

DISCLAIMER

The attached minutes are DRAFT minutes. Whilst every effort has been made to ensure the accuracy of the information, statements and decisions recorded in them, their status will remain that of a draft until such time as they are confirmed as a correct record at the subsequent meeting.



Bristol Clinical Commissioning Group

Bristol Health & Wellbeing Board
Working together to improve the health and wellbeing of Bristol

**Minutes of a Meeting of the
Health and Wellbeing Board
5th September 2013 at 2.00 p.m.**

Attendees - Members of the Board:

Councillor Tess Green (substituting for Cllr Radice)
Councillor Helen Holland
Councillor Claire Hiscott
Councillor Glenise Morgan
Dr Martin Jones, Chair - Bristol Shadow Clinical Commissioning Group –
Chair for the meeting
Isobel Cattermole – Interim Strategic Director, Children & Young People
& Skills
Alison Comley - Strategic Director, Health and Social Care
Steve Davies - Vice Chair South Bristol Locality Group (arrived at 2.50
pm)
Dr Ulrich Freudenstein - Chair, North & West Locality Group
Claire Littlejohn - Care Forum (substitute for Rachel Robinson)
Janet Maxwell - Strategic Director of Public Health, Bristol City Council
Linda Prosser – Director of Commissioning, NHS England
Jill Shepherd - Chief Officer, Bristol CCG
Keith Sinclair - Carers' Support Centre

Others in attendance:

Sue Bancroft – Senior Commissioning Manager
Shahzia Daya – Senior Solicitor (first 15 minutes)
Kathy Eastwood - Service Manager: Health Strategy (supporting the
Board)
Kelechi Nnoaham – Deputy Director of Public Health
Kevin Mulvenna – Senior Policy and Projects Officer
Karen Blong - Democratic Services Officer

1. Welcome and Apologies for Absence

The Chair welcomed the Members of the Board and introductions were made.

Apologies were received from Councillors Janke and Massey and Ewan Cameron. Councillor Tess Green substituted for Cllr Radice and Claire Littlejohn, Care Forum substituted for Rachel Robinson.

2. Chair's Business

The Chair noted the forthcoming changes at Bristol City Council (BCC) and requested that an item be added to the next Board agenda.

ACTION: Kathy Eastwood

3. Minutes of the Meeting Held on 4th July 2013 and Matters Arising.

The Board considered the minutes and matters arising and the following was noted;

i. Minutes of the meeting held on 23rd May 2013 (page 10 of the agenda papers)

Claire Littlejohn, Care Forum clarified the following: A person has to be over 18 to take part in Enter and view, those under 18 could take part in do mystery shopping. In terms of our Enter and view visits, visits could be arranged for children and young people's health and social care services. CYP residential homes or foster care would be the responsibility of Ofsted.

- Kathy Eastwood (KE) referred to the "Who does what" joint Scrutiny event due to take place on the 3rd October. Due to poor external interest a different approach could be considered, i.e. a web based resource. It was noted that the event clashed with "Women as Leaders" also being held in City Hall. KE confirmed that that no meetings clashed when the event had been arranged and a Cabinet Meeting had been moved to accommodate; it would

always be challenging to arrange events / meetings due to the high number that take place.

- ii. Ways of Working / Terms of Reference
 - It was hoped that Providers would be invited to attend a discussion in January 2014
- iii. Work Programme 2013/14: Planning for Influence
 - KE highlighted the large number of items on the Work Programme; the Board would need to prioritise items.
 - The Health and Wellbeing Board (HWB) meetings had unfortunately clashed with the Safer Bristol Board. KE confirmed that this would be avoided next year.

An error in the minutes noted Martin Jones as in attendance; apologies had been sent.

The minutes of the meeting on the 4th July 2013 were agreed, subject to the changes noted above.

4. Public Forum

A public forum statement had been received and circulated to the Board prior to meeting. The Chair noted the busy agenda but agreed to allow two minutes for the report author to summarise the statement.

Daphne Havercroft was in attendance and summarised the main issues in the statement.

5. Health and Wellbeing Strategy and next steps

The Board received a report from Janet Maxwell, Strategic Director of Public Health, Bristol City Council. Following feedback from the HWB in July the initial 40 suggested priorities had been reduced to 10. The Strategy outlined each priority and an outline of the rationale used to select the topic and suggested areas where the Board could take action.

The Board Members were invited to ask questions and the following was noted;

- i. Keith Sinclair, The Carers Support Centre praised the progress made on the Strategy which now acknowledged the needs of young carers.

ii. Cllr Holland highlighted the need for a joined up approach, with a focus on engaging the deprived areas with the themes. Residents in economically disadvantaged areas would not necessarily be aware of projects in Bristol, i.e. the Green Capital award.

iii. Dr Ulrich Freudenstein noted the needs of the disadvantaged areas but recognised the limitations of a purely targeted approach. The Chair noted that small improvements have had large impacts, i.e. the planting of wild flower flowers / trees etc.

iv. JM referred to the increasing problem of energy deprivation; problems were predicted to increase due to Welfare Reform. It was hoped that the strategy would capture these issues, for example ensuring houses were insulated and residents were kept informed.

v. Following the suggestion from Claire Littlejohn the Board agreed a wording change (page 146 of the papers), to read *"Children and Adults with Complex needs"*

vi. The Chair noted the importance of support during transitions; this would often be a problem area.

vii. KE referred to an email from Cllr Radice who requested that the need for physical activity for mental and physical health be emphasised. JM suggested a link between physical activity and environment and KS referred to the Public Health campaign to encourage walking which would be launched in 2014.

viii. Cllr Morgan noted the well rounded priorities in the strategy, suggesting that work should take place in all areas of the City. Isobel Cattermole, Strategic Director, Children & Young People & Skills noted that Equalities Impact Assessment would be completed as part of the action plan process; these would cut across geographical and social areas.

ix. It was agreed that the Strategy should acknowledge and respond to the debate related to free school meals.

x. The Board discussed the timescale for progressing the strategy. An action plan would be presented to a future meeting for consideration. Avoiding duplication would be important. Communication of the strategy would be web based, with some paper copies available for groups, i.e.

the Older Peoples Forum, Children's Centres etc. The Chair suggested events could be arranged to publicise.

A communications plan would be created and discussed at the next meeting.

ACTION – Kathy Eastwood

JM thanked KE and Christiana Torricelli for their work on the strategy
The Chair thanked JM.

The Board agreed the Health and Wellbeing Strategy, subject to the amendments noted.

6. Health and Social Care Commissioning Plans

The Board received a report from Kathy Eastwood, Service Manager: Health Strategy Bristol City Council.

The Board received a presentation (appendix a to the minutes).

a) Commissioning intentions 2014/15 - Presented by Jill Sheppard, Chief Officer, Bristol CCG and Alison Comley, Strategic Director, Health and Social Care.

The final version had been discussed at the CCG Governing body meeting and could be circulated on request. The plan had been based on the JSNA and a range of people had been engaged. The three year evolving plan identified 8 priorities, 6 of which were shared with BCC.

Following the presentation the Board were invited to ask questions and the following was noted;

- The Local Authority now has responsibility to assess the capacity of people to make decisions. More Officers would be required to complete assessments. Information would be circulated.

