who use the service and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

People told us they visited their new home prior to moving in, often for several hours. They said that they made the final decision of whether to move in or not. They also told us their carer always respected their privacy and dignity. One person said 'I have my own room and lots of freedom. My carer is very supportive and has really helped me to settle in'.

The manager told us placement officers were involved in and made aware of, every aspect of the person's needs from the start of the placement process. When changes to the plan of care had to be made, a meeting was scheduled and carers and the person using the service attended. The meeting was recorded and a plan of action was created. The manager attended informal meetings at regular intervals to check the agreed changes had been implemented. People signed to say they had attended the meeting and agreed the proposals.

The five carers we spoke with said they had felt continuously supported by the manager and placement officers from the time they commenced working. One carer told us, "I have a great relationship with my placement officer, if there are any issues I can contact them and always get a quick reply". Another said, "The service is very supportive and they give us good advice and point us in the right direction for any help".

The service had a full time manager and two part time placement officers, who were in turn supported by two part time assistant placement officers. All were employed by Wiltshire Council and were either based in the north or south of the county. There were 30 households approved to provide longer term placements, with two of them set up for short term or respite placements, which could be either planned or to cover an emergency.

People were made aware of the complaints system. This was provided in a format that met their needs. We saw the service user's handbook, which included a section about complaints and who to turn to for support or act as an advocate. The format included easy to read text and pictures. This was given to each person before they started on a placement and was signed by them and/or their relative to confirm they agreed it.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People were able to express their views and were involved in making decisions about their care and treatment. We looked at three care plans which showed people signed their plans of care to show they had understood and agreed with them. These included agreements between the carers and the person about how they wished to be cared for, and what support they needed assistance with. They also included detailed information about a person's ability to make decisions on the various elements of their support plan. Examples included 'support needed to go out' and 'what I like to do during the day'. People we spoke with confirmed their care plans were clear and easily understood. People also told us carers knew how to help them and knew what they liked and disliked.

People's diversity, values and human rights were respected. Any special needs such as physical or health needs were noted on care plans together with the action needed to meet those needs. An example was the 'matching' process. This ensured the people using the service and the carers were compatible, and carers could meet the person's needs including any cultural and religious ones.

People who used the service were given appropriate information and support regarding their care or treatment. We spoke with three people who used the service and they confirmed they were given a Service User's Guide which described, in detail the service the scheme could offer. It included all aspects of care including the role of the adult placement officers and the role of the carers. We saw the guide was produced in an easy read format.

People told us they visited their new home prior to moving in, often for several hours. They said they made the final decision of whether to move in or not. They also told us their carer always respected their privacy and dignity. One person said 'I have my own room and lots of freedom. My carer is very supportive and has really helped me to settle in'.

People were supported in promoting their independence. People's independence levels

and how to enhance them were included in the care plans we looked at. Community involvement and daily routines such as jobs or attending day services were included.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care was planned and delivered in line with their individual care plan. We were told by the manager this included information provided by the commissioning social worker who made the initial assessment of the person's care and support needs. These would include an initial recommendation the persons needs would be best served by the adult placement service. People were then visited by the adult placement team who undertook a more detailed assessment. The three care plans we looked at contained all the relevant information to enable the carers to deliver the agreed amount of care in the way people preferred. We saw care plans were outcome focused and people's needs were met in a flexible way. The carers signed the care plans together with the person and the adult placement officer to show they agreed to provide the recommended care.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. In each of the three care plans we saw each person had an individual care plan and risk assessments were in place for any aspect of care which posed a risk. These contained details of how the risks were to be minimised. All the documents showed placement staff ensured carers had as much information as possible to enable them to support each person. Care plans prepared by the placement officers were person centred and considered all aspects of their individual circumstances, as well as their day-to-day and longer-term needs. They also reflected people's needs, preferences and diversity. None of the five carers who spoke with us raised any issues in relation to the quality of care plans or information they contained. They all told us the care plans were clear, accurate and reviewed at least every three months. This would include the placement officer, the carer and the person using the service. We were told the person's social worker would also be invited but could not always attend.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care records we reviewed contained a placement agreement and service user guide. These provided details of the service to be provided for the person, aim of the placement, fees, provision of care and carers role. We saw it also contained a plan which detailed the person's preferred daily routine, what they liked to eat and drink, level of support required, activities, likes and dislikes, health and wellbeing,

family details and travelling abilities.

People who received long term care were formally reviewed at least once a year and more often if their needs changed. People told us they attended their reviews if they wanted to. For people on longer term placements, any relevant health care records were kept in their homes. We saw health checks and health referrals were checked by the adult placement officers quarterly.

The manager told us placement officers were involved in and made aware of, every aspect of the person's needs from the start of the placement process. When changes to the plan of care had to be made, a meeting was scheduled and carers and the person using the service attended. The meeting was recorded and a plan of action was created. The manager attended informal meetings at regular intervals to check the agreed changes had been implemented. People signed to say they had attended the meeting and agreed with the proposals.

As part of our inspection we spoke with three people who used the service over the telephone. People told us they were happy with the quality of care offered by their. One person told us "this really works for me and I have been very happy here". Another told us "I met my carer and stayed for a short time before so I could see what it was like".

We spoke with three carers who were able to tell us about the specific needs of the people they supported. They told us how they reported to their placement officer any changes or issues relevant to the person they supported which enabled a consistent approach to be maintained.

We saw the service had arrangements in case of emergencies which included identified back-up carers in case a carer were not able to provide the required support because of any reason, which meant the continuity of people's support was maintained.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Before the carers were 'approved' they had to undertake a six month induction course which is based on the nationally recognised common induction standards. This entailed covering both online and face to face training from a variety of subject areas including, safeguarding procedures, health and safety, maintaining privacy and dignity. During this period they would also have four interviews where they were assessed for their suitability for the role by the service manager. Once this was completed the manager wrote a report for the approval panel. The panel would be made up of three people who are not involved in the day to day running of the service, one of whom will be a person who uses the service. Carers are interviewed by the panel and a decision will be made about their suitability.

We spoke with three carers who had been through the process in the last year, and they all confirmed it had been a very thorough process. One said "I had been through this process with another local authority a few years ago and this one was far more searching". Another told us "the level of training in the induction was great and it's really helped me to support X (the person using the service).

The service had a central recruitment system in place to monitor when carers had undergone the Disclosure and Barring Service (DBS) checks, submitted an application form and provided one professional and two personal references. This information was stored centrally on a secure computer system maintained by the Wiltshire Council human resource department. The manager of the adult placement service showed us a recently completed file which contained an application form, an assessment report, checks and references and DBS record.

The five carers we spoke with said they had felt continuously supported by the manager and placement officers from the time they commenced working. One carer told us, "I have a great relationship with my placement officer, if there are any issues I can contact them and always get a quick reply". Another said, "The service is very supportive and they give us good advice and point us in the right direction for any help".

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The service had a full time manager and two part time placement officers, who were in turn supported by two part time assistant placement officers. All were employed by Wiltshire Council and were either based in the north or south of the county. There were 30 households approved to provide longer term placements, with two of them set up for short term or respite placements, which could be either planned or to cover an emergency.

We spoke to five carers who all told us their allocated placement officers could be contacted during the day and relied on to reply if they needed advice. They confirmed there was also an out of hour's emergency duty team they could contact in the event of an emergency for support or advice. This service would also arrange short term cover should a carer need to respond to an emergency. Planned holiday cover for carers was also arranged by the placement officers.

Carers had some access to council run training which was identified as 'mandatory' (compulsory) for them such as first aid or health and safety. There were other courses carers could complete if they had an interest in or if the training would benefit them and the people in their care, for example dealing with medication. Carers we spoke with told us they would talk to their placement officer if any training needs arose during the three monthly review meetings.

The provider also ensured the placement officers were adequately supported and their workload was manageable. We heard from the manager how he would supervise staff and monitor their caseloads to ensure an equal distribution. He would also provide short term cover for a placement officer if they were absent.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. We saw the service user's handbook, which included a section about complaints and who to turn to for support or act as an advocate. The format included easy to read text and pictures. This was given to each person before they started on a placement and was signed by them and/or their relative to confirm they were aware of it. Each carer was also given this information which explained how they, and the people they supported, could complain.

People were given support by the provider to make a comment or complaint when they needed assistance. The placement officers would check people were happy with the service during the three monthly review meetings. The two people who spoke with us told us they would know who to complain to if they were not happy with an aspect of their care. One person told us, "I would normally speak to my carer first but if it was about them I would go straight to the manager". The other person told us they would speak with their placement officer.

The manager of the service was responsible for ensuring any complaints were dealt with in line with the current policy and procedure. He explained to us the time table they worked to and how a complaint would be investigated and responded to by the relevant care management team. He told us they had received none this year, but he was able to show us how he dealt with a concern one person who used the service had raised. This concerned clarifying the arrangements which were being made over the allocation of some money for a holiday. We saw this had been dealt with appropriately and had been resolved.

About CQC inspections

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All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Bradbury House

The Portway, Salisbury, SP4 6BT

Tel: 01722349144

Date of Inspection: 24 April 2013

Date of Publication: May
2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Cleanliness and infection control ✓ Met this standard

Management of medicines ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	Wiltshire Council
Registered Manager	Ms. Susan Gray
Overview of the service	Bradbury House provides planned and emergency short term respite care for up to ten people with a learning disability, some of whom may have additional physical care needs. All accommodation is on the ground floor and in single rooms. There are shared recreational rooms and accessible gardens.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Bradbury House had taken action to meet the following essential standards:

- Cleanliness and infection control
- Management of medicines
- Records

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 April 2013 and talked with staff.

What people told us and what we found

None of the people staying at the home were in when we visited. We joined a staff meeting and we spoke individually with the manager, two senior support workers, two support workers, a kitchen assistant and caretaker.

At our previous inspection in January 2013 we found some people's care records were not helpful because it was not possible to tell if information in people's records was current and accurate. The provider told us how they intended to improve their record keeping so people would not be at risk of unsafe care. At this visit we found records had been improved and were completed and maintained in a consistent way. All documents were signed and dated. Staff we spoke with were confident they and their colleagues were up to date with the content of records.

We looked at how people's medicines were managed. We found there were good systems for ensuring people's medicines were safely looked after. Written plans made sure people received their medicines in ways that met individual needs and preferences. Staff always checked with people's families or GPs if there had been any changes in prescription since their previous stay.

We looked at how the home was kept clean. All the communal rooms and areas, and bedrooms we saw, were very clean. Staff took a pride in this. The manager had systems to keep a check on cleaning being carried out to a high standard.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Cleanliness and infection control

✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

Reasons for our judgement

We looked at all the communal parts of the home including assisted bathrooms and we saw some personal rooms, including en suite toilets and showers. We found high standards of cleanliness throughout. A kitchen assistant told us they followed a cleaning schedule, which covered the kitchen, training kitchen and bathrooms. They told us bedrooms were thoroughly cleaned as soon as they were vacant, ready for the next occupant.

Support staff told us they were responsible for ensuring the cleanliness of bedrooms whilst they were occupied, including supporting people to take as much responsibility for this as they wanted. A caretaker explained their responsibilities for maintaining standards of cleaning in communal areas. This included checking the condition of fittings such as toilet seats, throughout the home. There was secure and orderly storage of chemicals. The laundry was well organised and clean, including behind the machines. The provider may find it useful to note that some switch pull cords were dirty as they were not included in routine monitoring.

The registered manager was the lead person in the home for infection control. We saw they used the Department of Health 'Code of Practice on the prevention and control of infections' as a guide to maintaining systems to maintain and monitor standards of cleanliness in the home. The home's infection control policy stated that people with current infectious conditions did not stay at the home for respite care. People on indeterminate emergency stays could, if necessary, be cared for with a transmissible infection within their rooms, as all rooms had en suite facilities and room to enjoy leisure activities.

We saw there were accessible supplies of protective gloves and aprons for staff to use and dispose of as they needed. The home was well supplied with hand washing and sanitising facilities. Staff had been trained in food hygiene. We saw examples of good food hygiene practice being followed. Refresher training in infection control was currently being arranged for all staff. We joined a staff meeting. Health and safety was a standard agenda item. Minutes from the previous meeting showed needs had been identified for new shower heads and additional laundry nets. It was confirmed these items had been

obtained and put in place. The manager had been monitoring food labelling in the fridges and said improvements had been made.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

One of the senior care staff was the lead person for medicines practice in the home. They showed us the home had safe systems for receiving, storing and managing medicines. The provider had recently updated the medicines policy.

All support staff were involved in administration of medicines. We saw evidence they received appropriate training. This was supported by regular checks on their competency. We joined a staff meeting, in which the lead person gave staff reminders about ensuring safe practice. They had just completed a quiz exercise with the whole staff group, to test their knowledge. All medicines tasks involved two members of staff, as a means of ensuring accuracy.

Each person using the service had a medicines folder, which was kept in the medicines room. We looked at three of these. They included a full list of medicines taken, with reasons and start and finish dates, so a history of a person's medicine needs could be easily seen. There was a person centred administration guide, which showed how people liked to receive their medicines. For example, one person was given medicines in their room and another preferred to do so in the dining room. There were details of which drinks or foods people favoured for helping them take medicines. Where people could not express preferences, staff had taken account of privacy and dignity issues in how guidance was written. Medicines risk assessments showed evidence of six monthly review.

The individual medicines guidance referred appropriately to people's care plans. For example, we saw a person's epilepsy management plan was included in their medicines folder. This included guidance on how to make a decision about use of rescue medication. The person's close relative had signed agreement to the protocol. For all medicines prescribed for use 'as needed' there was a protocol on file. Where an 'as needed' medicine was linked to bowel function, the relevant recording chart was kept in the medicine folder so decisions to administer were related to the most up to date information.

Staff told us any changes in a person's medicines regime were communicated through staff handovers. Actual administration was recorded in a medicines administration record (MAR). We looked at the current MARs. These were completed correctly and matched

with the information in people's medicines folders. Use of prescribed topical creams was recorded in the MARs.

There was evidence of close liaison between the home and people's families. Sometimes when people returned for a short stay their medicine directions differed from the home's record from their previous stay. In that case, firm confirmation of the latest prescription was sought either from the family or the person's GP surgery. People could not remain at the home without this verification having been recorded.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

When we previously visited Bradbury House in January 2013, some risk assessments had been written at other respite facilities run by the provider. There was no evidence they had been reviewed as still applicable in this environment and some were not relevant. We noted many care and planning records were not signed or were undated. Support plans did not identify when people began using the service, or why they did so. We asked the provider to take action to put these things right. They sent us an action plan and we checked on this visit that they had made the improvements necessary to protect people from unsafe care.

We looked at three support plans in detail. We found they had been improved in a consistent way. It was clear at the start of any record when the person began using the service and whether this was for short stays or emergency placement. Folders were clearly indexed. Where a person had epilepsy, all related documentation was kept in one part of the folder. There was evidence that people staying at the home were directly involved in the content of support plans and risk assessments, or their family advocates were.

Plans and risk assessments showed evidence of review and a next planned review date was always shown. A senior support worker showed us they had a diary which contained all review dates, to ensure they would be carried out as planned. Each person's record also contained a form for recording all reviews. Key information, including the person's hospital passport, was kept near the front of folders.

All documents were signed and dated. Support staff were required to sign in each record monthly to show they had read it during the month. Staff we spoke with were confident they and their colleagues were up to date with the content of records. The provider may find it useful to note that when new risk assessments were formulated, their content sometimes overlapped with existing risk assessments, which could therefore have been withdrawn from use. This would ensure staff all used the most comprehensive assessment.

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There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

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How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Meadow Lodge

Sadlers Mead, Monkton Park, Chippenham,
SN15 3PE

Tel: 01249656136

Date of Inspection: 22 November 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Safeguarding people who use services from abuse

✓ Met this standard

Assessing and monitoring the quality of service provision

✓ Met this standard

Details about this location

Registered Provider	Wiltshire Council
Registered Manager	Mrs. Tanya Andrews
Overview of the service	Meadowlodge is a respite service in Chippenham in Wiltshire. It provides short term residential care breaks for adults with a learning disability. The service has places for up to four people at a time.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Meadow Lodge had taken action to meet the following essential standards:

- Safeguarding people who use services from abuse
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 22 November 2013, talked with staff, reviewed information given to us by the provider and talked with other authorities.

We looked throughout the property to check that information was displayed for people who stayed at the unit and for staff.

What people told us and what we found

We carried out a follow up inspection to the home on 22 November 2013 as we had identified areas for improvement in an earlier inspection.

We found that significant improvements had been made which had also benefitted employee's within the whole of Wiltshire County Council.

A wide range of documentation around safeguarding vulnerable adults and whistleblowing had been devised to ensure that people who used services, their families and staff had access to appropriate information. A whistleblowing poster, a revised policy and a new leaflet for people who used the service had been written. The leaflet was written in easy English with pictures, which explained how to tell someone if you were being treated unfairly. Staff would now be able to use the leaflet with people, if anyone who stayed at Meadowlodge had a concern around being safe. The revised whistleblowing policy had more information so that staff knew who to contact if they had a concern.

The training department in Wiltshire County Council had changed the way they provided training in safeguarding, so that there was more face to face training. Staff said they preferred this method as it was easier to understand. We spoke with one agency worker who told us they had received refresher training in safeguarding and they had found the 'face to face learning better than just learning from a computer'.

The department who supplied agency and relief agency staff to services such as Meadowlodge had put a new system in place to ensure that all staff who worked for the county council, were competent and knowledgeable in safeguarding procedures and were able to support people appropriately.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

During a previous inspection on 27 August 2013, we observed that people were comfortable with the staff in the home and they had told us they felt safe. Families we spoke with said they were happy with the staff and the way they cared for their family member and had no concerns relating to safety. Staff told us they had received training in 'Safeguarding of Vulnerable adults' and we found that permanent staff members were knowledgeable around what constituted abuse and whistleblowing.

However, we found this was not the case for the relief agency worker. The agency worker told us they had not received training in whistleblowing and it had been a 'few years ago' since they had received safeguarding training. During our inspection we found there was a lack of information around safeguarding and recognising abuse, for staff and people who stayed at the unit.

We asked the provider to make some improvements. We carried out an inspection on 22 November 2013 to see what improvements had been made. We found that the provider had made significant changes towards compliance which had been rolled out throughout other services which the council provided.

On the day of our inspection there were no relief agency workers available to talk with. We spoke with the manager who confirmed that the agency worker involved had received safeguarding training in November 2012, however they had now received further training which had covered the internal and external procedures for whistleblowing. The manager confirmed that all staff including relief and agency workers had received an updated copy of the Council's whistleblowing policy.

The County manager of the learning disability provider services confirmed that all agency and relief agency staff had completed refresher safeguarding training. The manager explained they had set up a new system to ensure that all relief and other agency staff were competent in their knowledge of safeguarding and whistleblowing. Before an agency

worker carried out their first shift in the home, the manager would verbally assess their knowledge of whistleblowing and safeguarding.

Wiltshire county council had also implemented a county wide initiative to ensure worker competency and we refer to this in outcome 16.

Appropriate information around safeguarding and whistleblowing was available to all staff who worked in the home. On the office noticeboard was a comprehensive flow-chart detailing the safeguarding referral process along with contact telephone numbers. In addition, was a copy of the whistleblowing policy and contact details for the external regulators..

People who used the service, their families and staff had access to appropriate information around recognising and reporting abuse. The provider had developed an 'easy to read' leaflet called 'Keeping adults safe from abuse and neglect'. This leaflet contained information about who to tell if someone was worried they were being abused. It also listed helpful telephone numbers of who to contact. The manager told us that the provider had consulted with people and their families about the leaflet and the new leaflet had their approval.

We saw that in each of the bedrooms, that a small laminated notice entitled 'Dear Customer' had been put on the wall. This gave people information on what to do 'when someone does or says something to make you feel upset or frightened'.

In the foyer of the home was a large poster called 'Whistleblowing it's everyone's business – Stop Abuse'. This was a new poster developed by the provider on who to contact internally within Wiltshire Council, and externally, should people suspect abuse. This document had been rolled out to all services within Wiltshire County Council as part of their safeguarding documentation.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

During a previous inspection on 27 August 2013 we looked at outcome 16, the 'Assessing and monitoring the quality of service provision' as an additional outcome. We found that the provider did not have fully effective quality assurance systems in place in relation to governance, training and the skill base of relief agency staff.

We asked the provider to make some improvements. On the 31 October 2013 we met with the county manager of learning disabilities provider services to review evidence towards compliance. In addition, we carried out an inspection on 22 November 2013 and found that the provider had made significant improvements. These improvements had been rolled out throughout other services which the council provided.

Staff had access to a whistleblowing policy which was appropriate to those services who delivered care. The governance department for the council had revised the whistleblowing policy. This policy was generic and used throughout all services within the council.

The new policy described the council's whistleblowing procedures and who to contact internally. There was also information around the Public Interest Disclosure Act 1998 (PIDA) and how it could protect staff if they decided to whistle blow. At the end of the policy was detailed information about how to contact the external regulator according to their function, for example, for health and social care there was contact information for the independent regulator.

Changes were made to the methods used in the delivery of safeguarding training which all council employees received. The head of training reviewed the effectiveness of the current training methods and found that employees preferred a combination of e-learning and face to face learning as opposed to just e-learning.

As a result of the feedback from learners, the provider introduced 'face to face' teaching sessions for the main safeguarding training with refresher training being a combination of e-learning and face to face. Every two years the training would be classroom based, however the county manager told us that they were striving to only use face to face training for safeguarding in the future.

The content of the training had been changed to focus on discussing real life scenarios within the learning groups. In addition, there was now a session around the role of the independent regulator for health and social care and the employee's responsibility in keeping people safe. The county manager and the home manager told us that they had received nothing but positive comments from staff around the new training regime. Stating that staff had found it much easier to retain their learning and understanding of what safeguarding was by learning in a group, face to face.

The county manager informed us that all staff within the council had received a copy of the updated whistleblowing policy, along with several worksheets in relation to whistleblowing, dignity at work, PIDA and the grievance process.

Quality assurance systems had been set up to monitor that staff had received appropriate mandatory training and had read and understood their responsibilities and 'duty of care' to people who used their service. Wiltshire county council had introduced an 'employee's annual check sheet' for the safeguarding of vulnerable adults and whistleblowing. Employees confirmed their understanding and responsibility as an alerter for safeguarding and whistleblowing by signing the form.

Statements on the form asked employees if they understood statements such as, 'I have seen and I understand how to complete and submit a form 75' and 'I feel confident, to be able to identify the signs of abuse'. A copy of this form was kept in the employee's training file. The employee was then given a Certificate of Competency which they had to supply to any new services they worked in, in particular for agency and relief agency staff.

The council had introduced a new system to ensure that all relief agency workers supplied by the council and external agency workers were competent in their knowledge of safeguarding. The council agency workers completed a form which confirmed they had completed the mandatory training in the safeguarding of vulnerable adults and deprivation of liberty safeguards (DoLS) and the date of completion. A list of the policies they had been given, the date of issue of their Disclosure and Barring service check (DBS).

For the external agency workers which the council sub-contracted, a similar declaration was signed by the worker which gave details of their training and competence in safeguarding and which would be reviewed on an annual basis. The county manager told us that they had reviewed their service level agreement with the external support worker agency, so that regular quarterly audits were submitted to the council concerning the agency staff competence and skills.

As a way of highlighting the importance and legal responsibilities of the individual employee's role in safeguarding people, the council had given presentations around 'safeguarding and the deprivation of liberty' to the contracts and commissioning teams within the council. The county manager explained that they hoped to continue this with other departments within the council.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.


In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Derriads

70 Derriads Lane, Chippenham, SN14 0QL

Tel: 01249652814

Date of Inspection: 22 November 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Safeguarding people who use services from abuse

✓ Met this standard

Assessing and monitoring the quality of service provision

✓ Met this standard

Details about this location

Registered Provider	Wiltshire Council
Registered Manager	Mrs. Tanya Andrews
Overview of the service	Derriads is a respite service in Chippenham in Wiltshire. It provides short term residential care breaks for adults with a learning disability. The service has places for up to four people at a time.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Derriads had taken action to meet the following essential standards:

- Safeguarding people who use services from abuse
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 22 November 2013, talked with staff, reviewed information given to us by the provider and talked with other authorities.

We looked throughout the property to check that information was displayed for people who stayed at the unit and for staff.

What people told us and what we found

We carried out a follow up inspection to the home on 22 November 2013 as we had identified areas for improvement in an earlier inspection.

We found that significant improvements had been made which had also benefitted employee's within the whole of Wiltshire County Council.

A wide range of documentation around safeguarding vulnerable adults and whistleblowing had been devised to ensure that people who used services, their families and staff had access to appropriate information. A whistleblowing poster, a revised policy and a new leaflet for people who used the service had been written. The leaflet was written in easy English with pictures, which explained how to tell someone if you were being treated unfairly. Staff would now be able to use the leaflet with people, if anyone who stayed at Derriads had a concern around being safe. The revised whistleblowing policy had more information so that staff knew who to contact if they had a concern.

The training department in Wiltshire county council had changed the way they provided training in safeguarding, so that there was more face to face training. Staff said they preferred this method as it was easier to understand. We spoke with one agency worker who told us they had received refresher training in safeguarding and they had found the 'face to face learning better than just learning from a computer'.

The department who supplied agency and relief agency staff to services such as Derriads had put a new system in place to ensure that all staff who worked for the county council, were competent and knowledgeable in safeguarding procedures and were able to support people appropriately.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

During a previous inspection on 28 August 2013, we observed that people were comfortable with the staff in the home and they had told us they felt safe. Families we spoke with said they were happy with the staff and the way they cared for their family member and had no concerns relating to safety. Staff told us they had received training in 'Safeguarding of Vulnerable adults' and we found that permanent staff members were knowledgeable around what constituted abuse. However, we found this was not the case for the agency worker. In addition, there was a lack of information around safeguarding and recognising abuse, for staff and people who stayed at the unit.

We asked the provider to make some improvements. We carried out an inspection on 22 November 2013 to see what improvements had been made. We found that the provider had made significant changes towards compliance which had been rolled out throughout other services which the council provided.

We spoke with an agency worker regarding safeguarding. They told us they had received further training and through discussion with us, could confidently explain the 'Deprivation of Liberty Safeguards', the Mental Capacity Act 2005 and the whistleblowing procedures within Wiltshire County Council. They were able to give appropriate examples of what a deprivation of liberty was and where this would apply. They told us they had received a copy of the new whistleblowing policy which contained more information about the external regulators. They said they were confident that they had access to all of the information they would need in order to escalate safeguarding concerns appropriately.

Appropriate information around safeguarding and whistleblowing was available to all staff who worked in the home. On the office noticeboard was a comprehensive flow-chart detailing the safeguarding referral process along with contact telephone numbers. In addition, was a copy of the whistleblowing policy and contact details for the external regulators..

People who used the service, their families and staff had access to appropriate information around recognising and reporting abuse. The provider had developed an 'easy to read' leaflet called 'Keeping adults safe from abuse and neglect'. This leaflet contained information about who to tell if someone was worried they were being abused. It also listed helpful telephone numbers of who to contact. The manager told us that the provider had consulted with people and their families about the leaflet and the new leaflet had their approval.

We saw that in each of the bedrooms, that a small laminated notice entitled 'Dear Customer' had been put on the wall. This gave people information on what to do 'when someone does or says something to make you feel upset or frightened'. In the foyer of the home was a large poster called 'Whistleblowing it's everyone's business – Stop Abuse'. This was a new poster developed by the provider on who to contact internally within Wiltshire Council, and externally, should people suspect abuse. This document had been rolled out to all services within Wiltshire County Council as part of their safeguarding documentation.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

During a previous inspection on 28 August 2013 we looked at outcome 16, the 'Assessing and monitoring the quality of service provision' as an additional outcome. We found that the provider did not have fully effective quality assurance systems in place in relation to governance, training and the skill base of relief agency staff.

We asked the provider to make some improvements. On the 31 October 2013 we met with the county manager of learning disabilities provider services to review evidence towards compliance. In addition, we carried out an inspection on 22 November 2013 and found that the provider had made significant improvements. These improvements had been rolled out throughout other services which the council provided.

Staff had access to a whistleblowing policy which was appropriate to those services who delivered care. The governance department for the council had revised the whistleblowing policy. This policy was generic and used throughout all services within the council.

The new policy described the council's whistleblowing procedures and who to contact internally. There was also information around the Public Interest Disclosure Act 1998 (PIDA) and how it could protect staff if they decided to whistle blow. At the end of the policy was detailed information about how to contact the external regulator according to their function, for example, for health and social care there was contact information for the independent regulator.

Changes were made to the methods used in the delivery of safeguarding training which all council employees received. The head of training reviewed the effectiveness of the current training methods and found that employees preferred a combination of e-learning and face to face learning as opposed to just e-learning.

As a result of the feedback from learners, the provider introduced 'face to face' teaching sessions for the main safeguarding training with refresher training being a combination of e-learning and face to face. Every two years the training would be classroom based, however the county manager told us that they were striving to only use face to face

training for safeguarding in the future.

The content of the training had been changed to focus on discussing real life scenarios within the learning groups. In addition, there was now a session around the role of the independent regulator for health and social care and the employee's responsibility in keeping people safe. The county manager and the home manager told us that they had received nothing but positive comments from staff around the new training regime. Stating that staff had found it much easier to retain their learning and understanding of what safeguarding was by learning in a group, face to face.

The county manager informed us that all staff within the council had received a copy of the updated whistleblowing policy, along with several worksheets in relation to whistleblowing, dignity at work, PIDA and the grievance process.

Quality assurance systems had been set up to monitor that staff had received appropriate mandatory training and had read and understood their responsibilities and 'duty of care' to people who used their service. Wiltshire county council had introduced an 'employee's annual check sheet' for the safeguarding of vulnerable adults and whistleblowing. Employees confirmed their understanding and responsibility as an alerter for safeguarding and whistleblowing by signing the form.

Statements on the form asked employees if they understood statements such as, 'I have seen and I understand how to complete and submit a form 75' and 'I feel confident, to be able to identify the signs of abuse'. A copy of this form was kept in the employee's training file. The employee was then given a Certificate of Competency which they had to supply to any new services they worked in, in particular for agency and relief agency staff.

The council had introduced a new system to ensure that all relief agency workers supplied by the council and external agency workers were competent in their knowledge of safeguarding. The council agency workers completed a form which confirmed they had completed the mandatory training in the safeguarding of vulnerable adults and deprivation of liberty safeguards (DoLS) and the date of completion. A list of the policies they had been given, the date of issue of their Disclosure and Barring service check (DBS).

For the external agency workers which the council sub-contracted, a similar declaration was signed by the worker which gave details of their training, and competence in safeguarding, and which would be reviewed on an annual basis. The county manager told us that they had reviewed their service level agreement with the external support worker agency, so that regular quarterly audits were submitted to the council concerning the agency staff competence and skills.

As a way of highlighting the importance and legal responsibilities of the individual employee's role in safeguarding people, the council had given presentations around 'safeguarding and the deprivation of liberty' to the contracts and commissioning teams within the council. The county manager explained that they hoped to continue this with other departments within the council.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Bradbury Manor

Nursted Road, Devizes, SN10 3AF

Tel: 01380732620

Date of Inspection: 16 October 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Wiltshire Council
Registered Manager	Mrs. Karen Taylor
Overview of the service	Bradbury Manor provides planned and emergency short term respite care for up to ten people with a learning disability, some of whom may have additional physical care needs. All accommodation is on the ground floor and in single rooms. There are shared recreational rooms and accessible gardens.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 October 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

The service provided short break accommodation with care, mainly to people who stayed there regularly. One person told us "I always have my own key when I'm here. It's here, look. No-one can go in unless I want them to."

We saw the analysis of feedback from people who had used the service at Bradbury Manor. One person had written "I think it's brilliant. I always look forward to coming in."

The documentation we reviewed, and discussions we had confirmed that people's needs were assessed and then care and treatment was planned and delivered in line with their care plan. This documentation contained risk assessments for each person. These were written in easy-to-read language. The assessments were based on attempting to ensure people could do things, rather than stopping them from becoming involved in situations which might be a risk.

It was clear that staff understood the requirements of the safeguarding policy and followed the correct procedures. Concerns had been dealt with appropriately.

We saw documentation regarding induction, supervision and appraisal, which confirmed that staff received appropriate professional development. People told us they were confident about the ability of the staff who looked after them.

We heard and saw evidence which confirmed that the manager was concerned to improve the quality of service for the people who used Bradbury Manor, through understanding learning from feedback and from elsewhere.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

The manager told us that the service worked with about sixty people living in Wiltshire. We were shown the process which the County Council used to decide how much support people would receive. This was based on an assessment of the needs of both the people who used Bradbury Manor and their relatives or other carers. The manager and her senior staff used this information to work with the person and their family, and book the appropriate stays and support. This included agreeing which weekends and which mid-week breaks would be used. We saw that bookings had been agreed until the end of December 2013.

We spoke with one person who told us that they always used the same room "and I like it that way." The manager told us "This depends on their mobility and whether they can get to the dining room. I also have to take into account who is here at the time. There are people who like to be here together and there are people who would rather not be here if someone else is here. That might affect the use of rooms."

It was clear, from the information provided that the manager and her staff ensured that people who use the service at Bradbury Manor understood the care and treatment choices available to them. This was assisted by the service user guide for Bradbury Manor, which we were shown. This was entitled 'customer's guide' and throughout our inspection staff referred to people who used the service as customers. We were told by a member of staff that this was intended to show how the people were entitled to choose which services, activities and support they used during their stay. This member of staff also told us that it made the staff "think about how we work with people, because they are in charge."

The guide stated that the service provided short break accommodation with care, mainly to people who stayed there regularly. There was a written explanation of what people could expect. This was accompanied by photographs, for instance of the entrance and pictures, for instance of the types of food available.

The guide stated that all the bedrooms were en-suite and we looked to confirm that this was the case. We saw that some bedrooms had larger shower areas than others. One member of staff explained "This is because we have people staying who need to use hoists and one person showers whilst still on their bed." Another member of staff confirmed that "all personal care takes place in people's rooms." The guide also stated that people could have a key to their bedroom, if they wanted to. One person told us "I always have my own key when I'm here. It's here, look. No-one can go in unless I want them to."

The guide also stated that there was 'a telephone you can use to ring people'. The manager told us "This is a mobile phone which can operate anywhere in the building. Mobile reception is not good here but I did some research to find one which can be used anywhere. It does mean people can keep in contact with their families whilst they are here, and it doesn't cost them anything to phone home."

We saw how people were encouraged to express their views and were supported in promoting their independence and community involvement. In addition to retaining contact with relatives, the guide also stated that the people could make use of a sensory garden. A member of staff showed us both this area and also the remainder of the gardens surrounding the house. They told us "It is a memorial to someone who was here. It's good for people to come here and be able to see colours and smell different scents." We were also shown an area where people could plant seeds and grow vegetables. "It's really something when people plant things, see them grow and then can pick them or dig them up and cook them." the member of staff told us.

During our inspection we looked at how staff and people staying at Bradbury Manor interacted with each other. It was clear that the staff were friendly and respectful and that the people appreciated the support given. For instance, we spoke with one person who told us "I'm listening to my favourite music. I like staff help me by putting it on." Another person told us "I watched the football last night and was so excited. I really wanted to play today and it's good they've joined in."

At our last inspection we had noted that there was no provision of notice boards in bedrooms. There were still no notice boards in people's rooms. The manager told us "We did look at this, as a staff group, but saw problems about using pin-boards, because of risk for some people. I'm hoping the Friends of Bradbury can help with something when they do their annual Christmas trip to buy things for the place."

The guide we had been shown referred to making adjustments for people's cultural needs. It talked about different religions and how staff would help contact different faith groups, locally in required. It also talked about different food. The manger told us how staff ensured that this happened. It was clear from her description that she and the staff took the matter seriously and made sure appropriate arrangements were made. For instance, one person who practised a faith not recognising Christmas was not offered a service because other people might be observing the festival. The guide also referred to 'other formats and languages'. This ensured that people unable to read, or whose first language was not English, could receive the information in a way they would understand.

We saw the analysis of feedback from people who had used the service at Bradbury Manor and their relatives. One person had written "Our daughter's needs were met in every way." Another person had written "I think it's brilliant. I always look forward to coming in."

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at the documentation held for six people. There was a folder of information to be used mainly by the staff and any other professionals involved in supporting people. There was also a support plan which was written in easy-to-read language. It also used photographs and pictures to assist understanding. The use of documents in the two formats meant that people who used the service at Bradbury Manor could be confident about information held about them. It also meant that staff and other, relevant professionals had access to all the information they required.

The support plan included sections headed 'likes and dislikes' and 'personal care'. These contained information which would help staff make sure people were treated as individuals. For instance, one support plan indicated that they might have an epileptic fit. It stated "Please see my epilepsy profile for what to do." The profile was in the other folder of information and gave detailed instructions for care and what medicine to give. During our inspection staff made arrangements for this person to go into town. The member of staff who was accompanying the person came and collected the profile. They told us "I always take this with me when we go out. If there's a problem I can telephone for help and show whoever turns up exactly what should happen. That way the support will be what's been agreed and expected."

Another support plan stated that the person enjoyed going into town and shopping. We spoke with this person when they returned from a trip during our inspection. They told us "I've bought my newspaper and magazines. I also bought a pumpkin. I might make a lantern here, or I might take it home. The staff always take me to town when I'm here."

The documentation we reviewed, and discussions we had confirmed that people's needs were assessed and then care and treatment was planned and delivered in line with their care plan.

The customer's guide referred to other support people who used the service provided at Bradbury Manor could expect to receive. This stated that people would continue to access services from their local GP, if they were local. Otherwise, the guide stated that the home had an arrangement with a local surgery to register people as 'temporary patients,' if they needed medical attention whilst staying in the home. The guide also referred to support

the local specialist learning disabilities service would provide.

The folder of information for staff included a health action plan. This ensured that people were involved in understanding and planning for their own health needs. They also assisted communication with health professionals about people's individual needs. For instance, one health action plan identified the assistance that person would receive from the District Nurses at their local GP practice, which the staff at Bradbury Manor could not provide. During our inspection this person received a visit from the District Nurse. The manager told us "It was someone they've known for some time and they were really pleased. It shows how we can work with the local services to make sure people get all the care they need, even if we're not able to provide it."

We looked for evidence that people's care and treatment was planned and delivered in a way that was intended to ensure their safety & welfare. The documentation we saw contained risk assessments for each person. These were written in easy-to-read language. The assessments were based on attempting to ensure people could do things, rather than stopping them from becoming involved in situations which might be a risk. For instance, we looked at the support plan for the person who had epileptic fits. The risk assessment stated "I like watching bright disco lights. I enjoy this but staff need to be careful because they might make me have a fit."

The guide which we had been shown also stated that people could look after their own medication, if they wished to. A risk assessment was necessary and people had to agree to use a lockable cabinet, to ensure that other people could not access their medication. We spoke with one person who had used this facility on previous stays. They told us "I always used to look after my own drugs, but not anymore. I had a scare at home. I prefer the staff doing it now."

We asked the manager how she could evidence that people's care reflected relevant research and guidance. She showed us information which had been accessed from the internet about the problems which people who used the service at Bradbury Manor experienced. "When we have people who have symptoms we haven't come across before we get the information printed off and put it in their files." we were told. We also saw a poster on the notice board in the main corridor which asked staff if they wanted to attend training about giving insulin injections. The manager told us "That's me being proactive. We have someone coming in who will need injections and can't do them, themselves. I want to ensure they get a good and proper service from us." The poster demonstrated that the majority of staff had asked for the relevant training.

One of the support plans we saw identified the use of "quiet time" which would take place in the person's bedroom. We challenged the manager about whether this was a deprivation of the person's liberty. From the manager's explanation it was clear that the requirements of the Deprivation of Liberties Safeguards were understood. It was also clear that the use of this action had been agreed at a multi-disciplinary meeting where the person's 'best interests' had been considered.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We were shown a flowchart which illustrated the process staff were expected to follow if they thought that abuse had occurred. This included the telephone numbers and other contact details for those to be notified, both within the County Council and externally. We also saw the current policy and procedures for safeguarding vulnerable adults. This set out definitions of 'vulnerable adult' and 'abuse'. There was information to assist staff recognise signs of abuse. The expected action to be taken was also stated. The manager also showed us a leaflet headed 'Keeping adults safe from abuse and neglect.' "This is a new leaflet, about to go out to all services." we were told. The leaflet summarised the information contained in the flowchart, policy and procedure. The production of a summary meant that staff would be able to readily find the relevant information, if they had a concern about abuse.

The manager told us that that County Council expected all staff to undertake training in safeguarding vulnerable adults on an annual basis. She told us that this was achieved through a combination of individual access electronically and groups of staff receiving information. "This applies to both safeguarding and the Mental Capacity Act 2005." we were told. "My line manager is attending the next staff meeting to give face-to-face training." We were shown a print-out which confirmed which staff had undertaken the individual electronic training. This also identified the date by which remaining staff were expected to complete this.

One of the sets of documentation for people who used the service at Bradbury Manor included a formal notification of a concern about abuse which staff had raised. We discussed this with the manager. It was clear from the documentation and discussion with the manager that staff had understood the requirements of the policy and followed the correct procedures. The concern had been dealt with appropriately and the manager was confident that the risk of this happening again had been addressed. The manager told us about two other formal notifications. Again, the descriptions demonstrated appropriate action had been taken.

From the documentation which we reviewed and from the discussions we had with the manager and other staff, it was clear that people who use the service at Bradbury Manor

were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The manager and her staff have also responded appropriately to allegations of abuse.

We were shown an agenda and set of minutes from a meeting of managers and senior staff from Bradbury Manor and other similar services in Wiltshire. This meeting had taken place in September 2013 and was held monthly. Two agenda items were about whistleblowing. The manager showed us a 'Stop Abuse' poster and a new leaflet about whistleblowing which had been discussed at the meeting. She told us "Our policy has also been reviewed. We need to promote awareness of whistleblowing as widely as possible and my manager will be leading on this, including further training for everyone." We were shown the new whistleblowing policy. This identified how staff could take action within the County Council and also externally. It also confirmed how staff that used the policy would be supported.

One member of staff told us "I would challenge anything if I saw something. When it comes to this we'd take it seriously. People would think twice, afterwards, once action has been taken." Another member of staff told us "I'm confident that we'd all know exactly what to do. It's about the chain of command and I'd go to who-ever I thought was necessary, to get it sorted."

At our last inspection we had noted that bed rails were used for some people when they were in bed. We noted that, although risk assessments had been undertaken, these did not always appear to demonstrate that less restrictive safety measures had been considered. This included an apparent lack of explanation and agreement with people's carers or advocates. The manager showed us a file which included letters received from the relatives of people who used the service at Bradbury Manor. Five of these confirmed that the relatives wanted bed rails used, and each gave specific reasons why this was their request. It was clear that the decisions taken were informed by options and alternatives and were in the best interests of their relatives. The documents demonstrated that the manager had acted appropriately on the comments we had made at our last inspection.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We looked at documentation related to staff records. These were kept in two files. One contained staff training records and the other contained information which demonstrated how staff were supported to do their work. This included records of induction, supervision and appraisal. We looked at documentation for all groups of staff working at Bradbury Manor.

One of the sets of records was for a member of staff who had recently completed their probationary period. The manager confirmed that this was a 26 week process and we saw documentation which demonstrated that progress had been reviewed at regular intervals during that time. There was a final review which had recently been completed, which confirmed that the manager was satisfied that the member of staff was competent to undertake the work.

Each of the sets of records confirmed that staff received regular supervision. The arrangements for this were set out in a supervision contract. It was clear from the documentation that the terms of this contract were adhered to. Each supervision session included opportunities for both the member of staff and their supervisor to raise issues. There was a record of the discussion and any action agreed as a consequence. For instance, one person had identified further training they thought they needed and this had been supported. The documentation confirmed that staff had regular opportunities to review their work and receive feedback and any coaching necessary.

Each of the sets of records contained a completed annual appraisal. The manager told us "I'm just preparing to start this year's round. They're due in December." The appraisal documentation included the opportunity for the member of staff to reflect on their achievements in the previous year. It also enabled the appraiser to feedback observations about their work. There was then a section which recorded objectives for the coming year and learning opportunities to be pursued. For instance, one person identified that their role required them to supervise others and they needed to learn the skills required. Each record then had a section which demonstrated that progress had been reviewed at regular intervals throughout the year. This documentation confirmed that all staff received regular and systematic support which was intended to ensure they provided high-quality services to the people who used Bradbury Manor.

The documentation regarding induction, supervision and appraisal confirmed that staff received appropriate professional development.

The training files included a section confirming which mandatory training was applicable for each member of staff. This identified the date which had been booked for the member of staff to complete each relevant course. The date on which this piece of training would need to be renewed was also identified. This meant that staff were always competent in areas which had been identified as essential to ensure people received a high-quality service.

The training files also included a section headed 'special to service' training. At our last inspection we noted that tissue viability awareness training had last been delivered to staff in 2008. The manager confirmed that many of the people who use the service at Bradbury Manor had restricted movement. This meant they were at risk of pressure damage to their skin. The manager showed us evidence that a specialist nurse, from the local health trust, had delivered the appropriate training to staff recently. This ensured that staff would be able to identify people at risk of pressure damage and take appropriate action.

The last section in the training files related to personal development. One member of staff told us "I'm going on a two-day course, from tomorrow, about mental health. We're getting people with mental health problems, including dementia and I want to know how to deal with this properly."

It was clear, from our discussions and the review of documentation that staff were able, from time to time, to obtain further development or relevant qualifications.

The customer's guide gave some information about what people and carers could expect from staff. This included a commitment to staff receiving the appropriate training 'to do a good job.' The annual survey to get feedback from people who used the service at Bradbury Manor and their relatives included a comment that someone thought "The service is excellent, professionally managed with well-trained staff." The minutes of the last meeting with people who used the service included a quote from one person that "The staff have good manners." This feedback confirmed that people and their relatives were satisfied that the staff had met the commitment in the guide.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We were shown an analysis of feedback received from people who used the service at Bradbury Manor, and their relatives from September 2012. This contained responses to questions about their experience of the service. Most responses rated the service as 'very good' or 'good'. There were no responses which suggested people were dissatisfied. "We'll be doing this year's survey once we've agreed a revised format." a member of staff told us. "I want to use some of my experience from working in other agencies and make the survey even more meaningful for the people here."

We saw minutes of a meeting held with the people who used the service at Bradbury Manor. These were dated April 2013 and there were photographs of each person present, together with the names of the staff there. The minutes consisted of pages with photographs and pictures to illustrate the items discussed at the meeting. These included 'trips we would like to do' and 'ideas for improvements'. There were three suggestions for improvements. We asked the manager what changes had happened as a result. It was clear, from her description that the ideas had been taken seriously. For instance, she told us that outdoor games equipment had been purchased and we saw this in the garden. We also observed racks of DVDs which had been purchased and were available for people to watch. The manager told us that the next meeting was "planned for next week."

We were shown minutes of a meeting held with the staff team, dated October 2013. The minutes demonstrated that meetings were scheduled to happen each month. The minutes demonstrated that this was an opportunity for the manager to feedback issues to staff and for staff to raise concerns. For instance, the minutes had noted that staff had raised the issue of low morale. We discussed this with the manager. From this discussion it was clear that the manager had taken the concern seriously and thought about what to do, to address and deal with the points made by staff.

From the documents which we saw and the discussions we had it was clear that people who use the service at Bradbury Manor, their representatives and the staff were asked for their views about their care and treatment and that these were acted on.

We were shown a folder headed 'accidents and incidents'. This contained information for staff about how to use the electronic reporting system to record all incidents. Five incidents were recorded which involved staff and four incidents were recorded which involved people who used the service, during 2013. Each of the detailed documents regarding the incident were noted as held in the relevant staff or person's record. We discussed the incidents which involved people with the manager. From the discussion there was clear evidence that learning from investigations into the incidents had taken place and appropriate changes, in the service were implemented.

We saw notices regarding the County Council's expectations about the handling of complaints and other comments in the manager's office, in the foyer of Bradbury Manor and in the main corridor. We also saw the policy which set out the process for dealing with complaints, concerns and compliments. We were shown a file which contained details of all issues raised in 2013. The three statutory notifications regarding safeguarding were included in this file. One concern, raised by a relative was also included. The documentation regarding this concern, and further discussion with the manager confirmed that account was taken of complaints and comments to improve the service. The manager also told us that all complaints, concerns, accidents and incidents were reviewed and analysed by the County Council. "We discuss these at manager's meetings and take any learning from these to improve our own service." we were told.

