

# People Scrutiny Commission

## Agenda



**Date:** Monday, 26 September 2016

**Time:** 10.00 am

**Venue:** A Committee Room - City Hall, College Green,  
Bristol, BS1 5TR

### Distribution:

**Councillors:** Brenda Massey (Chair), Jos Clark (Vice-Chair), Lesley Alexander, Mark Brain, Eleanor Combley, Anna Keen, Gill Kirk, Cleo Lake, Celia Phipps, Ruth Pickersgill, Liz Radford, Education Co-optee's John Swainston, Roger White and Expert Witness - Judith Brown

**Copies to:** John Readman (Strategic Director - People), Hilary Brooks (Service Director, Care and Support - Children & Families), Michele Farmer (Service Director Early Help and Targeted Support), Mike Hennessey (Service Director, Care and Support - Adults), Paul Jacobs (Service Director Education & Skills), Karen Blong (Policy Advisor) and Claudette Campbell (Democratic Services Officer)

Notification to:

- Tony Jones CCG
- Cabinet Members
- Healthwatch
- Self-led Groups Bristol City Council
- Youth Council

**Issued by:** Claudette Campbell, Democratic Services

City Hall, PO Box 3167, Bristol, BS3 9FS

Tel: 0117 92 22342

E-mail: [democratic.services@bristol.gov.uk](mailto:democratic.services@bristol.gov.uk)

**Date:** Friday, 16 September 2016

# Agenda

## 1. Welcome, Introduction and Safety Information

Chair Councillor Brenda Massey

(Pages 5 - 6)

## 2. Apologies for Absence and Substitutions

## 3. Declarations of Interest

To note any interests relevant to the consideration of items on the agenda.

Any declarations of interest made at the meeting which is not on the register of interests should be notified to the Monitoring Officer for inclusion.

## 4. Minutes of Previous Meeting

To agree the minutes of the previous meeting as a correct record.

### a) Minutes of AGM on 18th July 20016

(Pages 7 - 15)

### b) Minutes of Meeting In Common with South Gloucestershire Health Committee 12th August 2016

(Pages 16 - 27)

### c) Actions from 18th July 2016

(Pages 28 - 29)

## 5. Chair's Business

To note any announcements from the Chair

## 6. Public Forum

Up to 30 minutes is allowed for this item.

Any member of the public or Councillor may participate in Public Forum. The detailed arrangements for so doing are set out in the Public Information Sheet at the back of this agenda. Public Forum items should be emailed to [democratic.services@bristol.gov.uk](mailto:democratic.services@bristol.gov.uk) and please note that the following deadlines will apply in relation to this meeting:-



Questions - Written questions must be received 3 clear working days prior to the meeting. For this meeting, this means that your question(s) must be received in this office at the latest by **5 pm on Tuesday 20<sup>th</sup> September 2016**.

Petitions and Statements - Petitions and statements must be received on the working day prior to the meeting. For this meeting this means that your submission must be received in this office at the latest by **12.00 noon on Friday 23<sup>rd</sup> September 2016**.

- |   |                        |
|---|------------------------|
| <b>7. Bristol's Strategy for Children, Young People and Families &amp; Children and Family Partnership Work Programme</b> | <b>10.15 am</b>        |
| Michelle Farmer - Service Director; Early Help and Targeted Support   | <b>(Pages 30 - 35)</b> |

To consider the final draft and provide comments to be included in the final strategy document that will be agreed by Cabinet in November.

- |   |                        |
|---|------------------------|
| <b>a) Appendix A Draft Strategy 'Children &amp; Families Partnership'</b> | <b>(Pages 36 - 42)</b> |
| <b>b) Presentation on the Strategy</b>                                    | <b>(Pages 43 - 56)</b> |

- |  |                        |
|--|------------------------|
| <b>8. Bristol Children's Services Improvement Plan 2016 - 2017</b>     | <b>10.45 am</b>        |
| Hilary Brooks, Service Director – Care and Support Children & Families | <b>(Pages 57 - 63)</b> |

The report presents the draft Children’s Services Improvement Plan 2016/17 prior to going to Cabinet for approval in October 2016.

The Members of the Neighbourhood Scrutiny Commission invited to join for the presentation of this item.

- |                                  |                        |
|----------------------------------|------------------------|
| <b>a) Summary of Progress</b>    | <b>(Pages 64 - 66)</b> |
| <b>b) Year 2 Getting to Good</b> | <b>(Pages 67 - 82)</b> |

- |                                     |                 |
|-------------------------------------|-----------------|
| <b>9. Break</b>                     | <b>11.15 am</b> |
| Committee will break for 10 minutes |                 |



- 10. Introduction to the Cabinet Member for City Health and Wellbeing** **11.30 am**  
Councillor Fi Hance
- 11. Performance Report for 2016 - 2017 Quarter 1** **11.40 am**  
**(Pages 83 - 93)**
- 12. Risk Register** **12.00 pm**  
**(Pages 94 - 108)**
- 13. Adult Social Care Strategic Plan 2016-2020** **12.20 pm**  
Mike Hennessey – Service Director Care and Support (Adults)  
**(Pages 109 - 112)**
- a) The draft ASC Strategic Plan** **(Pages 113 - 122)**
- 14. Work Programme - For Information**  
**(Pages 123 - 124)**



# Public Information Sheet

Inspection of Papers - Local Government  
(Access to Information) Act 1985

You can find papers for all our meetings on our website at [www.bristol.gov.uk](http://www.bristol.gov.uk).

You can also inspect papers at the City Hall Reception, College Green, Bristol, BS1 5TR.

Other formats and languages and assistance  
For those with hearing impairment

You can get committee papers in other formats (e.g. large print, audio tape, braille etc) or in community languages by contacting the Democratic Services Officer. Please give as much notice as possible. We cannot guarantee re-formatting or translation of papers before the date of a particular meeting.

Committee rooms are fitted with induction loops to assist people with hearing impairment. If you require any assistance with this please speak to the Democratic Services Officer.

## Public Forum

Members of the public may make a written statement ask a question or present a petition to most meetings. Your statement or question will be sent to the Committee and be available in the meeting room one hour before the meeting. Please submit it to [democratic.services@bristol.gov.uk](mailto:democratic.services@bristol.gov.uk) or Democratic Services Section, City Hall, College Green, Bristol BS1 5UY. The following requirements apply:

- The statement is received no later than **12.00 noon on the working day before the meeting** and is about a matter which is the responsibility of the committee concerned.
- The question is received no later than **three clear working days before the meeting**.

Any statement submitted should be no longer than one side of A4 paper. If the statement is longer than this, then for reasons of cost, only the first sheet will be copied and made available at the meeting. For copyright reasons, we are unable to reproduce or publish newspaper or magazine articles that may be attached to statements.

By participating in public forum business, we will assume that you have consented to your name and the details of your submission being recorded and circulated to the committee. This information will also be made available at the meeting to which it relates and placed in the official minute book as a public record (available from Democratic Services).

We will try to remove personal information such as contact details. However, because of time constraints we cannot guarantee this, and you may therefore wish to consider if your statement

contains information that you would prefer not to be in the public domain. Public Forum statements will not be posted on the council's website. Other committee papers may be placed on the council's website and information in them may be searchable on the internet.