ACTION – ALISON

COMLEY

- AC noted the substantial amount of time spent talking to people during the process. BCC created a platform which promoted independence. Information would be built upon and joint opportunities (previously missed) could be explored. Community

resilience would be explored and the Board would have an important role.

- The Chair referred to the need to plan and promote access to health services.
- It would be important to ensure correct capacity to support people with mental health issues in police custody. AC noted the system wide problem also link to other services, i.e. bed spaces. A joint approach would be required.

b) Children and Young Peoples Services - Presentation by Isobel Cattamole.

Following the presentation the Board were invited to ask questions and the following was noted;

- IC acknowledged the challenges related to the reduced resources and highlighted the need to target the most vulnerable children, being SMART with resources. It would be important to ensure that all opportunities for funding were explored and duplication avoided.
- Other areas of focus included joint opportunities with Detention Centres and Looked after children leaving care.

c) Health Commissioning Services 2014/14 – Presentation by Kelechi Nnoaham – Deputy Director of Public Health

The new public health system was introduced in April 2013 and Local Authorities took the responsibility, with some services being mandatory.

Following the presentation the Board were invited to ask questions and the following was noted;

- Dr Ulrich Freudenstein noted the lack of funding available for the contraceptive implant. GPs were encouraging this form of contraception but patients were then required to wait for the procedure. KN agreed that this should be addressed within the commissioning process.
- Creative approaches should be explored, i.e. providing health checks in sports centres. Sexual health advice could also be provided in a variety of venues; ease of access would be essential.

d) NHS Commissioning – Presentation by Linda Prosser, Director of Commissioning NHS England: Bristol, North Somerset, Somerset and South Gloucestershire Area Team

- Public Health Commissioning included: New immunisations, More Health Visitors & Family Nurse Partnerships for vulnerable families. Commissioning proceeded with optimism but not certainty.
- Specialised Services - Managing the impact of standardised of requirements for services which could see some local services change.
- Health and Justice – developing work with Police Service on care into custody suites. NHS England could take responsibility for custody suits; legislative changes would be required and correct alignment required.

The Board were invited ask questions and the following was noted;

- It was hoped that a Health Visitors transition plan would be created in 2013/14, with the aim to hand over to the Local Authority on 1st April 2015. BCC would need to be confident of the investment and security.
- Funding for Troubled Families would be separate to the Health Visitor and Family Nurse Partnerships. The Troubled Families funding (from Government) had been extended; families were required to meet certain criteria to be eligible. Learning would be required to understand the best approach.
- LP reiterated the need for an overarching vision. Money could be invested in Primary Care should reductions in spending be achieved.
- Dr Ulrich Freudenstein highlighted the challenge for GP Practices related to income and staff employments when the financial future was uncertain. LP confirmed the NHS were working with Primary Care to consider alternative business models; other approaches would be considered to shift the risks.
- LP noted the challenging demographics and acknowledged the issues related to future work force. A sustainable model would be

required to attract the workforce and GPs would need to be targeted effectively.

e) Wider Determinants of Health – Presentation by Kathy Eastwood

The following was noted;

- JM suggested that commissioning plans provided an assurance that CCG have a good base which could be taken forward. The accessible layout would allow people to understand the breath. Enormous progress had been made since April.

The Board formally approved the CCG 3 year plan and the proposed arrangement for s256 funding.

7. HealthWatch Equalities Network

The Board received an update from Claire Littlejohn, the Care Forum.

- Claire confirmed that HealthWatch would not be developing a separate network but would build on existing networks and align with VOSCUR. A separate network would not be established. Should gaps be identified, targeted work would take place. Equality issues around H&SC would be the core principles of HealthWatch.

The Board agreed to support the HealthWatch Network with a strong equalities focus.

8. Rise in the Children's Population – Proposal for developing a strategic multi-agency response

The Board received a report from Nick Smith, JSNA Project Manager Bristol City Council.

The report identified in more detail the issues related to rise in the children population. Discussion had taken place through a variety of forums and the report aimed to ensure that all agencies were clear that work would be taking place. The Board were asked to support the consultation stage; assessing need and feasibility. Work would be led by Claudia McConnell, Service Director, Children and Young People Services and Bristol CCG.

The Board were invited to ask questions and the following was noted;

- Cllr Holland queried the data about correlation between BME residents and high birth rates.
- NS confirmed that high fertility rates were linked to areas of deprivation and the Board noted the importance of family planning in these areas.
- The Board would be responsible for the Project. Working group members would be discussed with Claudia McConnell.

The Board agreed the report.

9. Drug and Alcohol Services Re-commissioning

The Board received a report from Sue Bandcroft, Substance Misuse Team Manager, Safer Bristol.

The Board received an update on the re-commissioning of the substance misuse services and progress towards implementation. The following salient points were noted;

- A Recovery Orientated Integrated Substance Misuse Treatment System (ROIS) would be offered in five separate lots. This allowed local providers to be involved and ensured that the system had integration at its core.
- Following service user consultation the service was renamed; Bristol ROADS (Recovery Orientated Alcohol & Drugs Services) and the new service contracts would begin on 1st November 2013.
- It would be important not to focus solely on opiate based drug use and sufficient consideration would be given to emerging drugs and issues related to these. It had been announced that Khat would be re-classified at Category C and meetings were taking place with the police and community groups in preparation for this change.
- Lot 4 – support had been awarded to DHI; the organisation had contracts in surrounding authorities and would be sub-contracted to the Care Forum.

- VOSCUR were working with services who had not been awarded contracts and it was hoped that these organisation and skills employed could be retained. TUPE issues were challenging and there were some major changes within models,
- Sensitivity would be required through the process of change and the situation managed carefully. Service users would need to be confident in the services provided to ensure relapses were avoided

The Board were invited to ask questions and the following was noted;

- Illegal tobacco would not be dealt with under substance misuse.
- Keith Sinclair highlighted the important of the location of services, suggesting some carers would be unable to access some services that had now moved
- Cllr Holland noted concerns that skills, knowledge and links with other organisations could be lost. It would be unlikely that funding of the same level could be found and VOSCUR would be limited in the support they could offer. Communication would be important.
- SB confirmed that geographical issues were considered as part of the commissioning process; services would be accessible in all areas. Some staff would be moved to new organisations and joint working with mental health teams would increase. Some information could not be discussed due to TUPE issues. Work would continue to encourage joint working.
- SB encouraged Board Members to contact her directly to discuss particular concerns.

The Board agreed the report.

10. Protecting the Health of the Local Population/Health Protection Committee – the Council’s new responsibilities

The Board received a report from Janet Maxwell, Strategic Director of Public Health, Bristol City Council.

The Health Protection Committee would bring partners together, feeding in to the HWB.