We were shown a folder which contained documents related to 'quality audit inspections'. These were conducted every three months, by the County Council. "These inspections often include County Councillors." one member of staff told us. "That way we know there's some public scrutiny." The last recorded audit had occurred in July 2013. We saw the report from the audit and the improvement action plan developed from this. The action plan included anticipated dates for achievement and confirmation of this. All actions scheduled for completion had been achieved. One action, related to the garden was scheduled for completion in early 2014. The audit report included a section which required confirmation that all actions from previous audits had been completed. Earlier documentation confirmed that the issue we had noted at our last inspection, regarding pictorial aids for menus had been addressed.

The minutes of the last meeting of managers and senior staff from Bradbury Manor and other similar services also demonstrated that there had been a discussion regarding a recent inspection, by the CQC, at one of the other services. The manager told us "We would always do this. It means that we share learning and make sure we're always trying to improve the service." This and the quarterly quality audit provided further evidence that the manager was concerned to improve the quality of service for the people who used Bradbury Manor, through understanding learning from feedback and from elsewhere.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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Wiltshire Council

Cabinet

21 January 2014

Subject: Wiltshire Council Adult Social Care Winter Plan

**Cabinet member: Councillor Keith Humphries,
Public Health, Protection Services, Adult Care and
Housing**

Key Decision: No

Executive Summary

To report to Cabinet on the development of a winter plan for adult social care

Proposal(s)

Cabinet are requested to note the Council's contribution to the winter planning process and the production of an Adult Social Care Winter Plan.

Reason for Proposal

To keep Cabinet informed of the contribution of adult social care in supporting the anticipated rise in demand for health services over the winter period.

**James Cawley,
Associate Director Adult Care Commissioning, Safeguarding and Housing**

Wiltshire Council

Cabinet

Date of meeting

Subject:	Wiltshire Council Adult Social Care Winter Plan
Cabinet member:	Councillor Keith Humphries, Public Health, Protection Services, Adult Care and Housing
Key Decision:	No

Purpose of Report

1. This report informs Cabinet of the work undertaken in Adult Social Care to prepare for the anticipated additional demand over the winter period.

Relevance to the Council's Business Plan

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

Main Considerations for the Council

3. Wiltshire Council traditionally supports the annual NHS winter planning process, but this is the first year that the Council has formalised this support by producing its own written plan, which can be shared, managed and monitored.
4. The Council's adult social care winter plan is attached as Appendix 1. It is a contribution to the Wiltshire Clinical Commissioning Group's Health and Social Care Communities Winter Plan 2013/14 which was approved by the CCG Governing Body on 26th November 2013 and describes the state of 'system readiness' of the whole health and care system for the winter period.
5. The CCG's Health and Social Care Communities Winter Plan is monitored by the Wiltshire Urgent Care Working Group which comprises of commissioners and providers who provide health and social care for people in Wiltshire, and is coordinated by the Wiltshire Clinical Commissioning Group. It reflects investment in a range of projects, funded through the CCG and (in relation to the Royal United Hospital NHS

Trust (RUH), projects funded from an additional allocation from NHS England to support organisations which been identified as at risk of poor A&E performance this winter.

6. The plan describes the anticipated demand and capacity management requirements for the winter period and sets out a range of additional schemes (Appendix 1) funded by the NHS, and other actions being taken (Appendix 2).

Safeguarding Implications

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

Public Health Implications

8. The Winter Plan includes arrangements for infection control, in particular to minimise the risks of a norovirus outbreak and to ensure that all front line staff (Council employed and commissioned providers) are protected by 'flu jabs.

Environmental and Climate Change Considerations

9. There are no direct implications for environment / climate change, however work to reduce excess winter deaths links to the council's actions to tackle fuel poverty (Winter Warmth Campaigns etc) which can also reduce carbon emissions.

Equalities Impact of the Proposal

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

Risk Assessment

11. The Winter Plan includes a Risk Register as Appendix 5. This sets out risks that may arise over the winter period and the actions that are being taken to mitigate those risks.

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

12. If the Winter Plan is not adopted, the risks associated with increased activity over the next few months will not be managed or mitigated.

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

13. Appendix 5 of the Winter Plan sets out potential risks and actions that are being taken to mitigate those risks.

Financial Implications

14. The service developments set out in Appendix 1 of the Winter Plan (Additional schemes in conjunction with Wiltshire CCG) are funded either by the CCG from Winter Pressures, Headroom Funds or the Community Transformation Programme. Other projects are funded from NHS funds already transferred to the Council and managed/monitored by the Joint Commissioning Board. Therefore, there are no direct financial implications for the Council.
15. The joint pilot projects underway with the CCG will enable the Council and the CCG to establish together the outcomes and impact upon the whole health and social care system and the financial business case for further joint working.

Legal Implications

16. There are no direct legal implications from this work.

Options Considered

17. Wiltshire Council's participation in the winter planning process is not optional. The production of a winter plan formalises the Council's commitment to this process.

Conclusions

18. Adult social care services are an integral part of the health and social care system that supports people in Wiltshire. The Council's engagement in the winter planning process is therefore fundamental to the successful delivery of health and care.

James Cawley
Associate Director, Adult Care Commissioning, Safeguarding and Housing

Report Author:

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26th November 2013

Background Papers

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

None

Appendices

Appendix 1 – Wiltshire Council Adult Social Care Winter Plan

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**Wiltshire Council Adult Social Care
Winter Plan
2013-14**

Draft 0.10

1. PURPOSE OF THE WINTER PLAN

- 1.1. To ensure appropriate planning and processes are in place within Wiltshire Adult Care Services to respond to the rise in demand for community based services anticipated from November 2013 to March 2014.

2. WILTSHIRE COUNCIL'S WINTER PLAN IN RELATION TO THE WHOLE SYSTEM

- 2.1. The plan covers actions being taken across the county and thus relates to the B&NES, Swindon and Salisbury Urgent Care Networks. The plan will report to the Wiltshire Urgent Care Network.
- 2.2. The plan is written from both a provider and a commissioning perspective.

Wiltshire Council directly **provides**

- Information and signposting for people who may require a social care service
- Assessment and care management services in respect of people who require a service (3 hospital social work teams; 1 community hospital social work team; 4 locality teams; 1 community team for people with learning disabilities; 1 specialist safeguarding team)

Wiltshire Council **hosts and manages** a joint commissioned and jointly provided team of therapists, nurses and social workers supporting the STARR step-up and step-down beds across the county.

Wiltshire Council commissions a range of social care services that are available to the whole population, including:

- 4 Help to Live at Home contracts covering domiciliary care including reablement, housing based support
- Home from hospital scheme
- Live in care
- Planned night time care
- Specialist financial advice
- Telecare and a telecare response service
- An equipment service
- Care home placements commissioned through block contract arrangements with the Order of St John Trust
- Care home with nursing placements commissioned through block contracts with a range of independent providers across the county
- In addition to block contracts, care home placements are spot purchased to meet specialist needs across the county and, occasionally, out-of-county placements

- 2.3. Wiltshire Council is working in partnership with Wiltshire CCG on a Community Transformation Programme. This programme is focussing on the out-of-hospital

model of care for the frail elderly. The Council is participating in a number of pilot project, designed to provide evidence for the future model of care, but also expected to have an impact on reducing demand and increasing the flow through acute hospitals.

- 2.4. The status of the overall health and social care system is regulated closely all year. Within the acute hospitals, there is an agreed escalation process that declares periods of intensive pressure as 'red' or level 4, then 'black' or level 4, at which point escalation measures are implemented across the whole system to ensure safety and limit impact.

3. OBJECTIVES OF THE WINTER PLAN

- 3.1. This Winter Plan outlines the strategy and actions for meeting the challenges of the forthcoming winter period in 2013/14. The main objectives are to:
- Assure the continuity and successful response of adult care services during periods of high demand and enable effective contingencies to be implemented in a planned and managed basis
 - Provide solutions that are not based on placements
 - Provide a strategic approach to demand & capacity management within the organisation by implementing new initiatives in time to deliver additional capacity to support the delivery of services to meet high levels of demand.
 - Ensure that social care teams have sufficient staff and access to care capacity and that commissioned social care providers, specifically Help to Live at Home services, have their own capacity management plans in place.
 - Undertake capacity planning across all hospital teams and STARR to ensure Council staff across Wiltshire can be used flexibly to support elements of the system depending upon priorities.
 - Ensure effective communication with staff including those of external providers where there are forecasts of increased demand or potential adverse weather events affecting service delivery to support service planning and caseload management.
 - Maintain effective flows and pathways of care to ensure that people receive care in the most appropriate setting and in a timely manner
 - Maintain performance against quality standards and key indicators and any agreed changes to these during periods of extreme pressures
 - Manage winter pressures within agreed budgeted levels.
 - Engage key staff to embed proactive winter planning across all services including non statutory services
 - Work collaboratively with other partners to ensure the winter plan meshes with other key providers including external providers to provide a coordinated and well managed response to winter pressures.

4. DEMAND MANAGEMENT

- 4.1. Demand from the acute hospitals follows predictable patterns – there is an increase in demand for social care services and increased activity including the week leading up to Christmas, first two weeks in January and in particular the first working Monday in January. January, February and April see the highest demand each year.
- 4.2. There has been a stark increase in demand for care home placements from hospital, in particular for older people with mental health needs, who often require specialist care home placements to deal with behaviours associated with dementia.
- 4.3. Demand for STARR services is less easy to predict. This is because the STARR scheme has been adapted during the year and criteria for using the service has changed.
- 4.4. Wiltshire Council has undertaken a review of activity over the last 12 months. Capacity modelling is being developed in conjunction with the CCG, for a new model of care. The first draft of this work will be available in October 2013, but will evolve over the winter period.

Table – STARR Step up and Step down referrals – WWYKD CCG Group

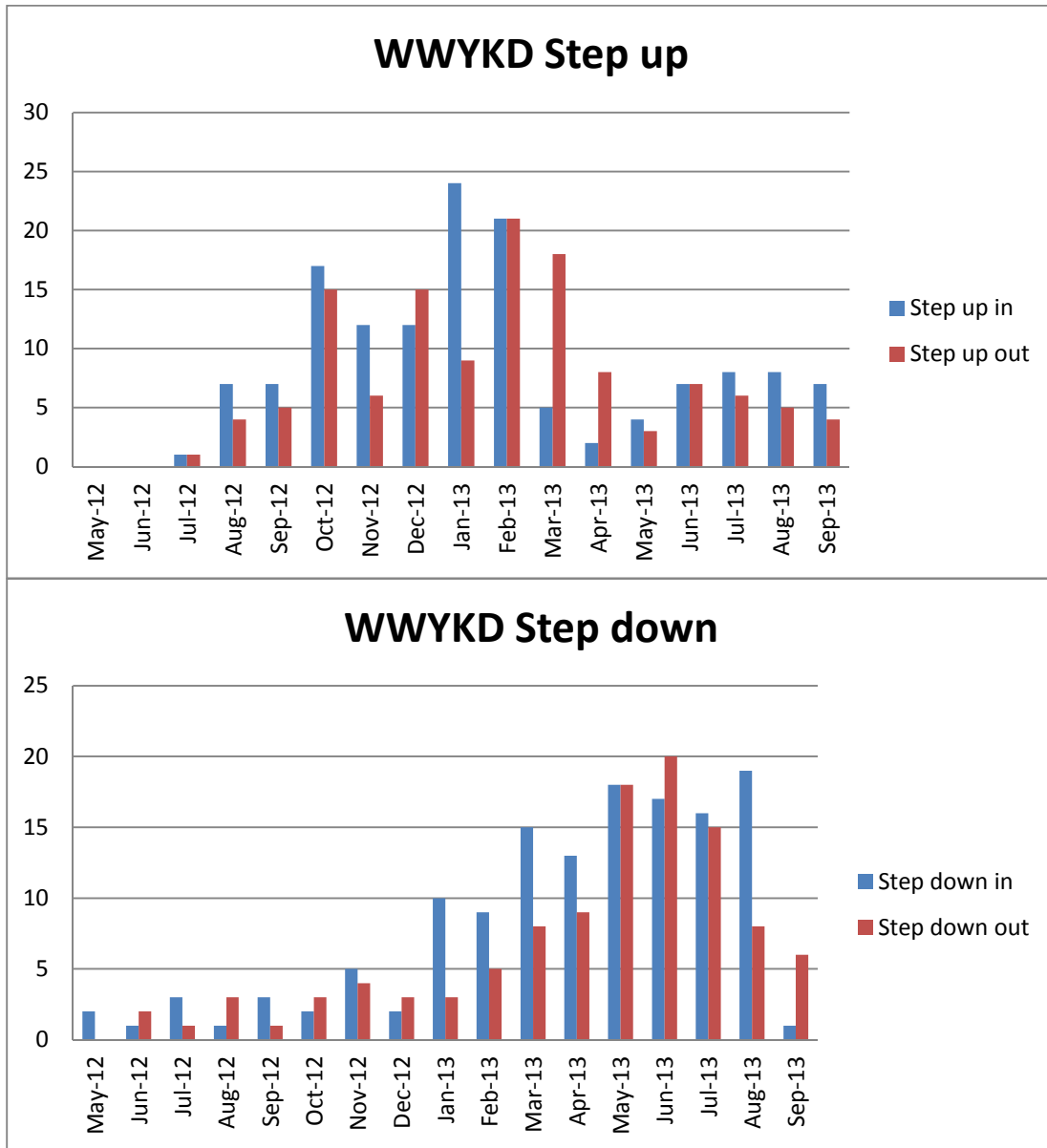


Table – STARR Step up and Step down referrals – NEW CCG Group

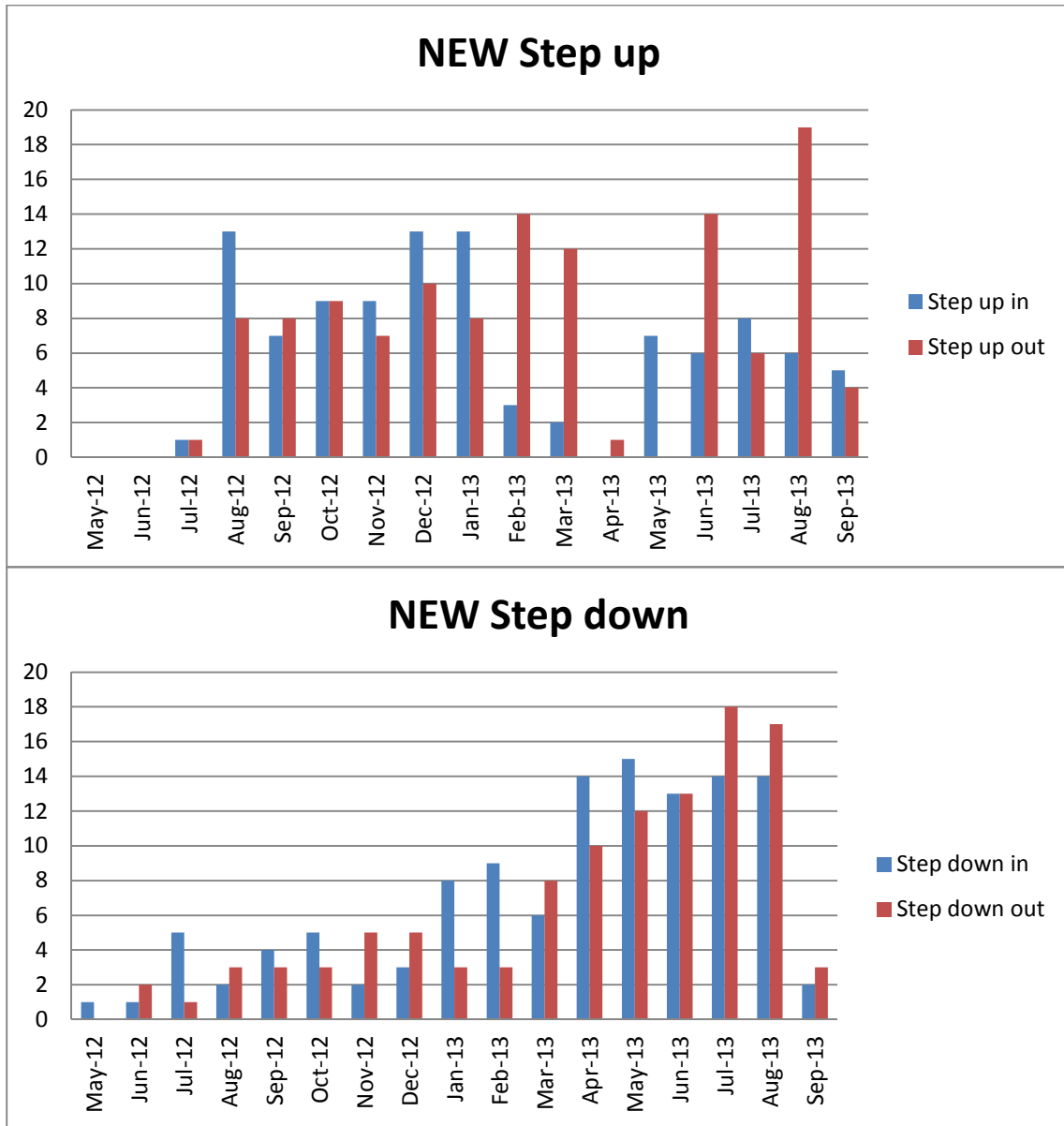
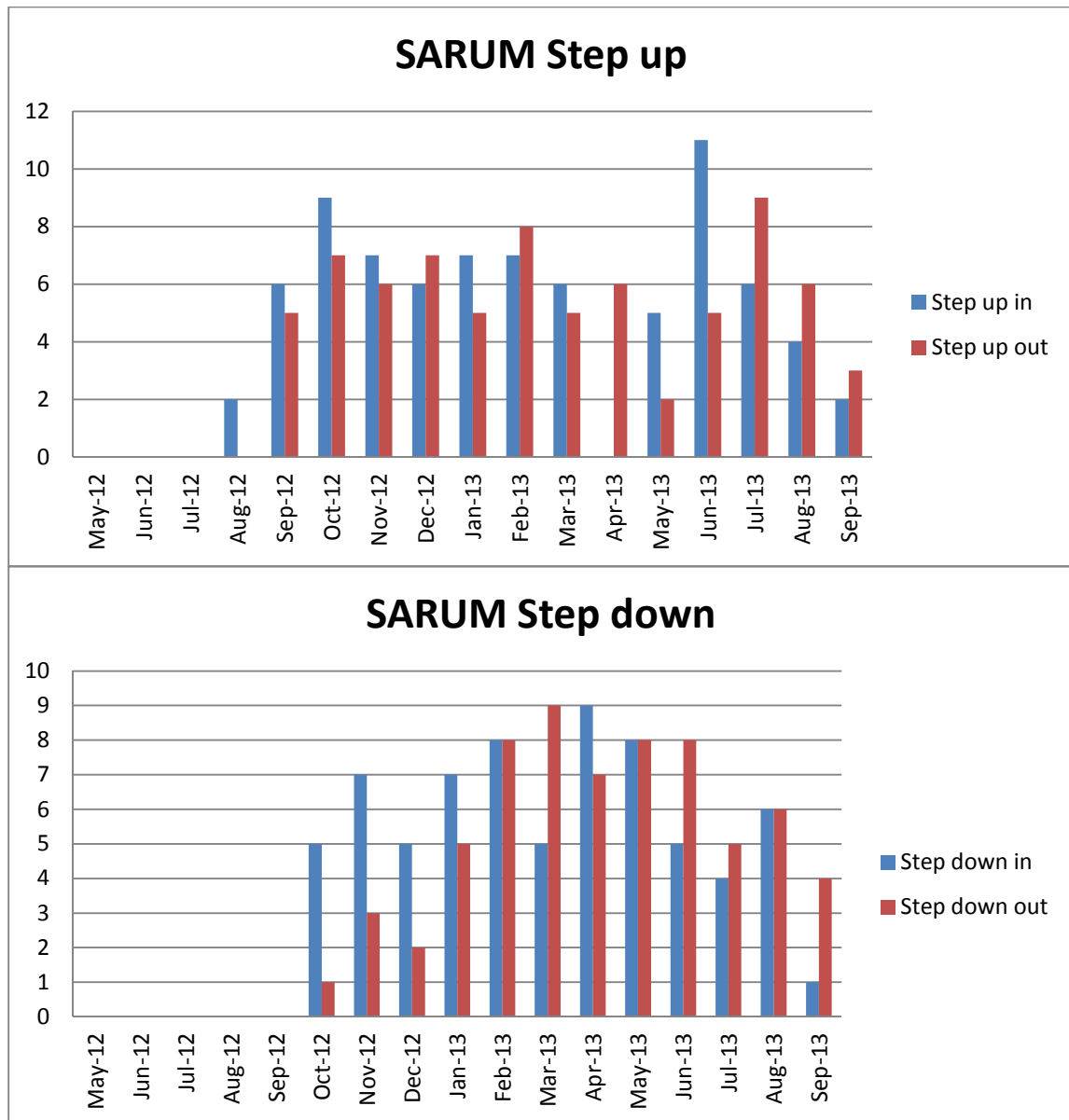


Table – STARR Step up and Step down referrals – Sarum CCG Group



4.5. Wiltshire Council has undertaken a review of the provision of services generated by the hospitals over the last 12 months.

Table –Services generated by Hospital Social Work Teams (GWH, RUH, SFT)

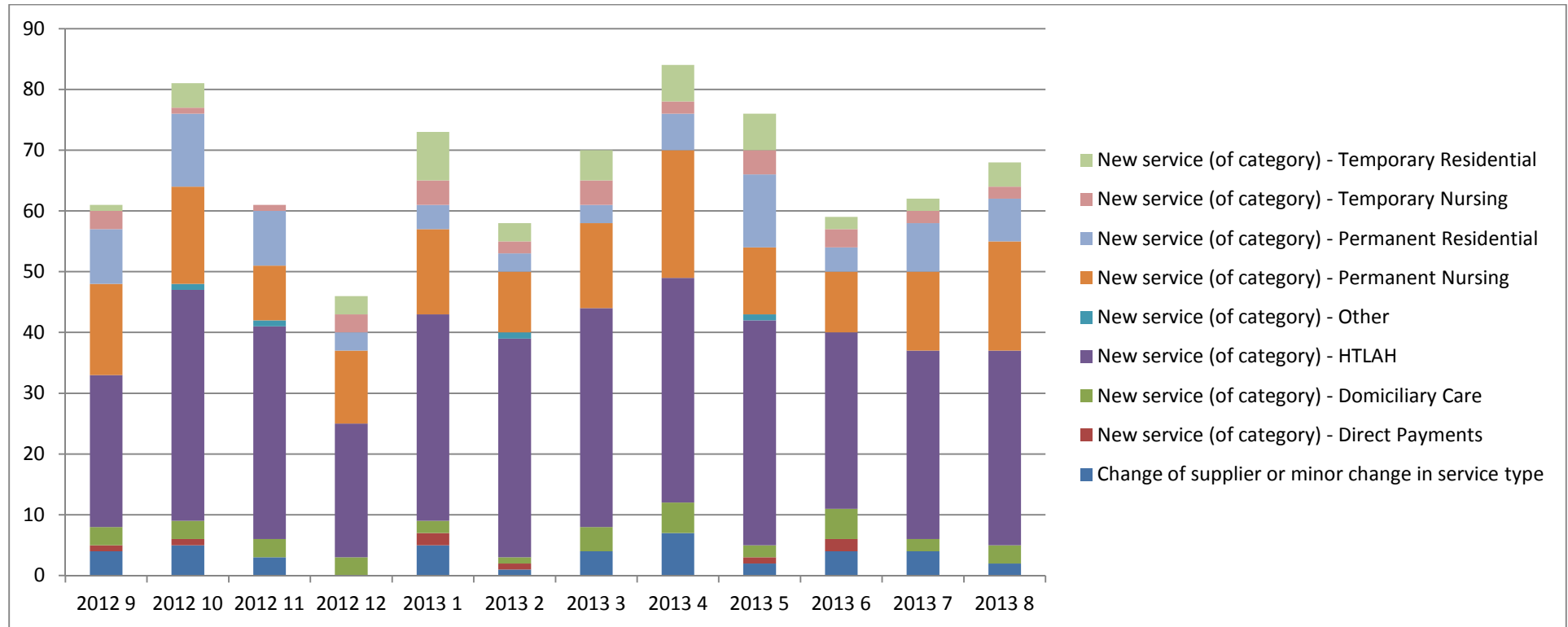


Table –Services generated by Hospital Social Work Teams - GWH

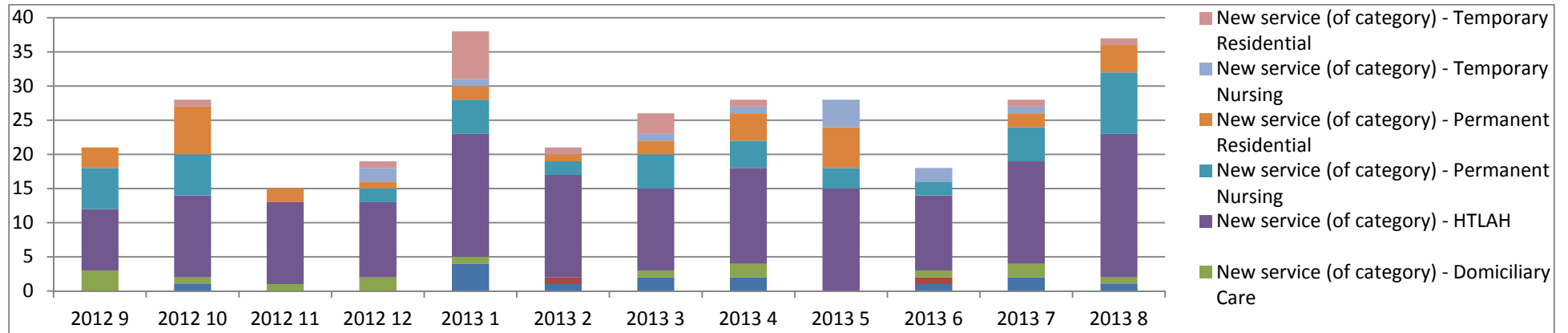


Table –Services generated by Hospital Social Work Teams - RUH

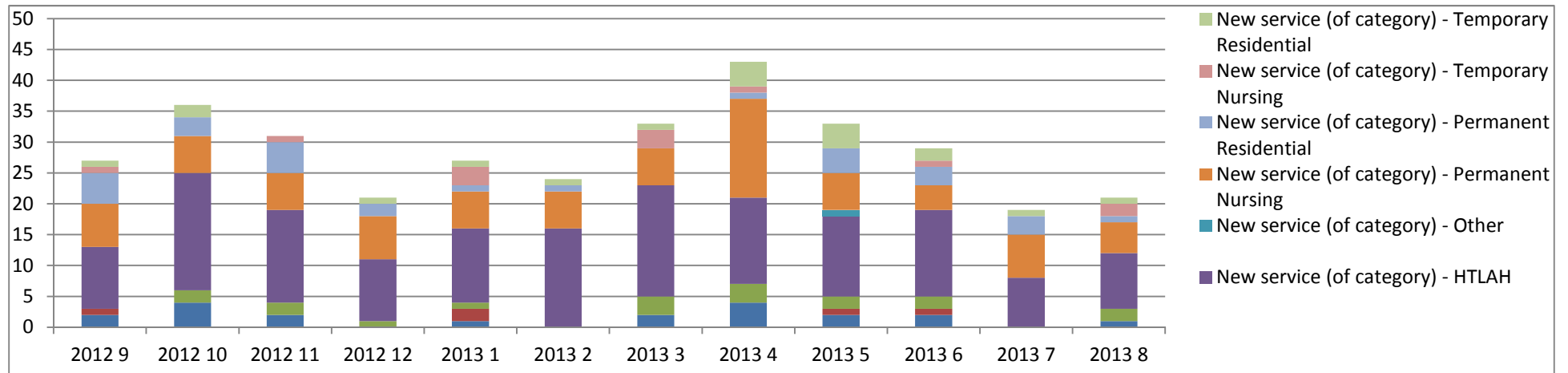


Table – Services generated by Hospital Social Work Teams – SDH

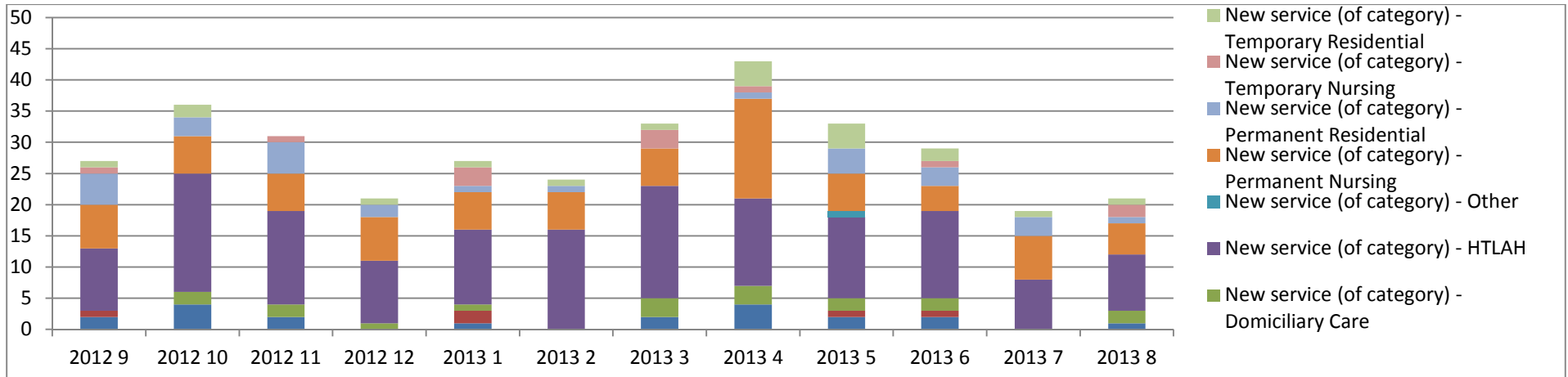
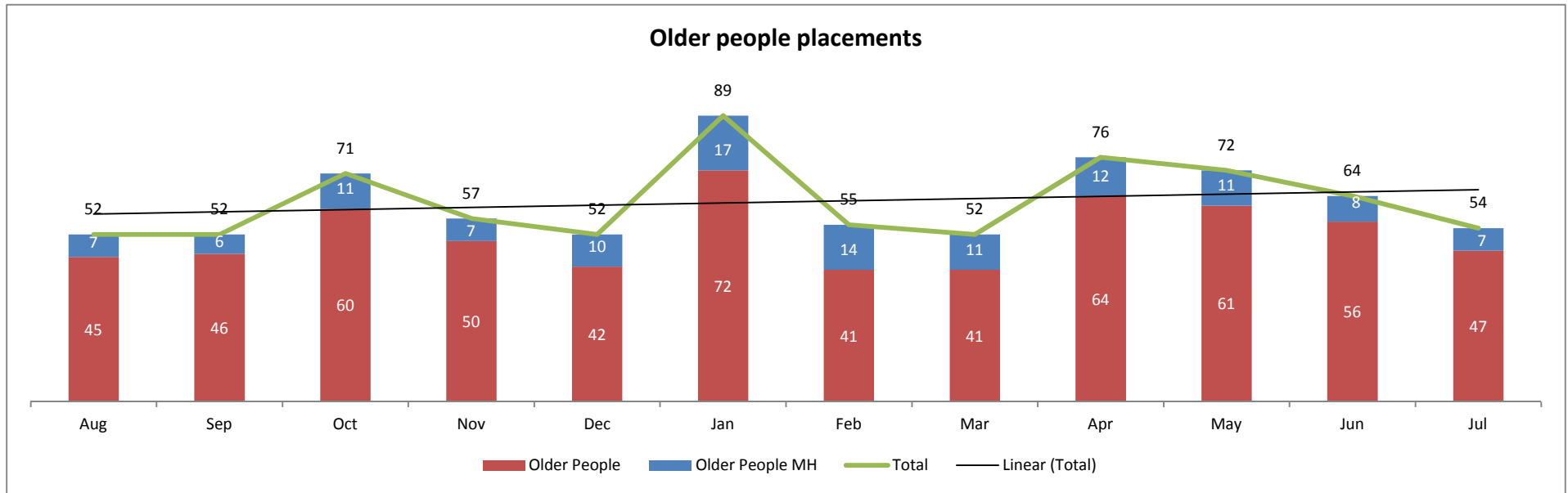


Table – total new placements made



- 4.6. The increasing numbers of people requiring service is accompanied by an increasing acuity / dependency of patients discharged from acute hospitals. This can be evidenced by the increase in the average value of care packages made from hospital and the number of spot-purchased specialist placements made from hospital.

5. CAPACITY MANAGEMENT

- 5.1. At the Royal United Hospital, Bath, the review of escalation processes following the RCA report and ECIST review have identified good practice as well as areas for improvement in the management of the health & social care community capacity to support the whole system through the winter period. Wiltshire Council has reviewed the main components of the organisation's escalation procedures and will implement the following actions to maintain social care capacity:

- Daily monitoring of capacity and DToC through Sitrep reporting
- Development of new Black, Red, Amber, Green escalation plans for all staff and managers to use for each level of escalation
- Participation in the weekly strategic conference calls across the whole system in Wiltshire, led by commissioners by a senior manager to ensure agreed actions are implemented in a timely way
- Improve access to services on a 7 day basis to improve flow – see pilot projects below
- Development of the role of escalation and patient flow coordinator working across the hospital teams.
- Use of the new Choice Policy across the organisation

- 5.2. **Weekend working** - Wiltshire Council has undertaken two pilots to evidence the value of weekend working.

- 5.3. The first of these weekend working pilots provided access to STARR step-down beds at weekends. The view taken by GPs in Wiltshire was that STARR step-up beds should not be accessed at weekends by the out-of-hours GP service. This pilot demonstrated almost no demand for STARR step-down referrals at weekends. The Council is currently working with the CCG to review the decision about step-up referrals, linked to the implementation of a Single Point of Access in October/November.

- 5.4. The second of these weekend working pilots was the provision of a social worker in an acute setting (Royal United Hospital) for 6 weekends in July/August. The results of this pilot are summarised in the Appendix below, but demonstrated that without the whole system taking a 7-day approach to discharge planning, there is limited value in having a social worker present in the hospital at weekends.

- 5.5. In tandem with weekend working pilots, the Council undertook a survey of care homes to identify barriers and potential incentives for care homes to take new referrals and undertake assessments at weekends. This survey indicated that care homes are prepared to accept new referrals and undertake assessments at weekends, but that there were concerns about risks to safety due to other services not being available at weekends. Care homes cited examples of problems with pharmacy, equipment availability, transport availability. This reinforced the results of the two pilots undertaken by directly provided services.
- 5.6. Wiltshire Council will continue to test and generate an evidence base for weekend working over the winter period, through participation in piloting a Single Point of Access and a rapid response service. This will be dependent upon staff availability and subject to consultation.
- 5.7. STARR Capacity Management - a capacity management system is in use for the STARR Scheme, with daily reporting of staffing levels, care home vacancies, referrals received and pending. The STARR scheme is used flexibly to respond to peaks in demand. For example:
- STARR staff can be moved across the county and/or targeted at specific hospitals for in-reach as demand peaks
 - STARR beds can be purchased on a spot-contract basis, with agreement from the CCG to use additional transferred funds as demand requires.
 - Whilst it is important to maintain the flow through STARR beds, and minimise length of stay, the criteria for entry to a STARR bed can be adjusted if there are blockages elsewhere in the system – such as to cater for people awaiting complex care packages.
- 5.8. Based on the learning from the STARR management system and from the RCA at Royal United Hospital, a capacity management system is currently being introduced into the 3 hospital social work teams and will be in use from 1st November.
- 5.9. **Additional Capacity for Winter 2013-14**
- 5.10. A number of initiatives are in place to boost capacity, both in relation to directly provided assessment and care management services and in respect of commissioned services. These initiatives are summarised in the Action Plan attached.
- 5.11. The effectiveness of many of these initiatives will also depend upon the availability of clinical and therapy support in the community, and will work in conjunction with initiatives being commissioned by Wiltshire CCG and delivered by community providers (both GWH Community Services and Medvivo Access to Care).

In addition, the Council is recruiting to the hospital social work teams to increase management capacity over the winter period– a single team manager for each hospital social work team. A social care team dedicated to support the community hospitals in Wiltshire has also been in place since summer 2013 and funds have been made available to continue this arrangement over the winter period.

Appendix 1 –

Additional schemes in conjunction with Wiltshire CCG

Scheme	Detail	Funding Stream	Impact on Winter Pressures
10 Replacement Care Homes Beds – RUH patients	Purchase of 10 additional care home placements over and above budgeted levels	Winter Pressures 2013-14	Reduced DToCs for people awaiting specialist placements
10 Replacement Care Homes Beds – GWH patients	Purchase of 10 additional care home placements over and above budgeted levels	CCG Headroom Funds	Reduced DToCs for people awaiting specialist placements
Short-term night care as an alternative to placements	Purchase of additional night time care as required for people discharged from hospital. This is a continuation of the 2012-13 scheme	CCG transferred funds	Reduced DToCs for people awaiting placements.
STARR weekend cover	Access to step-up and step-down beds at weekends, This is a continuation of the 2012 -13 scheme	CCG transferred funds	Reduced non elective admissions at weekends
STARR in-reach to acute hospitals	Proactive pull of patients suitable for step-down bed	CCG transferred funds	Improve flow through acute hospitals/reduce pressures on long-term placements
STARR proactive management of Length of Stay and DToCs	Active monitoring of EDD in STARR beds. Weekly sitrep meetings.	CCG transferred funds	Improve flow through acute hospitals/reduce pressure on long-term placements
Transfer of Care Teams	Pilot and evaluate different models of discharge planning in each of the 3 acute hospitals, linked to the Single Point of Access pilot.	Community Transformation	Improve flow through acute hospitals/ reduce pressure on long-term placements
Single Point of Access	Pilot a single point of access to coordinate access to health services, rapid response social care and	Community Transformation	To improve flow through acute hospitals and reduce

	STARR		pressures on beds in health and social care
Rapid Response	Pilot a rapid domiciliary response	Community Transformation	Reduce non elective admissions and reduce pressure on STARR beds
Care coordination – multi-disciplinary working	Pilot social care involvement in multi-disciplinary working with primary care – named social workers for each GP practice/care coordinator	Community Transformation	Reduce non elective admissions and reduce pressure on STARR beds
Voluntary and Community Sector	Ensure VCS services are linked to the pilot for the Single Point of Access (e.g. Home from Hospital and Winter Warmth Services). Ensure VCS services are linked to care coordination to provide low-level services to prevent hospital admissions	Community Transformation	Improve flow through acute hospitals and reduce pressure on beds in health and social care. Reduce non elective admissions
Additional management capacity	Dedicated team manager for each hospital social work team (<i>1 additional manager post</i>)	CCG transferred funds – to support community transformation	Improve capacity management. Improve flow
Additional capacity for managing flow	Flow and escalation coordinator to be appointed	CCG transferred funds – to support community transformation	Improve capacity management. Improve flow.
Additional social work capacity for community hospitals	Specific social work staff allocated to support community hospitals	CCG transferred funds	Improve flow through community hospitals
Care Home Selection – support for self funders	Organisation to support self-funders with information and advice and choice of care home	CCG transferred funds	Improve flow through acute and community hospitals

Appendix 2 – Winter Pressures Action Plan

Area	Objective	Actions	Lead	Timescale
Demand Management	In conjunction with the CCG, develop a strategic approach to understanding demand, including the development of triggers to activity levels over the winter	Continue to monitor activity levels and indicators of demand from the hospital social work teams and STARR. Implement a daily capacity management system in hospital social work teams from November 2013	DE	Ongoing
		To contribute to the community wide RCA exercises as required and implement lessons learnt from RCA exercises in 2012	CH	Ongoing
Capacity Management	To ensure effective use of existing capacity through streamlined and integrated processes. Evidence-base any requirement for additional capacity during periods of increased demand.	Additional management capacity for hospital social work teams to manage escalation, capacity planning and demand management.	CH	October 2013
		Implement capacity management early warning tool in hospital social work teams and STARR (See Appendix 6)	CH	October 2013
		Additional coordination and monitoring capacity to support the flow of patients from hospital, reduce DTOCs and support hospital escalation processes. Appoint additional post for 6 months.	CH	November 2013
		Clarify the escalation procedures for all senior/middle managers. Set protocol for actions (Action Cards) that can be taken in escalation out of hours. (See Appendix 4)	CH/SG	Oct 2013

Area	Objective	Actions	Lead	Timescale
		Within the CT Programme, undertake pilot for improving flows and pathways for discharge in Royal United Hospital	CH/AO	Oct 2013
		Within the CT Programme, undertake pilot for improving flows and pathways for discharge in Great Western Hospital	CH/AO	Oct 2013
		Within the CT Programme, undertake pilot for improving flows and pathways for discharge in Salisbury District Hospital	CH/AO	Oct 2013
		Within the CT Programme, undertake a pilot for a Single Point of Access to simplify pathways, reduce inappropriate admissions and support the 3 acute hospitals discharge teams with discharge planning	CH/AO	Nov 2013
		Within the CT Programme, undertake a pilot for Rapid Response domiciliary care service providing 1 hour response to prevent inappropriate admissions	AO	November 2013
		Implement Care Home Selection Services. Support to self funders with information and advice and support to choose a care home	SG	December 2013
		Review STARR step up/step down service. Changes for winter period to include <ul style="list-style-type: none"> • Inreach to 3 acute hospitals • Offer of service availability at weekends via Single Point of Access • Active management of Length of Stay and delayed transfers of care in STARR 	SG/CH	November 2013

Area	Objective	Actions	Lead	Timescale
		<ul style="list-style-type: none"> Review STARR criteria to open up STARR beds as escalation beds Review contracting arrangements to increase flexibility and reduce voids 		
		<p>HTLAH</p> <ul style="list-style-type: none"> work with new provider in South and East Wilts to build staffing capacity and improve response times – measured by ability to meet 4 hour response times Monthly Winter Planning meetings with all HTLAH Providers to monitor HTLAH Winter Plans 	<p>NG</p> <p>NG</p>	<p>Nov 2013</p>
<p>Performance management</p>	<p>To maintain performance for standards and performance indicators</p>	<p>To be measured by</p> <ul style="list-style-type: none"> No more than 10 DTOCS across the 3 acute hospitals No DTOCS awaiting assessment HTLAH response times within targeted levels Permanent admissions to care homes do not increase Average length of stay in STARR beds is below 28 days Loss of staff capacity due to winter flu or norovirus 	<p>SG/CH</p>	<p>Weekly DTOC re/reporting</p> <p>Weekly STARR reporting</p> <p>Monthly management reports</p> <p>Bi-monthly updates to Joint Commissioning</p>

Area	Objective	Actions	Lead	Timescale
				Board
Business Continuity	To provide effective contingency planning that can assure a continued successful response from priority services and maintain necessary support to known vulnerable people in the community.	Service Director/Head of Service Operations to implement council's policy in relation to severe weather, if required.	DM	Ongoing
		Testing the robustness of service Business Continuity plans and identification of vulnerable service users	Service Heads	Nov 2013
		Raise staff awareness of IT (home working, Lync etc) to increase flexible working	Service Heads	Nov 2013
		Developing a communications plan to provide timely communication and information for staff and service users	CH	Nov2013
Infection Control	To minimise the risks of a norovirus outbreak and ensure effective management and speed of recovery if there is an outbreak.	Ensure all providers have an infection control plan in place (contract monitoring process)	NG	Oct 2013
Excess Winter Mortality		Work in partnership with the Winter Warmth Campaigns and promote information via all services	NG	Ongoing
Staffing	To ensure that all staff are able to use	Linked to the corporate business continuity plan, ensure back office staff can be used flexibly to cover priority services.	Service Heads	Ongoing

Area	Objective	Actions	Lead	Timescale
	their skills and work flexibly to respond and maintain priority services.	Use SAP system to record staff qualifications, training and competencies to support flexible deployment to cover priority services	Service Heads	Ongoing
		Proactively encouraging all front line staff to have the flu vaccination	Service Heads	Sept/Oct 2013
		Agreeing minimum staffing levels during school half terms and the Christmas /New Year period across all services	Service Heads	One month in advance of each holiday period
Leadership & governance	To provide senior leadership to ensure the effective management of winter plans and the mitigation of organisational and service risks.	The Service Director (Operations) being accountable to the senior leadership team for the delivery and performance management of the winter plan	DM	Sept 2013
		Regular reviews of the Winter Plan at HoS Operations Meetings and Senior Leadership Team meetings.	DM	Sept 2013
		Monitor costs and expenditure for winter pressures and Community Transformation initiatives	SG	Nov 2013

Appendix 3 – Report on RUH Weekend Working Pilot

	Week 1 Saturday 13/7	Week 1 Sunday 14/7	Week 2 Saturday 20/7	Week 2 Sunday 21/7	Week 3 Saturday 27/7	Week 3 Sunday 28/7	Week 4 Saturday 3/8	Week 4 Sunday 4/8	Week 5 Saturday 10/8	Week 5 Sunday 11/8	Week 6 Saturday 17/8	Week 6 Sunday 18/8
How many patients referred at 'front door'	0	0	1	1	0	0	0	No cover	0	0	0	No cover
How many patients were enabled to return home from the 'front door'	0	0	0	1	0	0	0		0	0	0	
How many patients were referred from MAU?	0	0	0	0	0	0	0		0	0	0	
How many patients were enabled to return home from MAU?	0	0	0	0	0	0	0		0	0	0	
How much of your time did you work jointly with ATC	?	?	4hrs	1.5 hours	1.5 hours	1 hour	½ hour		1.5 hrs	No ATC	No ATC	
How many referrals came from the wards?	0	0	0	0	0	0	0		0	0	0	
How many patients did you visit on the wards?	0	0	0	1	1	2	2		0	0	0	
How many relatives did you meet with?	0	0	0	0	0	0	0		0	0	0	
How many phone calls did you make or receive?	0	0	0	2	1	0	1		0	0	0	
How many people visited the social care office and how did you help?	0	0	0	0	0	0	0		0	0	0	
Were you able to contact other agencies if needed?	No	NA	NA	Yes	Yes	No, STARR	Yes		internal	internal	NA	
How much time did you spend doing your carefirst/documentation?	0	0	2 hours	Yes	Yes				2 hours	2 hours	2 hours	
Any other comments/activity for the weekend?	Own caseload work	Own caseload work	Own caseload work	3.5 hours info gathering	Info sharing 2hrs					Own caseload work		

RUH Social Care Weekend Working Pilot Summary

How many patients referred at 'front door'

The 'front door' staff did not make referrals directly to social care. Social Care staff attended A&E and found that there were between 1-8 Wiltshire patients.

How many patients were enabled to return home from the 'front door'

Of the 1-8 Wiltshire patients attending A&E there was only one patient who returned home on the same day, the 'front door' staff had already made arrangements for this patient, no social worker input required.

How many patients were referred from MAU?

For the period of the pilot there were between 11-18 Wiltshire patients on MAU. No referrals were made by MAU staff.

How many patients were enabled to return home from MAU?

No patients were supported to return home from MAU during the pilot weekends. There was a mix of patients who were receiving services at home, but at this point patients were not fit enough to return home.

How much time was joint working with ATC

This varied from ½ hour to 4 hours. There was one day when there was no social care cover and another day with no ALT cover. However for all the days when social care and ATL were on site, they always linked with each other.

The social worker also worked with the Dementia Lead, DAT and DATE.

How many referrals came from the wards?

No referrals came directly from the wards. The question needs to be asked if ward staff were aware that they could refer at the weekends?

How many patients were visited on the wards?

Over the 6 weekends, there were 6 patients visited on the ward. Please see other comments

How many relatives were met with?

None, please see other comments.

How many phone calls were made or received? Were other agencies contactable if needed?

Phone calls were minimal, many being contacting care homes or internal contacts at RUH, so no issues were found there. However the one weekend when a STARR referral was required was the weekend STARR suspended their weekend service.

Providers

The telephone number provided for Enara is only operational Mon-Fri 9-5pm. There was also no response from mobile numbers and no voicemail facility therefore unable to contact Enara. There was also an out of hours numbers was available for Providers but clearly they were not contactable.

How many people visited the social care office and how did you help?

None, see other comments.

How much time was spent completing carefirst/documentation?

The most common figure for Carefirst activity was 2 hours, this could have included the workers own caseload work.

Any other comments/activity for the weekend?

RUH professionals were pleased to see social care staff present at the weekends. However referrals to social care from RUH staff indicated that they were not aware of weekend availability and this did not change over the six weeks of the pilot. To improve referral rates at weekends there would need to be increased publicity of weekend cover.

Relatives seen/visitors to the social care office - weekend working is new to the HSW staff, development in these areas could be progressed with understanding of what is achievable at weekends both from HSW team, RUH staff, patients and relatives.