### **Process during the meeting:**

- Public Forum is normally one of the first items on the agenda, although statements and petitions that relate to specific items on the agenda may be taken just before the item concerned.
- There will be no debate on statements or petitions.
- The Chair will call each submission in turn. When you are invited to speak, please make sure that your presentation focuses on the key issues that you would like Members to consider. This will have the greatest impact.
- Your time allocation may have to be strictly limited if there are a lot of submissions.
- If there are a large number of submissions on one matter a representative may be requested to speak on the groups behalf.
- If you do not attend or speak at the meeting at which your public forum submission is being taken your statement will be noted by Members.

### Webcasting/ Recording of meetings

Members of the public attending meetings or taking part in Public forum are advised that all Full Council and Cabinet meetings and some other committee meetings are now filmed for live or subsequent broadcast via the council's [webcasting pages](#). The whole of the meeting is filmed (except where there are confidential or exempt items) and the footage will be available for two years. If you ask a question or make a representation, then you are likely to be filmed and will be deemed to have given your consent to this. If you do not wish to be filmed you need to make yourself known to the webcasting staff. However, the Openness of Local Government Bodies Regulations 2014 now means that persons attending meetings may take photographs, film and audio record the proceedings and report on the meeting (Oral commentary is not permitted during the meeting as it would be disruptive). Members of the public should therefore be aware that they may be filmed by others attending and that is not within the council's control.

**Bristol City Council**  
**Minutes of the People Scrutiny Commission**

**18 July 2016 at 10.00 am**



**Members Present:-**

**Councillors:** Brenda Massey (Chair), Jos Clark (Vice-Chair), Mark Brain, Eleanor Combley, Gill Kirk, Celia Phipps, Ruth Pickersgill and Liz Radford

**Officers in Attendance:-**

John Readman (Strategic Director - People), Hilary Brooks (Service Director, Care and Support - Children & Families), Mike Hennessey (Service Director, Care and Support - Adults), Annette Jones (Interim Service Manager - Additional Learning Needs), Rob Logan, Karen Blong (Policy Advisor) and Claudette Campbell (Democratic Services Officer)

**1. Welcome, introduction and safety information**

Cllr Brenda Massey (Chair of People Scrutiny Commission) welcomed everyone to the meeting and led introductions.

**2. Apologies for absence**

Apologies were received from Cllr Keen and Cllr Alexander. Cllr Windows joined the meeting as Substitute for Cllr Alexander.

**3. Election of Vice-Chair 2016-17**

Cllr Jos Clark was nominated by Cllr Mark Brain as Vice-Chair and Agreed by all present.

**4. Declarations of interest**

None

**5. Minutes of the previous meeting**

Resolved:



That the Minutes of the meeting of the commission held on the 18<sup>th</sup> February 2016 be agreed as a correct record and signed by the Chair.

## 6. Public forum

None for this meeting.

The two items received on the subject of the independent reports and findings about the services in the Bristol Royal Hospital for Children, to be taken to the Joint Health Scrutiny scheduled for 12<sup>th</sup> August 2016 @ 10am, City Hall Bristol.

## 7. Introductory presentation from the People Directorate Leadership Team

John Readman, Strategic Director for People was joined by the following officers to provide the Commission Members with an overview of the service provision within the remit of the People Directorate.

The full presentation can be viewed as a supplementary document on [www.bristol.gov.uk](http://www.bristol.gov.uk) in the Council Meetings section.

### Management Team

- Paul Jacobs – Service Director, Education & Skills (Directorate Lead for Scrutiny)
- Hilary Brooks – Service Director, Care & Support – Children & Families
- Michele Farmer – Service Director, Early Intervention & Targeted Support
- Mike Hennessey - Service Director, Care & Support Adults, Statutory Director of Adult Social Services
- Netta Meadows – Service Director, Strategic Commissioning & Commercial Relations

### Joined by:

- Rob Logan – Service Manager Contracts & Quality
- Annette Jones – Interim Service Manager Additional Learning Needs

### What the People Directorate cover:

- Education and Skills
- Care & Support - Children & Families
- Early Intervention & Targeted Support
- Care & Support - Adults
- Strategic Commissioning & Commercial Relations

### Developing the City Vision – Our Contribution

- Learning City
- Health and Wellbeing Strategy



- Adult Social Care Strategic Plan
- Children, Young People & Families Strategy 2016-2020 Led by the Children & Families Partnership (Information about the consultation shared via Members Bulletin 4)
- Safeguarding Boards – Annual Report and Business Plan
- Getting to Good: Children’s Services Improvement Plan – Led by Bristol City Council

The following comments were noted following the presentation:

- a. Members sought clarity on how the Commission commented and provided input on development issues relating to the Directorate.
- b. Members were informed that previously development issues were reported to the commission at the start of the process for comment and input. At the completion of the consultation and development process and prior to going to Cabinet for Decision, a final report would return to the commission for final sign off.
- c. The question of Budget and management of resources was central to how the service balances the ambition of the City with the increasing demand for the service.
- d. The Chair requested that the online information about the Directorate be updated including the organisation chart.
  - Action: Karen Blong to provide copy of organisation Chart to Commission Members.
- e. Members informed that enquiries to Service Directors and Managers were welcome.

#### Resolved:

- i. To note the presentation

## 8. Annual business report

The commission received a report from Claudette Campbell Democratic Services officer, Clerk to the People Scrutiny Commission. Members were asked to note the Terms of Reference and the areas of work that fell within the Commission remit.

- a. Members to note that Housing Solution now formed part of the Neighbourhood Directorate and therefore that Scrutiny Commission.
- b. Members agreed to continue with the addition of the following co-optees at times that their specialist input were required on reports, presented to formal Scrutiny meetings.
  - Judith Brown, Expert Witness for Bristol Older People’s Forum and Bristol Aging Better
  - John Swainston, Education representative from the Church of England Diocese
  - Roger White, Education representative as Parent Governor Representative
  - Education representative from the Roman Catholic Diocese vacant. John Swainston explained that both church diocese worked with limited resources, attempting to manage partnership working amongst local authorities and other partners, with very small teams as a consequence not always able to cover all meetings.
- c. Future dates for Scrutiny meetings agreed, with one change in November, as follows:



- 10am 12<sup>th</sup> August 2016 – Joint Health Scrutiny with South Gloucestershire
- 10am 26<sup>th</sup> September 2016
- 2pm 20<sup>th</sup> October 2016
- 10am 21<sup>st</sup> November 2016
- 2pm 19<sup>th</sup> December 2016
- 10am 23<sup>rd</sup> January 2016
- 2pm 20<sup>th</sup> February 2016
- 10am 27<sup>th</sup> March 2017
- 10am 28<sup>th</sup> April 2017
- 10am 5<sup>th</sup> June 2017

**Resolved:**

i. **To note the Report**

**9. Introduction to Cabinet members**

Cabinet Member for People Cllr Clare Campion-Smith provided the Commission with a brief summary of her background including her work within Adult Social Care. The following was shared:

- Mayor Rees' commitment to Children's Centre and school Breakfast Clubs. Acknowledged that there is no direct control over Breakfast Club provision but the vision is for them to be widely available to those who have a need.
- The recently published cross party report titled 'The 1001 Critical Days – The Importance of the Conception to Age Two Period' report. That illustrates the effect of adverse environments, such as domestic violence, on a child. A copy available on line at [www.wavetrust.org](http://www.wavetrust.org).
- Services that support earlier years are viewed as critical and their delivery supported within the given resources. There is an opportunity for new thinking to maintain services across the City.
- Acknowledged the success of the Youth Mayor and Youth Council shadow board initiatives that had been ongoing for approximately 4yrs. That this initiative would be encouraged and promoted amongst local authorities.
- Child population in Bristol had increased by 10.8% , above the national average of 8% . The budget, that support children services although held static would be impacted because of this growth.