The Board were invited to ask questions and the following points were noted;

- The Committees were newly established nationally. Other Local Authorities were at varying stages of the process, with many feeding in to Health and Wellbeing Boards. JM re-iterated the importance of health protection and the important link to health and wellbeing.
- LP noted concerns regarding role fragmentation; the NHS team would be responsible for four counties and it could be challenging to service all committees.
- JM confirmed that a huge amount of work had taken place. This had been tested during the Measles outbreak and the heat wave which provided practical experience of how other parts of the organisation work.
- Dr Ulrich Freudenstein noted the importance that a central point of contact would be available. A recent change in the control telephone number for infectious diseases had not been communicated to GPs.
- Jill Sheppard re-iterated the importance of communication between Board Members and different organisations.
- IC noted and the Board agreed that clear communication to residents would be essential. BCC communications would need to work with NHS communication teams.
- KE confirmed that the local Health Protection Committee would not be a sub-committee of the HWB (i.e. Board members would not be required to participate) but the Committee would report to the HWB.

The Board agreed the report.

11. Preventing Homelessness Strategy

The Board received a report from - Kevin Mulvenna, Strategic Housing, Bristol City Council.

BCC have a statutory responsibility to have a homelessness strategy, setting out the strategic direction for homelessness and related services.

The new strategy would be reviewed and updated each year. The following salient points were noted;

- The economic downturn and welfare reform had and would continue to increase pressures on homelessness and housing advice services.
- The report revised aims, priorities and outcomes for homelessness and related services. An action plan would be delivered by BCC and partners.
- The report would be presented to Cabinet Members and the Neighbourhoods and Communities Scrutiny Committees. Final approval would be required from Cabinet.

The Board were invited to ask questions and the following was noted;

- The Chair noted that in relation to tackling homelessness, Bristol was seen as a beacon by other authorities.
- Dr Ulrich Freudenstein requested improvements in information dissemination. Up to date information about front line services would be useful, i.e. charities proving food parcels.
- KM confirmed that Bristol spent less money on temporary housing than other areas. An innovative approach would be important, in addition to prioritisation of those with the greatest need.

The Board noted the quality of the work that had gone in to the strategy.

12. Round-table updates

- Keith Sinclair requested that Pharmacy Groups were included as part of the HWB strategy as the groups had indicated they were keen to engage, i.e. in relation to health checks. Kelechi Nnoaham noted that a new responsibilities of the HWB included pharmaceutical need.

- Cllr Morgan highlighted that Neighbourhood Forums could be used to deliver messages to communities.

13. Standing Item: General Matters of Interest

There was none.

14. Any Other Business

There was none.

15. Work Programme 2013/14:

- An Informal meeting of the HWB would be held on the 17th October 2013. The peer challenge process would be considered.

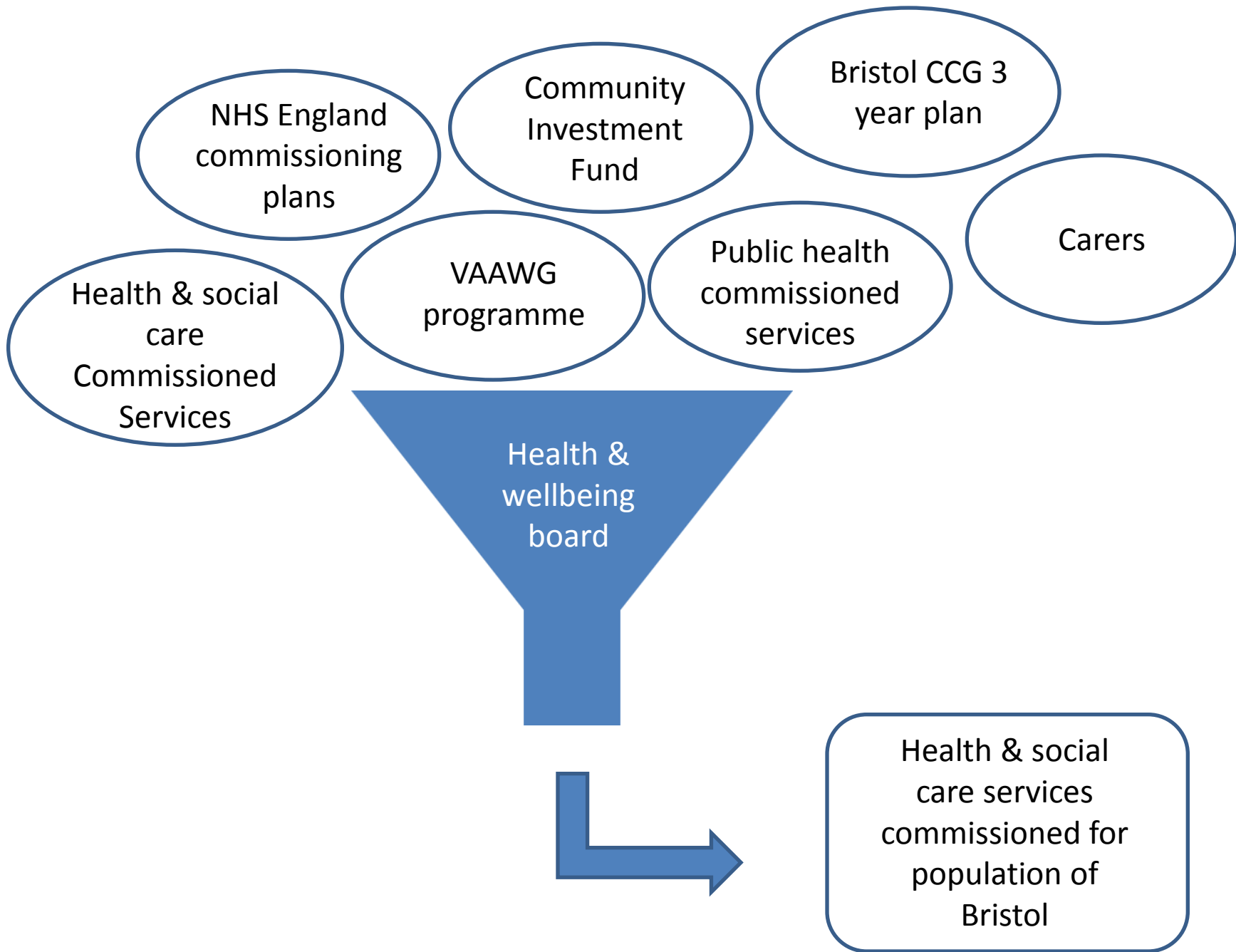
The Chair thanked KE.

(The meeting ended at 4.40 pm)

CHAIR

Commissioning intentions 2014/15

Jill Shepherd – Chief Officer, Bristol CCG
Alison Comley – Strategic Director
Health & Social Care, BCC



Working Together

- Strong history of Health & Social care working in partnership – CCG building on this history.
- 3 Year Plan sets out what we are planning to commission
- 6 out of 8 Key shared priorities within the plan:
 - Urgent Care
 - LTC
 - MH
 - Dementia
 - LD
 - Children & Maternity

Key challenges & opportunities

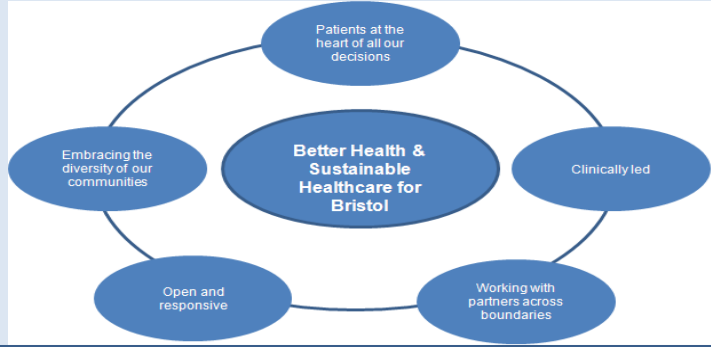
- Whole system approach required – very complex
- Some health specific areas in the plan. The rest are shared.
- Health inequalities
- Sustainability
- Demographic challenge
- Financial challenge
- Prevention as well as cure
- Peoples' voice & expectations
- Peoples' experience & as consumers