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Social care staff did find information gathered at weekends useful for later caseload work.

General culture change required for social care and RUH staff, to move weekend working forward successfully.

Appendix 4 Escalation Action Cards

Description of hospital escalation status

Status	Definition
Green	Normal working
Amber	Persistent excess pressure requiring additional management action to address demand/congestion
Red	Severe and/or prolonged excess pressure requiring support from external agencies to address demand/congestion
Black	The Trust is in a critical position and the Emergency Department (or other department) is clinically unsafe

HOSPITAL ON GREEN STATUS

Actions for Operations	
Hospital Team Staff	Normal working Assessments within agreed timescales Recording within agreed quality/timescale parameters Discharge within agreed timescales Report blockages to Team Manager
Hospital Team Manager	Normal working Discharge within agreed timescales Daily capacity monitoring and management Discharge meetings and conference calls as required (minimum weekly) Report blockages, issues to Head of Service Operations
STARR Team Staff	Normal working Assessments within agreed timescales Recording within agreed quality/timescale parameters Discharge within agreed timescales Report blockages to Team Manager
STARR Team Manager	Normal working Discharge within agreed timescales Daily capacity monitoring and management Report blockages, issues to Head of Service Operations Twice-weekly in-reach to acute hospitals (pilot) Referrals prioritised as per STARR criteria
Placement Team	Normal working Prioritise referrals from hospital Daily monitoring of care home vacancies Tracking system and exit plan for all interim placements Report blockages/delays to Team Manager Report blockages/delays over 2 days to Head of Service Operations
Head of Service Operations	Normal working Attend sitrep meetings as required Weekly reporting of DTOCS to Service Directors
Service Director	Normal working Weekly monitoring of DTOCS

Actions for Commissioners	
Commissioning Team (Older People)	Normal working Monitor provider status (e.g. safeguarding alerts) and capacity issues Report issues to Head of Service Commissioning and Operations
Head of Service Commissioning	Normal working
Head of Service, Performance, Health & Workforce	Normal working Weekly monitoring of DTOCS
Service Director	Normal working Weekly monitoring of DTOCS

Actions for Out of Hours	
EDS	Normal working
On Call Head of Service	Normal working

HOSPITAL ON AMBER STATUS

Amber status refers to:

Actions for Operations	
Hospital Team Staff	As Green + Maximum flexible working as requested by Team Manager Daily updates to team manager for conference calls, as required Maximise use of interim placements
Hospital Team Manager	As Green + Communicate Amber Status to Head of Service Operations and Head of Service Commissioning Alert Head of Service Operations to any issues regarding staffing Monitor and report early signs of blockage to Head of Service Ops Daily conference calls, as required Work with Discharge Liaison Team to identify priorities for discharge Maximise use of interim placements
STARR Team Staff	As Green + Targeted in-reach to acute hospitals as requested by Team Manager Increase frequency of in-reach visits Referrals as per normal STARR target group/criteria
STARR Team Manager	As Green + Organise targeted in-reach to acute hospitals. Organise increase frequency of in-reach visits Referrals as per normal STARR target group/criteria
Placement Team	As Green + Targeted priority to hospital discharges as required Report any care home assessment/admission delays over 2 days to Head of Service Commissioning Maximise use of interim placements
Head of Service Operations	As Green + Ensure teams are fully-staffed Address any urgent staffing issues Consider temp increases to staffing of hospital teams and resource team? Consider staff additional hours?
Service Director	As Green

Actions for Commissioners	
Commissioning Team (Older People)	As Green + Escalate any care home assessment delays with care home managers Escalate any HTLAH delays with provider
Head of Service Commissioning	As Green
Head of Service, Performance, Health & Workforce	Authorise use of CCG Winter Pressure placements (RUH, GWH) as required
Service Director	As Green

Actions for Out of Hours	
EDS	Normal working
On Call Head of Service	Normal working

HOSPITAL ON RED STATUS

Actions for Operations	
Hospital Team Staff	As Amber + Prioritise workload to focus on hospital discharge and prioritise assessments for less complex/speedy discharges Cancel meetings and non-urgent training (at discretion of Team Manager) Daily sitrep information to Team Manager
Hospital Team Manager	As Amber + Communicate Red Status to Head of Service Operations, Head of Service Commissioning and STARR Manager Daily conference calls, as required Daily sitrep information to Heads of Service Ops and Commissioning Prioritise team workload to focus on discharge, i.e. cancel meetings and non essential training, and prioritise assessments for less complex discharges Identify and escalate any issues causing delay to Head of Service Operations Link with STARR team to maximise capacity of STARR beds/minimum assessment required
STARR Team Staff	As Amber + Increase frequency of in-reach visits
STARR Team Manager	As Amber + Organise increased in-reach visits Relax STARR admission criteria to accept people requiring interim placement or waiting HTLAH or NT input
Placement Team	As Amber + Targeted priority to hospital discharges as required Twice daily sitrep information to Heads of Service Ops and Commissioning as required (to meet conference call requirements) Report any assessment delays to Heads of Service Ops and Commissioning
Head of Service Operations	As Amber + Inform Service Directors of red status Inform Out-of-Hours on-call manager of red status Inform EDS of red status Participate in conference calls as required Pull staff from other teams as required to hospital teams/placement team Prioritise discharges from community hospitals to release capacity for transfers from hospitals as required Resolve issues from hospital teams and inform Heads of Commissioning/Service Directors of any care provider blockages that cannot be resolved Consider staff additional hours Placement decisions to be taken outside of funding panel Maximise use of interim placements Increase support at home to prevent admissions
Service Director	As Amber + Check availability of Service Directors/Heads of Service for out-of-hours escalation calls and inform EDS and on call Head of Service Participate in weekend/evening conference calls as required and obtain information to inform Head of Service Operations on next working day

Actions for Commissioners	
Commissioning	As Amber +

Team (Older People)	Communicate Red status to relevant HTLAH and care home providers Address urgent provider issues with care home/HTLAH senior managers Highlight unresolved issues to Head of Service Commissioning
Head of Service Commissioning	As Amber + Communicate Red status to relevant HTLAH and care home providers and request urgent support, including relaxing of assessment criteria if applicable Address urgent provider issues with care home/HTLAH senior managers Request care homes
Head of Service, Performance, Health & Workforce	Participate in daily conference calls as required Authorise use of CCG Winter Pressure placements (RUH, GWH) as required
Service Director	As Amber + Check availability of Service Directors/Heads of Service for out-of-hours escalation calls and inform EDS and on call Head of Service Participate in weekend/evening conference calls as required and obtain information to inform Head of Service Operations on next working day

Actions for Out of Hours	
EDS	Pass any urgent calls from acute hospitals on to relevant Service Director or Head of Service (likely to be CH, LS or SG), as notified by Service Director
On call Head of Service	Be aware of red status Any calls relating to acute hospitals should be directed to the relevant Service Director or Head of Service (likely to be CH, LS or SG) Service Director or relevant Head of Service will participate in weekend/evening conference calls as required and obtain information to inform Head of Service Operations on next working day

HOSPITAL ON BLACK STATUS

Actions for Operations	
Hospital Team Staff	As Red + Cancel all meetings/training, as authorised by Team Manager Twice daily sitrep information to Team Manager for conference calls Support rapid discharge to STARR as required
Hospital Team Manager	As Red + Communicate Black Status to Head of Service Operations, Head of Service Commissioning and STARR Manager Cancel all meetings/training Twice daily conference calls, as required Twice daily sitrep information to Heads of Service Ops and Commissioning Assess risk levels for moving people out of hospital who have not had full assessment (e.g. MC and BI issues) and inform Head of Service Ops Call in evening/weekend/bank holiday volunteers (as previously identified)
STARR Team Staff	As Red
STARR Team Manager	As Red + Call in evening/weekend/bank holiday volunteers (as previously identified)
Placement Team	As Red + Record any additional placements authorised by Heads of Service and/or Service Directors Call in evening/weekend/bank holiday volunteers (as previously identified)
Head of Service Operations	As Red + Prioritise all work to support hospital(s) as required Decisions in relation to risk levels for moving people out of hospital who have not had full assessment (e.g. MC and BI issues) Cancel non urgent meetings/training Inform Service Directors of Black status Identify management support for any evening/weekend working Inform Out-of-Hours on-call manager of Black status Inform EDS of Black status Regular updates to Service Directors, including outcome of risk assessments for discharges Identify funding gaps for spot placements
Service Director	As Red + Identify named person to participate in evening/weekend conference calls as appropriate Maintain awareness of any high risk discharge decisions (e.g. that may result in complaints or legal action) Consider additional temporary staffing above budgeted levels if required Consider use of spot placements above budgeted levels

Actions for Commissioners	
Commissioning Team (Older People)	As Red
Head of Service Commissioning	As Red + Communicate Black status to relevant HTLAH and Care Home Providers Request that providers suspend usual agreements and timescales to conduct provider assessments, based upon principle of urgent provision

Head of Service, Performance, Health & Workforce	As Red + Ensure clear lines of communications between Operations and Commissioning Ensure clear lines of communications with CCG
Service Director	As Red + Identify named person to participate in evening/weekend conference calls as appropriate Communicate Black status to Corporate Director Consider use of spot placements above budgeted levels Request joint funding agreements with CCG for any additional placements

Actions for Out of Hours	
EDS	Pass any urgent calls from acute hospitals on to relevant Service Director or Head of Service (likely to be CH, LS or SG), as notified by Service Director
On call Head of Service	Be aware of Black status Any calls relating to acute hospitals should be directed to the relevant Service Director or Head of Service (likely to be CH, LS or SG) Service Director or relevant Head of Service will participate in weekend/evening conference calls as required and obtain information to inform Head of Service Operations on next working day

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Appendix 5 – Risk Register

Risk Ref	Risk description including the effect of the risk	Which winter plan objective is threatened by this risk	Existing controls	Original score			Actions required to mitigate risk	Progress against actions	Current score			Change in score	Acceptable Risk Score	Risk Owner	Review date
				Likelihood	Consequence	Score			Likelihood	Consequence	Score				
Page 370	People are delayed in hospital waiting for large packages of care due to inability of HTLAH to meet demand	Frail elderly delayed in hospital	1. Contract management. 2. Contractors can sub contract	3	4	12	1. Ensure robust contract management. 2. Winter planning discussions with HTLAH providers 3. Robust use of EDDs to allow providers to plan. 4. Use of STARR beds for people waiting large PoCs	1. Ongoing. 2. Winter plan meeting scheduled in October. 3. Monitored through DTOC Task and Finish Group. 4. Ongoing, as required	3	3	9	Decrease			

	People are delayed in hospital waiting for care home placements due to lack of appropriate care home beds	Frail elderly delayed in hospital	1. Contract management. 2. Spot purchase of specialist placements	4	4	16	1. Identify alternative beds (e.g. OSJ Respite/self funder beds). 2. Purchase additional beds with NHS Funds (10 for RUH; 10 for GWH). 3. Use of STARR Beds for people waiting for placements (if hospital is in escalation).	1. NG in discussion with OSJ. 2. Underway. 3. Ongoing, as required	3	3	9	Decrease			
	People are delayed in hospital waiting for care home placements due to budgetary constraints	Frail elderly delayed in hospital	1. Management of placements within existing budgets	4	4	16	1. Use HTLAH/Overnight care as alternative to care home placements. 2. Use STARR beds to reable people to return home	1. Ongoing. 2. Ongoing	4	3	12	Decrease			
	People are delayed in hospital due to shortage of hospital based social workers	Frail elderly delayed in hospital	1. Prioritisation of workloads. 2. Flu jabs. 3. Management of annual leave arrangements	2	4	8	1. Appoint additional locum staff 2. Daily capacity management/monitoring 3. Move community-based social workers as required	1. Underway. 2. Underway. 3. Ongoing, as required	1	4	4	Decrease			

Appendix 6

Area	Organisation	Metric	Trigger	01/10/2013	02/10/2013	03/10/2013	04/10/2013	05/10/2013
Demand	RUH HSW team	Referrals						
	GWH HSW team							
	SFT HSW team							
	Community HSW team							
	STARR							
Staffing	RUH HSW team	Staffing issues affecting service delivery	Y/N					
	GWH HSW team		Y/N					
	SFT HSW team		Y/N					
	Community HSW team		Y/N					
	STARR		Y/N					
DToC	STARR	DToCs						
	RUH							
	GWH							
	SFT							
	Community							
WCC Green list numbers	RUH HSW team	numbers of customers who are ready for discharge, but not yet on DToC list						
	GWH HSW team							
	SFT HSW team							
	Community HSW team							
	STARR							

Appendix 7

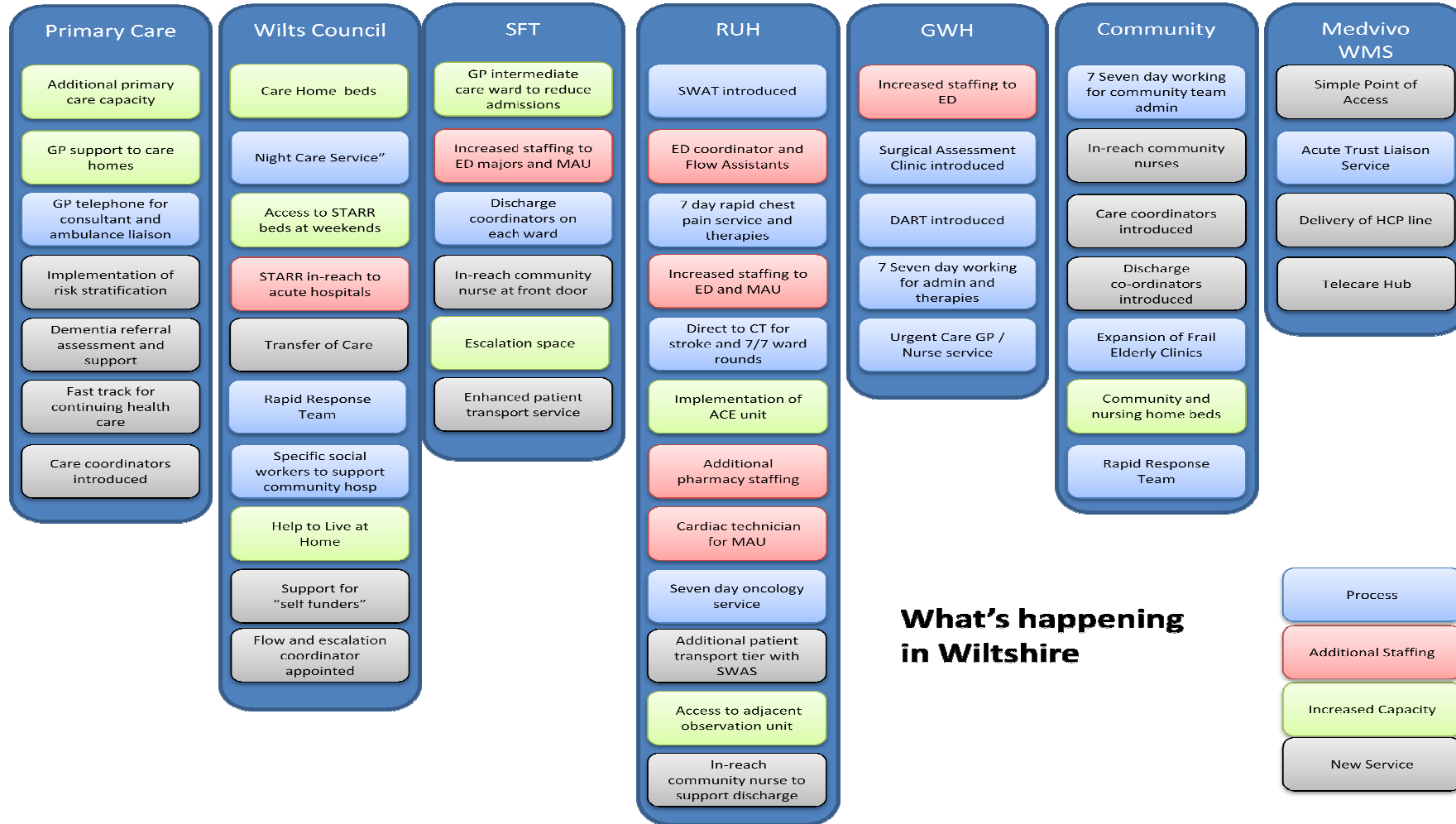
Glossary

A&E	Accident and Emergency Department of acute hospitals
ATC	Access to Care – Single Point of Access for professionals accessing healthcare services (provided by Medvivo)
ATL	Acute Trust Liaison Teams – Access to Care staff who in-reach to the 3 acute hospitals
B&NES	Bath and North East Somerset CCG (Lead Commissioners for Royal United Hospital, Bath
CCG	(Wiltshire) Clinical Commissioning Group
DTOC	Delayed Transfer of Care – health or social care related
EDS	Emergency Duty Service (Social Care out-of hours)
GWH	Great Western Hospital, acute hospital in Swindon
HTLAH	Help to Live at Home service
HWS	Hospital Social Work
MAU	Medical Assessment Unit in acute hospital
NEW	North East Wiltshire locality of the Wiltshire Clinical Commissioning Group (Great Western Hospital -facing)
NT	Neighbourhood Team – Community Health services
OSJ	Order of St John Care Home Trust, residential homes on block contract to Wiltshire Council
POC	Package of Care at home
RCA	Root Cause Analysis
RUH	Royal United Hospital, Bath, acute hospital in Bath
Sarum	South Wiltshire locality of Wiltshire Clinical Commissioning Group (Salisbury District Hospital-facing)
SFT	Salisbury Foundation Trust (Salisbury District Hospital), acute hospital in Salisbury
STARR	Step to Active Recovery and Return. Intermediate care beds jointly commissioned by Wiltshire Council and Wiltshire CCG
WWYKD	West Wiltshire, Yatton Keynell and Devizes locality of Wiltshire Clinical Commissioning Group (Royal United Hospital Bath-facing).

Initials

AO	Programme Manager, Strategy & Commissioning
CH	Carolyn Hamblett, Head of Service, Operations
DE	Debbie Elliott, Programme Lead, Health Partnerships
DM	Debbie Medlock, Associate Director
JC	James Cawley, Associate Director
NG	Head of Service, Strategy & Commissioning
SG	Head of Service, Strategy & Commissioning

Appendix A – summary of projects across the whole system in Wiltshire



Version Control

Version	Draft 0.10 Amended to include glossary and chart of projects
Date	24.11.2013
Author	Sue Geary
Circulated to	Service Directors, Wiltshire CCG
Notes	Circulated to CCG Urgent Care Lead 25th November 2013

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Wiltshire Council

Cabinet

21 January 2014

Subject: Wiltshire Dementia Strategy 2014 - 2021

Cabinet member: Councillor Keith Humphries – Public Health, Protection Services, Adult Care and Housing

Key Decision: No

Executive Summary

Wiltshire Council Adult Social Care and Wiltshire Clinical Commissioning Group commission a range of health and care dementia services which are delivered by adult care operations, NHS Trusts and a range of independent providers

This Cabinet report briefs members on the draft Wiltshire Dementia Strategy which provides the strategic direction for Wiltshire Council and NHS Wiltshire CCG in supporting people with dementia and their carers and families from the point that people notice concerns about their memory through to end of life care. It includes a commissioning action plan for 2014/2015 which details the actions that will be delivered to achieve the objectives and priorities identified..

The aim of the strategy is that all people with dementia in Wiltshire are treated as individuals and are able to access the right care and support, at the right time so that they can live well with dementia and can remain independent and living at home for as long as possible within supportive communities. The report is timely as there has been significant national focus on dementia and local services have responded with improvements such as reducing the wait for diagnosis and referral to a memory clinic from 9 months to less than four weeks.

Proposal(s)

That Cabinet agree the draft strategic direction for services proposed in the Wiltshire Dementia Strategy 2014 – 2021 and agree that it can proceed to formal consultation.

Maggie Rae
Corporate Director

Wiltshire Council

Cabinet

January 2014

Subject: Wiltshire Dementia Strategy 2014 - 2021

Cabinet member: Councillor Keith Humphries – Public Health, Protection Services, Adult Care and Housing

Key Decision: No

Purpose of Report

Wiltshire Council Adult Social Care and Wiltshire Clinical Commissioning Group commission a range of health and care services for people with dementia. These services are delivered by adult care operations, NHS Trusts and a range of independent providers

This Cabinet report briefs members on the draft Wiltshire Dementia Strategy which provides the strategic direction for Wiltshire Council and NHS Wiltshire Clinical Commissioning Group in supporting people with dementia and their carers and families from the point that people notice concerns about their memory through to end of life care. It includes a commissioning action plan for 2014/2015 which details the commitments and actions that will be delivered in order to achieve the objectives and priorities identified..

The aim of the strategy is that all people with dementia in Wiltshire are treated as individuals and are able to access the right care and support, at the right time so that they can live well with dementia and can remain independent and living at home for as long as possible within supportive and understanding communities.

The Council is being asked to consider the draft strategy and agree that it can proceed to formal consultation.

Background Information – Dementia Services

The focus on dementia has been increasing in recent years, both at a national and local level. It is now considered as a priority area for action, largely due to the increasing population with dementia, the cost of this to services, communities and families and the poor quality of care that many people with dementia receive from health and care services. The Wiltshire JSA supports this identifying that the number of people with dementia will nearly double by 2030 in Wiltshire, whilst the Health and Wellbeing Strategy acknowledges the increasing population living with dementia and identifies it as an area for action.

The key national policies include the Living well with dementia: a National Dementia Strategy (Department of Health, 2009) and Prime Minister's Challenge on Dementia: Delivering major improvements in dementia care and research by 2015 (Department of Health, 2012). These place a focus on improving health and care services and dementia friendly communities, as well as improving people's awareness and understanding of dementia, the importance of early diagnosis and ongoing support and the role of services in ensuring that people can live well with dementia.

This draft strategy supports the four main outcomes of the Health and Wellbeing Strategy, including the dementia-themed ambitions set out in the action plan. It does this through placing an emphasis on the following:

- Making dementia everyone's business so that people can live well in supportive and inclusive communities.
- Providing care and support to promote people's independence, health and wellbeing and quality of life.
- Delivering improvements to care and health services so that they are able to deliver quality services that are able to appropriately meet the needs of people with dementia.
- Ensuring that wherever possible people will be supported within their home and local community with care and support being delivered as close to these as possible.

In addition to this, the draft dementia strategy develops links with a number of other strategies as it is vital to acknowledge that people with dementia will often be supported by non-specialist services and / or have needs that are not related to their dementia. These include, but are not limited to the Mental Health Strategy (currently being developed), the End of Life Strategy (currently being developed), Help to Live at Home, Wiltshire Carers' Strategy and the Older People's Accommodation Strategy.

In developing the strategy, work has taken place to engage with people with dementia and their carers and families in Wiltshire to identify what is important to them, what is working well and where improvements are required. The Wiltshire Dementia Delivery Board has overseen this engagement process and has been active in the development of the strategy. The draft strategy was approved for consultation by the Joint Commissioning Board on 12th December.

Main Considerations for the Council

Safeguarding Considerations

The business of adult social care is in managing risk and in supporting others to be as independent as possible whilst managing the risks that their vulnerability contributes to. The prime aim is to support customers to be as independent as possible whilst ensuring that they remain safe and that they and their families have confidence in the quality of care delivered. In order to deliver this staff in services commissioned by the Council and the NHS have to be trained safeguarding vulnerable adults (and children) and informed on how to assess and refer / alert on a safeguarding issue. The strategy aims to ensure services will be delivered with due regard to safeguarding people with dementia and their carers.

Public Health Implications

Dementia is a national priority area for action. Public Health staff are working closely with Adult Social Care and NHS staff to develop and deliver this strategy.

Environmental and Climate Change Considerations

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

Equalities Impact of the Proposal

The strategy aims to ensure services will be delivered with due regard to equality legislation and that people with dementia will have equitable access to services. An equality analysis has been undertaken and can be found in the appendices of the strategy document. This has identified that the main equality issues that will require further attention through the implementation of the strategy include:

- People with early onset dementia (are aged under 65 years old)
- People with learning disabilities and dementia
- People with dementia from black and minority ethnic communities
- People with dementia who live alone without family support
- People with rarer forms of dementia
- People who live in rural areas and those who lack transport

The equality analysis will be reviewed once the draft strategy has been through the formal consultation process.

Risk Assessment

The main risk associated with the Dementia Strategy is the increasing number of people living with dementia in Wiltshire and increased demand being placed upon services. The strategy addresses this through a number of measures which include:

- Developing dementia friendly communities so that people are supported by their local community and informal networks to live well with dementia and maintain their independence and wellbeing.
- Working with non-specialist services to ensure that they are skilled and supported to meet the needs of people with dementia, so that they can support the majority of people with dementia, with specialist services only being required at critical points in time.
- To monitor, review and implement improvements in existing services, including those that have seen recent investment including the dementia adviser service, primary care and memory service.
- To look at alternative ways of delivering care and support which can meet demand within the budgets available.

The significant risks associated with not implementing this strategy would include:

- Placing the wellbeing, independence and safety of people with dementia and their carers and families at significant risk through a lack of suitable provision of care and support services.
- An increased demand on health and social care services and budgets when people reach crisis due to a lack of preventative, skilled and responsive services.
- A failure of the statutory bodies within Wiltshire to respond to national guidance, policy and legislative duties.

Financial Implications

Although there are no immediate financial implications arising from the consultation paper on the Dementia Strategy, it is acknowledged the people living in Wiltshire with dementia will increase by 28% by 2020. As a result there will be significant revenue and capital costs arising as the strategy is developed and finalised in area such as Help to Live at Home, Accommodation Strategy etc. These costs will need to be analysed in detail as the strategy is developed and included within future financial planning of the Authority.

Legal Implications

The current relevant national policy, legislation and guidance are set out in the Strategy Appendix B. When the provisions of the Care Bill 2013 come into force later in 2014 the strategy will need to be reviewed.

Proposal

That Cabinet agree the draft strategic direction for services proposed in the Wiltshire Dementia Strategy 2014 – 2021 and agree that it can proceed to formal consultation.

Maggie Rae
Corporate Director

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Background Papers

None

Appendices

Appendix 1 – Wiltshire Dementia Strategy 2014 – 2021

Safeguarding Considerations

Appendix 2 – Appendices to the Strategy



Wiltshire Dementia Strategy

2014 – 2021

Introduction

This strategy has been developed by Wiltshire Council and NHS Wiltshire Clinical Commissioning Group (CCG) in conjunction with various local partners from the statutory and voluntary sector, as well as through talking to people with dementia and their carers and family about their experiences in Wiltshire (see appendix A).

The main purpose of the strategy is to ensure that people with dementia and their carers and family are able to live well and are supported to do so through being able to access the right services and support at the right time, whether that be from organisations or their local community.

We want the message of this strategy to be that it is everybody's business to support people with dementia and their carers and family in Wiltshire and not just the reserve of specialist care services.

For this to happen we need to understand:

- Where are we now?
- Where we want to be by 2021?
- How do we get there and what will success look like?

This document will address each of the above points so that people can understand the commitments and priorities of Wiltshire Council, NHS Wiltshire Clinical Commissioning Group and other organisations that support people with dementia and their carers and family in Wiltshire.

The focus of this strategy is all people with dementia and their carers and family, right from the point that they have concerns about their memory through to the end of their lives. For clarity, several different phrases will be used within the document to describe different groups of people:

- People with dementia – People who have dementia (whether diagnosed or undiagnosed)
- Carers – People who provide unpaid support to people with dementia – they are normally family members, partners, friends or neighbours.
- Care workers - Care workers – Paid staff who support the person with dementia and their carer(s).

The word 'dementia' describes a group of symptoms that occur when the brain is affected by specific diseases and conditions, such as Alzheimer's disease and vascular dementia, amongst others. Symptoms of dementia vary but often include loss of memory, confusion and problems with speech and understanding. Dementia is progressive and as it advances so do the symptoms, up to the point that people will have difficulty to undertake everyday tasks and will need increasing support and assistance from others.

In Wiltshire dementia is seen as a long term condition, although it is acknowledged that many specialist dementia services are provided by a mental health organisation (Avon and Wiltshire Mental Health Partnership) and that people with dementia may also have needs relating to their mental health.

Whilst there is currently no cure for dementia, there are a number of types of support that can help someone to live with dementia. Support and treatment can also often help to alleviate symptoms or to slow the progression of the dementia for many people.

Section 1: Where are we now?

National and local policy, legislation and guidance

Within recent years there has been an increased focus on dementia at a national level due to a number of factors, including a rising older population and therefore increasing number of people with dementia coupled with a lack of awareness and understanding of dementia leading to stigmatisation and poor quality care.

As a result of this, there is now a substantial body of national policy, legislation and guidance that advises and directs organisations on how to best support people with dementia and their carers and family (see Appendix B for more detail). Amongst this there are two pieces of policy which are most relevant to this strategy:

Living well with dementia: a National Dementia Strategy (Department of Health, 2009)

The strategy focuses on driving improvements for people with dementia and their carers and family in three main areas:

- Awareness and understanding – Improved public and professional awareness and understanding of dementia and the stigma associated with it.
- Early diagnosis and ongoing support – Good quality early diagnosis and intervention; good quality information for those with diagnosed dementia and their carers; and easy access to care, support and advice following diagnosis and follow on medication management.
- Living well with dementia – High quality health and social care services so that people can live well with dementia until the end of their lives.

Prime Minister's Challenge on Dementia: Delivering major improvements in dementia care and research by 2015, (Department of Health, 2012)

This aims to deliver a number of actions that focus on three main areas:

- Driving improvements in health and care
- Creating dementia friendly communities that understand how to help
- Better research

Locally, the previous Wiltshire Dementia Strategy developed in 2009 has provided the context and direction for health and social care provision for people with dementia and their carers and family. However, many people with dementia and their carers will have needs that can be met by non-specialist services and/or have other needs that do not relate to their dementia e.g. housing, other long term conditions etc. There are a number of other local strategies (listed in Appendix B) which cover these areas and so this document should be read in conjunction with them.

People at risk of developing dementia

Age is considered the highest risk factor for dementia, and the percentage and numbers of older people in the population is increasing. However, there are a high number of people who have modifiable risk factors for dementia who can be targeted.

In addition to age, risk factors for developing dementia include vascular disease such as cardio-vascular disease and stroke plus smoking, excessive alcohol use, obesity, diabetes, hypertension and raised cholesterol levels (NICE, 2013). Those who have depression are also at higher risk of developing dementia. There are also those who have a genetic risk for dementia, though this area is not yet fully understood. There are people who will have more than one of these risk factors.

It has also been found that keeping one's mind active and also being socially active can also help reduce the risk of dementia. There is concern that due to the rural geography of Wiltshire, people are more likely to be socially isolated.

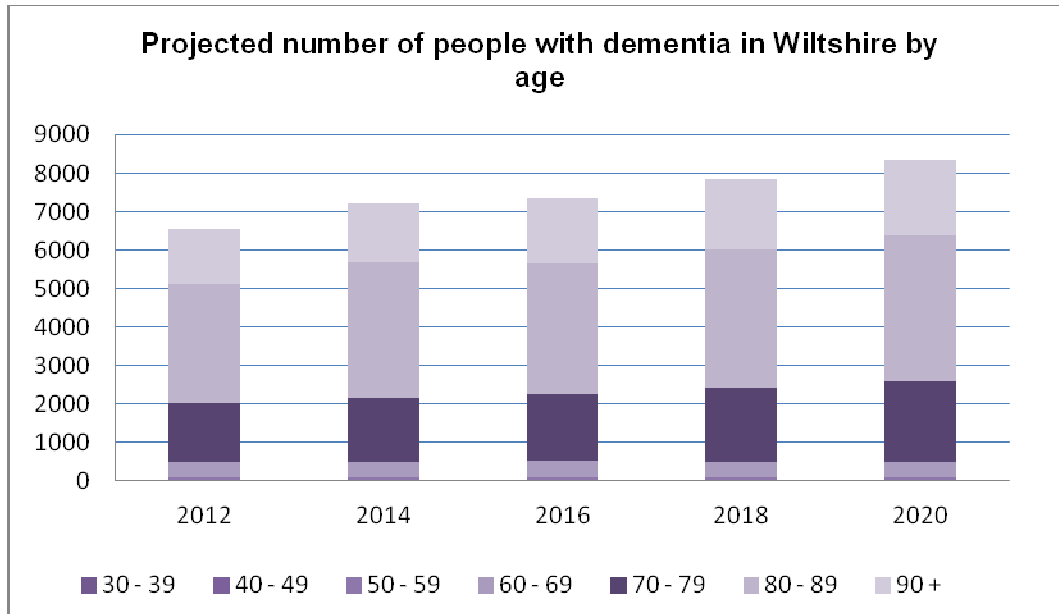
People with dementia and their carers and family in Wiltshire

Wiltshire is a predominantly rural county and in 2011 had a total population of 470,981, 21.5% of whom were at retirement age (65+ years for men and 60+ years for women). This compares to 19.4% for the whole of England. This is significant because dementia is most common in the older population as its prevalence rises significantly with increasing age. One in three people over 65 will develop dementia, whilst a much smaller proportion of the population (about 1 in 1400) will be affected by early onset dementia which occurs in younger age groups.

It is difficult to give exact figures for the number of people with dementia within the population as reported rates differ widely depending on the criteria and study methods used.

According to figures produced by Oxford Brookes University and the Institute of Public Care (2013), the population of Wiltshire with dementia in 2012 was 6,538 and they estimate that this will increase by 27.8% in 2020 – this equates to an 1800 additional people with dementia. The age groups that will see the largest increases are 90 + years old (40% increase) and 70 – 79 years old (36% increase), whilst there will be a decrease of 12% in people aged 40 – 49 years old.

The NHS Commissioning Board and NHS South of England (2013) have also produced information about the population of Wiltshire with dementia and this tells us that in 2013/2014 there are an estimated 6,512 people with dementia in Wiltshire. Looking at the information in more detail we can get a better understanding of our local population (more detailed information can be found in Appendix C)



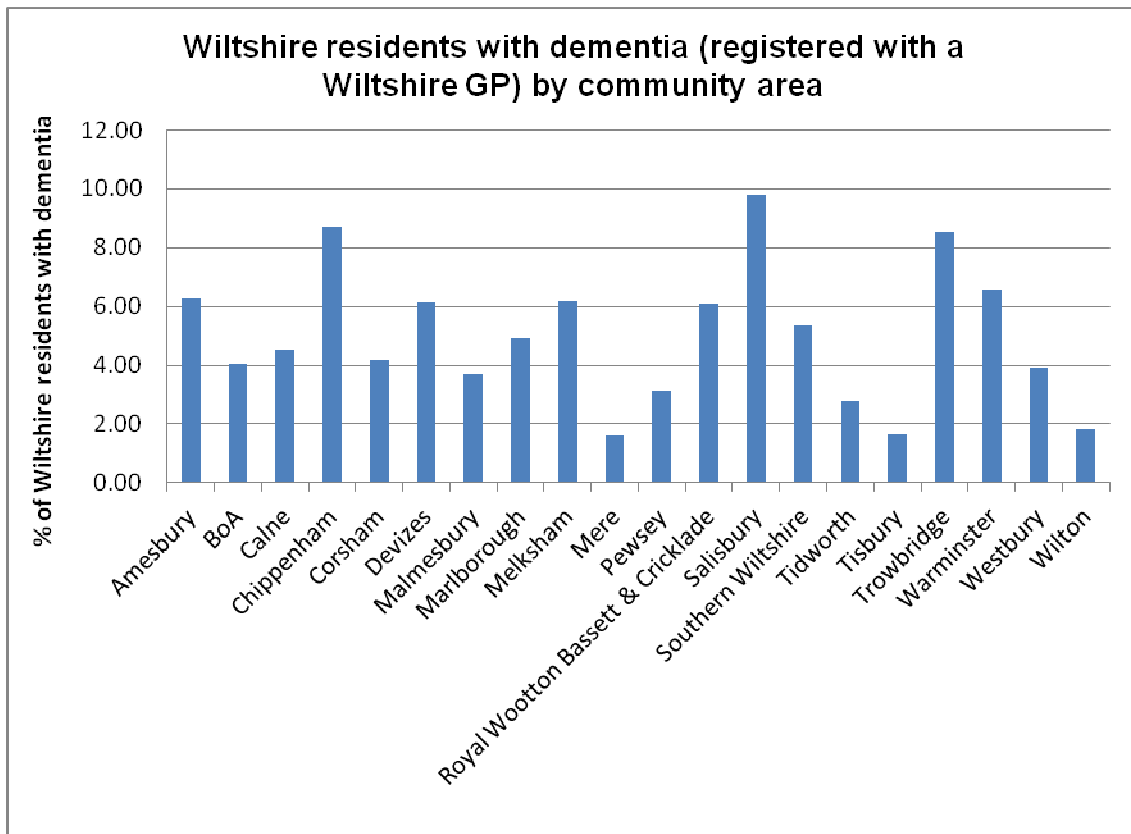
Information source: Projecting Older People Population Information System and Projecting Adult Needs and Service Information (Oxford Brookes University and Institute of Public Care, 2013)

Diagnosis

According to the Dementia Prevalence Calculator, the current diagnosis rate in Wiltshire is 37.4%. This is the number of people with dementia who have received a formal diagnosis which has been recorded by their GP. This means that 62% of the population who have a dementia do not have a diagnosis i.e. this is an unmet need. Nationally there is a drive to promote early and timely diagnosis to ensure that people can access the care and support they require, as well as being able to plan for their futures.

Community areas

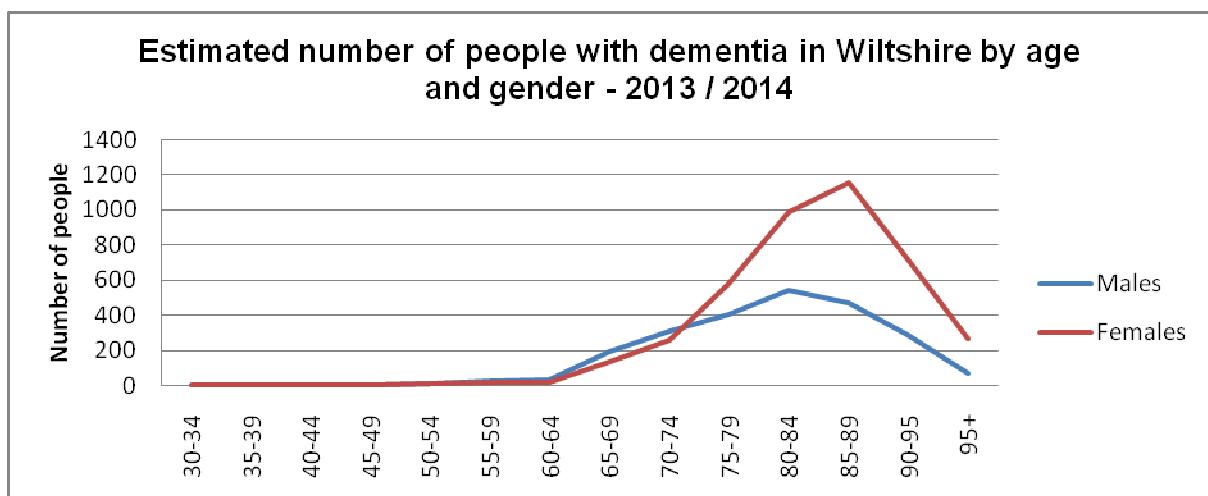
The following graph provides a picture of where Wiltshire residents (and also registered with a Wiltshire GP surgery) with dementia in live.



Information source: Dementia Prevalence Calculator (NHS Commissioning Board and NHS South of England, 2012)

Age and gender

In line with national figures the majority of people with dementia in Wiltshire are women (64%) whilst only 36% are men. However it is worth noting that of the 135 people who have early onset dementia (this is when the individual is under the age of 65 years old) 59% are male and 41% are female. This again reflects the national trend. Over 4,500 of people with dementia are aged 80 years of age or older, and of these 1,348 are 90 years or older.



Information source: Dementia Prevalence Calculator (NHS Commissioning Board and NHS South of England, 2013)

Severity of dementia

Dementia is progressive, meaning that as time passes people's symptoms will increase and they will require more help and support to live well. It is recognised that there are three broad levels of dementia, which reflect the impact that the dementia has on the individual and their ability to care for themselves. In 2013, the Dementia Prevalence Calculator identified that of the population with dementia in Wiltshire:

- 55% have mild dementia
- 32% have moderate dementia
- 13% have severe dementia

Place of residence

According to national statistics, 71% of people with dementia live within the community, whilst 29% in residential care. If applied to the Wiltshire population this equates to 4,629 people living in their own homes, whilst 1,899 live in residential care settings (residential and nursing care homes). Of those people who live in the community in their own home, Alzheimer's Society (2012) estimate that one third live alone.



Information source: Dementia Prevalence Calculator (NHS Commissioning Board and NHS South of England, 2013)

End of Life

The National End of Life Care Programme (2012) highlighted that in 2008-2010 in 18.3% of deaths in Wiltshire, the cause of death upon the death certificate mentioned Alzheimer's, dementia & senility. This compared to the England average of 17.3%.

In Wiltshire this represented an average of 766 deaths per year and of these the place of death was as follows: 11% at home, 62% in a care home, 26% in a hospital and 0% in a hospice.

Carers

In relation to the support provided by carers, according to figures produced by Alzheimer's Society (2012) it has been estimated that there are approximately 5,454 family members and friends acting as carers to people living with dementia in Wiltshire.

Other aspects of the Wiltshire population

In relation to ethnicity and religion, there is no specific data about the population of Wiltshire who have dementia. However, we do have information from the 2011 Census which relates to the whole population. Whilst we need to take in to consideration that this may not be truly reflective of people with dementia, it would indicate that:

- The majority of people are White British (93%) followed by Other White (which mainly consists of European Accession countries, including Poland) and then Other Asian (which includes the Filipino and Polynesian communities).
- The majority of people are Christian, followed by having no religion or not wishing to state their religion.

It is important to remember that there are certain groups of people with dementia in Wiltshire that services may not be as well placed to meet the needs of when compared to the general population. However, it is equally as important to do so and work is needed to look at how this is best achieved. These groups include, but are not limited to:

- People with early onset dementia (are aged under 65 years old)
- People with learning disabilities and dementia
- People with dementia from black and minority ethnic communities
- People with dementia who live alone without family support
- People with rarer forms of dementia
- People who live in rural areas and / or lack transport

An equality analysis (Appendix H) provides more information.

Investment in services

Using estimates from Knapp and Prince (2007) and the Dementia Prevalence Calculator, the annual financial cost of dementia in Wiltshire in 2013/2014 is approximately £152 million. This includes accommodation, care provided by formal care agencies, as well as approximately £55 million from informal care by family and friends.

In 2013/2104 NHS Wiltshire Clinical Commissioning Group project they will invest £7.5 million into supporting people with dementia, their carers and families. This sum includes memory services, the dementia Local Enhanced Service (LES), voluntary sector services, inpatient accommodation, community support and acute hospital liaison services.

During the same period, Wiltshire Council project they will spend £14.8 million supporting people with dementia and their carers and family. This sum includes commissioning specialist voluntary sector services and individual social care packages and placements where people have a recorded dementia that has been diagnosed.

There is also approximately £0.1million invested through a budget that contains pooled funding from Wiltshire Council and NHS Wiltshire Clinical Commissioning Group that is targeted at supporting carers of people with dementia.

In addition to the amounts identified above, it should be noted that many services funded by Wiltshire Council and NHS Wiltshire Clinical Commissioning Group which people with dementia and their carers and family access are not specialist and so it has not been possible to include the associated costs within these figures. Examples include non-specialist carer support services, hospital care and community services for older people. In addition many people who have dementia do not have a formal diagnosis and so have not been included in the figures above.

There is also a notable contribution from the voluntary sector with specialist dementia organisations bringing £394,941 of fundraising in to the county in 2012/2013 and their unpaid volunteers giving an average of 101 hours support each week. According to the formula recommended by Volunteering England, this volunteering activity is worth £1,324 per week or approximately £69,000 annually.

Current service provision in Wiltshire

The services currently available to people with dementia and their carers and family have been delivered to date under the direction of the previous Wiltshire Dementia Strategy which was developed in 2009 and the Prime Minister's Challenge on Dementia (2012). Successes that have been delivered during this time can be found in Appendix E.

The Wiltshire Dementia Delivery Board has been responsible for mapping current service provision for people with dementia and their carers and family in Wiltshire. This exercise was undertaken in 2013 and the model of care developed by Dr Edana Minghella (2012) was used as the framework. This model of care identifies the different services that may be required against the following six phases that people will experience when living with dementia:

- Recognising memory problems
- Learning it's dementia
- Planning for the future
- Living well with dementia
- Managing at more difficult times
- Care at end of life

Minghella identifies a range of proposed services within each of the above phases that should be in place if people are to receive the care that they may need when living with dementia. It was agreed that this was the desired model of care in Wiltshire and so was used as the basis for looking at the services that already exist in Wiltshire and where there were gaps or further improvements were required. A further phase of 'Reducing Risk' has also been added to cover the work taking place to promote health and wellbeing, and therefore reduce the risk factors within the general population associated with the development of dementia.

It was identified that many of the current services accessed by people with dementia and their carers and family are non-specialist services i.e. they support people with a range of needs. These services include support for carers, hospital care, Help to Live at Home etc.

There were also a number of current specialist services identified that are designed to specifically work with people with dementia and their carers and family and these include dementia community activities, the dementia adviser service, specialist mental health service etc

In addition there are a number of services that support people to reduce their risk of developing dementia. These focus on reducing the risk of cardiovascular disease, stroke and diabetes and aim to reduce the levels of obesity, smoking, excessive alcohol use, cholesterol and mental health conditions such as depression.

These current services can be seen in the table below on page 17.

The Wiltshire Delivery Board also looked at where the gaps were in provision for people with dementia and their carers and family and where there could be improvements made to existing services in order to deliver better care and support. These included support for specific groups of people (including people who live alone, people with early onset dementia and people with learning disabilities), advanced care planning and out of hours support during a crisis.

Appendix E provides more information about the services and gaps that were identified, as well as describing what current services look like.

Reducing Risk	Recognising concerns	Learning it's dementia	Planning for the future	Living well with dementia	Managing at more difficult times	Care at end of life				
NHS Health Checks ~ Wiltshire Stop Smoking Service ~ Wiltshire Substance Misuse Service ~ Active Health ~ Lift Psychology	Memory Service - Dementia assessment, diagnosis and treatment				GP out of hours service ~ Complex Intervention & Therapy Team					
	Primary care - Dementia assessment, diagnosis and treatment			Day services ~ Specialist Home & Community Support Service ~ Movement for the Mind ~ Singing for the Brain ~ Active Health Programme ~ Counselling	Acute hospital liaison service ~ Acute hospitals ~ Inpatient assessment service ~ MH Care Home Liaison Service ~ Emergency Duty Service ~ STARR scheme ~ Extra Care Housing ~ Care homes ~ Respite	My Home Life programme in care homes ~ Continuing Health Care ~ Hospices				
	Dementia CQUIN in acute hospitals		Life Story Groups (Alz Support) ~ Home improvement agency – part of Help to live at Home service (Equipment ICESS)							
	Awareness raising activities and resources	RUH Community geriatrician								
							Social care ~ HTL@H ~ Telecare ~ DPs ~ Health community teams ~ Court of Protection			
							Support for people who fund their own care			
Safeguarding ~ Primary care liaison service ~ Dementia Adviser Service ~ Memory cafes ~ Library resources ~ Support for carers (groups, training, assessments, breaks) ~ Advocacy ~ Good Neighbour Scheme ~ Wiltshire Citizens' Advice Bureau ~ Health Matters sessions										

What do people with dementia and their carers and family tell us?

There is a large amount of research that has taken place at a national level that shares the experiences of people with dementia and their carers and family and much of this can be applied to Wiltshire.

However, in developing this strategy, work has taken place to meet with people with dementia and their carers and family in Wiltshire to find out what is important to them in relation to their lives with dementia and what their experiences of care and support services have been locally.

The things that people with dementia and their carers and family said are important to them and are going well include:

- Community activities such as memory cafes and Singing for the Brain
- Support from the voluntary sector
- Being able to meet and socialise with other people living with dementia
- Day care
- Telecare

The things that people told us are important to them and need improving include:

- Support for people living alone
- Support to plan for the future
- Direct Payments
- Transport
- Support for carers
- Understanding of professionals of the challenges of living with dementia.
- Processes, paperwork and the language used.
- More time
- The general public's understanding of dementia
- Support from businesses
- Person centred care

There were some things that people with dementia and their carers and family told us are important to them, but people have had mixed experiences:

- Support from GPs
- Specialist mental health services
- Knowing where to go for information and help
- Carer involvement
- Acute hospitals
- Care in care homes

More detailed information about the experiences of people with dementia and their carers and family can be found in Appendix F.