Cabinet Member for Education and Skills Cllr Claire Hiscott introduced herself to the Commission.

- A health professional and pharmacist with experience as a school governor. Committed to reducing inequalities in education, to support opportunity for all.
- To ensure that as corporate parents we do all we can to support children in care and care leavers.
- To promote the work of the Learning City Partnership, that links Schools with Business and the Universities in the City to ensure that every Bristol young person has a passport for employability. Learning City Partnership had been recognised by UNESCO.

**Resolved:**



- i. **The Commission welcomed the contribution of the Cabinet Members.**

## 10 Overview of the 2015-16 work programme

The Commission received Cllr Lesley Alexander apologies and in her absence Karen Blong, Scrutiny Officer and John Readman provided Members with an overview of the work programme that ran 2015 to 2016.

- The past Scrutiny Commission maximised various formats to allow feeding in of information
  - 6 Formal Scrutiny Commission Meetings – Public
  - Working Groups at which members were able to deep dive into specific issues, with invited guests
  - Workshops – to allow for development of a collective view
  - Briefing session – an opportunity for information to be provided to Members
- Scrutiny were able to request updates on matters of interest/current affairs for example when Kids Company went into Administration, a request was made for an impact report on how the folding of the company reflected on Bristol children/young people service delivery.
- The Commission received regular reports from:
  - Health and Wellbeing Board work programme – presented by the Chairs of the Health and Wellbeing Board (joint with Neighbourhoods)
  - Health Providers - Quality Account reports
  - Annual Education Performance – All Key Stages
  - Integrated Education & Capital Strategy – Place Councillors invited to attend
  - Recommendations of the Adult Safeguarding Board Including Annual Adults Safeguarding Report
  - Annual Safeguarding Children’s Report
  - Corporate Parenting Strategy and Pledge to Children in Care and Care Leavers

The comments that followed the presentation are noted in section 13: Scrutiny Priorities.

### **Resolved:**

- i. **To note the presentation.**

## 11 Mental health working group report



The Commission received a report on the recommendations of the People Scrutiny commission 2015/16 Mental Health Working Group.

The Commission requested to:

1. Formally agree the report and the recommendations within. Following formal ratification Officers to create an action plan to be monitored.
2. To refer the report to the Health & Wellbeing Board for discussion.
3. To note that the report recommendations had been presented and accepted by Cabinet on the 4<sup>th</sup> July 2016.

The following was noted from the discussion that followed:

- a. The report made 13 recommendations.
- b. The Strategy was for the whole city and to enhance partnership working.
- c. Targeted quick wins to be undertaken by the City Council to raise the profile of mental health at local and national level.
- d. A Mental Health Summit is scheduled to take place on the 10<sup>th</sup> October 2016.
- e. The report concentrated on Adult needs but work to be done on the mental health in children.
- f. It was reported that the newly drafted Volunteer Prospectus failed to list Mental Health as a priority and work was underway to rectify this omission.

#### **Resolved**

- i. **That the report and recommendation noted.**
- ii. **That the report would be submitted to the Health & Wellbeing Board.**
- iii. **That the Action Plan would form a part of the report Work Programme for monitoring.**

#### **12 Performance report for 2015-16 - Quarter 4**

The Commission was presented with the quarter 4 performance progress report that gave a summary on the main areas of progress towards delivery of the Corporate Plan 2014-17.

- The report was presented to enable Members new to the Commission to obtain an overview of the service with its milestones and performance issues.
- The People Directorate had a number of highly regulated service areas and a duty to respond to Government data returns.
- The performance indicators monitored were based on the themes established over the past 3 years. Target indicators were previously agreed with Service Managers and Directors to support delivery within available resources.

The following noted from the discussion that followed:



- a. Members requested explanations of a number of figures and the RAG system. There was some uncertainty how the percentage figures should be read, whether at a glance they are looking for percentage decrease/increase.
- b. To improve understanding a 'crib sheet' with simple sentence that explained what the indicators represented and the ultimate goal.
  - a. Action: Mark Wakefield, Service Manager Performance & Infrastructure to provide.
- c. Explanation was provided to Members on what was to be achieved by showing Direct Payments as an indicator and the meaning of Social prescribing.
- d. The indicator for disabled people living independently was at amber, this was an unintended consequence of the discharge model, discharge to assess. When service users are allocated a care home often they wish to continue their stay beyond the given period because of the support provided in that environment.
- e. The report indicators did not separate out those disabled by Dementia.
- f. Members noted that the report was set out in thematic bands that allowed for related issues to be viewed and considered together.
- g. Members raised a question on how the LA influenced education targets when many schools fell into the category of Academies. The City Council continues to be accountable to Department for Education, for the provision of education throughout the City. Work continues to broker good relationship amongst education providers which had proved successful in many areas particularly supporting improving outcomes for student in care. The principles and practices of the school improvement board developed to encourage the sharing of good practices between schools. Education authorities are working together in Bristol and this is having a positive impact on overall outcomes.
- h. Members considered a future presentation on the changes in key stage measurements.
  - a. Action: Noted for Scrutiny Work Programme.
- i. Action: Mark Wakefield to email Members with the on link and instructions for accessing performance data and available to assist with navigating the system.

**Resolved:**

- i. **That the quarter 4 reported be noted.**

**13 Discussion on scrutiny priorities**

The Chair, Brenda Massey and John Readman Strategic Director People, invited the Commission Members and invited Co-optees to provide suggestions on subjects for the work programme for discussion at the Overview and Scrutiny planning workshop session scheduled for the 9<sup>th</sup> September 2016.

The following was noted from the discussion that followed.

- a. The Commission covered a wide span of service areas and time was needed to properly examine areas of concern.
- b. Acknowledged the valuable input into the Housing Landlord letting Agreement policy and the re-commissioning of the Home Care services.

### Work Programme Suggestions

- School Admission Arrangements – how to address the inequalities that exist between certain areas in respect of access to excelling schools
- Education
  - Explanation on the changes in measuring improvements in primary pupil outcomes
  - Strategy on the provision of a further secondary school to meet the population growth
  - Possible opportunities that the change in legislation that enables education authorities to establish Grammar schools
  - Local Authority working relationship with multi academy trusts
  - Youth Links – service provision
  - Opportunities for Care Leavers
  - Changes to SENCO responsibilities
  - Early Years Development
  - Disabled young people into work
- Foster Care provision – changes
- Health and Social Care – working with Health care providers and the discharge model
- Better Aging Better – Update report on position following funding award
- Bristol City of Sanctuary – update on position of Asylum Seekers
- Young People –
  - input from the Youth Council
    - on area of work particularly how volunteering being used as a way into work
  - impact of Homelessness on young people
- Voluntary sector and Volunteering – joint session
  - Contribution to social prescribing

### Resolved:

- i. **That the suggestions provided considered for the work programme planning session**



**The next meeting on 12<sup>th</sup> August @ 10am City Hall – Meeting In Common with South Gloucestershire Health Scrutiny Committee, to receive the Report of UHB Trust’s Response on the Independent Reviews of the Bristol Royal Hospital for Children.**