BRISTOL CLINICAL COMMISSIONING GROUP

Strategy plan on a page 2013-16

We want to improve services and outcomes for people in Bristol

Each one of our themes for change is based on what we know needs improvement and is clinically led



Delivery Theme 1: Urgent Care system including Frail and Elderly Patients

Clinical Lead: Dr Peter Goyder	Public Health Lead: Chris Hine	Lead Director: Dr Martin Jones
Strategic Ambitions	Indicators	
<ul style="list-style-type: none"> •More primary and community care closer to home •Integrated service model led by primary care drawing in specialist expertise •Reduce acute hospital capacity through reduced occupied bed days •Seamless care for patients indicated by reduction in unnecessary hospital admissions •A compassionate and co-ordinated system allowing people to die where they choose (children and adults) 	<ul style="list-style-type: none"> •Reduction in A&E attendances for primary care conditions •Advanced care plans for 90% of Nursing Home residents •Preferred place of death recorded and delivered •Reduce rate of unnecessary hospital admissions (ambulatory care sensitive conditions)/increase same-day urgent care rate •Reduction in non-elective hospital bed days >14 days 	

Delivery Theme 2: Long Term Conditions

Clinical Lead: Dr Gill Jenkins & Dr Kirsty Alexander	Public Health Lead: Viv Harrison	Lead Director: Alison Moon
Strategic Ambitions	Indicators	
<ul style="list-style-type: none"> •Self-management through telehealth and assistive technology •Minimise preventable admissions with the support of risk stratification, advanced care planning and investment in care co-ordination •Assessed against NHS better care, better value comparators 	<ul style="list-style-type: none"> •Reduced hospital admissions in the last year of life •Reduced hospital admissions with ambulatory care sensitive conditions •Reduced rate of diabetic amputation •Improvement in patient self management, from baseline, as measured by LTCS. 	

Delivery Theme 2a: Dementia Care

Clinical Lead: Dr Peter Brindle	Lead Officer: Alison Moon
Strategic Ambitions	Indicators
<ul style="list-style-type: none"> •Everyone who wants a diagnosis receives one •Increased diagnosis in primary care •Integrated care •Carers & Families as partners in care •Reductions in acute hospital stays •Seamless care •Bristol to be a Dementia Friendly City •That Bristol will implement our local response to the national strategy for dementia 	<ul style="list-style-type: none"> •Increased diagnosis rate (aim 65%) & effective support within primary care •Number of GP practices participating in LES & DES •Reduced hospital length of stay for people with dementia •Increased numbers of carers of people with dementia accessing a break •Hospitals & community trust delivery of COUJN •Carers & families report appropriate signposting from hospitals •Number of people participating in research

Delivery Theme 3: Elective Care

Clinical Lead: Dr Brian Hanratty	Public Health Lead: Chris Hine	Lead Director: Mary Connor
Strategic Ambitions	Indicators	
<ul style="list-style-type: none"> •Reduce reliance on hospital services •Operations only when patients have followed agreed pathways developed by primary care with secondary care support •Increased range of local services where safe and cost-effective •Engagement with practices and management within local budgets 	<ul style="list-style-type: none"> •10% reduction on 12/13 outpatient follow-up baseline •No increase in activity from 2012/13 and reduction where Bristol benchmarks are high 	

Delivering Change

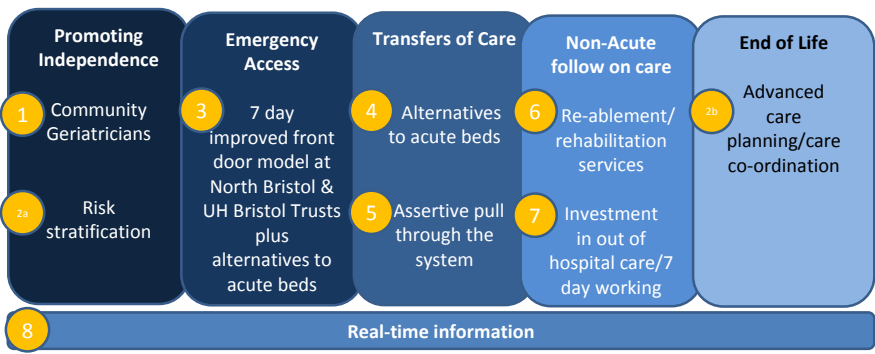
Delivering Change

Our priorities

- Long term conditions - care closer to home
- Earlier cancer diagnosis
- Improved diabetic outcomes
- Managing growing demand for childrens services
- Modernising mental health services

Managing unscheduled care

Bristol CCG: Managing our healthcare system



Delivery Theme 4: Children & Maternity

Clinical Lead: Dr Kirsty Alexander & Dr Peter Goyder	Public Health Lead: Jo Williams	Lead Director: Judith Brown
Strategic Ambitions	Indicators	
<ul style="list-style-type: none"> • Improve the health of vulnerable & excluded children & young people • Reduce childhood obesity • Improve access to health services & experiences for children with complex health needs • Improve maternal health & reduce infant mortality rates • Reduce risk taking behaviour which impacts on health • Improve emotional health & wellbeing • Improve the physical health of children 	<ul style="list-style-type: none"> • Hold ED activity at 12/13 levels (= reduction in real terms) • Satisfaction with place of birth • Increase preferred place of death • Reduce rates of infant mortality 	

Delivery Theme 5: Mental Health

Clinical Lead: Dr David Soodeen	Lead Officer: Jill Shepherd
Strategic Ambitions	Indicators
<ul style="list-style-type: none"> • A new service model with all providers delivering against quality & other KPIs 	<ul style="list-style-type: none"> • Improved access to mental health interventions, including timeliness • Increased service user & carer satisfaction • Meeting or exceeding contract performance requirements & indicators for each service area

Delivery Theme 6: Cancer

Clinical Lead: MacMillan GP	Lead Officer: Alison Moon
Strategic Ambitions	Indicators
<ul style="list-style-type: none"> • Reduce the mortality rate of people with cancer under the age of 75 • Reduce inequalities in cancer by focussing on improving access to earlier diagnosis for the less advantaged groups of population • Achieve earlier diagnosis of cancer to increase the scope for successful treatment • Support public health partners to reduce incidence of cancers preventable by primary (lifestyle) & secondary (screening) work 	<ul style="list-style-type: none"> • Delivery of the 2 week, 31 day, 62 day & diagnostic national performance standards • Supporting delivery of the national screening programmes • Supporting delivery of improving outcomes guidance for cancer • 1 and 5 year survival (all cancers)