Section 2: Where do we want to be by 2021?

Ambition

It is our ambition that all people with dementia and their carers and family in Wiltshire are treated as individuals and are able to access the right care and support, at the right time so that they can live well with dementia within supportive and understanding communities. This will be supported by providing care and support to promote people's independence, health and wellbeing and quality of life.

It is recognised that people will experience different phases of living with dementia, all of which are important, but which can differ vastly. In the model of care developed by Mingehlla (2012) these phases are as follows:

- Recognising memory problems
- Learning it's dementia
- Planning for the future
- Living well with dementia
- Managing at more difficult times
- Care at end of life

The strategy's ambition is equally applicable across all of these stages, as is the aim to minimise the number of times that people need to move within their life with dementia in order to receive the care they need, whether that be to a hospital, residential or nursing care home setting.

The ambition will be achieved by taking a proactive approach to supporting people to stay within their home and community wherever possible through the provision of care and support so that they can live well on a daily basis. At difficult times, such as crisis or illness, if people do need to travel to health or care services that cannot be delivered within their community, e.g. acute hospitals and/or specialist inpatient hospitals, this will be for as short a time as possible, with the aim to get the person back to their home as soon as possible.

Whilst it is acknowledged that there will be periods of time when people will require specialist care dementia services, it is the aim that people will be supported by generic, non-specialist care services for as long as possible and that these will be skilled and knowledgeable to appropriately support people with dementia and their carers and family.

In addition to this, it is the aim of this strategy to ensure that local communities are supportive, understanding and inclusive of people with dementia so that people can live well as active and valued members of our society. This will be achieved through implementing the concept of dementia friendly communities across Wiltshire.



This ambition and the following objectives, outcomes and principles will form the service model that this strategy will deliver. In terms of delivery these elements will be structured across the phases of care identified by Minghella (2012) to form an action plan that organisations will sign up to (see Section 3 for more information).

With regard to reducing people's risk of developing dementia, we will ensure that this strategy is linked in to the various other relevant strategies for risk factor reduction.

Objectives

The objectives of the strategy are:

- To keep up to date with the latest knowledge and research regarding dementia prevention, services and care and ensure these are integrated as appropriate into the initiatives and services provided.
- To ensure that there are awareness raising resources within the community to support and encourage people to seek advice when they have concerns about their memory.
- To ensure that there are processes in place across services to identify people who may have concerns about their memory.
- To work with primary care and specialist health services to ensure that people are able to obtain a timely and quality assessment and diagnosis.

- To ensure that following diagnosis, people (including those who fund their own care) are able to access good quality information and advice so that they can make informed and timely decisions and plan for their future.
- To ensure that people have access to dementia community based services and activities that support them in their local communities.
- To ensure people with dementia have access to appropriate specialist therapeutic services.
- To ensure that people have access to peer support opportunities so that they can share their experiences and socialise with people in similar circumstances.
- To support people to remain in their own home (whether that be a family home, extra care or residential care setting) for as long as possible through the provision of a range of care and support services.
- To support people to remain independent for as long as possible through the use of telecare (assistive technology) and dementia friendly environments.
- To ensure that there are a range of appropriate housing options for people with dementia, where their care needs can be met appropriately.
- To ensure that carers are recognised and supported to care for as long as they are able and willing to do so through providing appropriate care and support.
- To work with local communities so that they are inclusive and supportive of people with dementia and their carers and family.
- To ensure that there are good quality services in place that are able to appropriately support people with dementia and their carers at more difficult times in their lives e.g. Access to specialist hospitals for assessment and treatment
- To ensure that people have access to support so that they are able to plan for end of life and have a good death.
- To ensure that staff who work with people with dementia and their carers and family have the skills, knowledge and support to do so.
- To ensure that people with dementia are encouraged and supported to make decisions and remain in control of their lives for as long as possible..

Outcomes

Wherever organisations, services and support may be involved in a person's life, by becoming signatories to this strategy, they are committing to improving services so that people with dementia and their carers and family in Wiltshire are able to agree with the following outcomes:

- I am encouraged and given the opportunity to have a healthy, active lifestyle.
- I was diagnosed early and with the correct medication and treatment package.
- I understand the implications of my diagnosis in order for me to make good decisions and provide for future decision making.
- I get the treatment and support which are best for my dementia and my life.
- I am treated with dignity and respect.
- I know what I can do to help myself and who else can help me, especially in times of crisis.

- Those around me and looking after me are well supported.
- I can enjoy life.
- I feel part of a community and I'm inspired to give something back.
- I am confident my end of life wishes will be respected. I can expect a good death.

These outcomes were developed by the Department of Health (2010) for use by local areas to ensure that they are working to the standards in the National Dementia Strategy.

Principles

All organisations are committed to ensuring that in the delivery of the services and support to people with dementia and their carers and family they will:

- Promote health, wellbeing and social inclusion.
- Work together with partners to develop and deliver reliable, high quality and sustainable services that put the individual at the centre of delivery.
- Be person centred and recognise and understand the individual and their identity, wishes and abilities.
- Enable people to maintain their independence and have freedom to live as they wish to do so for as long as possible and appropriate.
- Provide support and services to people with dementia and their carers and family that are compassionate, honest, accessible and equitable.
- Help to keep people safe from harm, whilst also taking a positive approach to risk.
- Listen to people with dementia and their carers and family and communicate with them effectively.
- Involve people with dementia and their carers in service delivery and recognise that involvement will look different for different people.
- Treat people with respect and dignity.
- Learn from their experiences of supporting people with dementia to inform future service improvements.
- Be flexible to the changing needs of people with dementia and their carers and family.

Section 3: How do we get there and what will success look like?

Priorities

A number of areas have been identified as priorities for the initial period of this strategy. These include, but are not limited to:

Reducing risk

- To ensure that the strategy is linked to other relevant strategies involved in minimising people's risk of developing dementia, emphasise the dementia prevention aspect of their activities and that their outcomes are being achieved with any support that dementia services are able to provide.

Recognising memory problems

- Awareness raising within the general public and across mainstream services e.g. leisure and libraries.
- Ensure that health services, e.g. GPs and hospitals, have in place standard processes to identify, diagnose and treat people when they may have problems with their memory.

Learning it's dementia

- Monitor and review the delivery of timely and quality assessments by GPs and the memory service and make improvements as necessary.
- Undertake a research project to identify the understanding of dementia within black and minority ethnic communities and access to services in order to inform future service delivery.

Planning for the future

- Monitor and review the effectiveness of the dementia adviser service and their interface with other GP based services and make improvements as necessary.
- Commission a generic information portal linked to the Council's website and which will also be available in GP practices and libraries. Information included on the portal will include community services, universal services as well as registered services.

Living well with dementia

- Continue to work to promote and improve services for carers, including carers breaks
- Continued oversight and maintenance of treatment packages by general practitioners.
- Establish dementia friendly communities across Wiltshire.
- Work with mainstream care and health services, including Help to Live at Home, Neighbourhood Teams and GPs to ensure that they are able to appropriately support people with dementia and their carers and family.

- Work with public services, e.g. libraries and leisure, to ensure that they are able to appropriately support people with dementia and their carers and family to access their services.
- Further implement Help to Live at Home and its principles, including the delivery of initial support and outcome based care planning and delivery.
- Implement personal budgets and develop a personalisation policy.
- Develop links with the Community Campus programme.
- Develop community therapeutic activities.
- Development of new care homes delivering specialist dementia and nursing care.
- Support to improve the quality of care in different settings including care homes.
- Development of new extra care schemes, designed to meet the needs of people with dementia.

Managing at more difficult times

- Work to shape and develop dementia related specialist mental health services to ensure timely access to specialist assessments and treatment as required, including the support they provide to other services e.g. care homes and hospitals.
- Ensure that all emergency / response / intermediate care services are skilled and knowledgeable about working with people with dementia
- Monitor and review progress within hospitals to deliver high quality dementia care in all relevant departments and disciplines.
- Analysis of triggers for people reaching crisis / requiring a move of home to receive appropriate care in order to inform future commissioning.

Care at end of life

- Implementation of the End of Life Strategy, which will include people with dementia as a target group.

Overarching

- Development of a needs assessment for people with learning disabilities and dementia to inform future service developments and commissioning.
- Development of a needs assessment for people with early onset dementia to inform future service developments and commissioning.
- Ensure that all staff supporting people with dementia have the training, skills and qualities to do so to a high standard.

Action plan, measuring success and governance

Supporting this strategy is an action plan that will be implemented (see Appendix H), which not only looks to address the priorities listed, but also the gaps identified within the mapping exercise and improvements required by people with dementia and their carers. This action plan will be accompanied by a set of success measures, which will be updated on an annual basis and overseen by the Wiltshire Dementia Delivery Board. The success measures will provide the Board with information to identify whether the implementation of the action plan has made a difference to people with dementia and their carers and family.

The Wiltshire Dementia Delivery Board is a multi-agency board that is chaired by the NHS Wiltshire Clinical Commissioning Group and consists of representatives from Wiltshire Council, health and social care organisations and the voluntary sector. It meets bi-monthly and is accountable to the Joint Commissioning Board.

Also in existence and with a role in delivering this strategy are the following groups:

- Carers Reference Group
- Wiltshire Alzheimer's Partnership Group
- Workforce Development Group
- Salisbury Foundation Trust Dementia Steering Group
- Transforming community services

References

The following documents and information have been used in the development of this strategy:

Alzheimer's Society (2012) [Dementia 2012: A National Challenge](#)

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Wiltshire Council (2012) [Wiltshire's diverse communities: Results from the Census 2011](#)

Wiltshire Council (2013) [Wiltshire Census 2011- Selected Statistics Profile Tool: Wiltshire Unitary Authority](#)

Appendix 2 – Wiltshire Dementia Strategy Appendices

See separate document

Wiltshire Dementia Strategy Appendices

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Acronyms

AWP	Avon and Wiltshire Mental Health Partnership
CCG	Clinical Commissioning Group
GP	General Practitioner
GWH	Great Western Hospital
MCA	Mental Capacity Act
MH	Mental Health
NICE	National Institute of Clinical Excellence
SFT	Salisbury Foundation Trust
STARR	Step to Active Recovery and Return
WDDB	Wiltshire Dementia Delivery Board

APPENDIX A – Stakeholders involved in the development of this strategy

Thanks go to the following organisations and groups who have been involved in the development of this strategy:

People with dementia and their carers and family who attend:

- Carers Support Groups
- Dementia Carers Reference Group
- Carers Support Groups
- Singing for the Brain
- Memory cafes
- Movement for the Mind

Wiltshire organisations

- Alzheimer's Society
- Alzheimer's Support
- Avon and Wiltshire Mental Health Partnership
- Carer Support Wiltshire
- Dorothy House Hospice
- Great Western Hospital
- Prospect Hospice
- Royal United Hospital
- Salisbury Foundation Trust
- SWAN Advocacy
- Wiltshire and Swindon Users' Network
- NHS Wiltshire Clinical Commissioning Group
- Wiltshire Council

APPENDIX B – National policy, legislation and guidance

Mental Capacity Act, 2005

The Mental Capacity Act (MCA) provides a framework to empower and protect people who may lack capacity to make some decisions for themselves.

The underlying philosophy of the MCA is to ensure that those who lack capacity are empowered to make as many decisions for themselves as possible and that any decision made, or action taken, on their behalf is made in their best interests.

The five key principles in the Act are:

- Every adult has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise.
- A person must be given all practicable help before anyone treats them as not being able to make their own decisions.
- Just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision.
- Anything done or any decision made on behalf of a person who lacks capacity must be done in their best interests.
- Anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.

Our health, our care, our say: a new direction for community services (Department of Health, 2006)

The vision set out in this White Paper is to reform health and social care services and is based upon four main goals:

- Better prevention services with earlier intervention
- More choice and louder voice for people who use services
- Tackling inequalities and improving access to community services
- More support for people with long-term needs

Putting people first: a shared vision and commitment to the transformation of adult social care (HM Government, 2007)

This document sets out a shared vision and commitment to the transformation of Adult Social Care, with a focus on promoting quality of life, independence, choice and control and participation as active and equal citizens within society.

Putting people first: a shared vision and commitment to the transformation of adult social care (Department of Health, 2007)

This outlines an ambition to put people first through a radical reform of public services, enabling people to live their own lives as they wish, confident that services

are of high quality, are safe and promote their own individual needs for independence, well-being and dignity.

Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own (Department of Health, 2008)

The carers' strategy sets out the Government's short-term agenda and long-term vision for the future care and support of carer. New commitments in the carers' strategy include: an increase in planned short breaks for carers and supporting carers to enter or re-enter the job market. Other schemes include the piloting of annual health checks for carers to help them stay well and training for GPs to recognise and support carers. A more integrated and personalised support service for carers should be offered through easily accessible information, targeted training for key professionals to support carers.

Living well with dementia: a National Dementia Strategy (Department of Health, 2009)

This publication sets out an ambitious joint agenda for improving services for people with dementia and outlines 17 key objectives with associated outcomes. These include:

- Objective 1: We will increase awareness of dementia, the benefits of timely diagnosis and the services available to support dementia sufferers and their families through development of a publicity campaign.
- Objective 2: We will ensure that those affected by dementia have access to high quality, accurate information on their condition.
- Objective 3: We will develop a single care pathway for Wiltshire to streamline access to services and ensure that appropriate services are available when required.
- Objective 4: We will ensure that memory services are available in accessible, non-stigmatising locations and provide accurate, timely assessments, appropriate information and psychological and social support. Cognitive enhancers will be prescribed in line with National Institute for Clinical Excellence (NICE) guidance.
- Objective 5: We will ensure that Dementia Advisors are based in memory clinics to help those diagnosed with dementia and their carers to access the support and advice they need.
- Objective 6: We will facilitate the development of peer support networks by commissioning a range of dementia cafes across the county.
- Objective 7: We will ensure that all Wiltshire residents, regardless of their financial circumstances will have timely access to community care assessment and support to access services. Those that are eligible for community care funding will be given the opportunity to hold individual budgets
- Objective 8: We will ensure that a broad range of community based support services are available, including intermediate care, specialist domiciliary care, day care, telecare and supported housing services to help people with dementia remain safely in their own homes and to reduce unnecessary reliance on residential placements.

- Objective 9: We will ensure that services are in place to meet the mental health needs of people with dementia who are being treated in general hospitals and to facilitate timely and appropriate discharge planning.
- Objective 10: Through the development of a workforce plan and training strategy, we will ensure that all service providers, including generic older people's services, are equipped with the necessary skills, knowledge and competencies to work effectively with people with dementia.
- Objective 11: We will ensure that specialist dementia services focus increasingly on assessment, the provision of care and treatment for those with complex needs and behaviour that challenges and on consultancy advice and support for generic services.
- Objective 12: We will ensure that a range of carer support services are available to support carers of people with dementia, with particular emphasis on the availability of short breaks.
- Objective 13: Mental health liaison services will be available in our local general hospitals to determine the services that are required to meet the needs of people suffering from dementia in these settings.
- Objective 14: We will improve the quality of care provided to people in registered care homes through work with our Provider Forums, this will include the use of life story books and individualised plans.
- Objective 15: Our end of life strategy will take account of and meet the specific needs of people with dementia.
- Objective 16: We will ensure that local services are commissioned to meet the needs of two specific client groups i.e. younger people with dementia and people with learning disability, particularly those with Down's syndrome who have a relatively high incidence of dementia.

'Nothing ventured, nothing gained': Risk guidance for people with dementia
(Department of Health, 2010)

This document provides guidance on best practice in assessing, managing and enabling risk for people living with dementia. It is based on evidence and person-centred practice and within the context of 'Living well with dementia; a national dementia strategy' and 'Putting People First'. The guidance is aimed at commissioners and providers in health and care across all sectors.

The Equality Act 2010

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society.

It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it is unlawful to treat someone. It also introduced the Public Sector Equality Duty which means that public sector organisations must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The new duty covers the following eight protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Public authorities also need to have due regard to the need to eliminate unlawful discrimination against someone because of their marriage or civil partnership status.

Within the Act there is also provision for protecting carers from discrimination because they are associated with someone who has a protected characteristic e.g. a disability.

Clinical guideline CG42 Dementia: supporting people with dementia and their carers in health and social care (National Institute for Health and Care Excellence, 2012)

This guideline makes evidence based recommendations on supporting people with dementia and their carers and family. Settings relevant to these processes include primary and secondary healthcare, and social care. Amongst other things it includes guidance on:

- Diversity, equality and language
- Integrated health and social care
- Risk factors, prevention and early identification
- Diagnosis and assessment of dementia
- Promoting and maintaining independence of people with dementia
- Interventions for cognitive symptoms and maintenance of function for people with dementia
- Interventions for non-cognitive symptoms and behaviour that challenges in people with dementia
- Interventions for co-morbid emotional disorders in people with dementia
- Inpatient dementia services
- Palliative care, pain relief and care at the end of life for people with dementia
- Support and interventions for the carers of people with dementia

Prime Minister's Challenge on Dementia: Delivering major improvements in dementia care and research by 2015, (Department of Health, 2012)

Launched in 2012, the Prime Minister's National Dementia Challenge outlined a number of commitments and areas for action at a local, regional and national level. It builds upon the National Dementia Strategy (2009) and focuses upon three main areas:

- Driving improvements in health and care
- Creating dementia friendly communities that understand how to help
- Better research

QS30: Supporting people to live well with dementia (National Institute for Health and Care Excellence, 2013)

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing guidance, which provide an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

This quality standard covers supporting people to live well with dementia. It applies to all social care settings and services working with and caring for people with dementia. It should be read alongside the NICE dementia quality standard (QS1), which covers care provided by health and social care staff in direct contact with people with dementia in hospital, community, home-based, group care, residential or specialist care settings.

It focuses upon statements that cover the care and support that people with dementia and their carers and family require from the point at which they have concerns about their memory to end of life care:

- Statement 1: People worried about possible dementia in themselves or someone they know can discuss their concerns, and the options of seeking a diagnosis, with someone with knowledge and expertise.
- Statement 2: People with dementia, with the involvement of their carers, have choice and control in decisions affecting their care and support.
- Statement 3: People with dementia participate, with the involvement of their carers, in a review of their needs and preferences when their circumstances change
- Statement 4: People with dementia are enabled, with the involvement of their carers, to take part in leisure activities during their day based on individual interest and choice.
- Statement 5: People with dementia are enabled, with the involvement of their carers, to maintain and develop relationships.
- Statement 6: People with dementia are enabled, with the involvement of their carers, to access services that help maintain their physical and mental health and wellbeing.
- Statement 7: People with dementia live in housing that meets their specific needs.
- Statement 8: People with dementia have opportunities, with the involvement of their carers, to participate in and influence the design, planning, evaluation and delivery of services.
- Statement 9: People with dementia are enabled, with the involvement of their carers, to access independent advocacy services.

- Statement 10: People with dementia are enabled, with the involvement of their carers, to maintain and develop their involvement in and contribution to their community.

Local strategies

In Wiltshire there are a number of local strategies that outline the commitments made by Wiltshire Council, NHS Wiltshire Clinical Commissioning Group and other organisations to supporting people to live well. The strategies listed below are those that may be of relevance to people with dementia who are either accessing mainstream (non-specialist dementia) services and / or have other needs that are not related to their dementia. These strategies should be read in conjunction with this document:

- Wiltshire's Health and Wellbeing Strategy
- Mental Health Strategy (currently being revised and led by Public Health)
- Wiltshire Physical Impairment Strategy 2009 – 2014
- Policy and Procedures for Safeguarding Vulnerable Adults in Swindon and Wiltshire (2006)
- Wiltshire Carers Strategy 2012 – 2014
- Draft Drug Strategy Implementation Plan
- Alcohol Strategy Implementation Plan (to be refreshed following the Alcohol Needs Assessment)
- Joint Learning Disabilities Commissioning Strategy
- End of Life Care Strategy (currently being revised)
- Wiltshire Alcohol Strategy & Implementation Plan
- Wiltshire Drug Strategy & implementation Plan
- Older People Accommodation Strategy (2026)
- Help to Live at Home

APPENDIX C - People with dementia and their carers and family in Wiltshire

Risk factors that can increase the risk of dementia

Current levels of risk in Wiltshire:

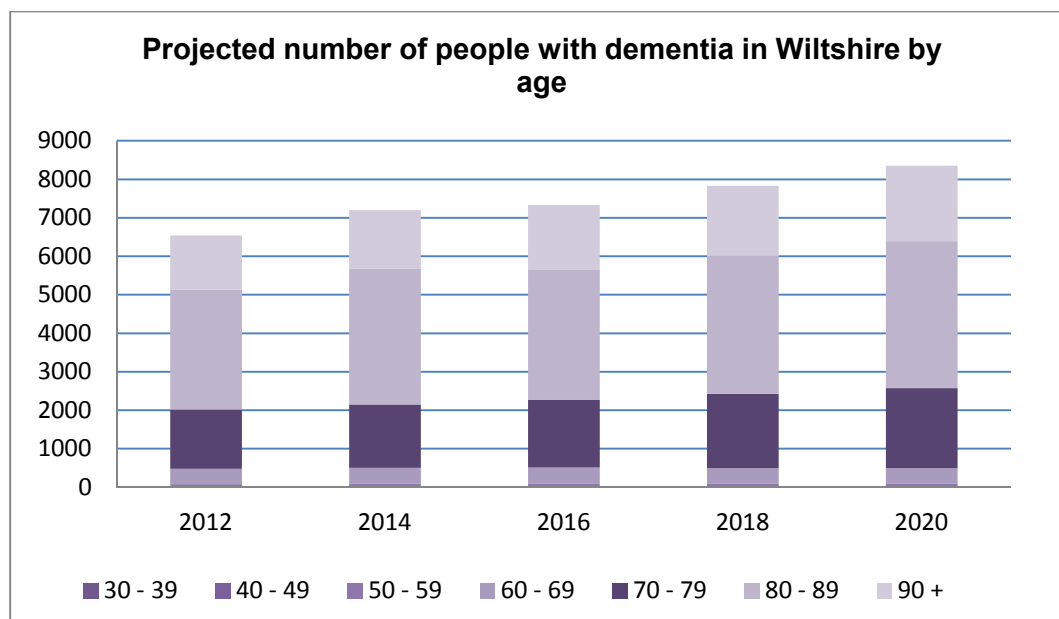
- After cancers, cardio-vascular disease is biggest <75 killer
- About 260 early deaths from CHD & stroke a year.
- Over 15,000 people have Coronary Heart Disease.
- Over 3,600 people have Heart Failure.
- Over 9,000 people have had a stroke or TIA.
- Over 19,000 people have diabetes.
- Over 67,000 people have hypertension.
- It has been found that only 27% of adults are physically active
- Around 7800 people over 65 currently have depression, and this is predicted to rise to around 9600 in 2020.
- Nearly 17,000 people aged 18 to 64 have a dependence on alcohol.
- The smoking prevalence in Wiltshire is 17.2%, which is lower than the England average.
- 25.2% of adults were classified as obese in 2011

Wiltshire population

Wiltshire is a predominantly rural county and in 2011 had a total population of 470,981, 21.5% of whom were at retirement age (65+ for men and 60+ for women). This compares to 19.4% for the whole of England. This is significant because dementia is most common in the older population as its prevalence rises significantly with increasing age. One in three people over 65 will develop dementia, whilst a much smaller proportion of the population (about 1 in 1400) will be affected by early onset dementia which occurs in younger age groups.

It is difficult to give exact figures for the number of people with dementia within the population as reported rates differ widely depending on the criteria and study methods used.

According to figures produced by Oxford Brookes University and the Institute of Public Care (2013), the population of Wiltshire with dementia in 2012 was 6,538 and they estimate that this will increase by 27.8% in 2020 – this equates to an 1800 additional people with dementia. The age groups that will see the largest increases are 90 + years old (40% increase) and 70 – 79 years old (36% increase), whilst there will be a decrease of 12% in people aged 40 – 49 years old.



Information source: Projecting Older People Population Information System and Projecting Adult Needs and Service Information (Oxford Brookes University and Institute of Public Care, 2013)

The NHS Commissioning Board and NHS South of England (2013) have also produced information about the population of Wiltshire with dementia and this tells us that in 2013/2014 there are an estimated 6,512 people with dementia in Wiltshire. Looking at the information in more detail we can get a better understanding of our local population (more detailed information can be found in Appendix C):

Diagnosis

According to the Dementia Prevalence Calculator, the current diagnosis rate in Wiltshire is 37.4%. This is the number of people with dementia who have received a formal diagnosis which has been recorded by their GP. This means that 61.8% of the population do not have a diagnosis.

Community areas

The following data shows the estimated number of people who are Wiltshire residents registered with a GP surgery and who have dementia by the community area that they live. Note that it does not include people who live in Wiltshire but are registered with a non-Wiltshire GP.

Community area	Estimated number of Wiltshire residents, registered with a Wiltshire GP, with dementia	% of people with dementia
Amesbury	368	6.27
BoA	238	4.05
Calne	266	4.53
Chippenham	511	8.71
Corsham	245	4.18
Devizes	361	6.14
Malmesbury	218	3.72
Marlborough	290	4.93
Melksham	362	6.17
Mere	95	1.62
Pewsey	185	3.15
Royal Wootton Bassett & Cricklade	357	6.08
Salisbury	576	9.81
Southern Wiltshire	314	5.35
Tidworth	163	2.78
Tisbury	96	1.64
Trowbridge	501	8.54
Warminster	385	6.55
Westbury	230	3.92
Wilton	108	1.84
TOTAL Wiltshire	5,871	100

Age and gender

In line with national figures the majority of people with dementia in Wiltshire are women (64%) whilst only 36% are men. However it is worth noting that of the 135 people who have early onset dementia (this is when the individual is under the age of 65 years old) 59% are male and 41% are female. This again reflects the national trend. Over 4,500 of people with dementia are aged 80 years of age or older, and of these 1,348 are 90 years or older.

Age (in years)	Estimated number of people with dementia in 2013/2014		
	Males	Females	Total
< 30	0	0	0
30 - 34	1	1	2
35 - 39	1	2	3
40 - 44	1	4	5
45 - 49	6	5	11
50 - 54	11	9	20
55 - 59	27	15	42
60 - 64	33	19	52
65 - 69	193	134	327
70 - 74	308	256	564
75 - 79	402	580	982
80 - 84	546	984	1,530
85 - 89	471	1,155	1,626
90 - 95	291	720	1,011
95 +	68	269	337
Total	2,359	4,153	6,512

Information source: Dementia Prevalence Calculator (NHS Commissioning Board and NHS South of England, 2013)

Severity of dementia

Dementia is progressive, meaning that as time passes people's symptoms will increase and they will require more help and support to live well. It is recognised that there are three broad levels of dementia, which reflect the impact that the dementia has on the individual and their ability to care for themselves. In Wiltshire:

Severity of dementia (2013/2014)	Age								Total
	< 65	65 - 69	70 - 74	75 - 79	80 - 84	85 - 89	90 - 95	95 +	
Mild	68	202	353	559	869	883	494	143	3570
Moderate	68	105	171	309	487	530	334	116	2120
Severe	0	21	40	113	174	213	183	78	822
Total	135	327	564	982	1,530	1,626	1,011	337	6,512

It should be noted that it is at the moderate stage that incontinence often emerges.

Place of residence

According to national statistics, 71% of people with dementia live within the community, whilst 29% in residential care. If applied to the Wiltshire population this equates to 4,629 people living in their own homes, whilst 1,899 live in residential care settings (residential and nursing care homes). Of those people who live in the community in their own home, Alzheimer’s Society (2012) estimate that one third live alone.

Estimated number of people with dementia (2013/2014)	Age (in years)								Total
	< 65	65 - 69	70 - 74	75 - 79	80 - 84	85 - 89	90 - 95	95 +	
Living in the community	135	253	435	733	1,142	1,101	684	145	4,629
Living in residential care	0	74	129	249	388	525	327	192	1,883
TOTAL	135	327	564	982	1,530	1,626	1,011	337	6,512

Information source: Dementia Prevalence Calculator (NHS Commissioning Board and NHS South of England, 2013)

However, this data should be treated with caution as it is known from local service monitoring that there are a minimum of 15 people under the age of 65 years old who are living in residential care settings, with over a third of these being individuals with learning disabilities and dementia.

End of Life

The National End of Life Care Programme (2012) highlighted that in 2008-2010 in 18.3% of deaths, the cause of death upon the death certificate mentioned Alzheimer’s, dementia & senility, compared to the England average of 17.3%.

In Wiltshire this represented an annual average of 766 deaths and of these the place of death was as follows: 11% at home, 62% in a care home, 26% in a hospital and 0% in a hospice.

Carers

In relation to the support provided by carers, according to figures produced by Alzheimer’s Society (2012) it has been estimated that there are approximately 5,454 family members and friends acting as carers to people living with dementia in Wiltshire.

Ethnicity

FINAL DRAFT FOR CONSULTATION

The table below shows the estimated number of people with dementia by ethnic group. Data from the 2011 census for the Wiltshire population has been applied to the estimated number of people with dementia in 2013/2014. It clearly shows that the majority of people with dementia are White British, followed by Other White (which mainly consists of European Accession countries, including Poland) and then Other Asian (which includes the Filipino and Polynesian communities).

This data should be treated with some caution as the information from the Census applies to the whole Wiltshire population, whilst people with dementia are generally aged 65+. For example, the military community within Tidworth is one of the most diverse communities within the county, yet does not have a high number of people with dementia (65 people).

Ethnic Group	% of Wiltshire population	Estimated number of people with dementia in 2013/2014
White: British	93.36	6,080
White: Irish	0.51	33
White: Gypsy / Irish traveller	0.16	10
White: Other white	2.57	167
Mixed: White and Black Caribbean	0.42	27
Mixed: White and Black African	0.14	9
Mixed: White and Asian	0.35	23
Mixed: Other mixed	0.27	18
Asian or British Asian: Indian	0.33	21
Asian or British Asian: Pakistani	0.05	3
Asian or British Asian: Bangladeshi	0.13	8
Asian or British Asian: Chinese	0.26	17
Asian or British Asian: Other Asian	0.55	36
Black or Black British: African	0.30	20
Black or Black British: Caribbean	0.24	16
Black or Black British: Other Black	0.14	9
Arab	0.06	4
Other ethnic group: Please state	0.16	10
Total	100	6,512

Information source: Wiltshire's diverse communities: Results from the Census 2011 (Wiltshire Council) and Dementia Prevalence Calculator (NHS Commissioning Board and NHS South of England, 2013)

Religion

The table below shows the estimated number of people with dementia according to religion of choice. Data from the 2011 census for the Wiltshire population has been applied to the estimated number of people with dementia in 2013/2014. It clearly shows that the majority of people with dementia are Christian, followed by having no religion or not wishing to state their religion.

Religion	% of Wiltshire population	Estimated number of people with dementia in 2013/2014
Christian	64	4,168
Buddhist	0	20
Hindu	0	20
Jewish	0	7
Muslim	0	26
Sikh	0	7
Other religions	1	33
No religion	27	1726
Religion not stated	8	501
Total	100	6,505

Information source: Wiltshire Census 2011- Selected Statistics Profile Tool: Wiltshire Unitary Authority (Wiltshire Council, 2013) and Dementia Prevalence Calculator (NHS Commissioning Board and NHS South of England, 2013)

Other aspects of the population

It is important to remember that there are certain groups of people with dementia in Wiltshire that services may not be as well placed to meet the needs of when compared to the general population. However, it is equally as important to do so and work is needed to look at how this is best achieved. These groups include, but are not limited to:

- People with early onset dementia (are aged under 65 years old)
- People with learning disabilities and dementia
- Black and Minority Ethnic communities
- People with dementia who live alone without family support

APPENDIX D – Model of Care

The model of care has been established using the framework of proposed services that was developed by Dr Edana Minghella (2012). In addition to this, it was recognised locally that work was also required to look at how services support people to reduce their risk of developing dementia. Below shows the framework of proposed services that the Minghella model of care proposes which has been used to map and gap services and develop the action plan (Appendix H).

Phase	Services
Recognising concerns	<ul style="list-style-type: none"> • Awareness raising in the community • Informed GPs, local pharmacists and other care practitioners • Memory checks in routine health checks • Regular patients reviews • Recognition of carers needs • Carers’ assessments • Memory liaison workers / dementia liaison workers • Information packs in public places
Learning it’s dementia	<ul style="list-style-type: none"> • Case management and continuing review and support for carers • Memory assessment and diagnostic services in line with NICE guidance • Information and signposting • Clear point of contact for patient and carers’ / family • Enablement of and engagement with range of available services • Support to patients and carers / family for understanding and agreeing next steps • Specialist services working collaboratively with GP about diagnosis and recommended treatment, including prescribing advice • Outreach to encourage early recognition and access to appropriate services including among diverse communities • Development of pathways that clarify the role of primary care in ongoing care.
Planning for the future	<ul style="list-style-type: none"> • GP leads for dementia • Information packs • Directory of local services and resources • Clear care pathways and resources linked to local map of medicine • ‘Dementia navigator’ function working to and / or within primary care, and with authority across agencies /

	<p>services</p> <ul style="list-style-type: none"> • Carers' assessments • Education and training about people with dementia, particular groups e.g. younger people • Education and training for GPs, primary health care teams, acute settings, day care resources and residential care settings • Education and training for other community provision to reduce stigma and promote access to a full range of mainstream support options • Low level preventative practical services e.g. housework, gardening, home maintenance • Primary care dementia nurse • Regular patients reviews
<p>Living well with dementia</p>	<ul style="list-style-type: none"> • Social care assessment, review and practical services e.g. home care • Personal budgets / direct payments & benefits advice assessments • Telecare and assistive technology • Socialising and peer support opportunities: exercise, walking groups, singing, memory cafes • Flexible, responsive & proactive respite services • Training and education for all health and care providers • Anti-dementia medication • Full range of primary health care, with particular emphasis on tailored services e.g. opticians, hearing services • Health checks for carers • Specialist consultancy and review for individuals • Psychological therapies inc. Reminiscence therapy, cognitive and sensory stimulation • Prescribing advice, medication review and management • 'Dementia navigator' function to identify and respond to changing, more complex needs, signposting and referral to appropriate support • Carers' assessment & access to psychological therapies for carers • Empowerment for carers to provide peer support and training and to inform service commissioning and delivery
<p>Managing at more difficult times</p>	<ul style="list-style-type: none"> • Mental health liaison service – general and community hospitals • Shared care wards in general and community hospitals • Specialist support for residential settings offering improved quality, greater flexibility and positive risk management

	<ul style="list-style-type: none"> • Education and support for managing behaviours that challenge at home, in care homes and other settings • Out of hours telephone support • Prescribing advice and medication review for residential settings • Opportunity for carers / families to stay overnight alongside the person in hospital • Dementia aware practitioners in and out of hours, crisis resolution and home treatment teams, providing alternatives to mental health inpatient care • Alternatives to hospital e.g. day care, overnight support at home to enable discharge • Supported extra care housing • Intermediate care and reablement • Validated dementia training for all staff groups in all relevant settings
Care at end of life	<ul style="list-style-type: none"> • Dementia care mainstreamed within existing end of life care provision at home, in hospital and care homes • Out of hours services based in primary care • Advance planning • Community equipment services • Use of the Liverpool Care pathway of equivalent • Flexible respite care • Palliative care • Carers' bereavement support and access to psychological therapies.

APPENDIX E - Current service provision in Wiltshire

The services available to people with dementia and their carers and family have been delivered to date under the direction of the previous Wiltshire Dementia Strategy which was developed in 2009 and the Prime Minister's Challenge on Dementia (2012). Some of the highlights of the successes that have delivered during this time include for people living with dementia include, but are not limited to:

- A range of awareness resources developed entitled 'There's nothing wrong with my memory!'
- An improved information offer for people with concerns living with dementia including the new dementia adviser service, carers' booklet and range of resources within Wiltshire libraries.
- An expanded network of community activities for people with dementia and their carers including memory cafes and Singing for the Brain.
- Implementation of a new memory service, which has since development had additional investment to improve waiting times and develop links with primary care.
- Comprehensive GP training and new pathway in place for dementia diagnosis in primary care
- Development of specialist mental health services including care home liaison service, hospital liaison service.
- Delivery of training for social care and health staff on end of life care for people with dementia.
- An established Wiltshire Dementia Delivery Board that brings together multi-agency partners to deliver dementia care in Wiltshire.
- Workstreams within the acute hospitals to improve dementia care in hospital settings.
- New Help to Live at Home service
- New telecare service

Current service provision in Wiltshire as identified by the Wiltshire Dementia Delivery Board

Reducing Risk	Recognising concerns	Learning it's dementia	Planning for the future	Living well with dementia	Managing at more difficult times	Care at end of life	
NHS Health Checks ~ Wiltshire Stop Smoking Service ~ Wiltshire Substance Misuse Service ~ Active Health ~ Lift Psychology	Memory Service - Dementia assessment, diagnosis and treatment			Day services ~	GP out of hours service ~ Complex Intervention & Therapy Team		
	Primary care - Dementia assessment, diagnosis and treatment						
	Dementia CQUIN in acute hospitals	Awareness raising activities and resources	RUH Community geriatrician	Life Story Groups (Alz Support) ~ Home improvement agency – part of Help to live at Home service (Equipment ICESS)	Specialist Home & Community Support Service ~ Movement for the Mind ~ Singing for the Brain ~ Active Health Programme ~ Counselling	Acute hospital liaison service ~ Acute hospitals ~ Inpatient assessment service ~ MH Care Home Liaison Service ~ Emergency Duty Service ~ STARR scheme ~ Extra Care Housing ~ Care homes ~ Respite	My Home Life programme in care homes ~ Continuing Health Care ~ Hospices
					Social care ~ HTL@H ~ Telecare ~ DPs ~ Health community teams ~ Court of Protection		
	Support for people who fund their own care						
	Safeguarding ~ Primary care liaison service ~ Dementia Adviser Service ~ Memory cafes ~ Library resources ~ Support for carers (groups, training, assessments, breaks) ~ Advocacy ~ Good Neighbour Scheme ~ Wiltshire Citizens' Advice Bureau ~ Health Matters sessions						

Current gaps and ideas to improve service provision in Wiltshire as identified by the Wiltshire Dementia Delivery Board

Recognising concerns	Learning it's dementia	Planning for the future	Living well with dementia	Managing at more difficult times	Care at end of life
Consistency of awareness materials in community settings	Support for people to attend appointments ~ Links between acute hospitals and primary care / community services ~ Support to come to terms with diagnosis: psychology services & talking therapies ~ Development of a care pathway ~ Carer training ~ Post diagnostic groups	Information pack post diagnosis ~ Training about particular groups e.g. younger people ~ Employment support for carers ~ Awareness within the community ~ Advance care planning ~ Specific support targeted at carers	Links with falls prevention work ~ Develop existing OSJ day services ~ Clinical Nurse for Dementia ~ Relay in memory clinics ~ Support to pick up prescriptions and remember appointments ~ Psychological therapies for carers ~ Advice / info on managing continence	Carer involvement in hospital discharges ~ Carer support ~ Sustainability of care home liaison service ~ Lack of specialist provision for people with specific needs e.g. younger people ~ People with dementia living alone ~ Access to and capacity of out of hours services including crisis intervention ~ Pathway for younger people through in-patient services ~ Alternatives to hospital	Gold Standards Framework ~ Pain management toolkit/guide ~ Carer involvement ~ Advanced care planning in early stages of dementia ~ Training for professionals ~ Patient choice ~ Dementia specific information ~ Tools to be used during Liverpool Care Pathway review ~ Equitable respite care ~ Spiritual and emotional needs ~ Equity of psychological therapies ~ Support to move on from the caring role
Consistency of carer assessment process ~ Specialist dementia advocacy ~ Understanding the population and needs of people with learning disabilities and dementia / BAME population / younger people with dementia					

FINAL DRAFT FOR CONSULTATION

The table below provides information about the various services that are available in Wiltshire to support people with dementia. Some are specialist services in that they only work with people who have dementia or complex mental health conditions, but the majority are non-specialist services that support people with a variety of needs, including dementia.

Service	Organisation	Location	Detail
Active Health Programme / Active Wiltshire	Wiltshire Council	Countywide	Active Health is a scheme for physical activity opportunities for those referred by a medical professional. There can be many different reasons for referral and a number of different exercise programmes are available across the county in leisure centres and other local facilities, at a reduced rate. In addition, there are a number of other health related opportunities that are available such as walking groups which are accessed by people with dementia.
Acute hospitals	Royal United Hospital, Great Western Hospital, Salisbury Foundation Trust	Bath, Swindon, Salisbury serving all of Wiltshire	There are three acute hospitals serving the Wiltshire population and within each there are plans in place to improve the quality of care for people with dementia and their carers. These plans include a range of actions including developing staff as dementia champions, introducing coloured crockery to support people to eat, working to become dementia friendly environments and putting in place a range of measures to identify people who have dementia.
Advocacy	SWAN Advocacy	Countywide in the community	Commissioned by Wiltshire Council, Swan Advocacy provides free advocacy services to vulnerable adults in Wiltshire, including people with dementia and carers. Their service includes Independent Mental Health Advocacy and Independent Mental Capacity Advocacy.
Awareness raising in the community	Various	Countywide in the community	Various organisations in Wiltshire work to raise awareness of dementia within the community through various activities. Awareness raising materials entitled 'There's Nothing Wrong with my memory!' are available from Wiltshire Council, Alzheimer's Support have established a memory awareness volunteer scheme across East and West Wilts and the Alzheimer's Society community road show bus visits Wiltshire on an annual basis.
Care homes	Various	Countywide	Residential and nursing care is commissioned from a range of providers throughout the county. Currently Wiltshire Council commissions 333 residential

Service	Organisation	Location	Detail
			placements and 220 nursing care placements for people with dementia. CHC funded placements/packages and also commissioned by Wiltshire Clinical Commissioning Group.
Carers breaks / respite	Various	Countywide in the community	Wiltshire Council and NHS Wiltshire Clinical Commissioning Group jointly commission a range of carers' breaks opportunities. These include: <ul style="list-style-type: none"> • Timeout opportunities • GP prescription breaks • Breaks for eligible carers following an assessment of caring needs – This could include regular short breaks, receiving a direct payment to purchase a flexible break, or care being provided to the person with dementia either in their own home, a day service or care home setting.
Complex Intervention & Therapy Teams	Avon and Wiltshire Mental Health Partnership	Countywide in the community	Commissioned by NHS Wiltshire Clinical Commissioning Group, these teams are supported by specialist therapy to provide people with specialist mental health services at home. They offer: <ul style="list-style-type: none"> • Assessment, intervention and care planning • Care management • Intensive support • Safeguarding and review of relevant service users • Signposting and providing optimum choice through working alongside other organisations.
Continuing Health Care	NHS Wiltshire Clinical Commissioning Group	Countywide	Some people qualify for the full costs of their care to be paid for by the NHS if they meet the NHS continuing health care criteria. Continuing health care means care provided to meet health needs for a period of time to a person aged 18 or over to meet physical or mental health needs.
Court of Protection	Wiltshire Council	Countywide	This service provides the management of the personal financial affairs of those who receive a social service from Wiltshire Council but are assessed as lacking the capacity to deal with their own financial affairs and has no one else able to assist them.
Day services	Various	Locations countywide	Wiltshire Council commissions day care for 45 people with dementia which form part of their care package, as well as funding specialist day services provided by

Service	Organisation	Location	Detail
			Alzheimer's Society and Alzheimer's Support. There are a range of specialist and non-specialist day care services across the county.
Dementia Adviser Service	Alzheimer's Society / Alzheimer's Support	Countywide in the community	Commissioned by Wiltshire Council and NHS Wiltshire Clinical Commissioning Group, this service is a specialist service for people with dementia and their carers. It provides personalised information and guidance, and gives people a named adviser to support them along their journey with dementia. There are 8 advisers across the county and they work closely with health services to identify people with dementia as soon after their diagnosis as possible.
Dementia CQUIN (Commissioning for Quality and Innovation)	Royal United Hospital, Great Western Hospital, Salisbury Foundation Trust	Bath, Swindon, Salisbury	The aim of the Dementia CQUIN is to incentivise hospitals to identify patients with dementia and other causes of cognitive impairment alongside their other medical conditions and to prompt appropriate referral and follow up after they leave hospital. Hospitals are required to have in place systems that will support this and have targets that they must achieve.
Direct Payments	Wiltshire Council	Countywide	<p>Direct payments are sums of money that are given to people who have been assessed as needing community care services by Wiltshire Council. They allow the individual to organise and buy the services that they want and so give them more choice, control and flexibility over the care that they receive. Wiltshire Council currently provides 230 people with dementia and their carers with direct payments as part of their funded care package.</p> <p>Wiltshire Council also commissions Wiltshire Centre for Independent Living to provide support and advice to people who choose to receive a direct payment.</p>
Emergency Duty Service	Wiltshire Council	Countywide in the community	This is an out of hours social care service, which can assist people who may be in crisis.
Extra Care Housing	Various	Trowbridge, Pewsey, Devizes	Extra care housing can provide a real alternative to residential care,. It provides independent living with support when it is needed and 'a home for life' for many people even if their care needs change over time. There are currently three schemes in Wiltshire, with plans to develop more over the next ten years as part

Service	Organisation	Location	Detail
			of the Older People's Accommodation Strategy. All schemes are designed to meet the needs of people with dementia.
Good Neighbour Scheme	Community First	Countywide in rural communities	Commissioned by Wiltshire Council, this service is primarily aimed at older people living in rural communities who may be vulnerable or at risk of becoming vulnerable. The service seeks to establish a trusted and effective bridge between vulnerable individuals and the statutory services and local voluntary organisations that are able to offer help and support.
GP Out of hours service	Medvivo	Countywide	This is a GP Out of Hours care for all patients registered with a GP Practice in Wiltshire.
Health community teams	Great Western Hospital	Countywide in the community	Commissioned by the NHS Wiltshire Clinical Commissioning Group, these teams are based throughout the county and provide community based health services to people within their own homes, including people with dementia.
Help to Live at Home	Various	Countywide in the community	<p>Help to Live at Home is a range of care and support services that are designed to support people to remain at home for as long as possible. Care is provided to people in way that is designed to meet their personal outcomes and ensure that they can remain as independent for as long as possible.</p> <p>Wiltshire Council commissions 205 care packages for people with dementia which are delivered within their own home. This include provision by HTL@H organisations, but also specialist services</p>
Hospices	Dorothy House, Prospect Hospice, Salisbury Hospice	Hospices at Salisbury, Bradford on Avon and Swindon providing community services	Three hospices serve the Wiltshire population and each provides dedicated end-of-life care for patients and compassionate support for their families and friends. They do this through supporting people in their own homes, as well as in their inpatient beds for those requiring 24 hour care to help with distressing symptoms or who wish to die in the hospice, day care and other services depending on the hospice. Hospice staff also work in partnership with colleagues in health and social services in the community, in care homes and in hospital offering advice, support and homes and in hospital offering advice, support and education.
Inpatient assessment	AWP	Salisbury with access	Commissioned by NHS Wiltshire Clinical Commissioning Group, this service is provides specialist in-patient assessment and treatment beds for people with

Service	Organisation	Location	Detail
service		to services in Swindon and Bath	dementia.
Library resources	Wiltshire Council	Countywide libraries	Wiltshire libraries offer people with dementia and their carers a number of services including an extensive book collection on dementia, Carers card and home delivery service. Library memory groups will commence in early 2014.
Life Story Groups	Alzheimer's Support	West / East Wiltshire	Alzheimer's Support runs occasional Life Story groups where a group of family carers and people with dementia meet together with trained staff to produce a life story over several weeks. It is funded through independent fundraising activity.
LIFT Psychology	AWP	Countywide	This provides a wide range of psychological services such as stress and mood management, anxiety management and also lifestyle management.
Memory cafes	Various	Various locations across the county	<p>Wiltshire Council commissions six cafes which are run by Alzheimer's Support and Alzheimer's Society and are specifically for people with dementia and their carers and family. The cafes meet on a regular basis and provide a friendly environment where people with dementia and their carers can meet and socialise with people in similar circumstances, share experiences and receive information about the services and support available.</p> <p>In addition to these and with the support of the Wiltshire and Swindon Users' Network, other cafes are developing independently within local communities including in Royal Wootton Bassett (3Ms café) and Melksham.</p>
Memory Service	Avon and Wiltshire Mental Health Partnership		<p>Commissioned by NHS Wiltshire Clinical Commissioning Group, this service provides a specialist assessment, diagnosis and treatment service for people with dementia. In Wiltshire, there are two elements of the service:</p> <ul style="list-style-type: none"> • Memory nurses who work with GPs and primary care to assess, diagnose and treat people with dementia within the community. • Memory clinics which provide specialist assessment, diagnosis and treatment that GPs and primary care are not able to deliver. This may be where people may have more complex needs or may have a less

Service	Organisation	Location	Detail
			<p>common type of dementia.</p> <p>The service also offers advice and information to people who have received a diagnosis.</p>
Mental Health Acute Hospital liaison Service	Avon and Wiltshire Mental Health Partnership	Bath, Swindon, Salisbury	This service works in the three acute hospitals serving Wiltshire and offers specialist mental health assessments to all adults attending Accident and Emergency (A&E) departments who have mental health concerns including self harm. It also assists acute general hospitals to assess and treat people with mental health concerns, including dementia, who have been admitted with an existing medical problem.
Mental Health Care Home Liaison Service	Avon and Wiltshire Mental Health Partnership	Countywide in the community	Commissioned by NHS Wiltshire Clinical Commissioning Group, the aim of the care home liaison service is to improve care, help maintain residents in their current setting and reduce hospital admissions ultimately enabling people to remain in their own care homes. It is a specialist service and is currently running as a pilot in Wiltshire until March 2014.
Movement for the Mind	Alzheimer's Support	Bowerhill	Movement for the Mind is a gentle physical activity club for people with dementia and their carers to enjoy together in west Wiltshire. It is funded by funded by Melksham Rotary Club, the Melksham Area Board and Wiltshire Council.
NHS Health Checks	GP surgeries	Countywide	These are for people aged between 40 and 74 years old. Those attending for health checks have their blood pressure, cholesterol and BMI (body mass index) tested. They are also given a leaflet on the signs and symptoms of dementia.
Primary Care	GP surgeries	Countywide in the community	There are 57 GP surgeries that serve the Wiltshire population. As well as providing health services to the general population, they are commissioned by NHS Wiltshire Clinical Commissioning Group to identify, assess and treat people with dementia. This is done in conjunction with the memory service which provides support and advice and will take the lead for people with more complex needs.
Primary Care Liaison Service	Avon and Wiltshire Mental Health Partnership	Countywide	Commissioned by NHS Wiltshire Clinical Commissioning Group, this is a specialist short-term support service to help people with mental health difficulties to move forward and get on with their lives. It works alongside GPs to assess and plan treatment and care for people, which may involve making referrals to

Service	Organisation	Location	Detail
			other specialist teams including the Complex Intervention & Therapy Team or Memory Service.
Singing for the Brain	Alzheimer's Support / Alzheimer's Society	Various locations across the county	Commissioned by Wiltshire Council, 10 groups run throughout the county on a regular basis specifically for people living with dementia. Based upon music and singing with others, groups offer structured sessions that promote participation, peer support and general wellbeing.
Social Care	Wiltshire Council	Countywide in the community	<p>Wiltshire Council provides a range of social care functions for people with dementia and their carers and family. They will assess and provide information to all people in Wiltshire, and where people meet eligibility criteria will fund the care that is needed to deliver the individuals' identified outcomes. A snapshot in 2013/2014 shows that of the individuals that Wiltshire Council contributes funding to, 41% of people receive funded care within the community (day care, direct payments and care at home) whilst 59% of people receive funded care within care home setting (residential and nursing care homes).</p> <p>Wiltshire Council also has a mental health social work service, which provides people with dementia and their carers and family with specialist assessment, support and services when required.</p>
Support for people who fund their own care	Various	Countywide	<p>Coordinated by the Wiltshire Centre for Independent Living, the Wiltshire Self Funders Forum meets quarterly to bring Self Funders together to discuss their concerns, learn from each other and participate in consultation exercises etc.</p> <p>Wiltshire Council is working with two independent Care Fees Specialists who can provide people who are responsible for funding their own care with specialist information and advice and help them understand the funding solutions available to fund their care for the rest of their life and protect their wealth and inheritance legacy.</p>
STARR scheme	Various	Countywide in the community	This service is commissioned by NEW Group, NHS Wiltshire Clinical Commissioning Group as a step up / step down service for people that provides a re-ablement approach. It is delivered in care homes across the county.
Telecare	Medequip-UK		Telecare, otherwise known as assistive technology, includes various pieces of

Service	Organisation	Location	Detail
			equipment like lifelines, pendant alarms, smoke detectors, carbon monoxide detectors and many others that can help people to remain safe at home, 24 hours a day.
Safeguarding	Various	Countywide	Safeguarding describes the process that aims to protect vulnerable people from harm and abuse. All organisations have a duty to protect vulnerable people and there are specialist safeguarding teams (including at Wiltshire Council and Wiltshire Police) in place to provide advice and decide how reports of abuse should be investigated and managed.
Support for carers (groups, training, assessments, breaks)	Various	Countywide in the community	<p>Wiltshire Council and NHS Wiltshire Clinical Commissioning Group fund a wide range of support options for carers of people with dementia. Some of these are provided by non-specialist organisations such as Carer Support Wiltshire, whilst other are provided by organisations that specifically work with people with dementia and their carers and family e.g. Alzheimer’s Support and Alzheimer’s Society. Support options include, but are not limited to:</p> <ul style="list-style-type: none"> • Assessments of carers’ needs • Carers breaks / respite • Training for carers • Support groups • Information, advice and support
Wiltshire Stop Smoking Service		Countywide	Free advice, one-to-one or group support and access to range of Nicotine Replacement Therapy (NRT) and other stop smoking medicines.
Wiltshire Substance Misuse Service	Turning Point	Countywide	Offers support to individuals who are experiencing issues with drugs and/or alcohol and those directly affected by substance misuse.