**Next People Scrutiny Commission – 10am 26<sup>th</sup> September 2016 City Hall Committee Room.**

Meeting ended at 1.00 pm

**CHAIR** \_\_\_\_\_



**Bristol City Council  
Minutes of the People Scrutiny Commission**

**12 August 2016 at 10.00 am**



**Bristol City Council Councillors and Officers**

**Members Present:-**

**Councillors:** Brenda Massey (Chair), Lesley Alexander, Eleanor Combley and Anna Keen, Gill Kirk, Cleo Lake, Liz Radford and Clare Campion-Smith

**Officers in Attendance:-**

John Readman (Strategic Director - People), Hilary Brooks (Service Director, Care and Support - Children & Families) and Nancy Rollason (Service Manager Legal), Karen Blong (Scrutiny), Louise deCordova (Democratic Services)

**Others in attendance:-**

Dr Jo Copping

**South Gloucestershire Councillors and Officers**

**Members Present:-**

**Councillors:** Toby Savage, (Chair), Kaye Barrett, April Begley, Robert Griffin, Paul Hardwick, Shirley Holloway, Sue Hope, Trevor Jones (substitute for Janet Biggin), Ian Scott

**Officers in Attendance:-**

Claire Rees (Public Health)

**Others in attendance:-**

UHB: Robert Woolley, Sean O'Kelly, Carolyn Mills, Ian Barrington (substitute for Bryony Strachan)

CCG: Jill Sheppard, Guy Stenson, Tony Jones

NHS England: Linda Prosser, Vaughan Lewis

**1. Apologies for Absence**

Apologies for absence were received from, Councillor Jos Clark, Councillor Mark Brain, Councillor Celia Phipps, Councillor Ruth Pickersgill, Councillor Sarah Pomfret, Councillor Erica Williams, Councillor Gloria



Steven, Bryony Strachan – UHB Clinical Chair, Division Women’s and Childrens, Mark Pietroni – Director of Public Health, South Gloucestershire.

## 2. Declarations of Interest

There were no declarations of interest.

## 3. Welcome, Introduction and Safety Information

In accordance with previously agreed arrangements, Councillor Brenda Massey, (Bristol), took the role of Chair and Councillor Toby Savage (South Gloucestershire), took the role of Vice-Chair.

The Chair led welcome and introductions and outlined the Health Scrutiny requirement and Meeting in Common powers in full as outlined in the agenda papers.

## 4. Public Forum

The Committee considered the public forum statements received as follows with Daphne Havercroft and Allyn Condon in attendance:

Statement 1	Yolanda and Steve Turner	The Bristol Review into Cardiac Services at Bristol Royal Hospital for Children 2010-2014
Statement 2	Daphne Havercroft	Children’s Cardiac Services – Risk Management
Statement 3	Allyn Condon	UH Bristol Trust Progress of the Verita recommendations
Statement 4	Katharine Tylko	The Bristol Review – improvements in the safety of children’s congenital heart surgery nationwide

## 5. Independent Reports Relating to the Bristol Royal Hospital for Children, 2016

The Committee considered the report presented by Robert Woolley, Chief Executive University Hospitals Bristol NHS Foundation Trust, accompanied by Sean O’Kelly, Medical Director, Carolyn Mills, Chief Nurse, Ian Barrington.

Which set out the Trust’s response, to the Independent Review of Children’s Cardiac Services in Bristol and the Trust’s response to the two independent reports published on 30 June 2016, namely the report of the Independent Review of Children’s Cardiac Services in Bristol and a Review of pre-operative, peri-operative and postoperative care in cardiac surgical services at Bristol Royal Hospital for Children. And presented the University Hospitals Bristol NHS Foundation Trust’s Cardiac Review Action Plan.



Robert Woolley (RW) summarised the UHB response to failings identified in the report and made the following points.

- a. Clarified that the CQC have stayed involved and have carried out random sample cases with audits targeting most complex cases. Separate independent clinical experts have been used to analyse case notes. Eleanor Grey had sight of the findings before she concluded her review. CQC did a comprehensive inspection in September 2014 with 70 inspectors. Review found services for CYP at UHB in 2014 were good overall, specifically good for safety.
- b. In April 2016, NICOR published audit of all specialised children's cardiac centres and found outcomes and standards of care were comparable with standards in other UK centres.
- c. In 2016 new a national congenital heart disease review announced results of assessments of all units against the new standards. Announced intention to cease commissioning from three units in England. UHB was not one of these and would receive support to comply with all commissioning standards (which came in from April 16).

RW read out the independent review conclusions and CQC conclusions and concluded with the following points:

- d. Recognition that UHB fully accept findings, got things wrong in a number of ways. Care feel below acceptable standards, did not respond to parents concerns, apologised unreservedly and repeat this today.
- e. Pleased that upon review standards now found acceptable, but must get it right for every parent every time. Have already taken number of actions and will describe significant improvements in response to questions later.
- f. Referred to Chapter 14 which set out actions already taken and Appendix A3 which sets out the action plan against recommendations. Thirty-two recommendations apply in the main to the Trust and also to NHSE and DoH.
- g. Issue of consent is one area that is being looked at – how can parents know exactly what they are consenting to; the way that incidents are dealt with. Grieving parents should not be expected to navigate the system of complaints handling– CDR, CQC, ombudsman, etc.
- h. The result has been a confusing picture for all, UHB was inefficient in communications.
- i. Staffing is major theme and paediatric cardiac intensive care provision across country needs to be addressed.
- j. Failings in the report are not ones that persist now. Great deal of external assurance in place. Acknowledged the role parents played improvements made nationally and confirmed willingness to bring progress reports back to Committee. Agreed to facilitate visits by Councillors to the units.

**Action: Officers to facilitate visits for Councillors to the units**



## Members' questions

- Q1. What are the current staffing arrangements and are there sufficient staff and are bank or agency staff being used?
- RW confirmed that as soon as CQC came in in 2012 they responded immediately to ensure ratio of staff to beds was correct. Subsequently invested significantly in staffing, dedicated HDU with 5 beds, 1 nurse to 2 patients on remainder of ward is 1 staff to 3 patients. £3m invested.
  - Ian Barrington (IB) confirmed that staff had been under significant pressure, had believed that using bank and agency staff to relieve this was acceptable at the time, but have now realised was not acceptable. Full establishment of staff, fully recruited to post. Additional challenge faced around staff retention. Significant effort invested and have developed faculty of nurse education and clinical skills base on the ward. Occasionally use agency staff for annual leave or sickness cover, but have full complement of permanent staff.
- Q2. When parents raised the issue of staffing through complaints, was resources an issue at the time? Did NHSE have to release funding to address staff issues?
- RW confirmed that there wasn't a resource issue in terms of staffing numbers on the ward – genuinely believed staffing model operating was safe, but knew it wasn't sustainable. With hindsight realise this wasn't the case. There was recognition that volumes were growing in terms of demand and complexity was increasing. Chapter 11 of report states that there wasn't a resource constraint in 2012. After CQC inspection, commissioners responded immediately with the resource to create HDU.
- Q3. Is there now a robust process in place to manage complaints?
- Reflected long and hard on how to manage complaints. The review outlines that they regrettably used the process to serve their own needs and on a number occasions lost sight that a grieving family was at the end of a complaint. Has been confusion between processes (CDR, etc) and it was not clear how to involve parents and keep them informed throughout the process.
  - Need to present a single face to family. Need a case manager to be the single POC for the families. Reviewed complaints policy and amended guidelines for staff about which procedure should follow.
  - IB – more done to address parents' concerns straight away. Every bed space has a chart for parents to say if unhappy with any aspect of child's care. Concerns are included in documentation on daily basis and addressed by a Matron who speaks to any family who is not happy each day.