Delivery Theme 7: Learning Difficulties

Clinical Lead: Dr David Soodeen	Public Health Lead: Lesley Russ	Lead Director: Judith Brown
Strategic Ambitions	Indicators	
<ul style="list-style-type: none"> • Improved standards of care across residential & domiciliary services • Improved health outcomes for PWLD using mainstream health services • Mental health services for PWLD more routinely integrated with mainstream mental health provision • Fewer people in high cost provision away from their local communities, compared to 2012/13 • Implement the Winterborne View concordat recommendations with Bristol City Council 	<ul style="list-style-type: none"> • Increase to 85% in number of PWLD receiving an annual health check • Reduced health inequalities between PWLD and comparable population • A reduction in the number of PWLD requiring MHA detention • A reduction in the number of PWLD receiving inpatient care outside Bristol • 	

Delivery Theme 8: Medicines Management

Clinical Lead: Sue Mulvenna	Public Health Lead: Barbara Coleman	Lead Director: Martin Jones
Strategic Ambitions	Indicators	
<ul style="list-style-type: none"> • Patients to benefit from high quality, cost effective prescribing – demonstrated by formulary compliance & quality markers • Demonstrate the benefits of better medicines management by showing links to health outcomes • Reduce waste & unnecessary prescribing • Seamless patient care related to medicines across all healthcare interfaces 	<ul style="list-style-type: none"> • Narrow gap between practices on patient spend per ASTRO PU, taking deprivation & related prescribing needs into account • Reduction in medication related hospital admissions • Measurement of formulary compliance & quality markers 	

Managing Bristol's urgent care system

Promoting Independence

Community Geriatricians

Risk stratification

Extra care housing – New Fosseyway Integrated Community Equipment Service

Recommissioning of Home Care provision

Preventative Services

Provision of specialist equipment for deaf people

Emergency Access

7 day improved front door model at both Bristol hospitals

Care Home Commissioning

Strategic Partnership for dementia care homes

Re-commissioning of Home Care provision

Transformation of Care Management

Transfers of Care

Alternatives to acute beds

Assertive pull through the system

Care Home Commissioning

Strategic Partnership for dementia care homes

Re-commissioning of Home care provision

Community Support Services

Non-acute follow on care

Reablement / rehabilitation services

Investment in out of hospital care / 7 day working

Care Home Commissioning

Strategic Partnership for dementia care homes

Recommissioning of Home care provision

End of Life

Advanced care planning / care co-ordinator

Recommissioning of Home Care provision

Care Home Commissioning

Integrated Community Equipment Service

Real time information

Integration

- Opportunities to reduce duplication
- Proposed use of transfer of social care monies
 - Re-ablement service
 - Bed-based intermediate care
 - Development of dementia care services
 - Domiciliary care capacity
 - Adult safeguarding
 - Deprivation of liberty service
 - Community equipment & telecare
 - Development of 7 day working

Delivery Theme 1: Urgent Care system including Frail and Elderly Patients

Strategic Ambitions

- More primary and community care closer to home
- Integrated service model led by primary care drawing in specialist expertise
- Reduce acute hospital capacity through reduced occupied bed days
- Seamless care for patients indicated by reduction in unnecessary hospital admissions
- A compassionate and co-ordinated system allowing people to die where they choose (children and adults)

Indicators

- Reduction in A&E attendances for primary care conditions
- Advanced care plans for 90% of Nursing Home residents
- Preferred place of death recorded and delivered
- Reduce rate of unnecessary hospital admissions (ambulatory care sensitive conditions)/increase same-day urgent care rate
- Reduction in non-elective hospital bed days >14 days

Clinical Lead: Dr Peter Goyder

Lead Officer: Martin Jones

Public Health: Chris Hine

Interventions

2013/14

2014/15

2015/16

- **Community Geriatricians including Cossham 'Tepid' clinic**
- **Risk stratification (see Long Term Conditions)**
- **Advanced care planning/care co-ordination (see Long Term Conditions)**
- **Alternatives to acute beds including review of community hospital beds**
- **Reablement/rehabilitation – improve provision in a community setting**
- **Assertive pull through the system**
- **Real-time information**
- **Urgent care demand management: NBT Front Door**
- 7 day working – in primary care and in commissioning activities
- Support to care homes
- Develop Joint Health & Wellbeing Strategy
- Re-commission community equipment store
- Mainstream carers' break project
- New joint care home contract and joint domiciliary care specification
- Clinical education programme (IC&E)
- Greater focus on urgent care in primary care (direct access phone number, standardise practice offering, including sick children)
- Test and implement redesigned older people's pathway



K
E
Y

Strategic priority



Other intervention



Delivery Theme 2: Long Term Conditions

Strategic Ambitions

- Self-management through telehealth and assistive technology
- Minimise preventable admissions with the support of risk stratification, advanced care planning and investment in care co-ordination
- Assessed against NHS better care, better value comparators

Indicators

- Reduced hospital admissions in the last year of life
- Reduced hospital admissions with ambulatory care sensitive conditions
- Reduced rate of diabetic amputation
- Improvement in patient self management, from baseline, as measured by LTC6.

Clinical Lead: Dr Gill Jenkins/Dr Kirsty Alexander

Lead Officer: Alison Moon

Public Health: Viv Harrison

Interventions

2013/14

2014/15

2015/16

- **Risk stratification roll-out**
- **Self-care – develop a strategy incl. addressing areas of deprivation**
- **End of life care co-ordination (including children)**
- **Diabetes model of care (inc. care planning) and foot care**
- **Alcohol strategy:** pilot community based alcohol dependency treatment
- **Respiratory:** COPD MUR pilot project, COPD early identification project, COPD service review (inc. home oxygen service redesign) improve management of paediatric asthma in primary care
- **Bristol telehealth scheme** – develop strategy for health technologies for Bristol
- **Case management & co-ordination**
- **Chest pain pathway development**
- **Ambulatory blood pressure monitoring**
- **Improve IAPT in the management of neurological LTC**
- **Transition pathways agreed for young people with LTC**



KEY

Strategic priority



Other intervention



Delivery Theme 2a: Dementia Care

Strategic Ambitions

- Ensuring everyone who wants a diagnosis of dementia, receives one
- Increased diagnosis of dementia taken forward in Primary Care
- Integrated service model for dementia led by primary care drawing in specialist expertise
- Carers and families are seen as a partner in care
- Reduce acute hospital activity of people with dementia through reduced occupied bed days
- Seamless care for patients indicated by reduction in unnecessary hospital
- For Bristol to be a Dementia Friendly City

Indicators

- Increased diagnosis rate of dementia (aim 65%)
- Number of GP practices participating in GP LES and DES
- Reduced length of stay for people with a diagnosis of dementia
- Increased number of carers of people with dementia accessing a break
- Trusts and BCH successful delivery of CQUINS
- Carers/families report they have received appropriate information & signposting from the acute trust
- Number of people participating in research

Clinical Lead: Dr Peter Brindle

Lead Officer: Alison Moon

Interventions

2013/14

2014/15

2015/16

- Implement Dementia Local Enhanced Service
- Design and implement new care pathway
- Commission the new Dementia Wellbeing Service(part of modernising mental health programme)
- Mainstream carers' break project
- Develop comprehensive information guide for people with dementia and family/carers
- Commission Cognitive Stimulation Therapy
- Review/re-commission peer support services for people with dementia
- Evaluate the Red Cross Dementia Volunteer Scheme
- Lead the Transforming Care Work stream of the Dementia Health Integration Team (HIT)
- Work with trusts, GPs and Community health services to ensure dementia training is delivered comprehensively across all staff bases
- Recommission the respite provision formally at Wellhay Resource Centre
- Development of options to integrate health and health and social care within the Supporting Dementia Service and the new Dementia Wellbeing Service
- Working with Bristol City Council in 3 pilot areas to test out how Bristol can become a dementia friendly City.