APPENDIX F – What do people with dementia and their carers and family in Wiltshire tell us?

In preparing for this strategy, Wiltshire Council and NHS Wiltshire Clinical Commissioning Group visited various groups of people with dementia and their carers to find out what life was like in Wiltshire living with dementia. It is acknowledge that further work is required in relation to gaining the views of people who do not access group activities. The information below summarises what people reported:

What is important to you in terms of your life with memory loss?

- Large number of people reported that having a place to meet and socialise with other people in similar circumstances and with the same experiences was important to them e.g. memory cafes
 - “Just getting out for a cup of tea and a chat. Things we take for granted, spontaneity.”
- Many people also reported the importance of knowing where to get information from and who to speak to if they had questions. One carer reported “it is important to know where to go for help and information and to be given correct advice. Time is precious enough without wasting it going round in circles.”
- Carers reported that access to good carer support was important and that a variety of support was required:
 - Support that focuses on being a ‘carer’ and on being ‘me’ i.e. looking after myself and my identity
 - 1:1 support
 - Covering a range of issues including learning about dementia, what the future entails and what to do about it, knowing what support is available, training on practical tasks and on recognising and managing emotions
 - Groups
 - Someone to talk to
 - Would be good to have the for carers of people living in care homes where the caring role is still present but perhaps not so obvious
- Help to prepare for the future
- Knowing what your care and funding options are
- Person centred care planning, which involves the person with dementia at an early stage to enable future choices to be made.

- Early diagnosis and conversation about the future and what it holds
- Being able to trust staff – to feel safe with them
- For the carer and person with dementia to feel safe, secure, and free from pain and discomfort
- Continuity of care
- Recognising the person's [with dementia] life – past, current and future
- Enough well trained staff to provide for each individuals' care needs
- Recognise carers' role in decision making
- Transport – particularly when the person with dementia loses the ability to drive
- Listening to the individual's voice

What is working well?

- Community activities such as memory cafes and Singing for the Brain
 - People gave positive feedback including “Signing for the Brain is absolutely wonderful. It’s social aspect is as fulfilling as the singing aspect.”
 - “At Singing for the Brain he can be his usual jolly, silly self. It's such a good break from the same old nothing.”
 - People reported that more activities would be good.
 - People reported that they felt better for attending these types of groups.
 - Some people reported concerns that these may be cut in the future.
 - One person who had been in contact with services for a number of years reported that there has been a huge improvement in group activities.
- Support from the voluntary sector
 - Organisations included Alzheimer's Support, Alzheimer's Society, Carer Support Wiltshire, the Wiltshire and Swindon Users' Network
 - People reported that they felt well supported by them and in some instances these were the only services that they were accessing.
- Being able to meet and socialise with other people with dementia and their carers and family

- Telecare
- Day care including Polebarn Club and Sidmouth Club
- Support for direct payment users and self funders from Wiltshire Centre for Independent Living
- Red Cross equipment hire
- Age UK – befriending
- Alzheimer’s Support memory awareness volunteers in GP surgeries and libraries
- Circle dancing in care homes
- Community coordinators
- Flu clinic forms – ask if you are a carer and who for
- Memory services – Comments included “it has improved a lot” and “first class”

What could be improved?

- Transport
 - Lack of available/affordable transport to access services
 - People commented that it is important for activities and services to be accessible by public transport – “you shouldn’t have to travel anywhere that isn’t served by public transport.”
 - Many people currently have transport but are relying upon others for it and worry what will happen if and when this support is not available.
 - Disabled parking “we need a map of where the spaces are, I haven’t got the time or energy to seek out where they are in and around Salisbury.”
 - Blue Badge scheme and the eligibility criteria over who is able to have one.
- Medication and delays in delivery
- Support for carers
 - Many carers reported that they would feel they need more respite, with some homes not being able to provide appropriate care.
 - One carer raised that there are some carers groups that the person you look after can’t attend, which makes it difficult to attend

- “I’m gobbled up by the whole process ... It is hard to hang on to who you really are.”
- Understanding of professionals of the challenges of living with dementia.
 - Some people reported that they had not received useful support from health and social care organisations.
 - “It’s terminal. We want better customer care”
 - “We’re emotionally fragile in the initial stages. We need more understanding.”
- Processes, paperwork and the language used.
 - People reported that there are large amounts of paperwork involved in caring for someone with dementia, which often contains duplications and language that is ambiguous or contains jargon.
- More time
 - Carers reported that the level of caring that they are providing leaves them short of time to undertake the caring tasks that they need to undertake and with no time to do their own personal interests.
 - One person with dementia said for them the issue was “Getting people to realise you need time ... they rush you to make decisions, explain yourself.”
- Support for people living alone
 - This included comments about it being more difficult to know what is available and that people often are unable / do not want to attend activities or appointments alone. Isolation is a big issue.
- The general public’s understanding of dementia and the stigma that is still associated with it
 - People said that many people do not understand what it is like to live with dementia.
 - One person said ‘People are embarrassed to say they have a memory problem.’ Whilst another said “There’s that stigma still”
- Support to plan for the future
- Specialist MH services
- Direct Payments
- Better support in local communities including in shops and local businesses.
- Person centred care
- Linking with other organisations that support people at high risk of dementia e.g. Parkinsons, stroke

- Understanding of the different types of dementia
- EOLC in hospitals for people with dementia who may need 24/7 support and company.
- Sufficient support to get home from hospital
- Knowing what you are entitled to e.g. taxi vouchers
- Support from district nurse

Mixed experiences

- Support from GPs
 - Some people reported having had good support from their GP, including as carers in their own right.
 - Other people reported a number of concerns including:
 - Feeling that GPs do not feel that they understand and in one case “was not really interested”
 - Feelings that with specialist services in the practice, some GPs pass the individual to the specialist service rather than getting involved.
 - Continuity of care – People reported not being able to see the same GP each time they visited which was not useful and makes communication more difficult. One person commented that they saw different GPs for their dementia and physical health needs.
 - A number of people reported that they would like to see a specialist services in their GP surgery.
- Knowing where to go for information and help
 - Some people reported that they knew who to contact if they needed information, including their dementia adviser.
 - People reported that useful sources of information included the voluntary sector, dementia advisers and various publications including the carers’ handbook, dementia guide, and Days out and accessibility book.
 - Other people reported that they would not know who to go to if they needed information.
 - People also suggested that more information was needed in public places such as GP surgeries.
- Acute hospitals
 - Some people reported good experiences in hospital, including a sing song on Farley Ward at Salisbury District Hospital which was ‘really enjoyable’.

- Some people were aware of good practice taking place in hospitals such as good dementia friendly signs (GWH) and dementia friendly wards and dementia coordinators at RUH.
- However other people did not have such good experiences – “When you go into hospital you become isolated from the world.”
- Care in care homes
 - People reported varying experiences of care in care homes. There were some examples of people receiving high quality care, whilst people also reported concerns they have with the quality of care in some homes, which related not only to meeting the individuals’ care needs, but also their general wellbeing including opportunities to access the community.
- Carers voice in decision making and service developments.
- Meeting people’s spiritual needs
 - People reported the importance of meeting the spiritual needs of the person with dementia. Some people had had good experiences of this happening, including in care homes, but others thought that more work was needed, including ensuring that it is a consideration from the start of the care planning process and that churches could take a greater role in supporting people with dementia in local communities.

APPENDIX G - EQUALITY ANALYSIS

Name of Service/Policy/Project/Decision to undergo Equality Analysis:
Wiltshire Dementia Strategy
Key contact person & others involved: Key contacts: Rhian Burgess (Commissioning & Contract Lead – Dementia, Wiltshire Council) & Susan Dark (Dementia Lead, Wiltshire Clinical Commissioning Group) Partners involved: Wiltshire Dementia Delivery Board
Date Completed: 19 th November 2013
Review date (at least annually): Spring 2014 – following the formal consultation process of the draft dementia strategy
Identify aims:
<p>The aim of the strategy is to ensure that all people with dementia and their carers and family in Wiltshire are treated as individuals and are able to access the right care and support, at the right time so that they can live well with dementia within supportive and understanding communities. This will be supported by providing care and support to promote people’s independence, health and wellbeing and quality of life.</p> <p>It is recognised that people will experience different phases of living with dementia, all of which are important, but which can differ vastly. These are as follows:</p> <ul style="list-style-type: none"> • Recognising memory problems • Learning it’s dementia • Planning for the future • Living well with dementia

- Managing at more difficult times
- Care at end of life

The strategy's ambition is equally applicable across all of these stages, as is the aim to minimise the number of times that people need to move within their life with dementia in order to receive the care they need, whether that be to a hospital, residential or nursing care home setting.

Whilst it is acknowledged that there will be periods of time when people will require specialist care dementia services, it is the aim that people will be supported by generic, non-specialist care services for as long as possible and that these will be skilled and knowledgeable to appropriately support people with dementia and their carers and family.

In addition to this, it is the aim of this strategy to ensure that local communities are supportive, understanding and inclusive of people with dementia so that people can live well as active and valued members of our society. This will be achieved through implementing the concept of dementia friendly communities across Wiltshire.

Collect and use evidence:

The strategy includes a range of information about the population of Wiltshire living with dementia. The majority of this has been developed by applying national statistics to the Wiltshire population and includes:

- Prevalence and diagnosis rates
- Severity of dementia
- Place of residence
- End of life
- Age and sex
- Distribution of the population by community area
- Ethnicity
- Religion / faith
- Carers

In relation to gaps in the knowledge, these include:

- Disability
- Sexual orientation
- Marriage and civil partnership

Further work is required to look at these gaps in more depth although it is likely that in many cases national statistics would be applied to the Wiltshire population. In relation to disabilities it is acknowledged that certain conditions and illnesses increase people's risk of developing dementia. This is to be addressed through the action plan of the dementia strategy, which will include the commitment to undertake a needs assessment for people with learning disabilities and dementia. This will be overseen by the Wiltshire Dementia Delivery Board which will ensure that all relevant partners and stakeholders are involved as appropriate.

Further work is also required to look at whether the people accessing services are representative of the population with dementia. This will need to be addressed through commissioning and contract monitoring arrangements.

Assess the impact:

It is the intention that the individuals that will benefit from the dementia strategy include all people who have dementia and their carers (people who provide unpaid care and support) and family members.

However there are certain groups of people with dementia for whom services have been less successful in reaching. These include:

- People with early onset dementia (are aged under 65 years old) – Due to age being a determining factor in the onset of dementia, it is noted that the majority of services for people with dementia are accessed by people who are in their 70s, 80s and 90s. It has therefore been identified that the small number of people (approx. 135 people) with early onset dementia may not feel that these services are appropriate for them. In addition the challenges that someone with early onset dementia may face are likely to be different to an older person, including employment, children and the misconception that dementia only affects older people. At present there are no services commissioned specifically for this group of individuals.

- People with learning disabilities and dementia – It has been identified that people with a learning disability, and particularly Down’s Syndrome, are at higher risk than the general population of developing a dementia. In addition the assessment and diagnosis process can often be more difficult and so people may not receive a timely diagnosis and without this may not be supported appropriately to live well. However in Wiltshire little work has been undertaken to raise awareness of this or to better understand the needs of this group of people.
- People with dementia from black and minority ethnic communities – Studies at a national level have identified that further work is required across the country to better support people from BAME communities who have dementia. Within different BAME communities and cultures there are varying degrees of understanding and awareness of dementia, as well as attitudes towards caring and family duties. These can often prevent people from accessing advice and support in a timely manner. In addition health and care services are often not proactive in engaging with BAME communities or supporting people with dementia in a way that is appropriate.
- People with dementia who live alone without family support – It has been acknowledged by all stakeholders in Wiltshire that supporting people who live alone can be difficult particularly difficult and often results in people not accessing services until they reach crisis. This can be exacerbated when people with dementia may not be aware that they are unwell and require care and support. At present no work has been undertaken to address this specific issue.
- Couples where both individuals have dementia – On a similar note to people who live alone without support, it can also be difficult to support couples who live in their own home and both of whom have dementia.
- People who live in rural areas and those who lack transport – With Wiltshire being a predominantly rural county, people with dementia and their carers have raised concerns about transport and the difficulty in accessing services. These difficulties can often result in people not being able to access services that people who live in towns or who have access to transport can.

It has been acknowledged that from a commissioning perspective there is work to be done to better understand the needs of the above groups and how they could best be met. This work is being addressed through a number of actions within the strategy action plan which will include:

- Undertaking a number of needs assessments, including for people living alone, people with learning disabilities and people with early onset dementia.
- Developing a working group focusing upon transport issues and possible solutions
- Undertaking a project that will engage with the BAME population to identify their awareness and understanding of dementia, as well as the services that they access.

In addition to identifying areas for improvement, it is widely considered that if you get services right for people with dementia then they will be right for most people i.e. others will benefit from the improvements implemented specifically for people with dementia. In relation to the dementia strategy actions delivering these wider benefits include the following:

- The development of dementia friendly communities
- Improving the workforces understanding of dementia
- Dementia friendly environments

Ensure fairness:

The implementation of the dementia strategy is a priority as it has been identified that there is an increasing number of people with dementia in Wiltshire – by 2020 there will be a 28% increase. Not only is this affecting individuals, families and communities, but is also placing an increasing pressure upon health and care services. It is also acknowledged that people with dementia and their carers often receive care that is poor quality and / or does not meet their needs appropriately. This is often because of a lack of understanding about dementia, systems not being flexible to making the adjustments that people with dementia require, and dementia still being a stigma for many people.

At a national level quality of life outcomes for people with dementia are often lower than for the general population. For example:

- Isolation caused by loss of social networks ability to access community activities etc
- Reduced life expectancy

- Stigmatisation of dementia and lack of public understanding

The strategy aims to improve the equity between people with dementia and the general population. This will ensure that people with dementia have an improved quality of life and are able to achieve the same outcomes in life as those without dementia. It has not been identified as excluding any particular groups, although work is required to ensure that all groups can equally benefit.

Finalise your decision:

The draft strategy has been developed through engaging with stakeholders and people living with dementia in Wiltshire.

Wiltshire Council and Wiltshire Clinical Commissioning Group have been engaging with people with dementia and their carers and family a various forums across Wiltshire. Discussions focused around identifying what is important to people in terms of living with dementia, what is working well and what could be improved.

The Wiltshire Dementia Delivery Board has overseen this engagement process and has been active in the development of the strategy. This includes representatives from the Wiltshire Council, NHS Wiltshire Clinical Commissioning Group, the Avon and Wiltshire Mental Health Partnership, Alzheimer's organisations, Carer Support Wiltshire, Wiltshire and Swindon Users Network, SWAN Advocacy, the three acute hospitals, hospices and GWH community services. They agreed the draft strategy on 19th November 2013.

In addition the draft strategy is being presented to the CCG Executive on 2nd December, CCG Clinical Executive on 10th December and Joint Commissioning Board (JCB) on 12th December for approval. The JCB will approve the draft strategy before it goes to formal consultation.

This formal consultation process will last for three months and give people the opportunity to comment of the draft strategy. It will be placed upon the Wiltshire Council website, will be sent to partners for distribution amongst their customers, staff and partners and a press release will also be developed to ensure that people who may not be contact with services can contribute.

Communicate what has happened:

People with dementia and their carers and family have been informed of the development of the strategy through the engagement sessions, as well as inclusion of an article in the Alzheimer's Support summer newsletter. Organisational partners have been informed through the Wiltshire Dementia Delivery Board.

When the draft strategy goes to formal consultation, various methods will be used to inform people and provide them with the opportunity to contribute.

Review your decision:

The draft strategy will be reviewed following the end of the formal consultation process, which will last three months, as will this equality analysis.

APPENDIX H – COMMISSIONING ACTION PLAN

Wiltshire Dementia Strategy
Commissioning Action Plan

This commissioning action plan should be read in conjunction with the Wiltshire Dementia Strategy. It outlines the objectives for the period of the strategy, the priority areas for the initial two years of the strategy for Wiltshire Council and NHS Wiltshire Clinical Commissioning Group and the detailed actions for delivery in 2014-2015.

1. REDUCING RISK

2014 – 2021 Objectives

To keep up to date with the latest knowledge and research regarding dementia prevention, services and care and ensure these are integrated as appropriate into the initiatives and services provided.

2014 – 2016 Priorities

- To ensure that the strategy is linked to other relevant strategies involved in minimising people’s risk of developing dementia, emphasise the dementia prevention aspect of their activities and that their outcomes are being achieved with any support that dementia services are able to provide.

2014 - 2015 Actions - REDUCING RISK						
Ref.	Model of care service	Action	Milestone	Lead	Partners	Outcomes
1.1	Health promotion to reduce risk factors linked with the development of dementia	Ensure that health promotion strategies are dementia aware and are aligned to the vision and principles of the dementia strategy	Ongoing	Wiltshire Council		People are supported to remain well and where possible reduce their risk of developing dementia.

2. RECOGNISING MEMORY PROBLEMS

2014 – 2021 Objectives

- To ensure that there are awareness raising resources within the community to support and encourage people to seek advice when they have concerns about their memory.
- To ensure that there are processes in place across services to identify people who may have concerns about their memory.

2014 – 2016 Commissioning priorities

- Awareness raising within the general public and across mainstream services e.g. leisure and libraries
- Ensure that health services, e.g. GPs and hospitals, have in place standard processes to identify, diagnose and treat people when they may have problems with their memory.
- Undertake a research project to identify the understanding of dementia within black and minority ethnic communities and access to services in order to inform future service delivery.

Success measure:

Evidence of local arrangements to ensure people worried about possible dementia in themselves or someone they know can discuss their concerns, and the options of seeking a diagnosis, with someone with knowledge and expertise. Specific measures will include:

- Dementia CQUIN (see page 56 for more information)
- Directed Enhanced Service (DES) – Identifying new at risk patients (see page 56 for more information)
- Dementia Adviser Service – referrals to the service for people who have not yet received a diagnosis
- Feedback from people with dementia and carers on their experiences

2014 - 2015 Actions - RECOGNISING MEMORY PROBLEMS						
Ref.	Model of care service	Action	Milestone	Lead	Partners	Outcomes
2.1	Awareness raising in the community	Workforce development - See action 8.2				Improved understanding of dementia and reduced stigma. People know what to do if they have concerns about their memory and understand the options available to them.
		Celebrate Dementia Awareness Week	May 2014	WDDDB		
		Develop dementia friendly communities	April 2015	Wiltshire Council	WDDDB	
2.2	Information packs in primary care, libraries, community and faith centres	Review and refresh existing materials and disseminate countywide.	June 2014	Wiltshire Council	WDDDB	
2.3	Informed GPs, local pharmacists and other primary care practitioners	Six monthly review of case studies and learning re Local Enhanced Service and Directed Enhanced Service, and other relevant services to include in newsletter to primary care	6 monthly	CCG		People feel confident that health professionals are informed and able to support them.
2.4	Memory checks incorporated within routine health checks	Agree dementia leaflet to be provided at annual health checks and how this will be implemented	June 2014	CCG	WDDDB	Health professionals are active in identifying and supporting people with concerns about their memory
		Monitoring GP and memory service activity in identifying & assessing people with memory loss in at risk groups through use of DES	Quarterly	CCG	Primary care / AWP	
		Monitoring of dementia CQUIN in acute hospitals	Quarterly	CCG	Acute trusts	
2.5	Recognition of carers' needs	Review current carer liaison services within acute hospital services especially around the involvement of carers in hospital discharges.	April 2015	Wiltshire Council / CCG	Providers	Carers are identified and their role acknowledged. Carers are able to access advice and support.
2.6	Memory liaison workers / dementia liaison workers	Agree and implement a dementia care pathway in primary care for memory service / DAS / care coordinators.	Jan 2014	CCG	WDDDB	People are able to access the right care at the right time.

3. LEARNING IT'S DEMENTIA

2014 – 2021 Objectives

- To work with primary care and specialist health services to ensure that people are able to obtain a timely and quality assessment and diagnosis.

2014 – 2016 Commissioning priorities

- Monitor and review the delivery of timely and quality assessments by GPs and the memory service and make improvements as necessary.

Success measure:

Evidence of local arrangements to ensure that when people present memory concerns to their GP they are supported to obtain a timely and quality assessment and diagnosis. Specific measures will include:

- Dementia Directed Enhanced Service (DES) – Assessment (see page 56 for more information)
- Wiltshire and GP practice diagnosis rate
- Waiting times for diagnosis
- Feedback from people with dementia and carers on their experiences

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2014 - 2015 Actions - LEARNING IT'S DEMENTIA						
Ref.	Model of care service	Action	Milestone	Lead	Partners	Outcomes
3.1	Specialist services working collaboratively with GP about diagnosis and recommended treatment, including prescribing advice.	Monitor memory (nurses) service activity and role in primary care.	Monthly	CCG	AWP	People receive a timely and quality assessment, diagnosis and ongoing treatment.
3.2	Memory assessment and diagnostic services	Monitor diagnosis and prescribing activity in primary care and specialist memory services.	Monthly	CCG	AWP	
3.3	Continuity of care (primary care)	CCG to engage with Area Team to discuss how improvement in continuity of primary care can be delivered in Wiltshire	Ongoing	CCG / Area Team		
3.4	Development of pathways that clarify the role of primary care in ongoing care	Agree dementia care pathway that can be used by primary care / memory service / DAS / care coordinators	April 2014	CCG	WDDB	
3.5	Case management and continuing review, and support for carers	Monitor carer reviews under dementia DES and take action as required	Quarterly	CCG / Area Team		Carers are supported within their own right by their GP.
3.6	a) Support to patients and carers / family for understanding and agreeing next steps b) Information and signposting	Monitor links between Dementia Adviser Service and primary care and take action as required to ensure consistency across county.	Quarterly	Wiltshire Council	CCG, Providers	People with a recent diagnosis of dementia are supported to understand what options are available to them.
		Undertake annual review of Dementia Adviser Service	June 2014	Wiltshire Council	CCG, Providers	
		Commission a generic information portal	April 2015	Wiltshire Council		
3.7	Outreach to encourage early recognition and access to appropriate services including among diverse communities	Undertake BAME project to look at dementia awareness and access to services	April 2015	Wiltshire Council	Various	People are supported to access services.

4. PLANNING FOR THE FUTURE

2014 – 2021 Objectives

- To ensure that following diagnosis, people (including those who fund their own care) are able to access good quality information and advice so that they can make informed and timely decisions and plan for their future.

2014 – 2016 Commissioning priorities

- Monitor and review the effectiveness of the dementia adviser service and their interface with other GP based services and make improvements as necessary.
- Commission a generic information portal linked to the Council’s website and available also in GP practices and libraries. Information included on the portal will include community services, universal services as well as registered services.

Success measure:

Evidence of local arrangements to ensure that when people have received a diagnosis they are supported to make informed and timely decisions and plan for their future. Specific measures will include:

- Dementia adviser service caseloads
- Dementia Locally Enhanced Service (LES) – number of reviews undertaken
- Feedback from people with dementia and carers on their experiences

2014 - 2015 Actions - PLANNING FOR THE FUTURE						
Ref.	Model of care service	Action	Milestone	Lead	Partners	Outcomes
4.1	Information packs / Directory of local services and resources	Agree a countywide information pack for people with dementia post diagnosis	April 2014	Wiltshire Council	WDDDB	People have access to information to plan for the future and make informed decisions.
4.2	Clear care pathways and resources linked to local map of medicine	Develop clear care pathway based upon NICE framework	Sept 2014	Wiltshire Council / CCG	WDDDB	People receive services that are joined up.
4.3	Dementia navigator' function working to and / or within primary care and with authority across agencies / services	Monitor and review the effectiveness of the dementia adviser service and their interface with other GP based services and make improvements as necessary.	Quarterly	Wiltshire Council	CCG, Providers	

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2014 - 2015 Actions - PLANNING FOR THE FUTURE						
Ref.	Model of care service	Action	Milestone	Lead	Partners	Outcomes
4.4	Education and training for GPs, primary health care teams, acute settings, day care resources and residential care settings	Identify standards for workforce development - see action 8.2	Ongoing	Wiltshire Council / CCG	WDDB and providers	Professionals are dementia aware and able to deliver appropriate care and support to people with dementia.
4.5	Education and training for other community provision to reduce stigma and promote access to a full range of mainstream support options					
4.6	Regular patients reviews	Monitor LES and number of patient reviews on annual basis	June 2014	CCG		
4.7	Preparing for the future	Review information available to people to plan for the future and agree set of improvements	Dec 2014	Wiltshire Council		People are supported to make decisions about the future whilst they are well and have capacity.
		Carer training consultation to analyse carer training needs	April 2014	CSW	Providers	
		Develop plans with HTL@H and care home providers to implement advanced care planning	April 2015	Wiltshire Council / CCG	Providers	
		Work with dementia adviser service to develop role in supporting people to prepare for the future	April 2014	Wiltshire Council	Providers	
		Include topic of 'planning for the future' within carers assessments	April 2015 (dependent on passing of Care Bill)	Wiltshire Council	CSW	
		Review access to, and equity of, post diagnostic groups	June 2014	CCG	AWP	
		Review IAPT pilot to inform commissioning	June 2014	CCG	AWP	

5. LIVING WELL WITH DEMENTIA

2014 – 2021 Objectives

- To ensure that people have access to community based services and activities that support them in their local communities.
- To ensure people with dementia have access to appropriate specialist therapeutic services
- To ensure that people have access to peer support opportunities so that they can share their experiences and socialise with people in similar circumstances.
- To support people to remain in their own home (whether that be a family home, extra care or residential care setting) for as long as possible through the provision of a range of care and support services, including respite care.
- To support people to remain independent for as long as possible through the use of telecare (assistive technology) and dementia friendly environments.
- To ensure that there are a range of appropriate housing options for people with dementia, where their care needs can be met appropriately.
- To ensure that carers are recognised and supported to care for as long as they are able and willing to do so through providing appropriate care and support.
- To work with local communities so that they are inclusive and supportive of people with dementia and their carers and family.

2014 – 2016 Commissioning priorities

- Continue to work to promote and improve services for carers, including carers breaks
- Continued oversight and maintenance of treatment packages by general practitioners.
- Establish dementia friendly communities across Wiltshire.
- Work with mainstream care and health services, including Help to Live at Home, Neighbourhood Teams and GPs to ensure that they are able to appropriately support people with dementia and their carers and family.
- Work with public services, e.g. libraries and leisure, to ensure that they are able to appropriately support people with dementia and their carers and family to access their services.
- Further implement Help to Live at Home and its principles, including the delivery of initial support and outcome based care planning and delivery.
- Implement personal budgets and develop a personalisation policy.
- Develop links with the Community Campus programme.

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- Develop community therapeutic activities.
- Development of new care homes delivering specialist dementia and nursing care.
- Support to make improve the quality of care in different settings including care homes.
- Development of new extra care schemes, designed to meet the needs of people with dementia.

Success measure:

Evidence of local arrangements to ensure that people are supported to live well through provision of a range of services (as described in the objectives)

Specific measures will include:

- % of people with dementia receiving care funded by Wiltshire Council who are living at home
- Peer support / community based activities – activity levels
- Number of people accessing community activities per year
- Number of new care home / extra care places provided
- Progress on dementia friendly communities pilots
- Feedback from people with dementia and carers on their experiences

2014 - 2015 Actions - LIVING WELL WITH DEMENTIA						
Ref.	Model of care service	Action	Milestone	Lead	Partners	Outcomes
5.1	Social care assessment, review & practical services e.g. home care	Further implement Help to Live at Home and its principles, including the delivery of initial support and outcome based care planning and delivery.	April 2015	Wiltshire Council	Providers	People are provided with a range of care and support to stay well and maintain their independence.
5.2	Personal budgets / direct payments & benefits advice assessments	Develop and implement a new personalisation policy and personal budgets which will promote deliver of flexible and personalised outcomes	Sept 2014	Wiltshire Council		
		Increased support for self funders forum	Dec 2013	Wiltshire Council	Provider	
5.3	Telecare and assistive technologies	Pilot telecare in care home setting	April 2014	Wiltshire Council	Provider	
5.4	Socialising and peer support opportunities	Develop community therapeutic activities through small grants	Dec 2014	Wiltshire Council	CCG	People have access to therapeutic community activities and benefit from peer support
		Establish 4 + pilot library memory groups	Oct 2014	Wiltshire Council	Provider / CCG	

FINAL DRAFT FOR CONSULTATION

2014 - 2015 Actions - LIVING WELL WITH DEMENTIA						
Ref.	Model of care service	Action	Milestone	Lead	Partners	Outcomes
5.5	Flexible, responsive & proactive carers breaks services	Review range of respite available for carers through further consultation work (following Carers Voice survey) to identify local needs and inform commissioning decisions.	April 2014	Wiltshire Council	CSW	Carers are supported to have a break from the caring role.
		Review / develop all commissioned day services	April 2015	Wiltshire Council	Providers	People with dementia are provided with personalised care
		New care home developments to include specialist respite provision	June 2014	Provider / Wiltshire Council		
		Provision of flexible respite through use of personal budgets	Sept 2014	Wiltshire Council		
5.6	Anti-dementia medication	Annual review of treatment packages including medication by general practitioners	June 2014	CCG	Primary care	People are able to access treatment that supports their independence
		Investigate the need for people with dementia to have support in picking up prescriptions / attending in order to inform future plans	April 2015	CCG		
5.7	Health checks for carers	CSW GP support workers to work with all GP surgeries to encourage them offer at least on average one carers clinic per year	Ongoing	CSW	Primary care	Carers are supported in their own right to look after their own health and wellbeing.
5.8	Psychological therapies inc. reminiscence therapy, cognitive and sensory stimulation	Review use of therapeutic approaches within commissioned services	April 2015	CCG / Wiltshire Council		People have access to a range of therapeutic services
5.9	Carers' assessment & access to psychological therapies for carers					
5.10	Empowerment for carers to provide peer support and training and to inform service commissioning and delivery	Consult with carers of people with dementia to identify training needs	April 2014	CSW	Providers	Carers are supported in their caring role and to have a voice.
		Remap carer involvement to increase the level of carer participation in service development.	January 2014	CSW		
5.11	Supportive communities	Establish dementia friendly communities pilots that support people to live well with dementia.	April 2015	Wiltshire Council		People living with dementia are supported to live well and maintain their independence by their local communities
		Develop links with the Community Campus programme.	April 2015	Wiltshire Council		
		Develop a working group with Passenger Transport Unit to understand and address transport issues	August 2014	Wiltshire Council		

2014 - 2015 Actions - LIVING WELL WITH DEMENTIA						
Ref.	Model of care service	Action	Milestone	Lead	Partners	Outcomes
5.12	Care homes	Completion of Devizes care home (specialist nursing / dementia)	October 2014	Wiltshire Council	Provider	A range of appropriate housing options are available to people with dementia that have care needs.
		Completion of Warminster care home (specialist nursing / dementia)	June 2014	Wiltshire Council	Provider	
		Completion of Old Sarum care home (specialist nursing / dementia)	2015	Wiltshire Council	Provider	
5.13	Supported extra care housing	Building commences at Malmesbury extra care site	Spring 2014	Wiltshire Council	Provider	

6. MANAGING AT MORE DIFFICULT TIMES

2014 – 2021 Objectives

To ensure that there are good quality services in place that are able to appropriately support people with dementia and their carers at more difficult times in their lives.

2014 – 2016 Commissioning priorities

- Work to shape and develop dementia related specialist mental health services to ensure timely access to specialist assessments and treatment as required, including the support they provide to other services e.g. care homes and hospitals.
- Ensure that all emergency / response / intermediate care services are skilled and knowledgeable about working with people with dementia
- Monitor and review progress within hospitals to deliver high quality dementia care in all relevant departments and disciplines.
- Analysis of triggers for people reaching crisis / requiring a move of home to receive appropriate care in order to inform future commissioning.

Success measure:

Evidence of local arrangements to ensure that people are supported at more difficult times in their lives. Specific measures will include:

- Acute liaison service – service activity levels
- Specialist inpatient units – number of admissions, length of stay and location
- Feedback from people with dementia and carers on their experiences

2014 - 2015 Actions - MANAGING AT MORE DIFFICULT TIMES						
Ref.	Model of care service	Action	Milestone	Lead	Partners	Outcomes
6.1	Mental health liaison service - general and community hospitals	Monitor activity and effectiveness of acute hospital mental health liaison service and take action as required.	6 monthly	CCG	Acute trusts and AWP	People receive good quality care in hospitals.
6.2	Shared care wards in general and community hospitals	Undertake improvements to ward environments within acute trusts	April 2015	Acute trusts		
6.3	Clear care pathways in hospitals	Develop and implement dementia care pathway in each acute trust	April 2015	Acute trusts		
6.4	Strategic leadership	Implementation of dementia action plans and shared learning through WDDB	June 2014	Acute trusts		
6.5	Specialist support for residential settings offering improved quality, greater flexibility and positive risk management	Develop links between Community Transformation project and AWP Mental health provision to ensure that service development are able to support to people with dementia within mainstream services	Ongoing	CCG / WC	Providers	People with dementia and their carers are supported through a range of appropriate services when they are in crisis. Wherever possible people will remain within their own homes and only move when the care they need can only be delivered in another location.
6.6	Education and support for managing behaviours that challenge at home, in care homes and other settings					
6.7	Provision of inpatient services	Implement modernisation project for specialist older people's mental health and dementia services.	April 2014	CCG	AWP	
6.8	Out of hours telephone support	Develop links with Community Transformation project to ensure that service development are able to support to people with dementia within mainstream services	Ongoing	CCG / WC	Providers	
6.9	Intermediate care & reablement					
6.10	Dementia aware practitioners in and out of hours, crisis resolution and home treatment teams, providing alternatives to mental health inpatient care					
6.11	Alternatives to hospital e.g. day care, overnight support at home to enable discharge	See action 5.8				
		Improve access to Section 12 doctors	April 2014	CCG	AWP	
		Undertake an analysis & evaluation of the factors that lead to hospital and care home admissions to inform future commissioning.	Dec 2014	Wiltshire Council	CCG / AWP / Acutes	
		Commissioning strategy for specialist placements and STARR	April 2015	Wiltshire Council	CCG	

7. CARE AT END OF LIFE

2014 – 2021 Objectives

- To ensure that people have access to support so that they are able to plan for end of life and have a good death.

2014 – 2016 Commissioning priorities

- Implementation of the End of Life Strategy, which will include people with dementia as a target group.

Actions

This element of the care pathway is currently being developed as part of the End of Life Care Strategy, as the model of care requires provision for end of life care for people with dementia to be provided through mainstream services.

8. CROSS CUTTING THEMES

2014 – 2021 Objectives

- To ensure that staff who work with people with dementia and their carers and family have the skills, knowledge and support to do so.
- To ensure that people with dementia are encouraged and supported to make decisions and remain in control of their lives for as long as possible.
- To keep up to date with the latest knowledge and research regarding dementia prevention, services and care and ensure these are integrated as appropriate into the initiatives and services provided.

2014 – 2016 Commissioning priorities

- Development of a needs assessment for people with learning disabilities and dementia to inform future service developments and commissioning.
- Development of a needs assessment for people with early onset dementia to inform future service developments and commissioning.
- Ensure that all staff supporting people with dementia have the training, skills and qualities to do so to a high standard.

2014 - 2015 Actions - CROSS CUTTING THEMES						
Ref.	Model of care service	Action	Milestone	Lead	Partners	Outcomes
8.1	Advocacy	Develop a specialist dementia advocacy project.	April 2015	SWAN	WDDB	People are supported to share their voice and have it heard.
8.2	Training and education for all health and care providers	Develop a workforce development workstream to identify and oversee implementation of a set of workforce standards across Wiltshire public services	April 2015	Wiltshire Council	Various partners	Professionals are dementia aware and able to deliver appropriate care and support to people with dementia.
		Care services commissioned by Wiltshire Council to have in place active dementia champions.	April 2015	Wiltshire Council	Providers	
8.3	Understanding the needs of the population	Undertake a needs assessment for: - people living with learning disabilities and dementia - people living with early onset dementia - people with dementia who live alone	April 2015	Wiltshire Council / CCG	WDDB	The needs of all people with dementia are understood and met appropriately.
8.4	Carer and service user involvement	Develop mechanism by which feedback from people with dementia and carers can be formally gathered to inform the strategy on an annual basis	October 2014	Wiltshire Council / CGG	WDDB	To ensure that service development is informed by people who are living with dementia.
8.5	Carers' assessments	Carer assessment process to be standardised so that same process adopted throughout CSW and Council (locality and MH teams)	April 2015	Wiltshire Council	CSW	To ensure that carers are supported in their caring role and to look after their own health .

Terminology explained

Dementia CQUIN (Commissioning for Quality and Innovation) – This is directed at acute hospitals and is designed to incentivise the identification of patients with dementia and other causes of cognitive impairment alongside their other medical conditions and to prompt appropriate referral and follow up after they leave hospital. The Dementia CQUIN payment will be triggered in three stages:

- the case finding of 90% of all patients aged 75 and over following admission to hospital, using the dementia case finding question and identification of all those with delirium and dementia,
- the diagnostic assessment and investigation of 90% of those patients who have been assessed as ‘at-risk’ of dementia from the dementia case finding question and presence of delirium, and
- the referral of 90% of those for specialist diagnosis of dementia and appropriate follow up.

DES (Directed Enhanced Service) – This is a mechanism that has been designed by the NHS Commissioning Board (NHS CB) to reward GP practices for undertaking a proactive approach to the timely assessment of patients who may be at risk of dementia. The aims of this enhanced service in 2013/14 are to encourage GP practices to:

- Identify patients at clinical risk of dementia;
- Offer an assessment to detect for possible signs of dementia in those at risk;
- Offer a referral for diagnosis where dementia is suspected; and,
- Support the health and wellbeing of carers for patients diagnosed with dementia.

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Wiltshire Council

Cabinet

21 January 2014

Subject: Corporate Peer Challenge feedback and action plan

Cabinet member: Councillor Jane Scott OBE, Leader of the Council

Key Decision: No

Executive Summary

The purpose of the report is to provide cabinet with a summary of the feedback received from the Local Government Association following the Peer Challenge that took place in September 2013, and the action plan which has been developed to reflect this feedback and recommendations made.

The review was very positive. The peer challenge team concluded that the council is in a strong position since becoming a unitary in April 2009. A strong vision to ensure the transition from five to one council was easy and seamless for customers was delivered and the new unitary council presented an opportunity to re-think how the council works with its communities and partners, which has resulted in active and vibrant engagement in local decisions and service delivery and ground breaking partnership working.

The council's transformation programme to reduce from 95 inherited buildings to 3 main hubs including County Hall was viewed as forward thinking and impressive; demonstrating how public buildings can be transformed to create modern, fit-for-purpose community space that delivers significant annual savings.

The council's key strengths were identified;

- A very strong respect and high regard for the council leader. Her clarity and strength of vision, commitment and hard work was recognised. A strong sense of loyalty among officers and partners and the leader is an effective ambassador for the council and Wiltshire.
- A strong and trusted relationship between officers and elected members with a clear appreciation that the council is strongly member led.
- The council has a good reputation in the community. Its vision 'to create stronger and more resilient communities' has resonance locally. Parish and town councils, volunteers and voluntary sector organisations speak positively about the purposeful intent of the council to delegate responsibilities and enable local people and groups to do more for themselves.

- A highly engaged workforce with a real sense of pride in the organisation. Staff consistent that they are proud to work for the council.

In September 2013, the council invited the Local Government Association to undertake a Peer Challenge. It is important to stress that this was not an inspection. Peer Challenges are improvement-focused and the peers use their experience and knowledge to reflect on the information presented to them in making any recommendations.

The letter (Appendix A) sets out the key findings and challenges, together with the recommendations to Wiltshire Council. In this context an action plan (appendix B) has been developed to address the recommendations.

The feedback and action plan recognises the achievements in the first 4 years of Wiltshire Council and assists with areas for improvement.

Proposal(s)

1. Cabinet is asked to:
 - Note the feedback and recommendations from the corporate peer challenge
 - Endorse the action plan

Reason for Proposal

The feedback and action plan recognises the achievements in the first 4 years of Wiltshire Council and assists with areas for improvement.

Dr Carlton Brand
Corporate Director

Carolyn Godfrey
Corporate Director

Maggie Rae
Corporate Director

Wiltshire Council

Cabinet

21 January 2014

Subject: Corporate Peer Challenge feedback and action plan

Cabinet member: Councillor Jane Scott OBE, Leader of the Council

Key Decision: No

Purpose of Report

2. The purpose of the report is to provide cabinet with a summary of the feedback received from the Local Government Association following the Peer Challenge that took place in September 2013, and the action plan which has been developed to reflect this feedback and recommendations made.
3. Cabinet is asked to:
 - Note the feedback and recommendations from the corporate peer challenge
 - Endorse the action plan

Background

4. Following elections in May and the development of the new Business Plan for 2013-17, the council invited a review team, consisting of six local authority peers to carry out a corporate peer challenge between 23-27 September 2013 (with an initial familiarisation visit on 10 September).
5. Corporate peer challenges are a form of sector-led improvement arranged by the Local Government Association. They are designed to highlight strengths and identify areas for further improvement and learning. Peer challenges are not inspections and do not provide a detailed diagnosis or scored assessment.
6. All peer challenges cover five core components: understanding of the local context and priority setting, political and managerial leadership, financial planning and viability, governance and decision making and organisational capacity.
7. In addition, the peer team was asked to focus on how the council is transforming Wiltshire through innovation, including:
 - how well we empower local communities to do more for themselves
 - how we can do more, together with partners, to transform services and deliver quality outcomes

- how we can respond to the key challenges we face and manage changes and transformation
8. During the week long review, the six peers met a wide range of elected members, partners and staff and observed a number of council and partnership meetings.

Main considerations for Cabinet

9. The review team published their report as a letter to the leader of the council, Cllr Jane Scott (appendix 1).
10. Overall the feedback is extremely positive. The peer team found that the council has;
- had a very successful first four years
 - a highly regarded and respected leader with a strong sense of loyalty from officers and partners
 - a clear vision and strong leadership
 - strong and trusted relationships between officers and councillors with a clear appreciation that the council is member led
 - a good reputation in the community
 - been successful in engaging local communities and councillors through area boards
 - very strong relationships with the police, MoD, town/parish councils and the voluntary sector – partners understand and buy into our vision of creating more joined up public services
 - a positive and community focused culture across the organisation
 - a highly engaged workforce with a real sense of pride in the organisation
 - systematic programme management arrangements and an emerging single view of change across the organisation which reduce the risk of failure
11. The feedback letter provides seven key recommendations focused on how the council can build on its success to deliver improvements. The peer team recommended that the council:
- addresses the budget gap for 2015/16 and beyond – this is already being addressed through the development of the Medium Term Financial Strategy
 - clarifies the outcomes it wants area boards to achieve and their relationship with the centre –this will be addressed through the current area boards review
 - prioritises work with the Clinical Commissioning Group (CCG) to ensure shared vision and plans – this will be achieved this through the Health and Wellbeing Board and the transformation programme
 - works with Local Enterprise Partnership partners to develop a stronger vision and delivery mechanism for the future
 - strengthens performance management arrangements and aligns them with organisational priorities and outcomes – the council is currently developing new performance and risk management arrangements for delivery against the new Business Plan 2013-17

- realigns overview and scrutiny to focus on outcomes rather than processes
- continuously reviews its corporate capacity to deliver major transformation programmes – this will be addressed through the development of a succession plan for senior and high risk posts

12. The letter also outlines a number of additional suggestions which apply to specific services or areas of work. Details of these are provided throughout the letter.
13. The council's proposed method of addressing each recommendation is outlined in the peer challenge action plan (appendix 2)

Environmental and climate change considerations

14. None in the context of this report any specific issues will be considered in the context of individual actions

Public health implications

15. None in the context of this report any specific issues will be considered in the context of individual actions

Safeguarding implications

16. None in the context of this report any specific issues will be considered in the context of individual actions

Equalities Impact of the Proposal

17. None in the context of this report any specific issues will be considered in the context of individual actions

Risk Assessment

18. The peer challenge team found that the council has a clear vision, strong leadership and an emerging single view of change across the organisation which reduces the risk of failure.