- Q4. How do we as a whole health service respond to potential issues in terms of service delivery?
- g. NHSE has carried out a thorough review of congenital heart services nationally. It includes an agreed set of standards, developed with families, for every aspect of care for the children. Concerns raised by parents have informed the detail in the commissioning and monitoring standards.
- Q5. With reference to paediatric intensive care unit beds and responsibility for coverage of the south west for planned admissions and emergencies. This is expensive. What do you feel you need to do or can do to minimise risk?
- h. Invested in another intensive care bed and staff to go with it through agreement with commissioners. NHSE now needs to do a national review of capacity set against likely future demand. There are times of the year (winter) when availability of IC beds is low, a poor service meaning families need to travel 50-100 miles for intensive care. The Review asks NHSE to do a national review of IC bed availability.
  - i. Vaughan Lewis (VL) confirmed that a review was planned to start this month and carried out rapidly with initial outcomes delivered by the end of 2016. Review of numbers of beds, look at the split between HD and IC beds, so NHSE can make judgement.
  - j. Cover transport of critically ill children and also look at service for children with cardiac and respiratory disease.
- Q6. Previously at committee we asked about why the HDU was not put in place in time and UHB said that had asked for one, but NHSE said no. However, looking at the Review report, (p43, section 1.95) it makes it clear that the Trust had not provided commissioners with right information. Feels UHB had not been honest with the committee before. What would have happened if CQC not done an inspection?
- k. RW apologised that the impression was given that they were passing the buck to commissioners previously. Confirmed that UHB was accountable for anything it did. They genuinely didn't believe there was a safety concern before. The Division and the Trust had been planning ahead appropriately to secure resources to get the HDU.
  - l. Confirmed that they got it wrong in that they did not work at sufficient pace and the pressures on the ward had been greater than they appreciated at that time.
- Q7. Consent process and policy review? How linked together? (p284 and p283)
- m. Sean O'K (SO) There will be representatives from the general surgical division as well as children's division, plus parents. Linking with Association of Anaesthetists regarding consent



around anaesthesia as well. IB – have also been working with parents on consents within cardiac unit.

Q8. Have there been any changes in the Trust senior leadership team since 2012 and if so why?

n. Have been changes but no disciplinary reasons for changes. There is now a strong connection between Management Board and Clinical leaders with departmental lead clinicians and department managers going to Management Board.

Q9. Please confirm parent experience for out patient's appointments, proposals for psychological support, and links with Wales.

- o. IB – a high volume area. Working to increase number of clinics and staff. Confirmed it was not easy to recruit consultant cardiologists, but appointments have been made recently.
- p. Recruited new full time psychologist working purely with paediatric surgery service. The further recommendations in the Review report will be addressed.
- q. In April established a formal network for congenital heart services that covers Wales and South West, which includes a network and a board with parental representation to reduce fragmentation.

Q10. Provide detail of staff training regarding engagement with parents / families and how developing further, for example recent Kings Fund re. collaborative partnerships

- r. CM – communication is a key challenge. Staff training in place for two professional groups, nurses and doctors. Key part of registration phase is communication skills. Have put support in place in children's service around psychology for staff and families. Above this is process about how we engage strategically, not easy to see from high level data.
- s. IB – families involved in consent pathway. Also, involved families in rewriting of info sent out to families' pre and post hospital.
- t. Planning a conversations week in September whereby all senior staff touring the hospital to talk to patients/families.
- u. The goal is for every patient and family to know who to go to if want an answer or want to contribute.

Q11. The Vice Chair asked for both oral public statements to be addressed by UHB. What is UHB's response?

- v. RW confirmed he would respond to Daphne Havercroft's risk management points during this section of the meeting, and then respond to Allyn Condon's oral statement as part of his opening remarks on the Verita report.



(The Vice Chair agreed to that approach)

- w. RW – confirmed that the risk in question was analysed in detail in chapter 11, section 12. With reference to analysis of risk in NHS. Every risk is classified for its inherent risk, this is why risk '1901' was rated as high. Once mitigations were considered for example the use of temporary staff, the residual risk was then assessed, which resulted in a medium risk rating.
- x. The risk was around sustainability not safety. Eleanor Grey concludes that the effectiveness of the mitigations was not being tested sufficiently robustly at the level at which the risk was assessed. An opportunity was missed in 2011 when a risk assessment was missed. Confirmed there was increased focus on how they manage risk in the organisation. It was very complex. Stated a personal determined to improve on it. External people have been invited in, problems were found in 2011 and 2014. Continue to work on this area. Had a review in 2015 by Deloitte which was reported to Fdn Trust regulator and they found that there was openness and transparency in the organisation. Received recommendations on how to keep focus, which UHB is following through.

Q12. Question for NHSE and its response to recommendations in the Action Plan

- y. VL has been in discussion with RW. NHSE Director of SC will receive action plan. Timescale for completion by the end of the calendar year.

Q13. Don't think timescales are good enough?

- z. NHSE gone through rigorous assessment of 12 key standards across country. Implementation Group been set up from each of regional teams and meets weekly regarding action plans to meet standards.

Q14. Patient groups involved in developing standards?

- aa. Implementation group has patients on it. Congenital heart disease network board will have parent representation. Integral involvement of parent and user involvement throughout the whole process.

Q15. Staffing contingency plans re. Brexit and changes to nurse bursaries?

- bb. Ongoing challenge, UHB in good position regarding registered nurses, strong across England but have a few hotspots. Each division has plans for staffing.
- cc. Bursary changes impact – difficult to predict. Been in discussions with UWE to determine figures for 2017. Limiting factor at the moment is placement capacity. Working collaboratively with UWE to make UHB an attractive place to train.



Q16. How is UHB complying with recommendation around having a database manager?

dd. IB – Do not yet have a full time data manager (part time 0.8 at moment). Looking at how they can work with other areas to pool the Data Management resource and create resilience.

Q17. The Vice Chair referred to para 1.78 and 1.79. How is Robert Whoolley and his senior team now being informed of concerns?

- ee. There is a far greater connection between Board, the senior leadership (clinicians and managers coming together with executives) and the push of standards for risk assessment and management deeper into the organisation. There is a clear process for reporting concerns.
- ff. Currently refreshing the 'Speaking Out' Policy for Whistleblowers. Last staff survey showed that they are fastest moving trust in terms of improving staff engagement.

(The Committee broke for recess at 11.40am and reconvened at 11.55am)

## 6. Verita Report - University Hospital Bristol Trust Response Appendix B

The Committee considered a report presented by Robert Woolley on the Independent investigation into the management response to allegations about staff behaviours related to the death of a baby at Bristol Children's Hospital.