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Strategic priority



Other intervention



Delivery Theme 3: Elective Care

Strategic Ambitions

- Reduce reliance on hospital services
- Operations only when patients have followed agreed pathways developed by primary care with secondary care support
- Increased range of local services where safe and cost-effective
- Engagement with practices and management within local budgets

Indicators

- 10% reduction on 12/13 outpatient follow-up baseline
- No increase in activity from 2012/13 and reduction where Bristol benchmarks are high

Clinical Lead: Dr Brian Hanratty

Lead Officer: Mary Connor

Public Health: Chris Hine

Interventions

2013/14

2014/15

2015/16

- **Contract levers to reduce follow-ups in secondary care**
- **Ensure full use of ISTC capacity**
- **Referral and Choice Support**
- Review and increase local access to diagnostics/therapies
- Develop referral support service to increase community delivery and pre-referral pathways
- Redesign pathways: quick wins:
 - Urology
 - Cardiology
 - ENT
- Locality pilot initiatives for CCG roll-out where appropriate:
 - Gynaecology community clinic
 - Ophthalmology/glaucoma
 - Ophthalmology/cataracts
 - Community ENT



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Strategic priority



Other intervention



Delivery Theme 4: Children and Maternity

Strategic Ambitions

- Improve the health of vulnerable and excluded children and young people
- Reduce childhood obesity
- Improve access to health services and experience of services for children with complex health needs
- Improve maternal health and reduce infant mortality rates
- Reduce risk taking behaviour which impacts on health
- Improve emotional health and wellbeing
- Improve the physical health of children

Indicators

- Hold ED activity at 12/13 levels (=reduction in real terms)
- Satisfaction with place of birth
- Increase preferred place of death
- Reduce rates of infant mortality

Clinical Lead: Dr Kirsty Alexander (children) and Dr Peter Goyder (maternity)

Lead Officer: Judith Brown

Public Health: Jo Williams

Interventions

- Re-procurement of children's community health services
- Minor illness pathway: self-care, primary and community services
- Improve care pathways for children with complex needs
- Ensure the highest standards of quality and choice for community and hospital maternity services
- Paediatric clinical network
- Asthma and respiratory pathway
- Paediatric GPwSI clinical advice and community clinic
- Develop integrated disabled, SEN children and young adults service
- S136 pathway
- Implement emotional health and wellbeing strategy
- Implement transition pathways to adult services
- Implement Avon children's palliative care action plan
- Improve continuity of ante-natal care
- Improve access to support for perinatal mental health issues
- Reduce rates of infant mortality

2013/14

2014/15

2015/16



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Strategic priority



Other intervention



Delivery Theme 5: Mental Health

Strategic Ambitions

- Increased quality of service, either from the existing provider or a retendered service
- A new service model with all providers delivering against quality and other KPIs
- That Bristol will implement our local response to the national strategy for dementia

Indicators

- Improved access to mental health interventions including timeliness
- Increased service user and carer satisfaction
- Meeting or exceeding contract performance requirements and indicators for each service area
- More people with dementia are diagnosed and effectively supported within primary care

Clinical Lead: Dr David Soodeen

Lead Officer: Jill Shepherd

Public Health: Christina Gray

Interventions

- Progress procurement of mental health in agreed bundles
- Continue to implement early diagnosis and management of dementia
- Continue to progress service improvement with the existing provider
- Ensure that a transition pathway is in place from children's to adult services
- Ensure that all mental health services have a 'think family' approach including safeguarding of any children affected by parental mental health

2013/14

2014/15

2015/16



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Strategic priority



Other intervention



Delivery Theme 6: Cancer

Strategic Ambitions

- Reduce the mortality rate of people with cancer under the age of 75
- Reduce inequalities in cancer by focusing on improving access to earlier diagnosis for the less advantaged groups of population
- Achieve earlier diagnosis of cancer to increase the scope for successful treatment
- Support public health partners to reduce incidence of cancers preventable by primary (lifestyle) & secondary (screening) work

Indicators

- Delivery of the 2 week, 31, 62 and diagnostic national performance targets
- Supporting delivery of the National screening programmes
- Supporting delivery of Improving Outcomes Guidance for cancer
- 1 and 5 year survival (all cancers)

Clinical Lead: MacMillan GP

Lead Officer: Alison Moon

Public Health: Ardiana Gjini

Interventions

- Appointment of MacMillan GP sessions
- Improve the prevention and early diagnosis of cancer, particularly for woman under 75 years of age at risk of lung cancer
 - Uptake of breast cancer screening
 - Uptake of bowel cancer screening
- Assure the quality of cancer pathways into NBT and UHB to support:
 - Reducing LOS and inpatient admissions
 - Reducing number of emergency presentations
 - Reducing unnecessary provision of health care to in-patients at the end of life
- Evaluate impact/benefits of Improving Outcomes Guidance service transfers (Breast, Head & Neck, Urology)
- Reduce recurrence of cancer & increase quality of life by improving cancer survivorship

2013/14

2014/15

2015/16



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Strategic priority



Other intervention



Delivery Theme 7: Learning difficulties

Strategic Ambitions

- Improved standards of care across residential & domiciliary services
- Improved health outcomes for PWLD using mainstream health services
- Mental health services for PWLD more routinely integrated with mainstream mental health provision
- Fewer people in high-cost provision away from their local communities, compared to 2012/13
- Implement the Winterbourne View Concordat recommendations with BCC

Indicators

- Increase to 85% in number of PWLD receiving an annual health check
- Reduced health inequalities between PWLD and comparable population.
- A reduction in the number of PWLD requiring MHA detention
- reduction in the number of PWLD receiving inpatient care outside of Bristol

Clinical Lead: Dr David Soodeen

Lead Officer: Judith Brown

Public Health: Lesley Russ

Interventions

- Building on 'Death by Indifference' to improve the CCG's focus on experience and outcomes of People with Learning Disabilities (PWLD) using mainstream services
- Recommissioning of inpatient psychiatric services for PWLD, providing more preventative capacity and an improved clinical environment for care
- Implementation of a revised annual health check model
- Ensure that a transition pathway is in place between young people and adult services
- Put in place the specific recommendations from the Winterbourne View Concordat around quality assurance, commissioning practice, strategic planning and service development and safeguarding

2013/14

2014/15

2015/16



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Strategic priority



Other intervention



Delivery Theme 8: Medicines Management

Strategic Ambitions

- Patients to benefit from high quality cost-effective prescribing – demonstrated by formulary compliance and quality markers
- Demonstrate the benefits of better medicine management by showing links to health outcomes
- Reduce waste and unnecessary prescribing
- Seamless patient care related to medicines across all healthcare interfaces