Financial Implications

19. None in the context of this report any specific issues will be considered in the context of individual actions

Legal Implications

20. None in the context of this report any specific issues will be considered in the context of individual actions

Conclusion

21. The peer challenge provided an opportunity for the council to reflect on its achievements since becoming a unitary council and to focus on the challenges ahead and how it can continue to develop and improve.

Dr Carlton Brand
Corporate Director

Carolyn Godfrey
Corporate Director

Maggie Rae
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Date of report: 21 January 2013

Background Papers

Transforming Wiltshire Through Innovation – the position statement for the council's Corporate Peer Challenge

Corporate Peer Challenge Timetable for 23-27 September

Appendices

Appendix 1: Corporate Peer Challenge feedback letter

Appendix 2: Corporate Peer Challenge action plan

Appendix 3: Corporate Peer Challenge timetable for 23-27 September

Jane Scott OBE
Leader of the Council
Wiltshire Council
County Hall
Bythesea Road
Trowbridge

Dear Jane

Wiltshire Council - Corporate Peer Challenge: 23-27 September 2013

On behalf of the Peer Team, I would like to say what a pleasure it was to be invited into Wiltshire Council to deliver the recent Peer Challenge. The Team felt privileged to be allowed to conduct its work with the support of you and your colleagues.

You asked the for the peer challenge team to focus on the Council's progress with its overarching change paradigm of 'Transforming Wiltshire through Innovation'. Within this theme you asked the Peer Team to focus on the following:

- How well does the Council empower local communities to do more for themselves?
- How can it do more together with partners to improve outcomes, transform services and deliver one shared vision?
- How well does it respond to the requirements for cultural change and transformation over the next four years?

In delivering this focus the peer team also considered the core components that all corporate peer challenges cover:

- Understanding of local context and priority setting: Does the council understand its local context and has it established a clear set of priorities?
- Financial planning and viability: Does the council have a financial plan in place to ensure long term viability and is there evidence that it is being implemented successfully?
- Political and managerial leadership: Does the council have effective political and managerial leadership and is it a constructive partnership?
- Governance and decision-making: Are effective governance and decision-making arrangements in place to respond to key challenges and manage change, transformation and disinvestment?
- Organisational capacity: Are organisational capacity and resources focused in the right areas in order to deliver the agreed priorities?

It is important to stress that this was not an inspection. Peer Challenges are improvement-focused and tailored to meet individual Councils' needs. The peers

used their experience and knowledge to reflect on the information presented to them by people they met, things they saw and material that they read.

This letter provides a summary of the feedback that was presented at the end of our September 2013 onsite visit. In presenting this feedback, the Peer Challenge Team have done so as fellow local government officers and members, not professional consultants or inspectors. We hope this will help provide recognition of the achievements of Wiltshire Council while also stimulating debate and thinking about future challenges.

1. **Headline messages**

Wiltshire Council has had a good first four years from becoming a Unitary Council in April 2009. It was guided by a strong vision of making the transition easy and seamless for customers, and using it as an opportunity to re-think how the council will (and can afford to) work with communities and partners. The asset programme, including the transformation of County Hall as one of the three 'hubs' in the County, as well as service redesign programmes are impressive examples of improving services at lower cost.

The Peer Team recognised the following as key strengths and important building blocks in continuing the transformation journey and mastering the financial challenges ahead.

- There is very strong respect and high regard for the Leader. Everyone we spoke with praised her clarity and strengths of vision, commitment and hard work. We found a strong sense of loyalty among officers and partners recognise the Leader as an effective ambassador for Wiltshire Council.
- We heard of strong and trusted relationship between officers and members with a clear appreciation that the Council is strongly member led.
- Wiltshire Council has a good reputation in the community. Its vision 'to create stronger and more resilient communities' has resonance locally. Parish and Town Councils, volunteers and voluntary sector organisations we spoke with speak positively about the purposeful intent of the council to delegate responsibilities and enable local people and groups to do more for themselves.
- The introduction of 18 Area Boards has been successful. Area Boards are well supported and attract significant numbers of local people. They are a key part of the Council's organisational plan to becoming a smaller central core with a wider web of local service provision
- Partners reported very strong relationships with Council, in particular the Police, the Ministry of Defence, Parish and Town Councils and the Voluntary and Community Sector. Partners understand and buy-into the council's vision of creating more joined up public services not only to achieve better quality services but improve efficiency and reduce costs.

- We experienced a positive and community focused organisational culture. The Council's vision for its community is permeating across the council. Staff we spoke to were very clear about the purpose and shift of the Council to becoming an enabler rather than a service provider per se.
- We found a highly engaged workforce with a real sense of pride in the organisation. Staff consistently commented that they were proud to work for the Council.
- Helped by a clear vision and strong leadership, there is an emerging single view of change across the organisation among members and staff. This reduces the risk of failure and will ensure that decisions and resource allocations are made taking into consideration the complexity and interdependence of the change programme as a whole
- Systematic programme management arrangements are emerging and the joining up with programme resources from the Police is a great example of the Council working in partnership to deliver efficiency. Strong management systems will be essential to ensure that change programmes are delivered to scope and timescales and realising the expected benefits.

The following sections present out key findings and challenge for each of the themes you wanted us to address. Section 9 provides our recommendations to Wiltshire Council in moving forward.

2. Transformation through innovation

There is a strong emerging single view of major change across the organisation. Members and staff we spoke to were clear about the financial imperative for change, their vision of creating stronger and more resilient communities who can do more for themselves with the Council contracting, but to manage this contraction in a transformational and innovative way as opposed to salami slicing. The transformation programme includes several strands: asset (three hub strategy and community campus programme), working with partners, as well as organisational and leadership development and a programme of service redesigns. Senior governance is through a Members Transformation Board which has executive powers. This single view of major change will reduce risks of failure and will allow robust decision to be made about allocation of resources.

There is strong integration of transformation plans with the Police. Wiltshire Council's North Hub at Monkton Park in Chippenham now hosts the Police enquiry office team, the Neighbourhood Policing Team and police response officers. Organisations are sharing office space flexibly as well as some back office functions, and are co-operating in cross-agency service reviews to improve customer access. Co-location has resulted in better links between police and the Council's Housing and Anti-Social Behaviour teams, facilitating cross-referrals. Looking forward, we heard of significant commitment to fully integrating Police services in the new Community Campus Programme.

'Systems thinking' is the council's methodology for service transformation. The underpinning philosophy is to understand what constitutes 'value demand' from the point of view of the customer and to re-design services so that they meet this demand, cutting out process steps that add waste into the system. The Council has invested in training 'systems thinking leads' in all departments and has devised a methodology that meets the requirements of Wiltshire ('The Wiltshire Way'). This builds ownership and understanding and demonstrates to staff that the Council is serious about the fundamental purpose of systems thinking reviews, and does not see it as a 'cheap and fast way' to cut costs.

The Council has invested heavily in its ICT infrastructure to enable change. It has a robust ICT platform and a solid ICT strategy. For example, the Council is shifting data storage to 'cloud' solutions and has invested heavily in ICT to support flexible and agile working across the County. Electronic document storage systems, virtual office technologies and on line portals are all being used to enable the wider transformation programme.

Rationalising the Council's asset base from 95 office buildings pre-2009 to three main hubs in Chippenham, Trowbridge and Salisbury and a community campus for each of the 18 Area Board areas is a cornerstone of the council's transformation programme and expected to make significant savings and contribute to a planned reduction of back office support costs. The new County Hall campus is impressive in concept, purpose and design. The council has introduced a ratio of 2:1 desks for all staff and a hot desk approach which makes use of flexible working and good IT infrastructure. Staff we spoke to regarded the ability to work flexibly as a key strength, reducing commuting distances in a Council that is very large and rural.

The integration of public health into the Council was well planned and managed. Staff have been co-located since December 2012 and the transition was well handled. Staff we spoke to felt that officers and members are embracing the transfer of public health enthusiastically and that there are good opportunities to influence colleagues in services such as planning, leisure and housing. For example, public health is represented on the Military Civilian Integration Partnership Delivery Group and will have a key role in the design of the Salisbury Plain Super Garrison. Cabinet papers include a section on 'health implications' and we heard about good engagement with Area Boards through the use of JSNA data and facilitating and enabling communities to deal with specific health issues locally. This is a good base for mainstreaming health across all the Council does and to use the ring-fenced public health budget to tackle the social determinants of health.

The Council is starting to build local accountabilities into its core services. For example, the new Street Scene service includes requirements for the contractor to report back to local communities via the Area Board.

Adult Social Care is the service area with the highest spend and biggest increase of projected the demand for the Council. There is scope for the Council to explore more customer focused models of service delivery. It was identified that the personalisation agenda needs to be pursued with vigour when benchmarking it against other authorities. The Help to Live at Home Service is a good example of

enabling people to live independently and there remains further scope for re-ablement, personalisation of service and integration with health.

There needs to be a better fit between the future financial proofing of the Council and the Transformation programme. The Council faces a challenge of a £20m reduction in central government funding and an increase in service demands of around £100m, which means it needs to find and realign £120m over the next four years to deliver its priorities. Much of this will be delivered through the transformation programme. While the Council rightly states that its programmes of service redesign or sharing asset with partners are as much about improved quality than savings, the Peer Team feel that the size of the financial challenges requires there to be a stronger focus on projects and programmes underpinned by robust business cases, as with the three hub strategy which has detailed 25 year cost modelling which has over achieved against its planned savings targets, needing to deliver financial savings over a four year period to meet the savings targets in the Council's Medium Term Financial Strategy (MTFS). Alternatively, the Council may have to revert to applying savings targets across all services which would contradict its philosophy of delivering transformation.

The council has recently reduced the strategic capacity at a senior level and at the same time strengthened the structure needed to lead the council's services to deliver the outcomes described in the business plan by aligning services in a way that supports joint working. For example, the current restructure is removing five posts, leaving the number of Service Directors at 12. Given the number, scale and complexity of internal change programmes and those with partners (for example the Military Civil Integration programme with the MoD and the Campus Programme), care needs to be taken to robustly assess the capacity needed to lead and implement these programmes and to re-prioritise these where need be. Alternatively there is a risk of poor planning or delivery, or Service Directors being unable to give sufficient management support to their Heads of Service.

The Council could do more to enable digital channels for customers, staff, partners and volunteers. The Council's website was seen as difficult to navigate and did not provide many access channels. An example from our conversation with volunteers was that there was no portal for volunteers to register an interest, find out about volunteering opportunities or network with others. The Peer Team acknowledge that plans for an overhaul of the website are in place and we understand that this will be addressed as part of a wider cross channel review to commence in November 2013.

3. Political and managerial leadership

Wiltshire Council enjoys strong political leadership. The Leader is regarded as highly visible, trusted and authentic by staff and communities. Staff understand the Leader's vision and welcome its clarity. The personal commitment and involvement of the Leader has generated trusted and respected working relationships with key external partners such as the Police and the Ministry of Defence. Her stewardship ensures that partners send senior representatives to key partnership meetings such as the Programme Board for the Military Civil Integration programme or the Public Services Board.

Cabinet provides a strong political direction which is valued by officers. One member of staff told us that *'Cabinet members set clear direction – they are high calibre individuals who work effectively to drive the Council.'* Officers we spoke to had a good understanding of the vision and welcomed its clarity and coherence and its expression through 12 key actions and six objectives in the new business plan. Overall, Cabinet members are well engaged in and knowledgeable about their portfolios and, collectively there are high expectations of Cabinet members. Cabinet are willing to drive change in a coherent and systemic way. This is an enabling function for a strong member-driven Council.

The Council has high calibre senior officers. Wiltshire Council is managed by a team of three Corporate Directors who share the statutory functions between them. The arrangements were designed with external support and are enthusiastically embraced by Cabinet and the Corporate Directors.

Relationships between members and officers are supportive and effective. We observed constructive and respectful relationships between senior officers and member with appropriate challenge and support.

The Council is providing strong leadership of the place. The Leaders chairs the Public Service Board (PSB) for Wiltshire, bringing together senior executives or the Leaders of public sector organisations including the Chief Constable, Police and Crime Commissioner, the Commander of 43 Wessex Brigade and the Chief Operating Officer of the CCG. The challenge for the Council is to use these meetings to best effect through careful agenda planning and ensuring that items have a specific purpose and will result in key decisions as opposed to providing information and updates. Failing to do this may result in participants not attending meetings or delegating attendance to more junior colleagues with less authority to speak or decide on behalf of their organisations.

The leadership response to the Ofsted report in early 2012 was impressive in its decisiveness, determination and pace. Given the unexpectedness and severity of the judgement, the Leader took on the Portfolio for Children's Services for a period of time and the Corporate Director led a service review and the Council committed significant resources to Children's Services and safeguarding arrangements in particular. This was acknowledged positively in Ofsted's re-inspection in July 2013.

We saw limited succession planning for senior and high risk jobs. Corporate capacity has already reduced and is reducing further and the Council has set a target for back office support costs to be reduced to 6 per cent of the Council's total budget. The Peer Team believe the council needs to consider the number of high risk posts it needs to ensure the right management skills are available into the future. We would recommend developing a formal succession plan that can be reviewed annually and is linked to the Council's talent development work. Failing this may leave the council exposed in key skills areas or it may not have the skills or competencies to lead and manage the significant transformation programmes and projects.

Engagement with the CCG is developing well from a historically low base as a result of difficult relationships with the predecessor PCT which are being tackled. This

provides a great opportunity to align and share the vision and commissioning plans of both organisations. There are good structural links with one of the Corporate Directors having a seat at the CCG Board and the Chair of the CCG acting as vice chair of the Health and well-being Board. Using formal and informal mechanisms we would urge you to invest time and capacity in cementing relationships in order to align or integrate plans and commissioning arrangements for the benefits of our communities as well as managing the financial challenges ahead.

Management capacity is subject to a review of senior structures across the Council. The organisation is changing at pace and we feel that it is right that that pace is maintained. There is good energy in the organisation. In such a climate, to retain a nimble and responsive culture, it is important to continuously review the scheme of delegation and the right management capacity required at the right levels doing the right thing. Fewer layers bring higher levels of responsibility further down the operational management line, and those gaps in experience between the reduced layers (five aimed for as we understand it) require levels of responsibility to be understood at all levels.

The Council could engage more on the national stage to share its achievements and learning and influence national debates. Understandably there has been a significant focus on integrating five Councils into one Unitary Council over the last four years. The Peer Team feel that a greater and more visible national engagement of the Leader and Cabinet members as well as Directors and officers generally in the LGA, professional associations and other forums would benefit the Council as much as the wider local government community.

4. Strong and resilient communities

The council has a strong vision and convincing concept for Localism. 'Creating strong and resilient communities' is the Council's vision and drives its activities. It seeks to reduce its organisational core to what only the Council can do and to devolve as much as possible to local communities through flexible and localised arrangements, creating a variety of service delivery to meet variety of demands locally. There is a strong push to move from service delivery to enabling communities to help themselves and thereby reducing demand on the council. The development of 18 Area Boards and the programme of bespoke, locally designed Community Hubs for each of the 18 Area Boards provide the governance vehicle and infrastructure for this. Area Boards were introduced as part of the new Unitary Council in 2009, are part of the Council's constitution and as such as formal powers. They receive officer support from Democratic Services; they have a dedicated Area Board Manager and manage a small budget. Each Cabinet Member and Service Director act as 'link persons' to a particular Area Board. We found widespread enthusiasm among members, officers and Parish & Town Councils for Area Boards. Ward members in particular have engaged well and have put a lot of energy and effort into their roles as local area board representatives. Meetings are well attended and purposeful, and we heard many examples of how the Boards are solving local issues such as highways issue but are also involved in developing projects to tackle local issues, such as tackling childhood obesity through the promotion of more active

lifestyles. Each of the Board has a dedicated community website which acts as an information and communication hub.

The vision and direction for the Community Campus programme is impressive. It is at the heart of the council's vision and a logical adjunct to the Council's plans of reducing its out dated asset base. The council is pledging significant capital investment for the programme and is working through the Area Boards and Community Operation Boards to design a bespoke campus for each area that meets local needs. Campuses will be different in design, some may be on split sites or digital but with each campus will have a core offer such as a single point of contact, a personal care room, multi-purpose activity space and meeting room space. There is a strong commitment to working with the Area Boards and Community Operation Boards and partners locally such as the Police, local schools, leisure services or care providers, to design space flexibly.

Staff understand and embrace the Council's vision to create stronger and resilient communities. We heard from many that improving outcomes for customers is a key motivator for working with the council.

Partners welcome the Councils preparedness and efforts to customise and share its data. Examples were specific reports prepared for the MoD on military personnel, the Director of Health Annual report and localised reports, using the JSNA data, to articulate particular challenges in health. This supports partners in their evidence based planning.

A prosperous economy is an important condition to create prosperous communities. There is a need to articulate the joint economic endeavours more explicitly with Swindon to enhance the possibility of external funding which would benefit both Councils.

Roles and accountabilities of Area Boards need to be defined better to move them to the next level and still be affordable. As referred to above, the Area Boards are well regarded and are mostly making a good impact locally. We heard that in some areas more needs to be done to ensure broader attendance and managing the attendance of 'single issue groups'. We also heard that in some areas agendas are too long and tend to be about consultations and the distribution of small community grants rather than difficult local issues. The Peer Team acknowledge that some of these issues need to be challenged and resolved locally. Given the ambitious Community Campus programme and the Council's vision of devolving responsibility for the delivery of outcomes, the Peer Team considers it important for the Council to be more clear about the future roles and responsibilities of Area Boards, for example in managing the Community Campus or overseeing specific budgets or services, for example libraries or aspects of development management. At the same time, conversations need to happen at Council level about how the new Community Campus programme can deliver better outcomes. One participant articulated his concern as *'there is a risk that services decant into new buildings – and this is not what it is about'*.

Our conversations with Parish and Town Councils highlighted good commitment in taking over specific services. However, a common theme was that they require

better support from services within the Council, such as Property and Legal Services. For example there have been delays in agreeing lease arrangements for community asset transfers which have had an impact on partners and their perceptions of the Council taking this issue seriously.

5. Working with partners

Relationships with external partners are very strong and respected and work at strategic and operation levels. We referred to the work with the Police on sharing assets and back office functions earlier in this letter. A more practical example with the MoD is the contribution of the Council to a recent 'Transition Fair', attracting 800+ soldiers and families and hosting some 80 exhibitors from a range of agencies including colleges, employers, housing and welfare. Another example is the integrated children's safeguarding referral unit with the Police. Although the Wiltshire has a large number of schools who have transferred to Academy status, the Council is continuing engagement through the regular engagement with head teachers in order to monitor, support and influence schools on attainment and skills development and to facilitate planning to create skills for the future.

The Council recognises the significant opportunities for economic growth, skills and employment through the Military Civilian Integration programme with the MoD. It includes the military rebasing plan which envisages the creating of new military bases (including 2,400 new homes) for over 14,800 military personnel on Salisbury Plain, and the creation of a new Defence College of Technical Training in mechanical and aeronautical engineering at MOD Lyneham. These developments have a timeline until 2020 and programme management arrangements are in place. There is a good recognition of the wider opportunities, such as designing healthy living into the new housing developments and working with colleagues and schools to maximise training and job opportunities. This is well reflected in the eight programme strands, one of which is the City Deal 2, which focuses on unlocking the economic potential of the military presence to free up surplus MoD sites and using the skills of ex-military personnel to support business growth.

There is an appreciation of the need and a desire to continue improving relationships with the CCG. Given the importance of these relationships in the context of aligning commissioning plans to integrate health and social care, this is welcome and needs to be pursued with purposeful intent and speed.

The Council is working effectively with the voluntary and community sector to promote volunteering. Future design models, in particular for the Community Campus programme, envisage much greater use of volunteers. The Council is effectively tapping into the expertise and networks of the Voluntary and Community Sector to develop its approach to volunteering as well as recruiting and training volunteers. Effective supply chains have been established via contracts with the Voluntary Sector to source potential volunteers. The volunteer community is seen as a core part of the Councils future workforce and effective policies are being established on how to engage with and manage volunteers. There was, however, some evidence that these policies were not yet being applied consistently across the organisation.

Volunteers we met with were positive about their engagement with the Council. All of the participants had received training and on-going support to their roles which they felt was appropriate and they valued. They commented positively on being welcomed and appreciated by 'staff on the ground'. This is a good basis from which to develop the council's approach to using volunteers further.

At present relationships with the Local Enterprise Partnership (LEP) could be developed further to exploit opportunities for Wiltshire.. This relates to the need for a better articulated joint vision for economic growth as well as building on the existing mechanisms, resources and skills to create an effective delivery mechanism. The Peer Team acknowledges that the LEP is still a developing stage, but given the significant growth programmes referred to above, including City Deal 2, we believe that this needs to be accelerated. There may be an opportunity for Wiltshire Council, perhaps jointly with Swindon Borough Council, to host the delivery mechanism for the LEP. This may be an effective way of creating high level support while at the same time providing the LEP with access to a variety of skills and expertise. Hypothetically, if the City Deal is secured, this could offer fresh impetus and opportunity for the LEP.

The Peer Team would challenge whether the Council can do more to engage with partners outside Wiltshire. Our discussions with members and staff were inwardly focused. Although we heard about sub-regional working arrangements, for example with other councils in the South West on adoption, it required us to probe as opposed to being part of the organisational mindset. Our challenge would be to encourage officers and members to be more aware of and engage in 'cutting edge' thinking beyond Wiltshire, for example the introduction of Social Impact Bonds or the opportunities of eco tariffs helping to tackle fuel poverty in poor quality housing. It doesn't mean that Wiltshire will engage in or adopt all ideas but it is important for the Council to be tuned into innovative thinking on a national stage so that it can pursue ideas as and when it could benefit Wiltshire.

Not all volunteers are enabled to work to their potential abilities. For example, we heard that some volunteers were keen to be trained on the Library IT system, enabling them to undertake book searches or similar activities when the professional library staff are not on-site or busy. There was a significant minority in our focus group who felt that some professional staff were not appreciating the background or skills of volunteers. Looking forward towards developing staff models that include volunteers there are great opportunities in defining roles and responsibilities that are building on the skills and professional expertise many volunteers will bring and will want to apply to their voluntary engagement. It will require the development processes which identify motivations and skills volunteers bring and how they can best be applied. It may also require a re-think about the levels of professionalism that are needed in specific services.

6. Financial planning and viability

The Council has maximised the opportunity of moulding five organisations into one to a distinct financial advantage. Many of these were a result of removing duplications such as reduction of staffing and management, the number of elected members, duplication of licenses for IT systems and joint up procurement. Asset management continues to deliver significant savings as well as improving working conditions for staff and maximising new technology and communication channels. The Council is moving from 95 offices buildings to three 'hubs' with long term savings of £85 million and creating capital receipts. This has placed the Council on a good footing for the challenges ahead.

Looking forward, the MTFs requires a further realignment of £100m over the next four years. These are divided into three key savings lines: staff reduction costs, transformation and innovation and savings through procurement. The recent Voluntary Redundancy process contributed £6.2m to staff savings. The process was well managed and meant that all staff had an opportunity to consider whether they wanted or could be part of a different type of Council. Some 60 per cent of applications were accepted and provided scope for a comprehensive re-organisation of teams and services, resulting in staff re-focusing the work they are doing and many taking on new responsibilities. With the new Business Plan as well as a new series of behaviours and values many staff felt that this was a significant step forward towards in establishing a more modern and customer focused Council.

Like other local authorities, the on-going savings requirements for Wiltshire Council are significant. Although there is good awareness of the budget gap amongst the Senior Management Team and the council has delivered £100m of savings over the last three years, the Peer Team felt that the profile of long-term financial planning to meet the savings requirements in the MTFs beyond 2015/16 should be higher. The council is currently documenting its approach to making its required savings, using its three savings headings in the MTFs and new Business Plan. While we appreciate that there are not fully developed ideas for the entire period, we strongly believe that there needs to be one overarching cost reduction plan for 2015/16 onwards. It is natural that the plan will flex and develop continuously. Without a documented overarching organisational plan, a corporate and systemic analysis of which savings can be realistically achieved and when will prove difficult.

A significant amount of the savings is attributed to 'Transformation and Innovation, in particular asset management and a programme of service redesigns. We understand that the Council has adapted its 'systems thinking methodology' to facilitate quicker reviews in transactional services such as benefits to reduce cost, as opposed to the systems-thinking philosophy which says that making services more efficient will result in less costs as a matter of course. However, given the degree of savings required we would challenge whether the transformation programme needs to have a more explicit purpose to deliver savings. The alternative would be applying a higher savings target on base budgets across all or some services which may defeat the purpose and principles of a systemic transformation programme as services are likely to make cuts from their service perspective without taking into the account of their implication on other services.

The Peer Team suggest that the above challenge is even more important given the level of reserves and debt repayments. In 2011/12, usable reserves stood at just

under £30million, placing the Council in the bottom quartile and have dropped further since then.

We mentioned excellent relationships with partners, particularly the Police and MoD earlier in this letter. Building on these and the existing and future plans of sharing services and estate we feel that the Council could do more to act on the information about the 'public purse' available to Wiltshire and how this could be deployed effectively. This would be a high profile project for the Public Service Board.

7. Governance and decision making

The Council has a strong leader and Cabinet model. The Cabinet works effectively as a team and meets regularly to act corporately. The Leader is well-supported by her Cabinet members, who in turn are supported by portfolio councillors. There was a strong sense of agreement from the councillors we met regarding the challenges ahead and general future direction for the Council.

Area Boards are part of the Council's constitution and the Council can discharge executive functions to the Board provided that they operate within the Council's policy and budget framework and within the requirements of the constitution. This provides the Board with formal powers and status and is regarded as a particular strength by local members and communities. It enforces the commitment of the Council to elevating them from pure local consultation boards.

The council's scrutiny function needs reviewing as it is primarily focused on process rather than outcomes. There has been a focus on scrutinising internal plans and strategies, including the recently approved Business Plan, financial management and staff morale. While focused internal scrutiny continues to be an important role, its remit ought to be much wider focusing on outcomes for citizens, wider policy agendas and the impact they have on local communities and their resilience. Examples could be the impact of welfare reform, demographic changes or perhaps the impact and future direction of Area Boards, Community Budgets or a specific local issue. This will use the resource of scrutiny in a more proactive, forward looking and developmental way.

As the organisation gets leaner, in its bid to retain a sharp customer focus, it needs to ensure that decision making close to the customer is as empowered as it can be. As the organisation transforms and redesigns its services in a highly localised fashion, the scheme of delegation needs to be consistently driven by a strong corporate leadership.

Particularly in the context of the Community Campus programme, there is a need to clarify governance arrangements between the Community Operations Board (COBs) and the Area Board. COBs will have an important role in developing the detail of the emerging campus in terms of their scope, design and how they are run. Our discussions highlighted that not everyone is clear about the degree of freedom of COBs and who is ultimately deciding on the business cases that will be put forward to the Council's Cabinet for approval.

As a general point and not to underplay the important of face to face discussions and engagement, there was a general sense among the Peer Team that the Council was operating through very many meetings, some of which may not be required to the extent or formality. They are an expensive way to conduct business.

8. Organisational culture and capacity

Staff understand and are committed to the organisation's focus on communities. In our discussions we heard repeatedly that '*meeting the public*' and '*wanting to deliver for communities*' were key motivators and the reason staff were working for the Council.

The Peer Team found staff to be very committed, positive and highly engaged. They enjoyed the flexibilities the Council are offering and many articulated that they were proud to work for a Council that prides itself on being innovative. Staff also articulated a palpable sense of pride in how far the Council has come since April 2009. We conducted a number of focus groups with front-line staff and managers and heard similar messages throughout. These are real strong building blocks for the councils approach to delivering outcomes for and with communities locally and based on their individual needs.

Partners were positive about the Council's staff and valued their support and engagement. Examples are the 'Transition Fair' where the input from Wiltshire staff exceeded the MoD's expectations, as well as engagement with planning over the big MIC schemes.

Internal communication systems are very effective. The intranet is well developed, comprehensive and easy to navigate and well used by staff. There are regular e-mails and information bulletins and the corporate directors have a blog each. Staff indicated that they would welcome regularly face-to-face group briefings from managers. Achievements are celebrated, for example through the monthly staff award ceremony which is planned and conducted professionally, turning it into a memorable occasion for individual staff or teams who receive such an award. Staff who are based in the new hubs value the modern and well-designed accommodation.

The Council's behaviour framework is well embedded. Staff and managers find them easy to understand, practical and appropriate and many we spoke to felt that they provided good hooks to have difficult conversations with staff, they would have previously found difficult to conduct. Staff are supported through e-learning packages to reflect on and develop the behaviours through a mix of questionnaires, cartoons, vox pops and activities, bringing the behaviours to life.

The Council is data and insight rich on its workforce metrics. Good systems are in place to capture core workforce data. The Council have developed an intuitive database of workforce information from a variety of sources, including the on-line appraisal process, staff surveys, quarterly performance reports and exit interviews to use at service and Council levels. This supports the HR and service managers to have focused discussions about current and future issues.

Workforce planning and talent development is very strong. We were impressed with the Council's focus on organisational learning and development initiatives. Examples are the availability of leadership modules ('management matters') attended by over 1,000 managers, the development of a coaching programme and NLP bitesize workshops. We heard staff and managers speak very positively about organisational commitment on personal development and learning.

The new culture is not embedded across all services. During meetings and focus groups we found there some services (eg Housing) where staff felt did not feel engaged and supported in the cultural change programme as in other services. The scope of our work was too narrow to meet with staff from all services but this highlights that there are likely to be pockets or services who are not engaged in the cultural change as others.

Concerns about high work pressures were expressed by some staff. Given the reduction of staff through the recent VR process, staff and managers will need to be supported in prioritising and re-prioritising their work and the work of their teams. Many staff we spoke to were enthusiastic about the opportunities this offers, but a consistent message to us was that many staff are working at a considerable pace already and are concerned about making mistakes or not being able to do a good enough job.

There is a perceived 'two-tier status' between staff located in the new Hubs and those who are still based in the old buildings. This does not only apply to the working environment but also to the way staff feel communicated with. For example, there was a perception that Corporate and Service Directors are rarely seen outside the Hubs or south of the Salisbury Plain. In many ways this is an inevitable consequence of the phased approach to asset management, but efforts need to be made to explain to staff the rationale and planned sequencing so that staff appreciate the Council wide rationale for decisions. Balancing work pressures and the need for managers to be and be seen outside County Hall means that they need to set expectations and maximise opportunities to meet with staff outside the main Hubs. The Council's Leader and senior managers already use twitter and blogs and may want to roll this out more systematically across the Council.

With the need to define key service parameters and governance arrangements for the new Community Campus programme, we felt that staff needed more support to appreciate that these are not about relocating services but about delivering outcomes to communities. We found staff were keen to engage in these concepts but did not know when and how to do this.

The appraisal system is paperless and has a strong, measured focus on behaviours. It is suggested that a stronger focus is placed on aligning individual performance to the new Business Plan – the 'Golden Thread', and that employees are held to account for their outcomes and deliverables. A number of employees in the focus groups commented that the Council '*needs to get better at identifying and addressing poor performance*'.

There is a need to accelerate the development of the Council's volunteer workforce as part of the core workforce. The Peer Team recognise that you have plans to do this but there is a need to accelerate this work, particularly with a view to the Community Campus programme as well as many services such as Libraries who are delivered with help from volunteers.

The Council could challenge its own practice more. '*We are a bit too nice*' was a quote the Peer Team heard repeatedly and some of our challenge, for example at workshops with managers, was received with a notion of defensiveness as opposed to interest. Openness, curiosity and active pursuit of challenge are essential ingredients in maintaining a culture of innovation.

9. Key recommendations

Based on the peer challenge teams' findings we recommend that the Council considers the following actions. They actions we believe will help improve and develop the Council's effectiveness and capacity to deliver future ambitions and plans.

1. Address the budget gap of 15/16 and beyond
2. Clarify the outcomes you want Area Boards to achieve and their relationship with the Centre
3. Prioritise work with the CCG now to ensure shared vision and plans
4. Work with LEP partners to develop a stronger vision and delivery mechanism for the future
5. Strengthen performance management arrangements and align to organisational priorities and outcomes
6. Realign scrutiny to focus on outcomes for the public
7. Continuously review your corporate capacity to deliver major transformation programmes

10. Next steps

The Council's political leadership and senior management will undoubtedly wish to reflect on these findings and suggestions before determining how the Council wishes to take things forward. As part of the Peer Challenge process, there is an offer of continued activity to support this. We made some suggestions about how this might be utilised, for example a follow-up visit after 9-12 months. I look forward to finalising the detail of that activity as soon as possible.

In the meantime we are keen to continue the relationship we have formed with the Council through the Peer Challenge to date. Andy Bates, Principal Adviser (South West) is the main contact between the Council and the Local Government Association. Andy can be contacted at andy.bates@local.gov.uk and can provide access to our resources and any further support.

In the meantime, all of us connected with the Peer Challenge would like to wish the Council every success going forward. Once again, many thanks for inviting the Peer Challenge and to everyone involved for their participation.

Yours sincerely

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On behalf of the Peer Challenge Team:

Jim Graham, Chief Executive, Warwickshire County Council
Cllr Martin Hill, Leader, Lincolnshire County Council
Gillian Hibberd, Strategic Director (Resources and Transformation),
Buckinghamshire County Council
Paul Masters, Interim Chief Executive, Cornwall Council

Corporate Peer Challenge – Action Plan

Recommendation	Action	Measure of success	Timescale	Lead(s) – CD and ADs
Main recommendations				
1. Address the budget gap for 2015-16 and beyond	MTFS process	Balanced budget for 2014/15 which reflects Business Plan priorities	February 2014	Carolyn Godfrey Michael Hudson
		Clear strategy for realigning £100m by 2017/18	December 2014	
2. Clarify the outcomes you want Area Boards to achieve and their relationship with the centre	Briefing note on relationship between Area Boards and COBs circulated by Cllr Seed Area Boards review	Area Boards are clear about their role, accountability and relationship with the centre	Completed	Maggie Rae Laurie Bell Mark Stone
		COB chairs understand governance arrangements and their relationship with Area Boards	February 2014	
3. Prioritise work with the CCG now to ensure shared vision and plans	Continue to build strong relationships Develop shared vision and plans through the Health and Wellbeing Board	Open and honest conversations with the CCG about priorities	March 2014	Maggie Rae James Cawley Mark Stone
		Shared vision and plans developed and implemented (including joint transformation programme)	March 2015	
4. Work with LEP partners to develop a stronger vision and delivery	Review overall performance of the LEP, including governance.	Shared vision with partners LEP adds value for the council and	March 2014	Carlton Brand Alistair Cunningham

Recommendation	Action	Measure of success	Timescale	Lead(s) – CD and ADs
mechanism for the future	Ensure local authority Economic Development capacity forms the basis of the LEP Delivery Mechanism.	partners and levers in additional resources, e.g. through the City Deal 2 No duplication of resource and full utilisation of local authority capacity in delivering LEP programme.		
5. Strengthen performance management arrangements and align to organisational priorities and outcomes	Develop planning, performance and risk framework to underpin the new Business Plan Delivery planning process Delivery plans linked to team and individual objectives across the organisation	Framework developed, implemented and reviewed Business Plan outcomes, priorities and principles drive work and behaviour of services, teams and individuals Emerging risks identified and addressed early at the appropriate level Poor performance is identified and addressed	January 2014	CDs Robin Townsend John Rogers Barry Pirie
6. Realign scrutiny to focus on outcomes for the public	Review scrutiny as part of the transfer of democratic services into corporate services	Scrutiny work is focused on outcomes for citizens, wider policy agendas and the impact they have on resilience of local communities	March 2014	Maggie Rae Robin Townsend
7. Continuously review your corporate capacity to deliver major transformation programmes	Workforce planning and development Develop a succession plan for senior and high risk jobs as part of the	Succession Plan developed, implemented and reviewed The council has flexible staff who deliver major transformation programmes	March 2014	Carlton Brand Barry Pirie Mark Stone

Recommendation	Action	Measure of success	Timescale	Lead(s) – CD and ADs
	development plan	Internal candidates successful in applying for senior and high risk posts		
Additional suggestions				
Explore more customer focused models of service delivery in adult care	Adult Care Peer Review Investigate options to provide more customer focused delivery models	Review completed and any changes planned and implemented Adult care services meet customer needs and customers have a positive experience	February 2014	Maggie Rae James Cawley, John Rogers
Develop campus programme operating models	Work with the RSA to articulate a campus model in Corsham and determine parameters for staff	Operating models are articulated	September 2014	Carlton Brand Mark Stone Laurie Bell
	Communicate emerging model to staff	Staff understand and are engaged in the emerging operating model for Corsham campus	December 2014	
Provide more support for town / parish councils to assume responsibility for community assets and services	Review and improve support for town and parish councils, especially from legal and capital assets Team Capital Assets team to develop cost neutral package wherever	Town / parish councils are supported to take on new responsibilities Cost neutral packages of land, services and assets are delegated Percentage of town and parish councils that accept the offer of cost neutral packages put forward over the next 12	February 2014	Ian Gibbons Barry Pirie Mark Stone

Recommendation	Action	Measure of success	Timescale	Lead(s) – CD and ADs
	transferrable land or assets exist	months		
Accelerate the development of the council's volunteer workforce as part of the core workforce	Implement plans to increase and develop the volunteer workforce	Volunteers feel supported and are seen by staff as part of the core workforce	December 2014	All CDs Barry Pirie Laurie Bell Robin Townsend
Review the number of internal meetings	Communicate meeting day arrangements to all teams (e.g. Monday – corporate, Tuesday – democratic, Wednesday – teams) Exploit technology to reduce / remove requirement for meetings Reduce / remove duplication of message	Meetings scheduled for appropriate days where possible reflecting requirements of partners Meetings are short with clear decisions and actions which are followed up where required Meetings are assessed to ensure that they do not duplicate other forums or means of communication	March 2014	All CDs Robin Townsend Laurie Bell Mark Stone
Embed culture across all services and identify pockets of staff that are not as engaged in cultural change, e.g. housing	Housing peer challenge Cultural reviews and systems thinking reviews	Any outstanding cultural issues are identified and addressed ELT leadership/development programme Management matters programme (percentage signing up for and completing the programme)	Date of peer challenge to be confirmed See systems thinking programme for review dates	3 CDs, James Cawley Mark Stone Barry Pirie

Recommendation	Action	Measure of success	Timescale	Lead(s) – CD and ADs
		Coaching & mentoring programme (numbers coaching and being coached) Staff survey results		
Ongoing support from the LGA, including a follow up visit after 9-12 months	Initial discussion with Andy Bates and Anne Brinkhoff about ongoing support Follow up visit	Recommendations from corporate peer challenge are acted on and implemented Overall performance continues to improve	May 2014 December 2014	3 CDs Robin Townsend

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Wiltshire Council

Cabinet

21 January 2014

Subject: Wiltshire Local Development Scheme

Cabinet Member: Councillor Toby Sturgis – Strategic Planning, Development Management, Strategic Housing, Property and Waste

Key Decision: Yes

Executive Summary

Wiltshire Council's Local Development Scheme (LDS) was first published in January 2009. Subsequent reviews were approved by Cabinet in November 2011 and June 2012. Having an up-to-date LDS is a statutory responsibility of the Council and is used to set out a clear timetable for the preparation of planning policy in Wiltshire that will provide certainty to local communities, investors, infrastructure providers and stakeholders.

In light of receiving a letter from the Inspector presiding over the Examination of the Wiltshire Core Strategy, it is necessary to further revise the current LDS (published August 2012) to include two additional policy documents, extend the scope of the Gypsy and Traveller DPD to include a review of pitch requirements and update the information for the other documents it contains. The first new document is a Housing Site Allocations Development Plan Document (DPD) incorporating a review of the settlement boundaries, which will be used to allocate additional development sites to address the Inspector's view that planned provision of housing needs to be increased. This will ensure that there is ongoing surety of supply of deliverable sites for homes through the whole plan period and ensure that development remains community and plan-led. The second is a Site Allocations DPD just for Chippenham, to take a fresh look at site options for strategic growth at the town.

Following approval, the LDS will be submitted to the Core Strategy Inspector. If the LDS needs to be amended in response to any comments made by the Inspector, delegated authority is sought for the Associate Director for Economic Development and Planning to do this in consultation with the Cabinet Member.

Proposals

That Cabinet:

- (i) Approves the Local Development Scheme as set out at **Appendix 1**.
- (ii) Authorises the Associate Director for Economic Development and Planning, in consultation with the Cabinet Member, to make minor amendments to the Local Development Scheme in the interests of clarity and accuracy before submitting it to the Core Strategy Inspector.
- (iii) Authorises the Associate Director for Economic Development and Planning, in consultation with the Cabinet Member, to amend the Local Development Scheme in response to any comments raised by the Inspector on the revised LDS, as appropriate.

Reason for Proposals

Wiltshire Council is required to prepare and keep up to date a Local Development Scheme in line with the Planning and Compulsory Purchase Act 2004 (as amended). Revisions to the Local Development Scheme (August 2012) are required in response to the Inspector's preliminary findings into the examination of the Wiltshire Core Strategy to support a sound Core Strategy, and in order to ensure it is up to date.

Alistair Cunningham
Associate Director, Economic Development and Planning

Wiltshire Council

Cabinet

21 January 2014

Subject: Wiltshire Local Development Scheme

Cabinet Member: Councillor Toby Sturgis – Strategic Planning, Development Management, Strategic Housing, Property and Waste

Key Decision: Yes

Purpose of Report

1. To seek approval for a revised Local Development Scheme (LDS) for Wiltshire in response to the preliminary findings of the Core Strategy Inspector including the introduction of two new Development Plan Documents (DPDs) and to ensure the LDS is up to date.

Relevance to the Council's Business Plan

2. The adoption of a Core Strategy, as well as other planning policy documents, is fundamental to realising the overarching aims of the Business Plan of delivering stronger and more resilient communities. In particular, it will help deliver the following key outcomes:
 - People work together, solve problems locally and participate in decisions that affect them by developing a neighbourhood plan with a shared vision for delivering the sustainable development they need.
 - Everyone lives in a high quality environment through a new suite of polices to guide the quality of new buildings and conserve the most sensitive areas.
 - There is a thriving and growing local economy through introducing an economy led policy document which facilitates inward investment and provides a sustainable framework for economic growth.
 - Communities are inclusive where everyone can achieve their potential.
 - People have healthy, active and high quality lives, through setting a policy framework for the promotion of recreation, healthcare, enhancement of open space, introduction of a Green Infrastructure Strategy and protection of such facilities from loss.
 - People feel safe and are protected from avoidable harm as a result of good design.

3. The Core Strategy is also central to delivering land use elements of the Business Plan, including those relating to the Local Enterprise Partnership. It is also the basis for service and infrastructure investment by a wide range of business interests, government departments and public agencies beyond the Council itself.

Background

4. The LDS is a three year rolling project plan for producing the local development framework (LDF) or 'Local Plan' for Wiltshire. It sets out the local development documents, including DPDs, prioritised for production by Wiltshire Council and a timetable for their delivery over a three year period. The LDS thereby commits Council resources to a programme of work and is a main means for the development industry, business, government and other public bodies to understand when they can engage in the preparation of development plans.
5. On 19 June 2012 Cabinet approved a revised LDS alongside approval (subject to Council resolution) for submission of the Wiltshire Core Strategy to the Secretary of State to initiate its Examination. The Wiltshire Core Strategy was submitted and has now undergone an Examination in Public by a Government appointed Planning Inspector.
6. The Wiltshire Core Strategy was examined in public between 6 May and 18 July 2013. As part of the ongoing Examination the Inspector sent a procedural letter to the Council on 2 December 2013 (**Appendix 2**). In this letter, the Inspector summarised a number of issues that he had identified with the Core Strategy and asked the Council to suggest a way forward. The Council responded on 19 December 2013 (**Appendix 3**), to which the Inspector provided his response on 23 December 2013 (**Appendix 4**). This included the need to bring forward an amendment to the LDS.
7. An LDS needs to be kept up-to-date and rolled forward, but in this instance, specific findings of the Inspector examining the draft Core Strategy have instigated some of the programme changes.

Main Considerations for the Council

8. Wiltshire Council's LDS requires updating in light of the above, and not to do so as suggested by the Inspector, would risk not having a sound Core Strategy in place for Wiltshire. The revised LDS is included at **Appendix 1**.
9. Listed below is a summary of the changes that need to be made to the LDS in response to the Inspector's findings and in order to keep the LDS up to date:

New documents added:

- Wiltshire Housing Sites Allocation DPD (incorporating settlement boundary review)
- Chippenham Sites Allocation DPD

Revised timetables for the production of:

- Gypsy and Traveller DPD - to incorporate the findings of a new Gypsy and Traveller Accommodation Assessment including the needs of travelling showpeople

- CIL Charging Schedule for Wiltshire - to reflect the timetable recently considered by Cabinet on 17 December 2013
- Wiltshire Core Strategy
- Wiltshire Core Strategy (partial review) - to reflect the revised Core Strategy timetable.

Updated:

- South Wiltshire Core Strategy now Adopted (2012)
 - Minerals and Waste Site Allocation DPDs now Adopted (2012)
 - Neighbourhood planning programme of support and guidance now in place to reflect the current position.
10. The LDS timetables adoption of the Core Strategy during Spring/Summer 2014, though this will be dependent upon timely receipt of the Inspector's report and his full set of findings. An undertaking to complement the strategy with additional DPDs is an important consideration for the Inspector in examining the Core Strategy and thus in enabling the plan to proceed. The Inspector also indicates in his most recent letter that he will be interested in the expediency by which the matters he raises can be addressed through the preparation of other DPDs.
 11. The National Planning Policy Framework (NPPF) sets out the presumption in favour of sustainable development, which means that without an up-to-date plan in place in the county, the Council may well see speculative development taking place and planning by appeal. The work to provide additional DPDs on top of current commitments is challenging, but reflects the importance of progressing the Core Strategy as quickly as possible, in order to have an up-to-date development plan in place for Wiltshire, to ensure plan-led development is achieved.
 12. The key changes to the LDS in response to the Inspector's concerns are summarised as follows. The full LDS including timelines and scope of documents is set out in **Appendix 1**:

Wiltshire Housing Site Allocations DPD (incorporating settlement boundary review)
 13. The Inspector is minded that the Core Strategy housing requirement should be expressed as a minimum towards the upper end of the range that has been assessed within the Council's Sustainability Appraisal (35,800–42,100) i.e. 42,000 new homes over the plan period 2006 to 2026. This is an increase of around 5,000 dwellings over the plan period for the whole of Wiltshire; as the Inspector has pointed out, the bulk of which is likely to be needed toward the end of the plan period ending in 2026.
 14. It is therefore necessary for a Housing Site Allocation DPD to be prepared in order to identify new sites. The review of settlement boundaries will be undertaken as part of the document.
 15. In the above context, the role of the Housing Site Allocation DPD will be to identify specific sites to accommodate additional housing requirements in areas where there may be a shortfall in land supply over the plan period.

Chippenham Site Allocations DPD

16. In light of Inspector's comments on Chippenham it is considered that the most expedient way forward would be to prepare a DPD specific to Chippenham and for Core Policy 10 to be modified around the removal of the strategic allocations.
17. The Chippenham site allocations DPD will consider future growth options for the town and allocate strategic sites for the town to best accommodate the level of growth set out in the Core Strategy

Gypsy and Traveller DPD

18. The completion of a Gypsy and Traveller DPD to allocate sites for travellers has always been part of the LDS programme. In light of the Inspector's comments in relation to Gypsy and Traveller provision it is considered that there is a need to extend the scope of this DPD to provide a more robust indication of pitch requirements for the county. Therefore, in addition to the allocation of sites, the DPD will now also include a review of the pitch requirements in core policy 47 based on the outcome of a comprehensive review of local need in the form of a full Gypsy and Traveller Accommodation Assessment (GTAA). Such a study will include a review of permanent and transit pitch requirements and plot requirements for Travelling Showpeople. This work is to be undertaken expediently. The timetable for preparing the Gypsy and Traveller DPD has therefore been amended to provide time for the proposed GTAA to be completed and sufficient sites to be identified to ensure the plan is in accordance with national policy.