The points below were noted in the question and answer session that followed:

Summarised the key points that triggered the Veritas investigation and management response to the conclusion's detailed in the Veritas summarised as follows:

- a. Staff behaviour; a meeting where parents were given inaccurate information about the timing of tests; an episode in a CDR feedback meeting, (during a recess the consultants continued to discuss matters after parents left the room and when they realised they were still being recorded, one suggested it be deleted). The Trust investigated this and as stated p297.
- b. An allegation in an email from a parent about a cover up by staff which linked to a deeper allegation that clinical staff had been responsible for Ben's death on IC unit. That is why Verita was commissioned to do the investigation into the management response to the allegations.
- c. The Trust were keen that Ben's family was able to influence the Terms of reference for the investigation and feed their concerns into the investigation.
- d. The Report is the management response to staff behaviour subsequent to Ben's death. Confirmed that that there had been a formal inquest a few weeks ago, it did not find that failings in the care given to Ben, had caused Ben's death. Confirmed that Ben's family do not accept this finding and there are differences in opinion.



- e. Acknowledged that Ben's family feel consultant staff have lied, but this was not the conclusion of the Trust. Nonetheless the investigation shows that the Trust has let Ben's family down in a number of ways. The Trust missed a number of opportunities to engage proactively and candidly with Ben's family. Delays in complaints being investigated, contributed to a sense of mistrust and suspicion. The senior management team failed to get a grip of the complaint at first, and then subsequently the complexity of the investigation and response required.
- f. Veritas report states that the Trust hadn't explained sufficiently what they had found. Thereby the Trust's responses have compounded the issue with its poor responses and communications.
- g. The Trust had begun to deliver the 9 recommendations, p300, the action plan demonstrates the progress made. This was shared with Ben's parents, who disputed the contents, before it went to the Trust's Board. This was discussed openly in a Board meeting. In response to recommendation 9 the Board agreed to identification of a senior clinician within the Trust from a different division to meet with Ben's parents and to understand the outstanding concerns and endeavour to agree a plan to answer those concerns. So it is a work in progress.
- h. Ben's father has raised concern that the Trust is trying to lump in other matters to Recommendation 9 but this is not the intent.
- i. With reference to Recommendation 3 – undertook a formal investigation 'through maintaining high professional standards' process and shared broad conclusions with Ben's parents. The Trust's interpretation is that there is a need to share more information on this to demonstrate that the investigation was robust but was unable to share the whole report due to a duty of care to the staff concerned. Legal advice is pending on this.

### Members Questions:

- Q1. There is acknowledgement of the apology for failure and that recommendations are being worked on but no mention of disciplinary actions. Noted that some dates outstanding , for example recommendation 9 has no date against it. This family has gone through a terrible tragedy, are they getting any help with their legal costs?
- j. The formal investigation previously described is a preliminary to any disciplinary action if this is required, and the Trust concluded that this was not required. Recommendation 9 completion timescale remains open until both parties agree that as much as possible has been done, hence this attempt to reengage via a senior clinician from other area.
  - k. Question on legal advice is fair challenge – Trust didn't anticipate that there would be a legal obstruction in terms of releasing the report mentioned at recommendation 3, but this is position the Trust is in. Confirmed that he is determined to find a way to prove the investigation was robust.
  - l. Success of reengagement depends on the Trusts ability to answer questions to the family's satisfaction. There are avenues for independent investigation by the family which won't incur legal costs, but this is a consideration that could be needed at later date if warranted.



- Q2. Will they make a commitment for financial provision of legal support to family within next two months?
- m. Confirmed that they were happy to do that.
- Q3. With reference to Recommendation 30 keeping families informed and provision of opportunities to be involved in design changes.
- n. There is a review of cardiac improvements and revision of complaints provision families are involved .
- Q4. Has there been a change in practice?
- o. Current process - issues are addressed in a letter to parents. The Trust Have strengthened the process for complex complaints to include table of issues and actions. Under pinning this, representatives from all divisions meet so that parents can be involved in the specifics of progressing an action. Parents have named contact for who to approach regarding further involvement.
- p. Wider PPI activity – confirmed that there are a number of complainants who want to be more involved via a Patient Public Network.
- Q5. What are the representatives from UHB and NHSE each going to do personally to ensure that what has been heard and read today won't happen again?
- q. RW – absolutely accept his accountability for the failings in these reports. Entirely incumbent on him to deliver recommendations in all the reports that they are taken forward at speed and done well and as far as possible are delivered with parents (if they wish) and it is done publicly with reports to board and future HOSC meetings. Personal commitment given to do everything in power to ensure done well and at pace.
- r. LP confirmed that in NHSE and in commissioning community the absolute commitment to ensure recommendations and actions plans are implemented.
- Q6. A personal response?
- s. VL referred to the standards document previously discussed and confirmed as clinical director that he will be working with directly with Trusts and to ensure with Trust via regular meetings that there are clear action plans in place to meet standards and read the paragraphs relating to the two specific standards i) for Level 1 units (like UHB) and the ii) palliative care and bereavement. These are both standards that are difficult to measure but the NHSE already have a number of processes in place to draw on. A dashboard is being developed and should



include these areas. NHSE will pursue these areas with Trusts and confirmed that he would feed back to colleagues in other areas to ensure they meet standards too.

Q7. Recommendations 2 and 8 have completion dates against them of September this year. Are you confident these will be met?

t. RW – yes.

Q8. There is a need to move forward not back. What date should we come back?

u. Confirmed that the Trust would comply with a timescale that the committee felt appropriate. Suggested 3 months to can update us on action plans and the same frequency going forward to update in entirety.

Q9. Concerned that community learning could be forgotten. How do we ensure learning is embodied going forward?

v. RW agreed. There is a constant struggle to demonstrate learning. This report calls for a partnership across the NHS with patients and families which is still not embedded fully in the service. UHB is committed to developing this partnership and that level of holding to account by the very people they serve. Need to address concerns at time occur, driving responsiveness and learning.

Q10. Reference to 5c Discharge planning? Progressing repatriation policy to regional hospitals?

w. RW confirmed strategy they have and the new congenital standards put in place. As regional, tertiary centre have responsibility across network of hospitals to assist local hospitals to have ability to care for patients where appropriate closer to their homes and where appropriate travel to Bristol for specialist care.

Q11. Support for bereaved families - training and dissemination of guidance to staff?

x. IB – a palliative care team is in place and have developed bereavement support in place. Now trying to bring both together in comprehensive way.

The Committee briefly discussed the appropriate timescales for an update on both reports.

The Committee agreed that the Trust return to committee in 3 months to provide a progress report on the Veritas report (Item 5) and return to committee in 6 months to provide an update for the cardiac (Item 6).