Indicators

- Narrow gap between practices on patient spend per ASTRO PU, taking deprivation and related prescribing needs into account
- Reduction in medication related hospital admissions
- Measurement of formulary compliance and quality markers

Clinical Lead: Sue Mulvenna

Lead Officer: Martin Jones

Public Health: Barbara Coleman

Interventions

- Agree a medicine management scorecard linked to an incentive scheme with both financial and quality measures, supported by practice support pharmacists and the ScriptSwitch prescribing tool
- Compliance with BNSSG joint formulary, ensuring maximised generic savings and reduced use of less cost-effective / low clinical value medicines
- Reduce medicine wastage – repeat dispensing, better patient use, better management in care homes
- Increase proportion of AF patients appropriately anticoagulated
- Q2,3,4 PIS projects to be developed in liaison with localities
- Respiratory project – Somali engagement
- Home Enteral Tube Feeding contract and re-procurement
- DVT community services redesign
- Nursing Home Projects Q2,3 and 4

2013/14

2014/15

2015/16



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Strategic priority



Other intervention



Children and Young People's Services

Children & Maternity - Overview

1. Joint commissioning in fragmented landscape
2. Joint provision eg disabled children
3. Role of universal services – children’s centres, schools, GPs, health visitors
4. Importance of preparing for adulthood
5. Opportunities for whole family work
6. Shifting resources to priority areas/groups

Delivery Theme 4: Children and Maternity

Strategic Ambitions		Indicators		
<ul style="list-style-type: none"> • Improve the health of vulnerable and excluded children and young people • Reduce childhood obesity • Improve access to health services and experience of services for children with complex health needs • Improve maternal health and reduce infant mortality rates • Reduce risk taking behaviour which impacts on health • Improve emotional health and wellbeing • Improve the physical health of children 		<ul style="list-style-type: none"> • Hold ED activity at 12/13 levels (=reduction in real terms) • Satisfaction with place of birth • Increase preferred place of death • Reduce rates of infant mortality 		
Clinical Lead: Dr Kirsty Alexander (children) and Dr Peter Goyder (maternity)		Lead Officer: Judith Brown		Public Health: Jo Williams
Interventions		2013/14	2014/15	2015/16
<ul style="list-style-type: none"> • Re-procurement of children's community health services • Minor illness pathway: self-care, primary and community services • Improve care pathways for children with complex needs • Ensure the highest standards of quality and choice for community and hospital maternity services • Paediatric clinical network • Asthma and respiratory pathway • Paediatric GPwSI clinical advice and community clinic • Develop integrated disabled, SEN children and young adults service • S136 pathway • Implement emotional health and wellbeing strategy • Implement transition pathways to adult services • Implement Avon children's palliative care action plan • Improve continuity of ante-natal care • Improve access to support for perinatal mental health issues • Reduce rates of infant mortality 				

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Strategic priority

Other intervention

Improve the health of vulnerable & excluded children and young people

- Safeguarding – all commissioners
- Improve outcomes for specific vulnerable groups (LAC, gypsy/travellers, teenage parents, c&yp with sexually harmful behaviour, young offenders, excluded from school, NEETs)
- Family Nurse Partnership (NHSE)
- FGM – joint work
- First Response & Early Help - all

Reduce childhood obesity

- Maternal obesity – funding gap
- Breast feeding
- Early years and children's centres
- Healthy schools programme
- School meals contract – cost & quality
- Active travel, leisure, play
- Health weight care pathway

Improve access to services and experience for children with complex needs

- Disabled & SEN Children & Young Adults service (DSCYAS) – CCG, CYPS, HSC
- Home to School Transport – CYPS
- Preparing for adulthood – transition pathways
- Short breaks (including specialist & hospice)
- Personalisation & personal (+health) budgets
- Specialist foster placements - gap

Improve access to services and experience for children with complex needs (continued)

- Community children's nursing service – gap
- End of life pathway (CCG)
- Predictive service planning – data sharing!!
- Equipment & communication aids – Opp
- Pooled budgets eg to prevent Out of Authority placements
- Bristol Youth Links

Improve maternal health and reduce infant mortality

- Ante-natal care – continuity and quality
- Perinatal mental health & wellbeing
- Smoking cessation & breastfeeding
- Improved pathways through children's centres, maternity services and health visiting
- Increase uptake of immunisations
- Data and information sharing
- Early Help, safeguarding, parenting support
- Improved housing for families

Reduce risk taking behaviour which impacts on health & wellbeing

- Increase number of health settings that are Young People friendly
- School nursing accessible to young people
- Bristol Youth Links
- Sexual health services for young people
- Drug & alcohol misuse and young offender health
- GP role in promoting young people's health

Improve emotional health & wellbeing

- Commission IAPT Tier 2 for young people
- Improve support for adolescents
- Accessible school nursing service (PH/LA)
- Implement joint strategy NB role of schools
- Section 136 pathway for young people
- Support (and funding) for young carers
- Pooled budgets

Improve the physical health of children

- Reduce inappropriate use of secondary care
- Raise parental awareness of prevention, childhood illness, and access to service
- Improve management of asthma in primary care
- Dental and oral health
- Childhood injury prevention
- Immunisations and vaccinations

Opportunities & challenges

- Role of primary care & GPs in promoting and safeguarding health & well-being
- Reducing dependence on secondary care, both during childhood and as adults eg mental health, obesity all result in burden of ill health in adults.
- Role of universal services in promotion and prevention – schools, children’s centres

**Public Health
Commissioned Services 2014-15**

Sexual Health Programme

Current contracts:

- Genito Urinary Medicine – UHB
- Contraceptive and Sexual Health Services – UHB
- Sexual Health Services for Young People – Brook
- HIV prevention – Terence Higgins Trust
- Public Health Primary Care Services – GPs and Pharmacies

Plans for 2014-15:

Planned review of sexual health services taking place during 2013-14 to inform future commissioning decisions. This will:

- Right service
- Right provider
- Value for money
- Addressing inequalities in provision
- Targeting those most at risk

Drugs and Alcohol Programme

Current contracts (from November 2013):

- ROADS – specialist services commissioned from BSDAS, BDP, DHI, St Mungos and ARA
- Public Health Primary Care Services – GPs and Pharmacies
- Specialist drug and alcohol nurses – UHB and NBT

Plans for 2014-15:

The specialist drug and alcohol services for Bristol have recently been re-commissioned and will be going live from 1st November 2013.

Other services which were not re-commissioned through this process will be reviewed to ensure that care pathways are in place and services “fit” with the new service provision.

Weight Management Programme

Current contracts:

- Adults Tier 1 Weight Management on Referral - Slimming World and Weight Watchers
- Adults Tier 2 Dietetics Service - UHB
- Children and Family Tier 2 programme - Weight Management Centre
- Healthy Weight Nurses – NBT (School Nurses contract)

Plans for 2014-15:

Adult services will be reviewed this year with a view to re-procurement if appropriate during 2014-15.

Children' service is likely to be extended for a further year.

School nursing contract is due for renewal next summer.

Cancer

Current contracts:

- Public Health Services contract – GP's Pharmacies, Children's Centres, Healthy Living Centres (Stop Smoking Services)

Plans for 2014/15:

Review of stop smoking services to inform future commissioning decisions.