Wiltshire Core Strategy (partial review)

19. A key area of the partial review, given the Inspectors findings, will be to prepare new policy relating to town centres in Wiltshire, in particular the definition of retail frontages. The purpose of the partial review of the Wiltshire Core Strategy will be to introduce further detailed development management policies to the adopted Wiltshire Core Strategy, particularly through the review and update of the saved 2011 local plan development management policies not currently proposed to be replaced by the Wiltshire Core Strategy.
20. All policies will be drafted to become part of the Wiltshire Core Strategy. It is not the purpose of the review to re-open discussion about other parts of the plan and will effectively be an addendum to the adopted core strategy.

Safeguarding Implications

21. There are no safeguarding implications as a direct result of this proposal.

Public Health Implications

22. Planning for sustainable development to meet the employment, housing and infrastructure needs of communities helps foster their well being. Well planned development, including appropriate infrastructure, supports health and well being of local communities, for example through the provision of green infrastructure, sports facilities and infrastructure to encourage walking and cycling as means of travel.

Environmental and Climate Change Considerations

23. The DPDs included within the LDS relate to the development and use of land and have implications for the physical, economic, and social environment of Wiltshire. Sustainability Appraisal, incorporating Strategic Environmental Assessment and Habitats Regulations Assessment, will be undertaken as part of their preparation to ensure that negative environmental impacts are avoided, and policies and proposals deliver development in a sustainable manner. Climate change considerations form an important part of the Appraisal.

Equalities Impact of the Proposal

24. In line with Regulations, when DPDs are submitted to the Secretary of State for examination they must be accompanied by an Equality Impact Assessment. Consultation processes and stakeholder engagement will seek to ensure that everyone has the opportunity to inform their preparation.

Risk Assessment

25. The LDS includes a challenging timescale and is dependent on sufficient resources being available to ensure timely delivery of sound plans based on robust and credible evidence. Further changes to Government policy, legislation and regulations could delay the process. The Inspector may have a view on the LDS, which may necessitate further amendments. As such, in order not to delay progression with the Core Strategy delegated authority is sought to approve any further amendments that are needed.

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

26. The NPPF introduces the 'presumption in favour of sustainable development' and states that where plans are out of date, silent or indeterminate, then permission should be granted. The former district Local Plans were only originally intended to be in place until 2011 but have in effect been rolled forward until they are replaced. It is important that Wiltshire has up-to-date policy in place as soon as possible; in particular, the Wiltshire Core Strategy, to ensure plan-led growth that best meets the needs of Wiltshire can be delivered.

Financial Implications

27. At this stage, it is anticipated that existing (2013/14) and planned (2014/15) budget provision will meet the costs associated with addressing the outstanding work associated with the delivery of the Wiltshire Core Strategy.
28. The additional work set out within the revised LDS is required in order to address concerns raised by the Core Strategy Inspector. Failure to address these concerns will result in the Core Strategy being found unsound. To ensure that the additional plans are delivered in a timely and effective manner, additional costs associated with the preparation, consultation, examination and adoption of these documents will need to be addressed as the scheme progresses. Costs that cannot be absorbed by the Service will need to be reviewed if that materialises, although there is no expectation at this stage. Going forward we will look at costs being assessed against any projected surplus Council Tax generated as a result of an increase in property or development charges above the forecast level arising from the Core Strategy.

29. Early adoption of the Core Strategy is a key objective of the Council as it will provide the planning policy framework to facilitate the delivery of long-term growth across Wiltshire, thereby unlocking additional future funding such as the New Homes Bonus. In addition, the ability of the Council to become a Charging Authority for CIL, and secure this form of funding into the area, is dependent upon a sound Core Strategy being in place.

Legal Implications

30. In accordance with the Planning and Compulsory Purchase Act 2004 (as amended), the Council has a statutory duty to prepare planning policy, which has been reinforced through the National Planning Policy Framework and the Localism Act.
31. In accordance with legislation, LDSs must be prepared and Inspector's examining plans will consider whether a plan has been prepared in line with these.
32. Section 33A Planning and Compulsory Purchase Act 2004 (as amended) requires the Council to comply on an ongoing basis with the 'duty to co-operate'. In updating the LDS consideration has been given to this duty. This is further set out in the revised LDS at **Appendix 1**.

Options Considered

33. In light of the Inspector's concerns it is considered important that the DPDs be progressed as quickly as possible, with priority afforded to the Wiltshire Core Strategy.
34. Wiltshire Council is required to maintain an up-to-date LDS.

Conclusions

35. In response to the Inspector's preliminary findings on his examination into the Wiltshire Core Strategy it is necessary to update the Council's LDS. In particular, the introduction of two new DPD's and amending the scope of another is required to help ensure that the Wiltshire Core Strategy proceeds to adoption. The Inspector is interested in the expediency by which a number of documents can be brought forward. The LDS sets out a programme to put in place an up-to-date and effective development plan. Not to do so would significantly compromise the Council's ability to meet local needs and aspirations in the form of sustainable development through plan led development.

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

None

Appendices:

- Appendix 1 - Wiltshire Local Development Scheme 2014-2017 (January 2014)
- Appendix 2 – Inspector Letter dated 2 December 2013
- Appendix 3 – Wiltshire Council Letter dated 19 December 2013
- Appendix 4 – Inspector’s Letter dated 23 December 2013

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1. Introduction

- 1.1. The Planning and Compulsory Purchase Act 2004 as amended ('the 2004 Act') requires the Council to prepare and maintain a Local Development Scheme (LDS) setting out a rolling three year programme of work to deliver local planning policy documents. This third iteration of the LDS covers the period 2014 – 2017 and identifies the Local Development Documents (LDDs) prioritised for production by Wiltshire Council, and sets out a timetable for their delivery over the next three years. The first LDS was approved by the Implementation Executive¹ of Wiltshire Council in January 2009 and related to the period 2009 - 2012. It brought together the work already undertaken by the former authorities of Kennet, North Wiltshire, Salisbury, West Wiltshire and Wiltshire County Council. Since that time the LDS has been reviewed and updated in 2011 and 2012.
- 1.2. The Council has a duty to maintain an up-to-date LDS. A review of the 2012 -15 LDS has become necessary to reflect the revised timetables of documents within that LDS dependant on progress of the Wiltshire Core Strategy, and to reflect concerns of the Inspector appointed to examine the emerging Wiltshire Core Strategy².
- 1.3. This revision to the 2012 LDS continues to include the anticipated completion of the Core Strategy by Spring/Summer 2014, a partial review of the Wiltshire Core Strategy (which will involve a review of the saved 2011 local plan policies not replaced by the Wiltshire Core Strategy a key area being to plan positively for all town centres in Wiltshire) and the completion of work to ensure that the accommodation needs of Gypsies and Travellers are provided for in the county. The content of the Gypsy and Traveller DPD has been extended to include output from a full Gypsy and Traveller Accommodation Needs Assessment (GTAA) to inform a review and update of the emerging core strategy policy on travellers.
- 1.4. This latest review of the LDS introduces two new DPDs to the programme. A Wiltshire Housing Site Allocations DPD which will identify, where necessary, new sites for housing, to provide surety of delivery over the whole plan period. In doing so it will include a review of the settlement boundaries currently proposed in the Wiltshire Core Strategy.
- 1.5. A Chippenham Site Allocations DPD will allocate sites and specific details for development in the town to accommodate the levels of growth set out within the Core Strategy³.

¹ The Implementation Executive was the body of elected Councillors responsible for the creation of the new Council. It was drawn from all the previous district and county councils in Wiltshire (17 in total and included representation from all political parties).

² See the Inspectors 10th Procedural Letter 2 December 2013
<http://www.wiltshire.gov.uk/planninganddevelopment/planningpolicy/wiltshirecorestrategy/wiltshirecorestrategyexamination.htm>

³ The proposals currently contained within the draft Chippenham Town Centre Masterplan will be subsumed into this DPD.

- 1.6. The emerging Wiltshire Core Strategy identifies other planning policy documents that may need to be prepared in order to provide support for the implementation of core policies. These are developed further in this edition of LDS (see paragraph 2.11).
- 1.7. The Localism Act 2011 signalled the intention to revoke the regional spatial strategies and introduced neighbourhood plans, neighbourhood development orders and the community right to build. The Government also introduced the National Planning Policy Framework (NPPF) in March 2012 which sets out the governments planning policies for England and how these are expected to be applied. The LDS for 2014 – 2017 takes account of these changes.

2. Schedules of planning policy documents

Existing local development documents and development plan documents

- 2.1. Policies within the documents listed in Table 1 currently form part of the development plan for Wiltshire (and Swindon⁴). A list of 'saved' local plan policies is provided at **Appendix A**.

Table 1: Existing local development documents and development plan documents

Document	Area covered	Status
Statement of Community Involvement LDD (adopted February 2010)	Wiltshire council area	Sets out the process and methods for community involvement for different types of LDDs and for different stages of the plan preparation.
Wiltshire and Swindon Waste Development Control Policies DPD (adopted September 2009)	Wiltshire council area and Swindon borough	Current policy. Sets out generic policies to assist in determining planning applications for waste development up to 2026, subject to monitoring and review.
Wiltshire and Swindon Minerals Development Control Policies DPD (adopted September 2009)	Wiltshire council area and Swindon borough	Current policy. Sets out generic policies to assist in determining planning applications for minerals development up to 2026, subject to monitoring and review.
Wiltshire and Swindon Waste Core Strategy (adopted July 2009)	Wiltshire council area and Swindon borough	Current policy. Sets out the spatial vision, strategic objectives and strategy covering waste provision up to 2026 including the strategic policies and proposals to deliver the vision.

⁴ Wiltshire Council and Swindon Borough Council prepare minerals and waste local plans on a joint basis governed by an existing Service Level Agreement.

Wiltshire and Swindon Minerals Core Strategy (adopted July 2009)	Wiltshire council area and Swindon borough	Current policy. Sets out the spatial vision, strategic objectives and strategy covering minerals provision up to 2026 including the strategic policies and proposals to deliver the vision.
West Wiltshire Leisure and Recreation DPD (adopted February 2009)	Former West Wiltshire district area	Provides additional recreational policies for the west Wiltshire area for the period up until 2016. This DPD will be replaced by policies in future Wiltshire-wide DPDs, including the Wiltshire Core Strategy.
Wiltshire and Swindon Structure Plan 2016 (adopted April 2006)	Wiltshire council area and Swindon borough	Certain policies have been 'saved' until replaced by policies in a new DPD, particularly the Wiltshire Core Strategy (see Appendix A).
North Wiltshire Local Plan (adopted April 2006)	Former North Wiltshire district	Certain policies have been 'saved' until replaced by policies in a new DPD, particularly the Wiltshire Core Strategy (see Appendix A).
Kennet Local Plan 2011 (adopted June 2004)	Former Kennet district	Certain policies were 'saved' on 26 th September 2007 and will remain in place until replaced by policies in a new DPD, particularly the Wiltshire Core Strategy (see Appendix A).
West Wiltshire District Plan First Alteration 2011 (adopted June 2004)	Former West Wiltshire district	Certain policies were 'saved' in September 2007 and will remain in place until replaced by policies in a new DPD, particularly the Wiltshire Core Strategy (see Appendix A).
South Wiltshire Core Strategy DPD (adopted February 2012)	Former Salisbury District area	Sets out the spatial vision, objectives and strategy for the spatial development of the former Salisbury district area and strategic policies and proposals to deliver the vision; including strategic land allocations. Will be subsumed into the Wiltshire Core Strategy.
Wiltshire and Swindon Waste Site Allocations DPD (adopted November 2012)	Wiltshire County and Swindon Borough	Identifies land for future waste management facilities and aggregate recycling facilities up to 2026 in accordance with the Swindon and Wiltshire Waste Core Strategy.
Wiltshire and Swindon Minerals Site Allocations DPD (adopted December 2012)	Wiltshire County and Swindon Borough	Identifies land for future mineral (aggregates) working and aggregate recycling facilities up to 2026 in accordance with the Swindon and Wiltshire Minerals Core Strategy.

- 2.2. There are also a considerable number of Supplementary Planning Documents (SPDs) that support policies within the documents listed in Table 1 that will continue to be in place. Some were prepared before September 2004 and are referred to as Supplementary Planning Guidance.

Partnership Working – Minerals and Waste

- 2.3 Since the formation of Swindon Borough Council in 1997, minerals and waste planning matters have been addressed through joint working arrangements

governed by an extant Service Level Agreement between the two authorities. For the purpose of joint working, Wiltshire Council (formerly Wiltshire County Council) takes the role of 'Lead Authority', but all decisions in terms of planning policy development are mutually shared.

- 2.4 Prior to the formation of Wiltshire Council in 2009, the programme management of Minerals and Waste Local Development Documents was set out in a 'Minerals and Waste Development Scheme' (MWDS) in accordance with Section 16 of the Planning and Compulsory Purchase Act 2004 (as amended). However, since 2009, such matters have been incorporated into the LDSs of the respective authorities.
- 2.5 As outlined in Section 2 (Table 1). Wiltshire Council and Swindon Borough Council have successfully prepared and adopted a complete set of Minerals and Waste Development Plan Documents. These plans are being implemented and monitored through the AMR process. Should the need arise⁵ to review aspects or the entire adopted policy framework, a programme will be developed and adopted through a subsequent iteration of the two authorities respective LDSs.
- 2.6 In accordance with Section 110 of the Localism Act 2011, the two authorities envisage that the current arrangements offer the best approach to planning for minerals and waste development. Should the need arise to extend such arrangements, opportunities for further joint working will be explored.

New local development documents

- 2.7 A number of development plan documents are currently in preparation and will be adopted by the Council in the period 2014 - 2017. These are summarised in Table 2 with more detailed information contained in Appendix B. A summary of the overall programme is in Section 3.
- 2.8 In light of the Government's expectation that 'Local Plans' (i.e. the Core Strategy) should be prepared expediently and put in place as soon as possible the aspiration is to adopt the Wiltshire Core Strategy during Spring/Summer 2014. This will be dependent upon the timely receipt of the Inspector's report.
- 2.9 The Duty to Co-operate was introduced through the Localism Act 2011, with Section 110 of the Act requiring Council's and Public bodies to 'engage constructively, actively and on an ongoing basis' in the preparation of Local Plan documents, including in the preparation of evidence to underpin these documents. The intention being that in the absence of regional government office and regional development agencies those local authorities - in cooperation with neighbouring authorities and other public bodies - take the lead in tackling the big issues that cut across administrative boundaries. The new duty relates to sustainable development or use of land that has a significant impact on at least two local planning areas. Issues that may not be able to be wholly addressed by

⁵ The review of the Minerals and Waste planning policy framework will be triggered if the AMR demonstrates that adopted planning policies/proposals are not delivering planned results; and/or as a result of changes in national policy.

one local planning authority working alone are set in paragraph 156 in the NPPF, and could include:

- Housing where a wider housing market area has been identified
- Provision of major retail/or employment sites
- The provision of infrastructure for transport, waste treatment, energy generation, telecommunications, water supply and water quality
- Measures needed to address climate change, including the management of flood risk
- Provision of open space and recreational facilities.

2.10 The NPPF states Local Authorities should consider producing joint planning policies to address some of these strategic matters, as well as informal strategies such as joint infrastructure and investment plans. A joint approach will not be required where an issue can be addressed adequately within one administrative boundary. When compiling its scheme of work, the Council consider and discusses with neighbouring authorities whether production of joint documents is a sensible course of action, such as with minerals and waste planning. The decisions of such considerations will be carefully recorded, clear justification by way of an explanation of the strategic context behind the course of action taken will be set out and, where necessary, a memo of understanding between the bodies is published. DPDs introduced in this revision to the LDS have been prompted directly by suggestions from the inspector who has been considering work so far on the Council's core strategy. These additional DPDs have a specific role supporting the framework already established in the core strategy and so do not necessitate joint preparation with any neighbouring authorities.

Table 2: New development plan documents

Document	Area covered	Anticipated adoption date	Comments
Wiltshire Core Strategy DPD	Wiltshire council area	Spring 2014 (to be in conformity with national planning policies)	Sets out the spatial vision, objectives and strategy for the spatial development of Wiltshire and strategic policies and proposals to deliver the vision; including strategic site allocations for the period to 2026.
Wiltshire Core Strategy DPD (partial review)	Wiltshire council area	December 2015 (to be in conformity with national planning policies)	This document will refine certain policies to assist in the determination of planning applications, a key area being a review of saved policies from previous district local plans, policies for town centres and recreation.
Gypsy and Traveller DPD	Wiltshire council area	Spring 2014 (to be in conformity with Wiltshire Core Strategy)	Will set out site allocations to provide for the accommodation needs of Gypsies and Travellers in Wiltshire and include a review of overall pitch requirements contained in core policy 47 of the core

Document	Area covered	Anticipated adoption date	Comments
			strategy based on an up to date Gypsy and Traveller Needs Assessment.
Wiltshire Housing Site Allocations DPD	Wiltshire council area	June 2015 (to be in conformity with the Wiltshire Core Strategy)	Will set out additional site allocations for housing, across Wiltshire to ensure supply throughout the plan period. In addition, the document will address the review of existing settlement boundaries.
Chippenham Site Allocations DPD	Chippenham	June 2015 (to be in conformity with the Wiltshire Core Strategy)	Will set out the sites and details of development to accommodate strategic growth options for Chippenham in accordance with Core Policy 10 of the Core Strategy.

Supporting the Wiltshire Core Strategy

2.11 The Council's overall priority is to focus on delivery of the Wiltshire Core Strategy as soon as is reasonably possible. To support the production and implementation of the core strategy there are a number of priority projects to be completed in tandem with the core strategy. These are:

- (i) Infrastructure Delivery Plan - to set out detailed guidance on what infrastructure will need to be provided to support development.
- (ii) Community Infrastructure Levy⁶ - to set out the type and scale of contributions that will be required to build the infrastructure to support development based on the Infrastructure Delivery Plan and Wiltshire Core Strategy.
- (iii) Wiltshire Green Infrastructure Strategy - to set out a strategic Wiltshire-wide green infrastructure network that will comprise of both new and existing green spaces; walking, cycling and horse riding routes; parks, recreational spaces and play areas; water courses and water bodies; areas of high biodiversity value; and access and wildlife corridors such as inland waterways and rivers.
- (iv) Affordable Housing Supplementary Planning Document - to set out detailed guidance on the interpretation and implementation of affordable housing policies in the core strategy.
- (v) Sustainable Construction and Low Carbon Supplementary Planning Document – providing detailed guidance on how new development will be expected to deliver provisions of Core Policy 41, including what information will be needed to support planning applications.

⁶ The Community Infrastructure Levy (CIL) is a charge which local authorities in England and Wales are empowered, but not required, to charge on most types of new development in their area. CIL charges are based on simple formulae which relate the size of the charge to the size and character of the development paying it. The proceeds of the levy will be spent on local and sub-regional infrastructure to support the development of the area. A final version of the brief will be published once the Core Strategy has been adopted.

Additional development plan documents

- 2.12 The emerging Wiltshire Core Strategy makes reference to the potential need for a joint Site Allocations DPD for the land west of Swindon. The Wiltshire Core Strategy is being prepared ahead of the Swindon Core Strategy; the latter has been submitted for examination with hearings anticipated to begin in the spring 2014. Neither of the Core Strategies anticipate the need to allocation land for housing extending the built up area of Swindon westward within Wiltshire. Should emerging policy for Swindon change and new evidence emerge which demonstrates the need for sites to be planned for on land to the west of Swindon within Wiltshire then both councils will work together to prepare a joint site allocations DPD for this part of Wiltshire. This is currently not included in the LDS but the authorities are committed to working together should the need arise.

Other planning guidance post Wiltshire Core Strategy implementation

- 2.13 It will also be important to produce additional planning policy once capacity and resources become available to have in place the full suite of documents that support the implementation of core policies are required to fully replace the saved policies from the former District Local Plans and to provide consistent policy across Wiltshire. Given that any subsequent non-minerals or waste⁷ DPDs and SPDs must conform to the Wiltshire Core Strategy, any future documents must be prepared in accordance with it. The emerging core strategy for Wiltshire (Wiltshire Core Strategy Pre-Submission Document incorporating the proposed changes August 2013) refers to a number of additional guidance notes that may be needed to support the Core Strategy and replace existing SPD that support older saved local plan policies, as follows:

- (i) Planning obligations and the role of Section 106 agreements
- (ii) Design and local distinctiveness in Wiltshire
- (iii) A Wiltshire landscape strategy which would involve consolidating existing landscape character assessment, reviewing special landscape areas and preparing developer guidance
- (iv) Areas of special historic environmental significance
- (v) The Stonehenge and Avebury World Heritage Site
- (vi) Travel plans
- (vii) Town centres
- (viii) Biodiversity to include the mechanisms to address HRA issues, biodiversity offsetting and developer guidance.

⁷ Minerals and Waste planning policy/guidance documents do not cover the same geography or issues as the Wiltshire Core Strategy.

Other planning guidance being prepared

- 2.14 Work has been progressing on a Devizes Wharf Planning Brief Supplementary Planning Document since June 2010. During the summer 2011 a draft version of the brief was published for consultation.

Neighbourhood plans

- 2.15 The Localism Act (2011) empowered the Secretary of State to revoke Regional Planning Guidance for the South West (formerly referred to as Regional Spatial Strategies) from the development plan and established a new tier of planning at the neighbourhood level. These plans can be in the form of a neighbourhood plan, a neighbourhood development order or a community right to build. The priority for the Council, now the Core Strategy is well advanced, is to support the preparation of these plans and others. Six pilot projects were undertaken in 2011 which helped Wiltshire Council to support future neighbourhood plans as they came forward from 2012 when the Localism Act was implemented. A Neighbourhood Planning Guide has been developed.
- 2.16 Since the initial front runners neighbourhood planning has been popular across Wiltshire and the Council is currently supporting over 50 groups in undertaking Neighbourhood Planning for their area, 15 of which have designated their areas for the purposes of Neighbourhood Planning⁸.

Annual Monitoring Report

- 2.17 Annual Monitoring Reports (AMR) form part of the LDF and have been published for Wiltshire at the end of each calendar year since 2008. The AMR monitors and reviews how well the Council has performed against the timetable set out in the LDS and any changes needed to maintain an up to date LDS. The role of the AMR is also to monitor the effectiveness of the policies included in each DPD.
- 2.18 The Localism Act contains provisions to remove the requirement to submit the AMR to the Secretary of State for approval; it does not contain provisions to remove the need for an AMR. It is now for each council to decide what should be included in their AMR while ensuring that they are prepared in accordance with UK and EU legislation⁹. Wiltshire Council continues to produce an AMR annually.

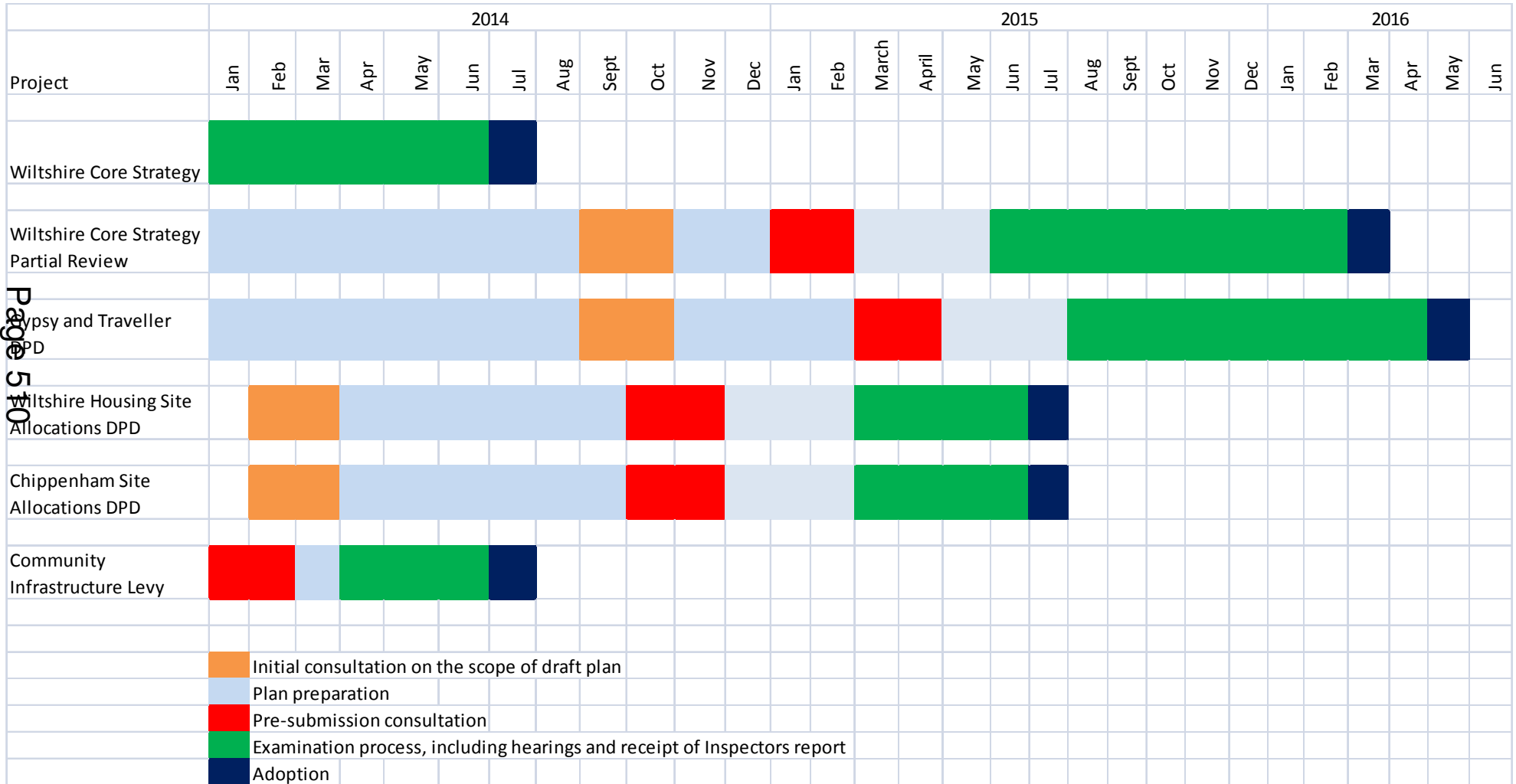
⁸ Neighbourhood Planning Groups with Neighbourhood Planning Area Designations can be viewed online at:
<http://www.wiltshire.gov.uk/planninganddevelopment/planningpolicy/neighbourhoodplanning/neighbourhoodareadesignations.htm>

⁹ Letter to chief planning officers on preparation and monitoring of local plans, March 2011

3. Overall programme for local development document preparation

- 3.1. The overall programme for preparation of the new DPDs listed at Table 2 above, including key milestones, is summarised in the following chart. Significant progress has already been made on the delivery of a number of these documents and accordingly only the later stages of preparation may be shown. Each DPD document follows a similar process:
- (i) Preparation and evidence gathering
 - (ii) Initial issues and options consultation
 - (iii) Further preparation, evidence gathering and responding to comments
 - (iv) Pre-submission consultation (i.e. before submission to the Secretary of State)
 - (v) Submission to the Secretary of State
 - (vi) Period for examination by Inspector and receipt of Inspectors report
 - (vii) Adoption
- 3.2 The key milestone for each document is the point at which the document is submitted to the Secretary of State. Critical to maintaining progress in relation to each document is the role of Cabinet and Full Council. Cabinet provide Member approval to progress to each stage of plan preparation and authorise consultation procedures. Full Council is required to approve the DPD for submission to the Secretary of State and finally adopt the plan as per the Council Constitution.
- 3.3 Prior to commencing work on the documents outlined in Table 3 and throughout their preparation, the Council will exercise its duty to co-operate with neighbouring authorities, focusing on the key cross boundary and strategic issues highlighted by the evidence base.

Table 3: Summary programme for document production



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4. Supporting statement

- 4.1. The Government expects local authorities to use effective programme management techniques in progressing delivery of the LDF and producing the evidence base. This supporting statement explains what arrangements are being made to ensure delivery of the programme set out on the previous pages in terms of:
- (i) the development of a sound and robust evidence base
 - (ii) the approach to community and stakeholder engagement
 - (iii) sustainability appraisal (SA) and strategic environmental assessment (SEA);
 - (iv) resources
 - (v) review and monitoring
 - (vi) risk assessment.

Evidence base

- 4.2. The strategies, policies and proposals in the LDF must be founded on a robust and organic evidence base. A considerable amount of data is available at a national level and a number of pieces of bespoke research have been carried out or commissioned by Wiltshire Council to gather local evidence. For example, to support the Wiltshire Core Strategy a number of topic papers were prepared which collectively summarise the evidence available at the time of the consultation document's publication. These draw upon existing published documents and comments received during consultation at earlier stages of the plan's preparation. They are available on the Council's web site <http://www.wiltshire.gov.uk/planninganddevelopment/planningpolicy/wiltshirecorestrategy/wiltshirecorestrategyexamination.htm> along with all the evidence submitted to the Inspector to accompany the submission of the Draft Core Strategy for examination.
- 4.3. The south Wiltshire Core Strategy was adopted in February 2012. The minerals and waste site allocations DPDs have also now been adopted (2012). All three documents were subject to extensive consultation and collation of evidence at all stages in the plan's preparation has taken place. Details of the evidence prepared to support these documents are available on the web site. <http://www.wiltshire.gov.uk/planninganddevelopment/planningpolicy/southwiltshirecorestrategy.htm> and <http://www.wiltshire.gov.uk/planninganddevelopment/planningpolicy/mineralsandwastepolicy/aggregatemineralssiteallocations.htm> and <http://www.wiltshire.gov.uk/planninganddevelopment/planningpolicy/mineralsandwastepolicy/wastesiteallocations.htm>
- 4.4. There are also a number of subject specific pieces of commissioned research to support the DPDs also available on the Council's web site (<http://www.wiltshire.gov.uk/planninganddevelopment/planningpolicy/planningpolicyevidencebase.htm>).

- 4.5 To inform the proposed and revised LDS a number of subject specific pieces of commissioned research are proposed:
- Gypsy and Traveller Accommodation Assessment (GTAA) to support traveller DPD
 - A Wiltshire Open Spaces Study and a Town Centres study to support the WCS partial review
 - Review and update of the Chippenham Transport Strategy to support the Chippenham Site Allocations DPD.

Community and stakeholder engagement

- 4.6 The Wiltshire Statement of Community Involvement was adopted February 2010. Since that time consultation has taken place in accordance with the guidance that it contains. In preparing each stage of a DPD particular emphasis is placed on partnership working with organisations involved in the delivery and implementation of planning policies such as local economic partnerships, housing market partnerships and environmental partnerships.
- 4.7 Wiltshire Council has established a network of 18 community areas each based around a market town (or towns where they are closely related) and their hinterlands. Each community area has an area board (with the exception of the three community areas of Wilton, Mere and Tisbury which are collectively covered by the South West Wiltshire community area board), which meets to discuss local issues and, although led by elected Members of Wiltshire Council, are open to the public to contribute. They are an important vehicle for learning about local issues that should be addressed through the development of DPDs and SPDs and raising awareness about how local communities can get involved in the development of planning policy.
- 4.8 The overall plan for the preparation of individual DPDs (table 1, above) indicates some of the key stages of the plan preparation process where stakeholders and the wider community will be engaged.

Sustainability appraisal

- 4.9 The development of DPDs and SPDs within Wiltshire will be informed by sustainability appraisal. This is an iterative process that develops alongside the preparation of a DPD or SPD through which the economic, social and environmental effects of the plan being prepared are assessed. It incorporates the requirements of Strategic Environmental Assessment as required by EU SEA Directive 2001/42. In 2010 the Council approved a Sustainability Framework as part of the SA Scoping Report for the purpose of assessing the impacts of the Local Development Framework on the local area. This Sustainability Framework will be updated and continue to be used for the assessment of the DPDs proposed in this LDS (adapted to reflect decision aiding questions appropriate to the DPD being assessed).
- 4.10 Local authorities are also required to carry out Habitats Regulation Assessment as part of the planning process under the Habitats Directive. This work should also be carried out alongside DPD or SPD preparation to inform the policies and proposals they contain.

Resources - staffing

- 4.11 The Economic Development and Planning Service is responsible for the preparation of the LDF. Spatial planning officers work on a project basis to provide the resources to support the delivery of DPDs within the LDS from both within the service and in liaison with other council services (eg housing, sustainable transport, education, climate change).
- 4.12 In order to develop the relationship between the emerging Wiltshire core strategy and the Area Boards network, officers within spatial planning will develop their responsibility for planning matters within designated Community Areas, working closely with the Area Boards.
- 4.13 As outlined above a Service Level Agreement with Swindon Borough Council (SBC) is in place setting out joint working arrangements for minerals and waste planning matters. Under the terms of the Agreement, the Council will continue to act as 'Lead Authority', with SBC providing pro-rata support in terms of resources.

Resources - budgets

- 4.14 The cost of producing the LDDs within the LDS will be met from existing and future service budgets.
- 4.15 Partnership working across the Council will be critical to the success of the LDF due to its crosscutting nature and relationship with other plans and strategies. Internal partners, for example, from key services such as housing, sustainable transport and education will be used to inform and develop the evidence base. This may include shared financial resources in order to produce studies /reports that are required by both services. Also, the knowledge and expertise of other service areas will be used to contribute to policy formation and validation of work undertaken at key stages. Finally, the Area Board network will be used wherever possible to support consultation events and in supporting Neighbourhood planning within a Community Area. Resources from outside the service will therefore also contribute towards the preparation of LDDs.
- 4.16 Any opportunities to secure external funding and support in kind will also be exploited where they arise.

Risk assessment

- 4.17 A risk assessment has been prepared that will be monitored and reviewed during the LDS period by senior managers. The risk assessment includes proposed mitigation and contingency measures that may need to be implemented in order to ensure that sound DPDs are prepared and developed in a timely manner. Significant risks that have been highlighted include:
- failure to produce a sound plan
 - failure to secure consensus with members leading to key milestones being missed
 - changes to legislation and regulations delaying the process
 - lack of an appropriate and up-to-date evidence base
 - insufficient resources (financial and staff) at critical points in the process
 - lack of public engagement.

Appendix A: Saved local plan policies

The following table sets out the extant local development plan policies for Wiltshire. These Local Plan policies are ‘**saved**’ and will be used for the determination of planning applications until they are replaced by new policies in the relevant DPD. A second table is provided that sets out associated guidance including supplementary planning documents/guidance that support the saved policies listed.

NAME		EXISTING ADOPTED (‘SAVED’) LOCAL PLAN POLICIES
Local Plans		
North Wiltshire Local Plan 2011 - Adopted June 2006		All policies ‘saved’ until June 2009 (see http://liveinternet.northwilts.net/index/env/planning/localplans/localplan2011.htm) An application has been made to the Secretary of State to save relevant policies beyond June 2009.
Wiltshire and Swindon Minerals Local Plan 2001 – Adopted November 2001		Policy No and Name 35 Preferred Areas for Sharp Sand and Gravel
Kennet Local Plan 2011 – Adopted April 2004		Policy No and Name PD1 Development and design HC1 Strategic housing provision HC2 Housing allocations HC5 Net housing density HC6 Efficient use of land HC7 Housing Layout HC9 Quakers Walk HC10 The North Gate, The Wharf and Devizes Hospital HC11 Devizes Hospital HC12 Roundway Mill HC13 Former Le Marchant Barracks HC14 Naughton Avenue, Devizes HC15 Chopping Knife Lane HC16 Garden Centre, Granby Gardens HC17 Pewsey Hospital Phase II HC18 Broomcroft Road/Avonside area HC19 North East Quadrant HC20 Old Rectory/Portando House HC22 Villages with a range of facilities HC23 Housing in Avebury HC24 Villages with limited facilities HC25 Replacement of existing dwellings HC26 Housing in the countryside HC28 Affordable homes target HC29 Definition of affordable housing HC30 Affordable Housing on Large Sites HC31 Integration of affordable housing

<p>HC32 Affordable Housing Contributions in Rural Areas HC33 Rural Exceptions Policy HC34 Recreation provision on large housing sites HC35 Recreation provision on small housing sites HC37 Demand for Education HC38 New Primary School in Devizes HC42 Additional social and community needs HC45 Gypsy sites ED1 Strategic employment allocations ED3 Nursteed Road, Devizes ED4 Hambleton Avenue, Devizes ED5 Marlborough Road, Pewsey ED7 Protect strategic employment sites ED8 Employment development on unallocated sites ED9 Rural employment locations ED10 Employment development within or on the edge of villages ED11 Employment Development in Avebury ED12 Protecting employment and within villages ED13 Protecting employment and tourism uses on the edge of villages ED16 Farm shops ED17 Town centre development ED18 Prime shopping areas ED19 Devizes and Marlborough Town Centres ED20 Retail Development in Devizes Town Centre ED21 The North gate, The Wharf and Devizes Hospital ED22 Lower Wharf, Devizes ED24 New development in service centres ED28 Shopping facilities in rural areas ED29 Retention of social & community uses AT1 Transport appraisal process AT9 Motor vehicle parking standards AT10 Developer contributions AT18 Intermodal freight facilities AT24 Riverside walks in Marlborough and Pewsey AT25 A342 –A3026 Western Link Road NR3 Local sites NR4 Nature conservation outside designated NR6 Sustainability and protection of the countryside NR7 Protection of the landscape NR19 Renewable energy proposals HH1 Protection of archaeological remains HH3 Avebury World Heritage Site HH10 Areas of minimum change HH11 Marlborough area of special quality TR2 Facilities for boat users on the Kennet and Avon Canal TR4 Permanent off-channel boating facilities at Martinslade/Upper Foxhangers TR6 Tourist facilities in the Avebury World Heritage Site TR7 Facilities for visitors to Avebury TR8 Visitor accommodation in the Avebury World Heritage Site TR9 Car parking in Avebury World Heritage Site TR17 Existing Outdoor Sport and Recreation Facilities TR20 Protection of allotments</p>

<p>West Wiltshire District Plan 2011 First Alteration Adopted June</p>	<p>GB1 Western Wiltshire Green Belt GB3 Safeguarded Land Bradford on Avon C1 Countryside Protection C2 Areas of Outstanding Natural Beauty C3 Special Landscape Areas C4 Landscape Setting C6 Areas of High Ecological Value, Regionally Important Geological or Geomorphological Sites (RIGS), and Sites of Nature Conservation Interest (SNCIs). C6a Landscape Features C9 Rivers C10 Local Nature Reserves C11 Military Land C12 Redundant Military Land C15 Archaeological Assessment C17 Conservation Areas C18 New Development in Conservation Areas C19 Alterations in Conservation Areas C20 Change of Use in Conservation Areas C21 Planning Permission in Conservation Areas C22 Demolition in Conservation Areas C23 Street Scene C24 Advertisements C25 Shopfronts C26 Maintenance of Buildings C28 Alterations and Extensions to Listed Buildings C30 Skylines C31a Design C32 Landscaping C33 Recycling C34a Resource Consumption and Reduction C34 Renewable Energy C35 Light Pollution C37 Contaminated Land C38 Nuisance C39 Environmental Enhancement C40 Tree Planting C41 Areas of Opportunity</p>
	<p>H1 Further Housing Development Within Towns H2 Affordable Housing Within Towns and Villages H3 Urban Brownfield Allocations H4 Urban Mixed Use Brownfield Allocations H5 Urban Extension Allocations H6 Land East of Melksham H7 Staverton Triangle H7A New Terrace Staverton H8 Land at Paxcroft Way, Trowbridge H8a Land South of The Grange, Trowbridge H8b Blue Hills, Devizes Road H8c Land North of Green Lane, Trowbridge H9 Land at Southview, Trowbridge H11 Land South of Paxcroft Mead, Trowbridge</p>

	<p>H12 Land North of Victoria Road, Warminster H13a Land Adjacent to Westbury Hospital H13 Leigh Park, Westbury H14 Land at Station Road, Westbury H16 Flat Conversions H17 Village Policy Limits H18 Areas of Minimum Change H19 Development in Open Countryside H20 Replacement Dwellings H21 Conversions of Rural Buildings H22 Affordable Housing on Rural Exception Sites H23 New Housing Near Intensive Livestock Units H24 New Housing Design E1 New Employment Land Allocations E2 Employment Policy Areas E4 Premises Outside Employment Policy Areas E5 Loss of Employment Floorspace E6 Rural Employment E7 Farm Diversification E8 Rural Conversions E10 Horse Related Development T1a Westbury Bypass Package T2 A36 Trunk Road T4 New Distributor Roads T5 New Link Roads T6 Railway Services T7 Westbury – Swindon Railway Services T8 Melksham Railway Station T8a Rail Freight Facility T9 Bus Services T10 Car Parking</p>
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	<p>HC32 Affordable Housing Contributions in Rural Areas HC33 Rural Exceptions Policy HC34 Recreation provision on large housing sites HC35 Recreation provision on small housing sites HC37 Demand for Education HC38 New Primary School in Devizes HC42 Additional social and community needs HC45 Gypsy sites ED1 Strategic employment allocations ED3 Nursteed Road, Devizes ED4 Hambleton Avenue, Devizes ED5 Marlborough Road, Pewsey ED7 Protect strategic employment sites ED8 Employment development on unallocated sites ED9 Rural employment locations ED10 Employment development within or on the edge of villages ED11 Employment Development in Avebury ED12 Protecting employment and within villages</p>
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	<p>ED13 Protecting employment and tourism uses on the edge of villages ED16 Farm shops ED17 Town centre development ED18 Prime shopping areas ED19 Devizes and Marlborough Town Centres ED20 Retail Development in Devizes Town Centre ED21 The North gate, The Wharf and Devizes Hospital ED22 Lower Wharf, Devizes ED24 New development in service centres ED28 Shopping facilities in rural areas ED29 Retention of social and community uses AT1 Transport appraisal process AT9 Motor vehicle parking standards AT10 Developer contributions AT18 Intermodal freight facilities AT24 Riverside walks in Marlborough and Pewsey AT25 A342 –A3026 Western Link Road NR3 Local sites NR4 Nature conservation outside designated NR6 Sustainability and protection of the countryside NR7 Protection of the landscape NR19 Renewable energy proposals HH1 Protection of archaeological remains HH3 Avebury World Heritage Site HH10 Areas of minimum change HH11 Marlborough area of special quality TR2 Facilities for boat users on the Kennet and Avon Canal TR4 Permanent off-channel boating facilities at Martinslade/Upper Foxhangers TR6 Tourist facilities in the Avebury World Heritage Site TR7 Facilities for visitors to Avebury TR8 Visitor accommodation in the Avebury World Heritage Site TR9 Car parking in Avebury World Heritage Site TR17 Existing Outdoor Sport and Recreation Facilities TR20 Protection of allotments</p>
<p>West Wiltshire District Plan 2011 First Alteration – Adopted June</p>	<p>Policy No and Name</p> <p>GB1 Western Wiltshire Green Belt GB3 Safeguarded Land Bradford on Avon C1 Countryside Protection C2 Areas of Outstanding Natural Beauty C3 Special Landscape Areas C4 Landscape Setting C6 Areas of High Ecological Value, Regionally Important Geological or Geomorphological Sites (RIGS), and Sites of Nature Conservation Interest (SNCIs). C6a Landscape Features C9 Rivers C10 Local Nature Reserves C11 Military Land C12 Redundant Military Land C15 Archaeological Assessment C17 Conservation Areas</p>

C18	New Development in Conservation Areas
C19	Alterations in Conservation Areas
C20	Change of Use in Conservation Areas
C21	Planning Permission in Conservation Areas
C22	Demolition in Conservation Areas
C23	Street Scene
C24	Advertisements
C25	Shopfronts
C26	Maintenance of Buildings
C28	Alterations and Extensions to Listed Buildings
C30	Skylines
C31a	Design
C32	Landscaping
C33	Recycling
C34a	Resource Consumption and Reduction
C34	Renewable Energy
C35	Light Pollution
C37	Contaminated Land
C38	Nuisance
C39	Environmental Enhancement
C40	Tree Planting
C41	Areas of Opportunity
R7	Trowbridge Cricket Ground
R10	Poulton Field Bradford On Avon
R12	Allotments

West Wiltshire District Plan 2011 First Alteration – Adopted June	R13	Sailing Lakes
	R15	Development at Golf Courses
	H1	Further Housing Development Within Towns
	H2	Affordable Housing Within Towns and Villages
	H3	Urban Brownfield Allocations
	H4	Urban Mixed Use Brownfield Allocations
	H5	Urban Extension Allocations
	H6	Land East of Melksham
	H7	Staverton Triangle
	H7A	New Terrace Staverton
	H8	Land at Paxcroft Way, Trowbridge
	H8a	Land South of The Grange, Trowbridge
	H8b	Blue Hills, Devizes Road
	H8c	Land North of Green Lane, Trowbridge
	H9	Land at Southview, Trowbridge
	H11	Land South of Paxcroft Mead, Trowbridge
	H12	Land North of Victoria Road, Warminster
	H13a	Land Adjacent to Westbury Hospital
	H13	Leigh Park, Westbury
	H14	Land at Station Road, Westbury
	H16	Flat Conversions
	H17	Village Policy Limits
	H18	Areas of Minimum Change
	H19	Development in Open Countryside
	H20	Replacement Dwellings
	H21	Conversions of Rural Buildings
	H22	Affordable Housing on Rural Exception Sites
	H23	New Housing Near Intensive Livestock Units
	H24	New Housing Design
	E1	New Employment Land Allocations
	E2	Employment Policy Areas
	E4	Premises Outside Employment Policy Areas
	E5	Loss of Employment Floorspace
	E6	Rural Employment
	E7	Farm Diversification
	E8	Rural Conversions
	E10	Horse Related Development
	T1a	Westbury Bypass Package
	T2	A36 Trunk Road
	T4	New Distributor Roads
T5	New Link Roads	
T6	Railway Services	
T7	Westbury – Swindon Railway Services	
T8	Melksham Railway Station	
T8a	Rail Freight Facility	
T9	Bus Services	
T10	Car Parking	

<p>West Wiltshire District Plan 2011 First Alteration – Adopted June</p>	<p>T11 Cycleways T12 Footpaths and Bridleways SP1 Town Centre Shopping SP2 Land at Court Street/ Castle Street, Trowbridge SP3 Out of Centre Shopping SP4 Primary Retail Frontages SP5 Secondary Retail Frontages SP6 Local Shopping in Towns and Villages SP7 Village Shops LE1 Leisure and Entertainment LE2 St Stephens Place, Trowbridge TC1 Upper Floor Uses in Town Centres TC2 Traffic management and pedestrian Priority TO1 Tourist Attractions TO2 Minor Tourist Facilities TO3 Hotels, Guest Houses and Self Catering Accommodation TO4 Camping, Caravans, Holiday Homes CF1 Community Facilities and Services General CF2 Re-Use of Community Facilities CF3 Villages and Rural Areas S2 Primary Schools CF6 Leigh Park CF7 Bowerhill CF8 Community Health CF9 Bradford on Avon Police Station CF10 Cemeteries CF11 Travelling Show People CF12 Gypsy Caravan Sites U1a Foul Water Disposal U2 Surface Water Disposal U4 Groundwater Source Protection Areas U4a Sewage Treatment Works U6 Telecommunications I1 Implementation I2 The Arts I3 Access for Everyone</p>
<p>Salisbury District Local Plan 2011 - Adopted June 2003</p>	<p>Policy No and Name</p> <p>G1 General principles for development policies G2 General criteria for development G3 The water environment G5 Water Services G7 The water environment G8 The water environment G9 Planning Obligations G10 Enabling Development G12- G13 MOD land</p>