**Action: Officers to facilitate dates for further meetings.**



**Date of Next Meeting** (to be confirmed)

The meeting closed at 12.40pm

**CHAIR** \_\_\_\_\_



**Action Sheet – People Scrutiny Commission**  
**18<sup>th</sup> July 2016**

Minutes No.	Title of Report/ Description	Action and Deadline	Responsible officer	Action taken and date completed
<b>Action from 18<sup>th</sup> July 2016</b>				
	Welcome, introduction and safety information	The Chair requested that future agendas schedule a ten minute break half way through the meeting.	Claudette Campbell (CC), DSO	Ongoing request
	Introductory presentation from the People Directorate Leadership Team	<ul style="list-style-type: none"> <li>• The People Directorate organisation chart to be updated and circulated to Commission Members</li> <li>• Councillors to be sent further information about the Bristol’s strategy for children, young people and families*</li> </ul>	Karen Blong (KB), Policy Advisor to circulate once updated.	*Web link to the <a href="#">consultation survey</a> already sent as part of the 15 <sup>th</sup> July bulletin.
	Annual Business Report	The November meeting date to be changed from 21 <sup>st</sup> to the 24 <sup>th</sup> November.	CC	A possible meeting clash has been identified. The November meeting date will be agreed following the work planning workshop.
	Annual Business Report	Link to People Commission agenda papers to be sent to Council Equality Groups, HealthWatch and the Youth Council	CC	Ongoing request
	Introduction to Cabinet Members	Councillor Hance, Cabinet Member for City Health and Wellbeing to be invited to the September Scrutiny Commission meeting to introduce Cabinet portfolio.	KB	Cllr Hance accepted the invitation  Complete
	Last year’s work programme	Potential work programme items to be compiled for consideration at the work planning workshop in September	KB	Complete

Minutes No.	Title of Report/ Description	Action and Deadline	Responsible officer	Action taken and date completed
	Performance Report for Quarter 4 for 2015-16	<ul style="list-style-type: none"> <li>• A explanation crib sheet to be created to accompany future performance reports</li> <li>• Web link to the performance data base which provides detailed explanations to be sent to Councillors</li> <li>• Future reports should clearly explain decreasing / increasing figures.</li> </ul>	Mark Wakefield (MW) MW / KB  MW	The Performance Improvement Advisor circulated the requested information on 24 <sup>th</sup> August 2016
	Councillor priorities	<ul style="list-style-type: none"> <li>• Equality group manifestos to be circulated to the Commission Members</li> </ul>	KB	Complete

## BRISTOL CITY COUNCIL

### People Scrutiny

26<sup>th</sup> September 2016

**Report of:** Michele Farmer, Service Director: Early Help and Targeted Support

**Title:** Bristol's Strategy for Children, Young People and Families & the Children and Families Board Work Programme

**Ward:** Citywide

**Officer Presenting Report:** Michele Farmer

**Contact Telephone Number:** 0117 9222647

#### RECOMMENDATION

People Scrutiny are invited to:

- a. To review the draft Bristol Strategy for Children, Young People and families 2017 - 2021 and provide comments prior to its approval.

#### Summary

This report outlines work undertaken by the Children and Families Partnership to develop a new city strategy for children, young people and families and requests the input of People Scrutiny into the draft strategy.

It also provides context regarding the Children and Families Partnership and the development of their work programme.

## Policy

Bristol's Strategy for Children, Young People and Families (appendix 1) aims to:

- Establish a shared vision for the Partnership's work with children, young people and families
- Set out the focus of our shared work for the next four years
- Promote prevention and early intervention
- Provide the strategic context to drive future commissioning
- Support the implementation of the Mayoral City vision and other city planning
- Demonstrate how partners fulfil the duty to cooperate to improve children's wellbeing

This is the overarching strategy for the Children and Families Partnership. It focusses on shared priorities and does not detail all of the work of the partnership. It signposts to other strategies that the partnership have agreed, and includes a new city-wide outcome framework that will be used to improve the alignment of our future work.

## Consultation

### 1. Internal

A draft vision, a set of outcomes and proposed priorities were consulted on from June to August. All internal staff, including People Scrutiny, were invited to share their views and complete the on-line survey. Staff were also involved in consultation briefings.

### 2. External

A cross sector reference group supported communication with partners and helped shape the process of development to ensure the engagement of stakeholders.

The reference group jointly agreed the draft vision statement and the draft outcomes and priorities that were consulted on.

During the consultation period, we attended several events to promote the consultation and talk about the proposals. We also spent some time with community groups finding out what they felt was important.

We also made use of existing consultation data from children, young people, parents and carers, and engaged the Youth Council and Young Health Watch in the process.

All of the feedback has been amalgamated into the draft strategy, and an overview is provided in the slides at appendix 2. A full 'you said we did' will be published once the strategy is agreed.

### **3. Context**

The Children and Families Partnership Board instigated the development of this strategy in March 2016 and established a cross sector reference group to lead the process.

This has not been a refresh of an existing strategy or plan, but has built on, pulled together, and signposts to a number of existing strategic documents from across the Children and Families Partnership.

The Children and Families Partnership Board endorsed the draft strategy on the 8<sup>th</sup> of September 2016. They agreed to take the strategy to their networks and Governing Bodies to seek their commitment to the strategy, and their agreement to participate in more detailed action planning. This will include Cabinet.

The Partnership Board will then be asked at their meeting on November 3<sup>rd</sup> to agree the strategy having formally gained the support of partners.

The development of this strategy has run in parallel with other strategic planning such as the refresh of the Health and Wellbeing Strategy, the Children's Services Improvement Plan and the development of the Adult Social Care Strategic Plan, and links have been made where appropriate, for example:

- The same prioritisation criteria were used for the Health and Wellbeing strategy refresh and the Children, Young People and Families Strategy.
- The Children, Young People and Families Strategy and the draft Health and Wellbeing Strategy both propose the prioritisation of emotional health and wellbeing in the city. The Children, Young People and Families Strategy will also be working closely with the Health and Wellbeing Board to support delivery against their Healthy Weight priority.
- The Children's Services Improvement Plan forms part of a body of work sitting under this strategy and will deliver in this context
- Both the Strategy for Children, Young People and Families and the Adults Social Care Plan include intentions to embed a common three tier model of support.

### **4. The Children and Families Partnership Board and Work Programme**

The Strategy includes high level priorities that will remain relevant through the course of 2017 – 2021. The Children and Families Board will agree annual Action Plans for each of the priorities, and the Board will oversee and report on these. This work programme will be within the context of increasing demands and diminishing resources.

The Children and Families Partnership Board has four subgroups, which were established in spring 2016 and represent the breadth of the work of the partnership:

- Special Educational Needs and Disability
- Joint Health Outcomes
- Think Family
- Youth and Participation

The Action Plan for the strategy will illustrate how all of these subgroups will play a role in addressing the priorities included in the strategy. The Partnership Board will also need to work closely with communities, the Safer Bristol Partnership, the Health and Wellbeing Board and the Homes for Bristol Board in order to address the priorities and achieve the outcomes for children, young people and families.

The detail of the work programme will therefore be devised in partnership, but is likely to include the following in the first year:

- Ensure a smooth transition to new CAMHS provision through the Community Children's Health Partnership recommissioning, from 1st April 2017
- Pursue the local transformation of emotional health & wellbeing services, including the development of support for those who self-harm via a multi-agency Partnership Outreach Team pilot
- Promote and create positive, fun and challenging opportunities to help young people develop their confidence, creativity and resilience and enhance their health and wellbeing through investment in youth services and early years provision, and by promoting their engagement in the cultural life of the city
- Continued improvement of data sharing to improve learning outcomes for vulnerable groups, and the provision of targeted support for those most at risk of underachieving or being excluded from learning, including children with SEN and Disabilities, Looked After Children and Care Leavers, BME children and young people and those at risk of becoming involved with gangs
- Improve outcomes for care leavers by supporting the development of the young people's housing and independence pathway plan
- Develop an integrated early years model that supports maternal and peri-natal health and wellbeing which underpins service planning, and supports a model of Prevention and Early Intervention
- Ensure clear pathways for Care Leavers, keeping in touch, ensuring they are safe and in employment, education or training
- Inform the development of the Healthy Weight Strategy
- Share evidence and intelligence enabling us to refine what we do, and ensure we are offering help that works, so change for the better sustains.
- Further develop our predictive analytics capabilities

In line with the strategy intentions, the Partnership are committed to ensuring that children, young people and families are at the forefront of this work and that their views and experiences inform citywide decision making.