To include:

- Service provider/s
- Value for money
- Health inequalities
- Proposal for introducing 'Make every contact count' and Cancer champions programme.

School Nursing

Current contracts:

- School nursing contract – NBT (CCHP)

Plans for 2014-15:

The school nursing provision is being reviewed across Bristol and South Gloucestershire during 2013/14. The results of the review will inform the commissioning process for 2014/15.

Breastfeeding Programme

Current contracts:

- Breastfeeding clinics – NBT, VSO
- Breastfeeding counsellors – VSO
- Breastfeeding support service - Barnardos

Plans for 2014-15:

The breastfeeding support service will be reviewed during 2013/14 with a view to re-commissioning in 2014/15.

Health Check Programme

Current contracts:

- Public Health Primary Care Services – GPs

Plans for 2014-15:

The health check programme is being extended to cover all GP practices in Bristol. Consideration will also be given to extending the programme to other providers to ensure that we reach those most at risk.

Injury Prevention Programme

Current contracts:

- None

Plans for 2014/15:

- A change by DH to PHOF for emergency admissions requires extension of work from 0-18 years to 0-14 years and 15-24 years.
- To extend road safety activities into physical activity agenda.

Public Mental Health Programme

Current contracts:

- **Suicide Prevention** – counselling support for those bereaved by suicide contract with CRUSE , Suicide Prevention Awareness Training contract with Bristol Mind and Men's Health Forum small contract with Care Forum to host the forum.
- **Self Harm Prevention** – Self Harm Register and Service Improvement Programme (HIT) UOB/UHB.
- **CYP Emotional Health** – CYPS BCC
- **Race Equality in Mental Health** - policy and strategy development co-funded with AWP, contracts with community organisations undertaking anti-discrimination and BME mental health engagement with SARI, Off the Record, Nilaari, Re-think.
- **Social Prescribing and targeted prevention for mental health** – Social Prescribing -Positive Minds in Hartcliffe and Withywood, Health Related Welfare Benefits Advice – No Bristol Advice Service, East Bristol Advice Service, Child Poverty Action Group, CAB; Sexual Orientation and mental health – LGBT Mental Health.
- **Five Ways to Wellbeing** – train the trainer programme and targeted training for commissioned from Happy City, plus ‘little book of Wow’ and other resources.

Plans for 2014-15:

To further align with CCG Modernising Mental Health Programme and BCC, develop co-design of DRE with MH provider, maintain strong focus on suicide and self harm prevention, develop multi –sector approach to ‘No Health Without Mental Health’ Bristol, increase focus on CYP emotional wellbeing.

Health Exclusion and Vulnerable Groups

Current contracts:

- Gypsies and Travellers – Specialist Health Visitor (NBT), community development and engagement (BCC Travellers Team)
- People with Learning Disability – the Misfits Theatre Company
- BME and Migrant Health – BME Blood and Transplant Campaign – Faith Forum / BCC, Bristol Young Peoples Leadership Programme, Show Racism the Red Card
- Deaf and Wellness – Parenting Classes (Deaf Parents UK), access to health programme (BCC)
- Offender Health – exercise on release (various fitness centres), Healthy Prison and prison health champions (HMP Bristol), HNA for Bristol Probation Service

Plans for 2014-15:

To continue focus on current programmes, aligning and integrating with BCC where possible, to strengthen work on BME and Migrant Health in partnership with CCG and BCC, to develop offender health programme and to undertake an equality audit of public health programmes to identify gaps and clarify leadership responsibility.

Older People

Current contracts:

- Centre for sustainable energy – Fuel Poverty
- Bristol Care and Repair/Kid Rapt – Safety equipment
- Lifeskills – Education
- LiNKage – Activities for older people
- UHB – Improving nutrition for older people

Plans for 2014/15:

- Double the reach of the Home Safety Scheme for most vulnerable families
- Create a neighbourhood safety net for falls which builds on social isolation and dementia work.
- Foot care proposal – follow up
- Cooking skills - LiNKage

VAAWG Programme

Current contracts:

- Safer Bristol Pooled budget
(Joint commissioning of a variety of support services for victims and perpetrators)
- Domestic Abuse Advisors UH Bristol
- Domestic Abuse Advisors NBT - Survive
- BME Outreach Domestic Abuse Crisis Work Next Link
- IRIS Domestic Abuse in Primary Care Next Link
- MARAC support for both Acute Hospital Trusts – NBT, UH Bristol

Plans for 2014-15:

Joint Commissioned Contracts being retendered

Health Improvement Programme

Current contracts:

- Knowle West Health Park
- Wellspring Healthy Living Centre
- Knowle West Health Association
- Hartcliffe Health and Environment Action Group (HHEAG)
- Avonmouth Community Centre
- Lawrence Weston Farm
- Forward –(FGM outreach work in Inner City)
- Bristol Community Radio (BCfm) Limited
- Centre for Sustainable Energy (helpline)
- Working in Southmead for Health (WISH)

All projects subject to annual review with respect to:

- health improvement outcomes
- value for money
- addressing health inequalities
- targeting those most at risk.

NHS Commissioning Intentions 2014 +

- National Strategy process ‘A Call to Action’ setting out the overall priorities in the late autumn.
- Includes Primary Care – local conversations planned asking:
 - How should Primary Care be developed for the next 5 years to meet rising demand?
 - How does it keep people well, and provide quick, appropriate access when people need it?
 - Best ways of managing more people’s long term conditions?
 - How to develop buildings and technology.
 - Workforce requirements.

- Public Health Commissioning:
 - New immunisations.
 - More Health Visitors.
 - Family Nurse Partnerships for vulnerable families.
- Specialised Services
 - Managing the impact of standardised requirements for services, which may see some local services change.
- Health and Justice – developing work with Police Service on care into custody suites.

Wider Determinants of Health

Bristol City Council

Community Investment Fund

- Outcome 1: The VCS is supported to deliver effective services to local communities –
Funding stream - VCS infrastructure support
- Outcome 2: Communities are stronger and more resilient
Funding streams – Centres for Community Action, Stronger Communities, Small Annual Grants, Community Voice and Influence, Promoting Cohesion
- Outcome 3: Inequality for deprived, disadvantaged and excluded communities is reduced
Funding streams – Community Advice Services and Tackling Discrimination
- Supporting victims of hate crime – Grant to be transferred to Safer Bristol

VAAWG (through Safer Bristol)

- Resettlement Support
- Safe House provision
- Crisis Response Team
- CYPS Safe House + Resettlement Service
- Survivor Groupwork
- Stopping Violence
- Victim Support – IDVA
- BME IDVA
- Community Based Service (Northern/Southern Arc)

Preventing Homelessness

- High support services – new contracts
- Floating support and young parents support services – commenced July 2013
- Lower support accommodation – starts October 2013
- Wraparound Services – contracts awarded for mentoring and mediation. Grant agreements for services that assist homeless households find work
- Specialist accommodation and support services for younger people with higher support needs – plan has been approved
- Outstanding commissioning plans 2014/15 – Compass Centre – likely early 2014.
- Need for medium support has been identified
- Two floating support services for offenders is transferring to Safer Bristol