	<p>D1-D3 General townscape D4-D6 Salisbury Townscape D8 Public Art H1 Housing (district wide) H2 D,E,F Housing (Salisbury) H3 Housing (Old Man. Hosp) H4 Housing (E. Chequers) H5 Housing (Salt Lane car park) H6 Housing (Brown Street Car Park) H7 Housing (Salisbury) H8 Housing (Salisbury) H9 Housing (Amesbury) H10 Housing (Dinton) H11 A Housing (Downton Wick Lane) H12 Housing (MOD Durrington) H14 Housing (Tisbury) H15 Housing (Bulbridge) H16 Housing (Policy Boundaries) H17 Important Open Spaces H18 Amenity open space H19 Housing restraint areas H20 Special restraint areas H21 Special restraint areas H22 Application of Housing Policy Boundaries H23 Land outside Housing Policy Boundaries H24 Housing for the elderly H25 Affordable housing H26 Rural exceptions H27 Housing for Rural Workers H28 Housing for Rural Workers H29 Housing for Rural Workers H30 Replacement Dwellings and Extensions in the Countryside H31 Replacement Dwellings and Extensions in the Countryside H32 Mobile Homes H33 Accommodation for Dependent Persons H34 Gypsy Sites E1 Employment – Old Sarum site E2 Employment- London Road site E3 Employment –Salisbury Central Area E4 Employment – Salisbury Chequers E5 Employment – Brown Street E6 Employment – Old Manor Hospital E7 Employment – Southampton Road E8 Employment- Amesbury and northern employment allocations E10 Employment- Dinton E12 Employment –Mere E14A Employment –Tisbury E14B Employment –Tisbury E16 Employment – General E17 Employment – General E18 Employment –Special Restraint Areas E19 Employment in the countryside E21 Employment in the countryside</p>
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	<p>CN1- CN24 Conservation policies</p> <p>C2 The rural environment</p> <p>C3 The rural environment</p> <p>C4 Landscape Conservation</p> <p>C5 Landscape Conservation</p> <p>C6 Landscape Conservation</p> <p>C7 Landscape Conservation</p> <p>C8 Landscape Conservation</p> <p>C9 Loss of woodland</p> <p>C11 Nature Conservation</p> <p>C12 Development Affecting protected species</p> <p>C13 Enhancement of retained wildlife habitat sites in developments</p> <p>C14 Features of geological or geomorphological importance</p> <p>C15 Nature Conservation</p> <p>C16 Local Nature Reserves</p> <p>C17 Nature Conservation</p> <p>C18 Nature Conservation</p> <p>C19 Best agricultural land</p> <p>C20 Development essential to meet the need of agricultural, forestry and horticulture</p> <p>C21 Farm diversification</p> <p>C22 Change of Use and Conversion of Buildings</p> <p>C23 Change of use of large houses in the countryside</p> <p>C24 Extensions to buildings in the countryside</p> <p>HA1 Development in the New Forest</p> <p>HA2 Housing within the New Forest Villages</p> <p>HA3 Commoner's dwellings</p> <p>HA4 Replacement of existing dwellings in the New Forest</p> <p>HA5 Small-scale business development in the New Forest</p> <p>HA6 Extensions or redevelopment of existing business premises</p> <p>HA7 Change of use of buildings</p> <p>HA8 Indoor sports and recreation facilities</p> <p>HA9 Outdoor recreation facilities</p> <p>HA10 Golf courses in the New Forest</p> <p>HA11 Riding establishments</p> <p>HA12 Private non-commercial stables</p> <p>HA13 Tourist attractions</p> <p>HA14 New hotels in the New Forest</p> <p>HA15 Change of use of buildings to hotel, B&B, guest house or self-catering accommodation</p> <p>HA16 Holiday chalet accommodation</p> <p>S1 Primary Frontages in Salisbury and Amesbury</p> <p>S2 Secondary Shopping Areas in Salisbury and Amesbury</p> <p>S3 Location of Retail Development</p> <p>S5-S7 Salisbury</p> <p>S9 Local shops</p> <p>S10 Shop fronts</p> <p>S11 Farm shops</p> <p>TR18 Measures to assist motorcycling</p> <p>R1A Sports and leisure facilities</p> <p>R1C Recreation – General</p> <p>R2-R3 Open Space Provision</p>
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	<p>R4 Indoor Community and Leisure Provision R5 Protection of Existing Outdoor Facilities R6 Urban Parks R7 Dual use of educational facilities R8-R13 New Sports and Recreation Provision R14 New Leisure Provision R15 Golf courses R16 Developments with River Frontages and Public Access R17 Public Rights of Way R18 Public rights of way R20 Allotments TR1-TR7 General Transport TR8-TR9 Park and Ride TR10 Brunel Link TR11-TR17 District Wide Policies TR20 A350 Shaftesbury Eastern Bypass T1-3 Tourist Attractions and Facilities T4 Tourist Accommodation T6-9 Tourist Accommodation PS1 Community Facilities PS2 Community Facilities PS3 Community Facilities PS4 Education PS5 New Education Facilities PS6 Proposals for Playgroups, Childminding Facilities and day nurseries PS7 Telecommunications PS8 Renewable Energy PS9 Cemeteries</p>
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Appendix B – Document Profiles

LOCAL DEVELOPMENT DOCUMENT PROFILES	
Wiltshire Core Strategy (2006-2026)	
Role and subject	<p>The Wiltshire Core Strategy sets out the Council's spatial vision, key objectives and overall principles for development in the county.</p> <p>The key objectives of the vision will be derived from an analysis of the county's characteristics, a review of the Council's own corporate plans and priorities (for example the Sustainable Community Strategy) and national guidance. At its heart will be the delivery of stronger and more resilient communities based on the principles of sustainability. It will set out a flexible and sustainable spatial strategy for future development in the county. In particular, it will describe the key principles that will govern future development within Wiltshire's Community Areas, identify the location of strategic sites for new housing and employment development, and set out policies with which planning applications will be judged.</p> <p>The Core Strategy will include a key diagram that displays the spatial aspects of the Strategy and include objectives and principles for the whole of Wiltshire, as well as, policies relating to specific locations within Wiltshire. The Core Strategy will also be split between a set of core policies and proposals for Wiltshire's Community Areas; and a set of policies suitable for development control purposes.</p>
Geographic coverage	Wiltshire
Document type/status	Development plan document
Chain of conformity	National policy
Timetable	
Stage	Dates
Processing of representations	December 2012
Submission to Secretary of State	July 2012
Examination (including hearing and receipt of Inspector's report)	Summer 2013 /Spring 2014
Adoption	Spring/Summer 2014
Production and participation	
Lead Service	Economy Development and Planning
Other key Services	Sustainable Transport; Housing; Development Services; Regulatory

	Services; Community Safety; Amenities and Leisure; Major Projects; Adult Care: Strategy & Commissioning; Community Leadership & Support; Libraries Heritage & Arts; Schools; Children & Families, Resources, Improvements & Young People; Legal & Democratic Services and Performance & Risk.
External stakeholders	Infrastructure providers; central and local government agencies; adjoining local authorities; parish and town councils; developers; agents and key landowners; business support organisations; housing bodies; MoD; relevant national interest groups; relevant local interest groups; relevant charities; general public and residents associations and other groups within our community.
Political oversight	Cabinet of Wiltshire Council

LOCAL DEVELOPMENT DOCUMENT PROFILES	
Wiltshire Core Strategy (partial review) (2006-2026)	
Role and subject	<p>The purpose of the partial review of the Wiltshire Core Strategy will be to introduce further detailed development management policies to the adopted Wiltshire Core Strategy. It will involve a review and update of the saved 2011 local plan development management policies not replaced by the Wiltshire Core Strategy and developing additional locally distinctive policies to guide development within Wiltshire consistent with national policy. A key area of new policy will be to plan positively for all town centres in Wiltshire.</p> <p>All policies will be drafted to become part of the Wiltshire Core Strategy. It is not the purpose of the review to re-open discussion about other parts of the plan and will effectively be an addendum to the adopted Core Strategy.</p>
Geographical coverage	Wiltshire
Document type/status	Development plan document
Chain of conformity	National policy
Timetable	
Stage	Dates
Pre-production/community engagement/informal consultation	November 2013-October 2014
Preparation, further evidence gathering and responding to Comments	October 2013-December 2014

Pre-submission consultation	January-March 2015
Processing of representations	March – May 2015
Submission to Secretary of State	June 2015
Examination (including hearing and receipt of Inspector’s report)	June – November 2015
Adoption	March 2016
Production and participation	
Lead service	Economic development and planning
Other key services	Sustainable Transport; Housing; Development Services; Regulatory Services; Community Safety; Amenities and Leisure; Major Projects; Adult Care: Strategy & Commissioning; Community Leadership & Support; Libraries Heritage & Arts; Schools; Children & Families, Resources, Improvements & Young People; Legal & Democratic Services and Performance & Risk
External stakeholders	Infrastructure providers; central and local government agencies; adjoining local authorities; parish and town councils; developers; agents and key landowners; business support organisations; housing bodies; MoD; relevant national interest groups; relevant local interest groups; relevant charities; general public and residents associations and other groups within our community.
Political oversight	Cabinet of Wiltshire Council

LOCAL DEVELOPMENT DOCUMENT PROFILES	
Gypsy and Traveller DPD (2006-2016)	
Role and subject	<p>The Gypsy and Traveller Site Allocations document through assessment and consultation will make provision for sufficient additional pitches in Wiltshire to meet local need.</p> <p>The identification of sites to meet Gypsy and Traveller needs will include an appraisal of current sites, and investigation and consultation exercise about new sites. This will form a spatial plan formally identifying new sites and sites that will be expanded to meet the Gypsy and Traveller community’s needs.</p> <p>The key objectives and principles of the DPD will need to adhere to national policy. The spatial vision will take into account the different needs of groups within the Gypsy and Traveller community and propose a number of sustainable sites that are to either be improved</p>

	<p>or developed to contribute to the overall success of Wiltshire. Gypsy and Traveller pitch allocations form part of the affordable housing provision in Wiltshire.</p> <p>As part of the plan process a fully Gypsy and Traveller Accommodation Needs Assessment will be carried out to inform both a review of the overall permanent and transit pitch requirements in the county and plots for travelling showpeople.</p>
Geographic coverage	Wiltshire (Site Specific)
Document type/status	Development plan document
Chain of conformity	Wiltshire Core Strategy, national policy
Timetable	
Stage	Dates
Preparation, evidence gathering, developing options (to include informal consultations with the settled and travelling community and a full Gypsy and Traveller Accommodation Needs Assessment)	November 2013 – February 2015
Pre-submission consultation	March – May 2014
Processing of representations	June – July 2015
Submission to Secretary of State	August 2015
Examination (including hearing and receipt of Inspector's report)	August 2015 – January 2016
Adoption	May 2016
Production and participation	
Lead Service	Economic Development and Planning
Other key services	Traveller education service, Traveller liaison service, sustainable transport, Housing, Development, Regulatory Services, community safety, amenities and leisure, adult care: strategy & commissioning, community leadership & support, schools, children & families, resources, improvements & young people, legal & democratic services and performance & risk.
External stakeholders	Gypsy and traveller community; infrastructure providers, central and local government agencies; parish and town councils; developers, agents and key landowners; relevant national interest groups (eg Racial Equalities Council); relevant local interest groups (eg North and West Gypsy and Traveller Forum); adjoining local authorities, police.

Political oversight	Cabinet of Wiltshire Council
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LOCAL DEVELOPMENT DOCUMENT PROFILES	
Wiltshire Housing Site Allocations DPD	
Role and subject	<p>The Wiltshire Core Strategy provides the context for the scale of growth in each community area but it is not specific in every community about the location of growth.</p> <p>The Wiltshire Housing Site Allocation DPD will be used to provide surety of delivery for the whole plan period and will be used to identify sites where there is a potential shortfall in supply on the horizon, or neighbourhood planning is failing to deliver the numbers required to meet local needs. In addition, the document will address the review of settlement boundaries currently outlined in the 'saved' policies of the existing district local plans.</p> <p>The document will share the same plan horizon as Wiltshire Core Strategy (i.e. 2026). However, as with all DPDs within the Wiltshire Local Development Framework, policies and proposals will be reviewed on a regular basis in line with published Monitoring and Implementation Plans and AMRs.</p>
Geographic coverage	Wiltshire (Site Specific)
Document type/status	Development plan document
Chain of conformity	Wiltshire Core Strategy, national policy
Timetable	
Stage	Dates
Pre-production/survey/community engagement (including site options consultation)	January 2014
Pre-submission consultation	May 2014
Processing of representations and submission to the Secretary of State	July 2014
Submission to Secretary of State	September 2014
Examination (including hearing and receipt of Inspector's report)	March 2015
Adoption	July 2015
Production and participation	

Lead Service	Economic Development and Planning
Other key Services	Sustainable transport, Housing, Development Management Services, community safety, amenities and leisure, adult care: strategy & commissioning, community leadership & support, schools, children & families, resources, improvements & young people, legal & democratic services and performance & risk.
External stakeholders	Infrastructure providers; central and local government agencies; adjoining strategic/local authorities; parish and town councils; developers, agents and key landowners; relevant national interest groups; relevant local interest groups; MoD;
Political oversight	Cabinet of Wiltshire Council

LOCAL DEVELOPMENT DOCUMENT PROFILES	
Chippenham Site Allocations DPD	
Role and subject	<p>Chippenham is a market town in the north of Wiltshire and has been allocated as a Principal Settlement within the Core Strategy. It is one of the largest towns in Wiltshire with excellent transport links, and close proximity to Bath and Bristol. The strategy set out in the Wiltshire Core Strategy allocates significant amounts of employment and housing to be provided within the town.</p> <p>The Chippenham Site Allocations DPD will be developed with urgency after the Core Strategy has been adopted to ensure that specific development sites are allocated to fulfil the growth set out in the Core Strategy, and to ensure that clear development briefs for each site have policy status</p> <p>The Sites Allocation DPD specifically for Chippenham will be in line with the timescale of the Core Strategy setting out development to provide for housing need up to 2026. The opportunity afforded by a DPD produced especially for Chippenham will also be used to carry out a holistic review of land use planning matters in the town including the delivery of regeneration schemes promoted through the Chippenham Vision and draft Chippenham Town Centre Masterplan</p>
Geographic coverage	Wiltshire Chippenham community area incorporating parts of Corsham and Calne community area which are adjacent to the built area of Chippenham town.
Document type/status	Development plan document
Chain of conformity	Wiltshire Core Strategy, national policy

Timetable	
Stage	Dates
Pre-production/survey/community engagement (including site options consultation)	November 2013 – September 2014
Pre-submission consultation	October – December 2014
Processing of representations and submission to the Secretary of State	January - February 2015
Submission to Secretary of State	March 2015
Examination (including hearing and receipt of Inspector's report)	March – April 2015
Adoption	July 2015
Production and participation	
Lead Service	Economic Development and Planning
Other key Services	Sustainable transport, Housing, Development Management Services, community safety, amenities and leisure, adult care: strategy & commissioning, community leadership & support, schools, children & families, resources, improvements & young people, legal & democratic services and performance & risk.
External stakeholders	Infrastructure providers; central and local government agencies; adjoining strategic/local authorities; parish and town councils; developers, agents and key landowners; relevant national interest groups; relevant local interest groups; MoD; Chippenham Vision.
Political oversight	Cabinet of Wiltshire Council

Supporting Documents	
Wiltshire Community Infrastructure Levy Charging Schedule (CIL)	
Role and subject	A charge on development designed to offset the costs of delivering infrastructure required to support growth in local communities. The document will set out the relevant charges to be levied on new development in Wiltshire.
Geographic coverage	Wiltshire
Document type/status	Charging Schedule (supporting the delivery of infrastructure in line with Core Policy 3 of the Wiltshire Core Strategy)

Chain of conformity	Wiltshire Core Strategy, Wiltshire Infrastructure Delivery Plan, national policy
Timetable	
Stage	Dates
Pre-production/evidence gathering	March – August 2012
Consultation on Preliminary Draft Charging Schedule	October – November 2012
Processing of representations, responding to changes in national guidance / legislation and further evidence gathering	December 2012 – December 2013
Consultation on Draft Charging Schedule	January 2014 – February 2014
Submission to Secretary of State	March 2014 (subject to progress of the Wiltshire Core Strategy)
Adoption	July 2014 (subject to progress of Wiltshire Core Strategy)
Production and participation	
Lead Service	Economic Development & Planning
Other key services	Sustainable transport, Housing, Development Management Services, community safety, amenities and leisure, adult care: strategy & commissioning, community leadership & support, schools, children & families, resources, improvements & young people, legal & democratic services and performance & risk.
External stakeholders	Infrastructure providers; central and local government agencies; adjoining strategic/local authorities; parish and town councils; developers, agents and key landowners; relevant national interest groups; relevant local interest groups; MoD;
Political oversight	Cabinet of Wiltshire Council

GLOSSARY

A guide to the terminology used in this document

Annual Monitoring Report (AMR) - A report on how the Council is performing in terms of the Local Development Framework. It includes a review of the Local Development Scheme's timetable and monitors the success of development plan document policies.

Community Infrastructure Levy (CIL) – A charge levied by the Council on new development to fund the provision of infrastructure and wider community benefits. In order to charge the levy, the Council must have an adopted CIL Charging Schedule. By mid 2014, the CIL will be the primary mechanism for securing financial contributions from developers.

Community Infrastructure Levy Charging Schedule – A document that sets out the Council's proposals for securing funds from new development. The Charging Schedule must be based upon a robust evidence base (linked to the Infrastructure Delivery Plan and robust viability assessments) and subjected to meaningful consultation. The Schedule will be examined by an independently appointed assessor (generally the Planning Inspectorate); and if found sound, the Council can then charge CIL.

Core Strategy – A Development Plan Document setting out the spatial vision and strategic objectives of the planning framework for an area.

Development Plan Document (DPD) - A document setting out the Council's planning policies and proposals. They are subject to community involvement, consultation and independent examination. A sustainability appraisal is required for each development plan document.

Gypsy and Traveller Accommodation Assessment (GTAA) – An assessment of the accommodation needs of gypsies and travellers.

Local Development Document (LDD) – The documents that set out planning policies for specific topics or areas, which make up the Local Development Framework.

Local Development Framework (LDF) – A portfolio of local development documents including all those policies forming the framework for future development.

Local Development Scheme (LDS) – A timetable for the preparation of local development documents.

National Planning Policy Framework – The National Planning Policy Framework was published on 27 March 2012. The framework gives guidance to local councils in drawing up local plans and on making decisions on planning applications. This is a key part of the government's reforms to make the planning system less complex and more accessible, and to promote sustainable growth.

Neighbourhood Planning – The Localism Act, which received Royal Assent on 15 November 2011, introduced new rights and powers to allow local communities to shape new development by coming together to prepare neighbourhood plans.

Saved Plan - Under the Planning and Compulsory Purchase Act 2004, adopted Local Plan's have the status of "saved plans" until they are replaced by local development documents.

Saved Policies - The Government has set out procedures for saving adopted local plan policies beyond the period allowed in the Planning Act for saved Local Plans, until they have been replaced by policies in local development documents.

Spatial Planning - Includes economic, social and environmental issues as well as the physical aspects of location and land use.

Sustainability Appraisal (SA) - These are required under national legislation for emerging policy and include consideration of social and economic impacts as well as impacts on the environment. Wiltshire is producing a combined SA and Strategic Environmental Assessment (see below).

Statement of Community Involvement (SCI) – This is a document which sets out how the Council will consult and involve the public at every stage in the production of the Local Development Framework. It also applies to major development control applications. The SCI is not a development plan document.

Strategic Environmental Assessment (SEA) - An appraisal of the impacts of policies and proposals on economic, social and environmental issues, required by European legislation. A combined SEA and Sustainability Appraisal is being undertaken for Wiltshire.

Supplementary Planning Document (SPD) – A Local Development document which provides additional advice and information relating to specific policy or proposals in a Development Plan Document.

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Mr A Cunningham
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Our Ref: PINS/Y3940/429/9

Date: 2nd December 2013

Dear Mr Cunningham,

Wiltshire Core Strategy

I acknowledge receipt of the latest bundle of Examination documents which include the outcome of the most recent post-hearings consultation and EXAM/34A (28th Nov), the track changed Core Strategy. Whilst my report is not yet complete and as indicated in my last letter, I am in a position to seek the views of the Council on a number of key matters. In so doing, I am conscious of the Council's formal request under S20(7c) for me to modify the submitted plan in order to secure soundness.

As you would expect, I recognise that Wiltshire is a large county and that the Core Strategy seeks to address a broad range of inter-related and often complex issues. There are many good planning reasons for having a sound plan to be in place as soon as possible and I appreciate the endeavours of your team to supply information and clarifications to date. Working further towards this end, the matters summarised below are those upon which I am most interested to hear how the Council may wish to proceed. Such matters are not exhaustive of those that will be addressed in my final report albeit many aspects of the plan appear justified, positively prepared, consistent with national policy and likely to be effective in their implementation.

1) **Housing**

As you will be aware, the National Planning Policy Framework requires, amongst many other matters, that any Local Plan/Core Strategy should be based upon robust evidence to ensure that the full objectively assessed needs for market and affordable housing are met within a specific Housing Market Area (HMA) as far as is consistent with other Framework policies. The Framework, which post dates some of the Council's evidence such as Topic



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Paper 15, has the aim of boosting significantly the supply of housing and indicates that Councils should plan for a mix of housing based on current and future demographic trends, market trends and the needs of different groups.

Against this context, I am mindful of the body of evidence that has been provided to the Examination, including the Council's Topic Papers, the SHMA and the wealth of submissions made by interested parties. In short, I am currently inclined to conclude that the balance of the evidence does not support an objectively assessed housing need as low as 37,000 homes.

For example, based upon the Fordham work, allowing for completions and notwithstanding an affordable housing need that may exceed 1,100 dwellings per year¹, levels of housing need appear to warrant provision in the order of 44,000 dwellings over the plan period. Alternatively, based upon ONS population projections, the Council's evidence suggests the housing need would appear to be in the order of 43,200 (43,900 allowing for concealed households). Various alternative assessments of housing need produced by interested parties have utilised the available data in differing ways, for example employing the Chelmer methodology, to indicate that levels of need exist above 44,000 dwellings over the plan period². Such approaches incorporate consideration of 2nd home ownership, vacancy rates and the economic aspirations of the Council. Ultimately they support an objectively assessed need that is significantly greater than the minimum CS figure of 37,000 dwellings over the plan period.

Rates of migration undoubtedly influence levels of housing need and I have had regard to the Council's balancing housing markets model. However, a housing figure as low as 37,000 homes over the plan period does not appear justified. My current interpretation of the evidence leads me to find that the objectively assessed housing need across the three Wiltshire HMAs would be in the region of 44,000 homes for the plan period.

With paragraph 47 in mind, the Council will be aware that the Framework requires a Local Plan to be aspirational but realistic. Against this context, the setting of a housing requirement which is undeliverable may compromise the ability of the Plan to effectively deliver sustainable forms of development supported by adequate infrastructure. Topic Paper 15 indicates that past delivery rates have averaged approximately 2,100 homes per annum during the period of 2001-2008. The Council consider that the potential deliverability of housing should result in a base for the dwelling requirement that does not exceed 43,200 new dwellings over the plan period which seems reasonable. Indeed, the evidence indicates that a notable increase in average housing delivery over the remainder of the plan period would be required to deliver, for example, in excess of 44,000 homes.

Nonetheless, the Framework calls for a significant boost to housing supply. The preferred Option 1 within the Council's SA identifies the broad acceptability of between 35,800 and 42,100 new homes. With regard to the evidence, including past delivery rates, and to ensure consistency with national policy, I am minded currently to find that the CS housing requirement should be expressed as a minimum figure towards the upper end of this range. Any

¹ STU/21 para 9.49 on

² See POS Barton Wilmore and Gladman and Redrow et al

suggestions you may have as to how this can be established within the CS would be appreciated.

Such a modification would have implications for other parts of the CS, for example, the disaggregation of housing across the three HMAs, the distribution of development within the community areas and the indicative housing land supply. Could you please indicate how the Council would contemplate accommodating such a change?

I note from Table 3 of the Council's updated Housing Land Supply Statement that the Council considers that it has a deliverable housing land supply of some 11,164 homes for the period 2013-2018 which would represent in the region of a 5 year (+5%) housing land supply based on a requirement of approximately 42,000 homes. Such figures would need to be revisited and confirmed for the most up to date assessment to indicate consistency with national policy. Is it feasible, for example, to identify a broad disaggregation for each HMA whereby the early production of a Sites Allocation DPD could provide a means of providing the subsequent detail of site allocation? Such a process could be complementary to any neighbourhood planning process currently underway or those which subsequently emerge and would supplement the planned CS Review. To ensure consistency with the Framework, I would need clarification as to how the LDS would be amended and how the housing land supply would be met against an increased housing requirement.

2) Affordable Housing

The evidence indicates a considerable need for various forms of affordable housing throughout Wiltshire. Core Policy 43 seeks the provision of at least 40% (net) on sites of 5 or more dwellings and financial contributions in other circumstances. In essence and whilst I recognise a considerable need for such housing, I am concerned that the figure of 40% is not justified adequately by the evidence base, particularly the Affordable Housing Viability Assessment (STU/51).

STU/51 provides some support for the policy figure of 40% for both the strategic sites and other notional sites but it does so primarily on the basis of tenure being affordable rent. If, for example, social rent were required, STU/51 indicates the likely need for flexibility to be necessary in securing other potential infrastructure, particularly in areas of lower value. Similarly, STU/51 indicates that 40% affordable housing can only be required on the basis of the Code for Sustainable Homes Level 4 from 2013 (in the context of providing housing for affordable rent) and that Code 5 from 2016 would only be viable if supported by a proportionate increase in sales values in the intervening period.

The Framework requires a Local Plan to be produced with due consideration of relevant standards and policies together with their impact upon development throughout the economic cycle. It would therefore appear that a range of tenures delivering 40% affordable housing without subsidy (accommodating changes to the Code for Sustainable Homes) is most challenging to secure under current and foreseeable circumstances. As mentioned previously, the CS can reasonably be aspirational but must also be capable of effective delivery.

Whilst the Council has proposed to delete its requirement for affordable housing to be constructed to the latest Housing Corporation Standards, there

appears to be no substantive evidence which analyses alternative affordable housing proportions, for example those lower than 40%. Whilst being progressed, there are only limited details of the Council's intended Community Infrastructure Levy. The Framework (para 173) is clear that the sites and scale of development in a plan should not be subject to such a scale of obligations and policy burdens that their ability to be developed viably is threatened. With particular regard to STU/51, the CS approach to affordable housing does appear to risk the delivery of key elements of the plan.

Core Policy 43 acknowledges that the provision of affordable housing may vary on a site by site basis with regard to factors which include development viability. This introduces a necessary degree of flexibility which could aid the effectiveness of the CS. Nonetheless, the CS should be justified adequately and the balance of the evidence does not currently support the 40% figure as a minimum requirement for affordable housing on sites of five dwellings or more. The justification and effectiveness of the policy is in question. However, there is insufficient evidence to establish what alternative figure may be justified and therefore I am faced with a conundrum of how Core Policy 43 and its supporting text may be modified to ensure the CS as a whole is justified adequately and will be effective in operation.

For example, the simple deletion of the 40% reference within Core Policy 43 would remove the unjustified requirement on all sites but it would not provide particular precision for the plan as a whole or an effective means of maximising the provision of necessary affordable homes in the county. Supplementing the modified policy by keeping a broad target within the supporting text may be feasible but would require justification and I remain conscious of the need to avoid the ineffective burden of individual site negotiations on the majority of schemes which come forward. Can the Council direct me to any evidence which supports clearly a lower figure than 40%? It may be necessary for the Council to revise STU/51 to look at alternatives which will be clearly viable in a more comprehensive range of circumstances so that the objectives of the CS may be fulfilled. Clearly, subsequent review could be programmed as necessary. I would appreciate your constructive thoughts on how to progress this important matter.

3) Gypsy and Travellers

The 'Planning policy for traveller sites' (PPTS), alongside the Framework, sets out national policy on this issue and indicates the evidence based approach that local planning authorities should take in relation to gypsies and travellers.

As indicated by the PPTS (para 6), there is an expectation that a robust evidence base exists to establish accommodation needs and inform the preparation of a local plan. By its own evidence, the Council acknowledges that the Gypsy and Travellers Needs Assessment (GTAA) undertaken in 2006 and which informed the draft RSS had a number of weaknesses that led to an underestimation of need and a consistent understatement of the level of requirement for residential pitches. It relied too heavily on caravan count data, failed to provide an accurate estimate of the travelling community residing in bricks and mortar, produced a low estimate of need from unauthorised sites, included a high pitch turnover on the supply side and did not examine adequately the needs of Travelling Showpeople. Furthermore, it also sought to provide an indication of requirements only between 2006 and 2011. The

subsequent Proposed Changes to the draft RSS increased pitch provision and were used by the Council to inform its Wiltshire Core Strategy Consultation Document (core policy 31).

Subsequent concerns as to the efficacy of the proposed pitch provisions led to what the Council has termed 'a light touch' review of the GTAA to provide revised pitch requirements for the period 2011-2021. The pitch provisions in the CS are lower than those in its Consultation Document. The Council's Topic Paper 16 provides a review of the GTAA and uses the July 2011 caravan count as evidence of current need. The Council considers that this Topic Paper represents an up to date statement of the need for traveller pitches in Wiltshire as of December 2011.

During the Examination process a number of issues were raised in relation to the Council's justification for Core Policy 47 and the content of Topic Paper 16. In particular and with regards to the latter, concerns were raised at the validity of the figures contained in Table 6 and the absence of any independent benchmarking of the Topic Paper as a whole. These concerns would appear to have some validity in as much as overcrowding on local authority sites and unauthorised developments/ encampments may have been underestimated with the consequent effect that there may be an additional need for pitches that exceeds the Council's figure of 88 (Table 6 2011-2016). With regards to supply, the Council appears to countenance 10 pitches (Cricklade) which have unresolved issues of deliverability whilst a further 6 may have limitations as to their occupation (eg family members only). The evidence is not conclusive on these matters but leads to a concern that the potential supply of additional pitches (2011-2016) is overestimated. The net effect is that there is a degree of substantive doubt as to whether the figures within Topic Paper 16 justify robustly the pitch requirements within Core Policy 47. The data contained and presented in the caravan count for 2013 does not aid clarity on this point.

With regard to the PPTS (para 9) the CS does not identify a supply of specific deliverable sites for the next 5 years nor does it identify a supply of specific developable sites or broad locations for growth for the remainder of the plan period. Consistency with this aspect of national policy is not achieved.

The Council has proposed a change to Core Policy 47 that would make clear that the pitch requirements are minimums. This would be prudent and would introduce flexibility within the plan which would aid the effectiveness of its delivery. The CS is also clear that a Gypsy and Travellers Site Allocation DPD, providing a further opportunity to work with neighbouring authorities, will be prepared to aid the implementation of Core Policy 47 and to deliver the pitch requirements therein. Overall however, the justification for the pitch requirements of Core Policy 47, which will inform any subsequent part of the development plan, is weak. Given the content and subsequent analysis of the GTAA, a more robust approach for the purposes of informing the CS may have been to pursue 'Alternative Option 4' to recalculate local need. It is unsatisfactory that the Council has chosen to merely undertake a limited review of a document which contained previously acknowledged flaws.

Indeed, Topic Paper 16 acknowledges that the data relating to the needs of Travelling Showpeople is limited and not robust enough to extrapolate beyond 2011. The 5 plots identified within Core Policy 47 appear to have been derived from the draft RSS which were required in the period to 2011 but not delivered. At best this figure is that of an historic identified need; rolling it forwards is a

simplistic approach which does not incorporate robust evidence of current or forecast needs for the immediate plan period.

Whilst the Topic Paper appropriately discounts the option of not making provision for transit sites, the subsequent CS approach is undermined by the absence of clear and substantive evidence. As Topic Paper 16 indicates: "Given the lack of consistent records the range indicated in Table 11 of between 17 ... and 35 ... unauthorised encampments may in reality be much higher than that recorded." The figure of 25 (2011-2016) is consequently not particularly well founded and is itself inconsistent with Core Policy 47 which seeks 25 between 2011 and 2021.

Notwithstanding the intended DPD, I must query whether the CS approach towards gypsies, travellers and showpeople is consistent with national policy and is justified by the evidence base. Whilst the Council has requested that I modify the plan to ensure soundness, this is most challenging and may not be feasible on the basis of the available data.

It appears to me that the Council could reassess this matter with a view to ensuring that it does not underestimate the requirements for the remainder of the Plan period. The programmed DPD could assist in matters of specific delivery but the CS should logically set a robust indication of necessary pitch provision for the relevant period, including the next five years whilst acknowledging the absence of a specific land supply. Consequently further work would appear to be required to ensure that there is reliable data to inform the strategic content of the plan. Your constructive thoughts on how to progress this matter would be welcome.

4) Chippenham and Strategic Allocations

Without going into full details, there is a body of evidence which provides support for the strategic allocations identified in Core Policy 10. Nevertheless, the Council is obliged to consider whether reasonable alternatives exist in order to ensure that the submitted plan is justified adequately.

During the preparation of the submitted CS, the Council considered there was positive scope for further strategic development to the east of Chippenham. The approach presented was amended following consultation on the Wiltshire 2026 publication. In this context, yet not exclusively so, a number of concerns have been expressed at the way in which the Council has considered alternatives to the content of Core Policy 10 and the way in which options have been assessed. In short, I share some of those concerns.

It is important, as indicated by case law, that the process and outcomes of Sustainability Appraisal (SA) can withstand scrutiny as an evidence source which assists in justifying the content of the CS. With this in mind, the proponents of unallocated land to the east of Chippenham (the '2020 site') have submitted detailed evidence identifying potential shortcomings in the Council's SA and site selection process. A primary concern is the way in which the Council has dealt with the 2020 site in relation to other options.

Whilst recognising that professional judgements need to be made in undertaking the SA process, it is important for reasons of robustness and legal compliance, that the SA process deals with reasonable alternatives in a fair and

comparable manner. The reasoning for the Council's amended approach to strategic sites in Chippenham can be found within Topic Paper 12³ and elsewhere. The process of site selection has been informed by the iterative SA which has been updated on numerous occasions. Yet the evidence does not indicate that the Council considered equitably the reasonable alternative of an East Chippenham allocation (reduced in scale compared to the Wiltshire 2026 proposal) against the preferred option that ultimately found its way to be part of Core Policy 10.

The Council's SA states that transport impacts are a key issue in the consideration of Chippenham's strategic site options. However and amidst a wealth of other evidence, the assessment of Option 3 (within STU/11) that informed the SA and which included the 2020 site, was undertaken without an assumption that a completed eastern distributor road would be provided through developer contributions. This is in contrast to the consideration of Options 1 and 2 with their associated infrastructure, the latter of which was assessed with the assumption that a necessary road bridge would be provided through developer contributions. The balance of evidence suggests both elements of infrastructure for Options 2 and 3 are capable of being delivered.

Whilst the Council's evidence acknowledges that mitigation in the form of a completed eastern distributor road for Option 3 was likely, the mitigation was not assumed to be in place for the testing/modelling of Option 3. Instead, Option 3 was tested on the basis of a connection to the A4. Such an approach is not equitable for the purposes of the SA; particularly when the evidence indicates that Option 3 could not be feasibly completed without the distributor road. The manner in which this matter has been treated has affected the content of the SA.

The consequent effect of such an approach risks the inaccurate identification of transport effects within the SA. The basis for the SA assessment of Option 3, particularly in terms of the 'Transport' criterion, is therefore not well founded. In this relatively narrow respect, it is unreliable evidence which does not accurately inform the identification of preferred options. The 'Entran' report prepared in support of the 2020 site provides evidence which supports a conclusion contrary to that of the Council. The justification for the different approach taken by the Council in relation to Options 2 and 3 is unconvincing⁴; I do not accept that the omission of testing the evidentially required eastern distributor road was necessary to ensure a 'level playing field' with other alternative options.

Furthermore, the evidence submitted by proponents of the 2020 site as part of the CS pre-submission consultation, which includes specialist SA evidence, indicates that the 2020 site would perform better against the SA objectives than perceived by the Council. Whilst I accept that different professional judgements can be exercised, this evidence is not countered specifically and fully by the Council, has some weight and consequently introduces a degree of substantive doubt as to whether the Council's SA accurately assesses the effects of the 2020 site against the SA criteria.

I have considered, in the context of all the SA criteria and the balance of the evidence available, whether the weaknesses in the Council's approach are

³ Topic Paper 12 Figure 1, Table 4 et al

⁴ EXAM/09C

sufficient to undermine the justification for the content of Core Policy 10. Ultimately, I conclude that they do.

In totality and with regard to the strategic allocations of Chippenham, the SA does not inform robustly the equitable consideration of reasonable alternatives and the subsequent content of Core Policy 10. This is an unfortunate but fundamental shortcoming for this community area. I am unable to conclude that the content of the CS with regard to the strategic allocations of Core Policy 10 is justified and could form part of a sound plan. Consequently, I am considering a modification to the plan which would, in effect, remove the strategic allocations contained within Core Policy 10.

Submissions have been made to the Examination in relation to a large number of potential development sites in and around Chippenham. It is primarily for the Council to ascertain, through due and equitable consideration of alternatives, how best any new development should be accommodated. In the absence of a robust SA in these regards, I have insufficient clear evidence upon which to base a recommendation as to which sites should be developed through until 2026.

It therefore appears necessary for the Council to review its approach to development allocations within Chippenham. Without causing undue delay to the progress of the submitted CS, this could reasonably be secured through a subsequent plan, for example the Sites Allocation DPD or a document specific to Chippenham. Such a review would enable further consideration to be given to not only the housing allocations but also, as necessary, the provision of employment land.

Your thoughts on how this matter should be progressed would be appreciated.

5) Settlement boundaries

The CS refers to defined settlement boundaries for the hierarchy at the level of Large Villages and above. By such means the Council intends to provide clarity on what forms of sustainable development may be carried out where in a manner consistent with the Framework. There is no compelling evidence to suggest that such an approach is flawed.

However, the Council has not reviewed the extent of the boundaries to inform the CS; instead relying upon the pre-existing development plan documents. Some of these were adopted some years ago, for example the Kennet Local Plan (2004), and it cannot be argued with great strength that the settlement boundaries contained therein are up-to-date for the purposes of the CS plan period. Indeed, the Council concedes in Topic Paper 3 'Settlement Strategy' that whilst existing boundaries offer protection to the countryside and guard against urban sprawl/ribbon development they are out of date, do not reflect current urban form and require review and updating ... 'a new boundary would be the ideal solution'. To review boundaries, the Council identifies community led planning as the vehicle to deliver the necessary updates. However, there remains a considerable risk that, for example, Neighbourhood Plans will not be delivered across the county in a comprehensive or timely fashion. Such an outcome would, in the context of the CS Settlement and Delivery Strategy, potentially stymie development initiatives on the basis of an unjustified evidence base and therefore not represent a positive form of planning.

The large geographic scale of Wiltshire and the sheer number and variety of its settlements does present challenges to the practical completion of an appropriate and swift review of settlement boundaries. Rather than delay to a disproportionate extent the adoption of the submitted CS, there appears scope to advance such a timely review through a Sites Allocation DPD as broadly referenced within CS paragraph 4.26. Such work could complement that emerging from any advanced community led planning process and would not negate such processes from reviewing the validity of revised settlement boundaries in the future. Can you identify any specific objection to such an approach and confirm how this may be incorporated suitably both into the CS and the LDS?

6) Retail frontages – town centre boundaries

The Framework requires that plans should, amongst other matters, define the extent of town centres and primary shopping areas based on a clear definition of primary and secondary frontages in designated centres. In this regard, the CS relies upon preceding documents and their saved policies. Due to the various ages of such plans, the approach of the CS is not strong in this regard. The evidence base cannot be considered to be particularly robust with regard to designated frontages and most town centre boundaries. The Council proposes that the partial review of the CS will provide an opportunity to update the designated town centres and their frontages; alternatively this could be accommodated through the Sites Allocation DPD. I would be grateful for your clarification as to the Council's preferred way of moving forwards on these matters and how they could be swiftly resolved.

I trust the above is clear. My work continues and subsequent matters may arise. In the meantime I would be grateful for your early indication as to how the Council would wish to proceed.

Yours sincerely,

Andrew Seaman

Senior Housing and Planning Inspector

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19th December 2013

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Your ref:
Our ref : AC/PT

Dear Mr Seaman

Re: Wiltshire Core Strategy

Thank you for your letter of 2 December 2013 and confirmation of receipt of the latest bundle of Examination documents.

As you appreciate, a priority for the Council is to have a sound plan in place as soon as possible and to this end your commitment to provide us with the opportunity to address the issues you have identified in your letter is welcomed.

As requested, we have considered the points in your letter and set out below how the Council wishes to proceed with the matters raised. I will of course write to you again once we have undertaken the necessary work to provide a full response to the matters you raise.

In the interest of maintaining progress on the plan could you please confirm that you are happy with the approaches we are proposing in response to the issues you raise, as set out below?

Housing

I note that you are minded to find that the Core Strategy housing requirement should be expressed as a minimum towards the upper end of the range that has been assessed within the Council's Sustainability Appraisal as 35,800 to 42,100.

This can be established within the Core Strategy by replacing all references to the housing requirement of 37,000 within the draft plan with 42,000 homes. In particular, Core Policy 2 'Delivery Strategy' as the policy relating to the housing requirement would need to be revised.

The higher housing figure would also need to be disaggregated across the three Housing Market Areas (HMA) and distributed at the Community Area level (Principal Settlements, Market Towns and in the South Wiltshire HMA the Local Service Centres, and community area remainders). In addition to Core Policy 2, corresponding changes would also be needed to the housing requirements within each Community Area Strategy policy.

We are therefore reviewing the evidence to determine what the appropriate level of growth would be for each HMA and are minded to use a methodology that is based on the distribution of the additional growth on a proportionate basis, in order to maintain the integrity of the spatial strategy and current balance of growth between each area. We intend to test this at a community area level to ensure consistency with the NPPF and maintain a distribution of growth consistent with Core Policy 1. In doing this, we are mindful that there may be constraints, greater potential or other issues in a particular area that will mean some adjustment of the figure for some Community Areas. The Sustainability Appraisal process will help inform what the appropriate figures are for a particular area.

This work will also consider how the housing land supply can be met against the increased housing requirement. However, we anticipate that it will be necessary for a Site Allocations Development Plan Document (DPD) to be prepared in order to identify new sites and this will be programmed within a revised Local Development Scheme (LDS), which will be considered by Cabinet at their meeting on 21st January 2014.

Your thoughts on the appropriateness of this approach would be appreciated.

If you can confirm that this is acceptable to you in principle we will, following completion of the work, provide the requisite changes to the Plan including the necessary modifications to Core Policy 2, amended community area policies and a revised housing trajectory to demonstrate supply. This will be accompanied with supporting documentation as necessary.

Affordable Housing

As suggested, we have reviewed the evidence relating to levels of affordable housing and conclude that it would be prudent to revise this in order to provide appropriate justification for Core Policy 43 and its supporting text. We therefore propose to instigate an independent review of affordable housing viability in order to look at viable alternatives to inform Core Policy 43 so that the objectives of the Core Strategy may be fulfilled and are making arrangements to expedite this. It is anticipated that we will have an initial report by the first week of February. It is our intention to involve the Swindon and Wiltshire Housing Market Partnership in this work.

Again your thoughts on this approach would be welcomed.

Gypsy and Travellers

In order to provide a more robust indication of pitch requirements for Core Policy 47, we propose to review and update the evidence in Topic Paper 16 in the form of an addendum to take into account the points you raise regarding overcrowding on local authority sites, unauthorised developments and encampments; and pitch supply in the north and east HMA. The outcome would inform proposed changes to the permanent pitch and transit provision requirements in Core Policy 47. This would enable the council to suggest permanent pitch and transit provision requirements, based on a more robust evidence base, via a proposed change to Core Policy 47.

In addition, the council will undertake a complete and comprehensive review of local need in the form of a full Gypsy and Traveller Accommodation Assessment (GTAA) with a base date of January 2014. This work would be undertaken as a matter of urgency culminating

in a swift review of pitch requirements in Core Policy 47 either by way of a single issue review or by widening the scope of the current Gypsy and Traveller Site Allocations DPD, as identified in the LDS, to encompass proposals and formal examination of this aspect. Further work on a revised LDS can determine which of the two would be the most timely and effective, if the general approach is acceptable to you. The need of travelling showpeople will be addressed as part of the GTAA and subsequent DPD.

Chippenham

In the light of your comments on Chippenham and the approach to development allocations, we consider that the most expedient way forward would be to prepare a development plan document specific to Chippenham and for Core Policy 10 to be modified through the removal of the strategic allocations. In order to provide the right context for this, it is proposed that the level of growth for the town be identified within the Core Strategy as set out above.

Settlement boundaries

We are able to confirm that the review of the settlement boundaries can be undertaken as part of the Site Allocations DPD referred to above and this can be referenced within the Core Strategy in the supporting text to Core Policy 2.

Retail Frontages

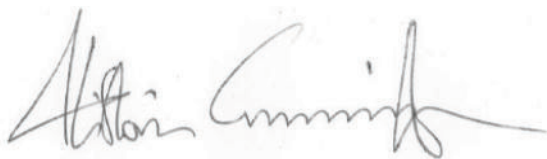
The Council's preferred approach to update the designated town centres and their frontages would be through the partial review, as already identified in the LDS. The timetable for this will be updated in the revised LDS.

Revision to Local Development Scheme

As referred to above, we are currently working on a revised LDS for approval by Cabinet at its meeting on 21st January. We will be able to let you have a copy of the draft report early in the New Year when it is available.

If you should be minded to accept our suggestions in principle then I will write again setting out the programme of work that we will undertake to allow this process to move forward. With holiday season upon us, an early reply would be appreciated.

Yours sincerely



Alistair Cunningham
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Our Ref: PINS/Y3940/429/9]

Your Ref: AC/PT

Date: 23rd December 2013

Dear Mr Cunningham,

Wiltshire Core Strategy

Thank you for your letter dated 19th December 2013. I am pleased that positive progress appears capable of being made with regard to the content of the plan, its justification and the Examination as a whole.

Housing

Your suggestion that the references to 37,000 homes be replaced with 42,000 homes seems reasonable. This will require a disaggregation of the revised housing figure across the three HMAs and, as you mention, this will necessitate a redrafting of Core Policy 2.

I note your proposed approach towards the distribution of growth across the HMAs which seems logical. It is important for the Core Strategy to provide a proportionate level of detail of, in simple terms, what new development is intended to go where and, amongst other documents, the SA, the HRA and the SHLAA will be informative to this process. With this in mind, the issue of further disaggregation of the housing supply at the level of community areas is a matter that I would wish the Council to lead upon.

Provided an adequate housing land supply can be demonstrated, I consider currently that the proposed alterations to the LDS to accommodate a Sites Allocation DPD will provide an effective mechanism, subject to public involvement and independent examination, by which the level of specific detail for each community area over the plan period can be resolved. Indeed, I assume that the Council will retain its intention for an early review of the CS within the revised LDS. Consequently, I consider that there may be scope for a broader and more flexible approach within the CS towards the disaggregation of housing across community areas within each HMA, particularly as many potential developments may fall to be realised later in the current plan period. Thus the Council may wish to come to a view as to whether prescriptive



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minimum housing 'targets' for each community area are necessary at this stage. Clearly, the CS needs to be internally consistent and any redrafted Core Policy 2 must reflect the intentions of the Council's strategy as a whole and Core Policy 1.

I will therefore be pleased to receive an update upon the housing provision of the Core Strategy, its disaggregation, the housing land supply and trajectory with supporting evidence at the earliest opportunity.

Affordable Housing

Your suggested approach towards reviewing the evidence that has informed Core Policy 43 seems sensible. It seems logical that this will be undertaken in the knowledge of my earlier comments and also the submissions made to the CS and in relation to the Hearing for Matter 4 'Housing'.

Gypsy and Travellers

I welcome the intention to provide further evidence upon the issue of Gypsy and Travellers and note your intention to update Topic Paper 16 which should be of particular use. I assume from your letter that you intend the new GTAA would follow the update to the Topic Paper but would not be available to inform the currently submitted CS.

If that is the case, then it is important for the Council to be able to show as far as is practicable and proportionate, within the proposed addendum, how the CS is consistent with national policy, particularly the 'Planning policy for traveller sites' (especially Policies A to D). Such work should also identify how, albeit in an interim fashion until the GTAA is complete, the Council will adopt a positive approach towards the gypsy and travelling community. In the interests of clarity and to aid future decision making in the shorter term, it may be necessary for the Council to acknowledge within the CS any absence of a requisite land supply until such time as the GTAA and the proposed DPD are completed.

Please note however, that I can give no assurance at this time that such an approach will be adequate for the purposes of my examination. The details will be determinative.

Chippenham

In light of your comments, I would be pleased to receive any suggested changes from the Council to the CS and Core Policy 10 in particular.

Settlement Boundaries and Retail Frontages

In light of my previous correspondence, I would be most interested at the speed by which both of these important matters can be resolved satisfactorily. Undue delay in identifying robust boundaries and frontages may weaken the overall approach of the CS in the context of national policy. The content of the revised LDS, which I note will be available in draft shortly, will be important in these regards.

It would appear that there may be a practical and reasonable way forwards in relation to the current Examination. I look forward to receiving further details of the Council's work programme which will help to deliver the matters referred to above. I remain anxious to expedite the Examination process in an efficient manner although there may be a necessity for further hearings if the consultation processes, that will invariably be required, and matters arising cannot be dealt with adequately by way of written representation.

Yours sincerely,

Andrew Seaman

Senior Housing and Planning Inspector

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