#### **5. Key dates for the agreement of Bristol's Strategy for Children, Young People and Families:**

- People Scrutiny – 26<sup>th</sup> September 2016
- Strategic Leadership Team – 27<sup>th</sup> September 2016
- Executive Board - 27<sup>th</sup> September 2016
- Cabinet Agenda Conference – 12<sup>th</sup> October 2016
- Cabinet – 1<sup>st</sup> November 2016
- Children and families partnership board – 3<sup>rd</sup> November 2016

## 6. Proposal

6.1 Scrutiny members are invited to feedback any comments or concerns regarding the draft strategy.

6.2 Scrutiny members are invited to feedback any concerns regarding the key dates

## 7. Other Options Considered

N/A

## 8. Risk Assessment

The Strategy and subsequent work programme will be delivered within the context of increasing demands and diminishing resources. All Partners will be responding to these pressures differently. The Partnership enables city oversight of impact but the partnership will need to manage ongoing prioritisation within this context.

## 9. Public Sector Equality Duties

9a) Before making a decision, section 149 Equality Act 2010 requires that each decision-maker considers the need to promote equality for persons with the following “protected characteristics”: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Each decision-maker must, therefore, have due regard to the need to:

- i) Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010.
- ii) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to --
  - remove or minimise disadvantage suffered by persons who share a relevant protected characteristic;
  - take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of people who do not share it (in relation to disabled people, this includes, in particular, steps to take account of disabled persons' disabilities);
  - encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- iii) Foster good relations between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to –
  - tackle prejudice; and
  - promote understanding.

9b) One of the key aims of the strategy is to narrow the gap in outcomes and reduce inequality across the City. A high level Equalities Impact Assessment is being undertaken to ensure that the draft strategy promotes **Page 34** advances equality of opportunity.

Detailed equalities impact assessments will continue to be carried out on individual actions/proposals/commissioning plans within the remit of the Children and Families Partnership Board.

## **Appendix**

- A. Bristol's Strategy for Children, Young People and Families (draft)
- B. Presentation: Bristol's Strategy for Children, Young People and Families 2017 – 2021 (includes consultation feedback)

# Children. & Families

PARTNERSHIP



**Bristol's Strategy for Children, Young People & Families  
2017 – 2021**

## INTRODUCTION

Bristol is one of the most vibrant, wealthy, well-educated and creative cities in the UK. There are 106,100 children and young people aged 0-19 living in the city and we want to ensure that they are all able to take advantage of the benefits of living here. Most do, but there are some children and young people who cannot, or who need help to do so. Bristol is a city of geographical inequality and poverty. The place we are born, or the place we live, is likely to dictate our life chances, unless actions are taken to change this.

This is a shared responsibility and requires a whole city response. Strong partnership working between organisations, businesses, and communities will help target effort and limited resources. By working together and sharing expertise, experience and commitment we can ensure the best outcomes at all stages of childhood, and support the most vulnerable.

The Children and Families Partnership work with children, young people and families, across sectors. We focus on the life chances and outcomes of children from conception to 19, and in some cases up to 25. We exist to promote their health and wellbeing and to safeguard vulnerable children, young people and families.

This strategy sets out the priorities that the Children and Families Partnership have agreed as the focus of our joint work for the next four years.

## VISION

***Bristol has bold ambitions for its children. All children get a good start in life, whatever their background and wherever they live. Together, the Partnership, is listening to their needs and aspirations.***

***We are investing early to prevent harm, helping families build lifelong resilience and self-reliance. All of us together, working beyond boundaries, across neighbourhoods - families, friends, communities and professionals.***

***Even the most vulnerable children are participating, shaping and enriching the life of the City. When they are at risk of harm, we act swiftly. We protect them, by listening to them and acting on their behalf to restore their rights – stability, permanence, security, education, health and wellbeing.***

***Whether at the start of life, or on the way through, no-one gets left behind***

## CHALLENGES AND OPPORTUNITIES



Poverty – financial, social and health deprivation – remains the leading predictor of poor life outcomes. In Bristol, **one in every four children**, live in poverty. These are the children whose life chances start or fall significantly behind that of their peers. In reality, if you walk through some of our neighbourhoods, almost **every other child** you pass is living with the effects of poverty. Elsewhere in the city, only **one in every fifty** children you see is living in poverty.

There is strong evidence that poor health is linked to social and economic disadvantage and deprivation which starts before birth and accumulates throughout life. If we are to effectively promote health and wellbeing and reduce cycles of health inequalities we need to take action before birth and across the life course.

Enabling **everyone** to have fair access to the opportunities Bristol offers, means addressing the root causes of poverty in the places where we know people are struggling. We need to work with communities to change this.

Our evidence base for this strategy is the [Joint Strategic Needs Assessment](#) along with evidence from recent work and feedback from consultation.

## OUTCOMES

The Partnership is committed to working across all sectors and with local communities to find solutions that improve the life chances of children, young people and families

The Partnership's work aims to achieve these outcomes:

<b>Safe &amp; Nurtured</b>	<ul style="list-style-type: none"> <li>• Have the best possible start in life; protected from abuse, neglect or harm, at home, at school and in the community, with a secure and supportive network of family or carers and friends</li> <li>• Live in a nurturing home, in a family setting, with additional help if needed, or, where necessary in a suitable care setting</li> <li>• Live in safe and stable accommodation, free from financial exclusion, and from fear indoors and out; giving the permanence and security upon which they can build</li> </ul>
<b>Healthy &amp; Active</b>	<ul style="list-style-type: none"> <li>• Have the best physical, dental and mental health possible, access to suitable health care and support in learning to make healthy, safe choices from the outset</li> <li>• Engage in opportunities to have fun and take part in activities, such as play, recreation and sport, which build independence and contribute to healthy growth and development at home, in education and in the community</li> </ul>
<b>Respected &amp; Involved</b>	<ul style="list-style-type: none"> <li>• Are heard and have control in decisions that affect them and the communities in which they live and learn</li> <li>• Aware of how their views, opinions and experiences have helped shape Bristol; the opportunities and services available to them, and the physical environment</li> <li>• Show respect, care and pride for other faiths communities, cultures, identities, backgrounds and experiences, and feel that their own culture, identity, background and experiences are valued by other people</li> </ul>
<b>Responsible &amp; Achieving</b>	<ul style="list-style-type: none"> <li>• Supported and inspired in early education and learning, and in the development of skills, confidence, individuality and aspirations at home, in education, in work, in the community and beyond</li> <li>• Engage in positive opportunities and are encouraged to play active and responsible roles at home, in education and in the community</li> <li>• Benefit from fair access to educational support in education and the community, to get on track, breaking down the barriers to better futures with access to experience of work and fair employment</li> </ul>

## PRIORITIES

The [strategies in place across the Children and Families Partnership](#) all play a role in ensuring that children and young people will achieve the outcomes, with the support of their families, friends and communities. However, we recognise that we need to come together to focus on

the following priorities to ensure the most vulnerable children and young people are able to achieve these outcomes.

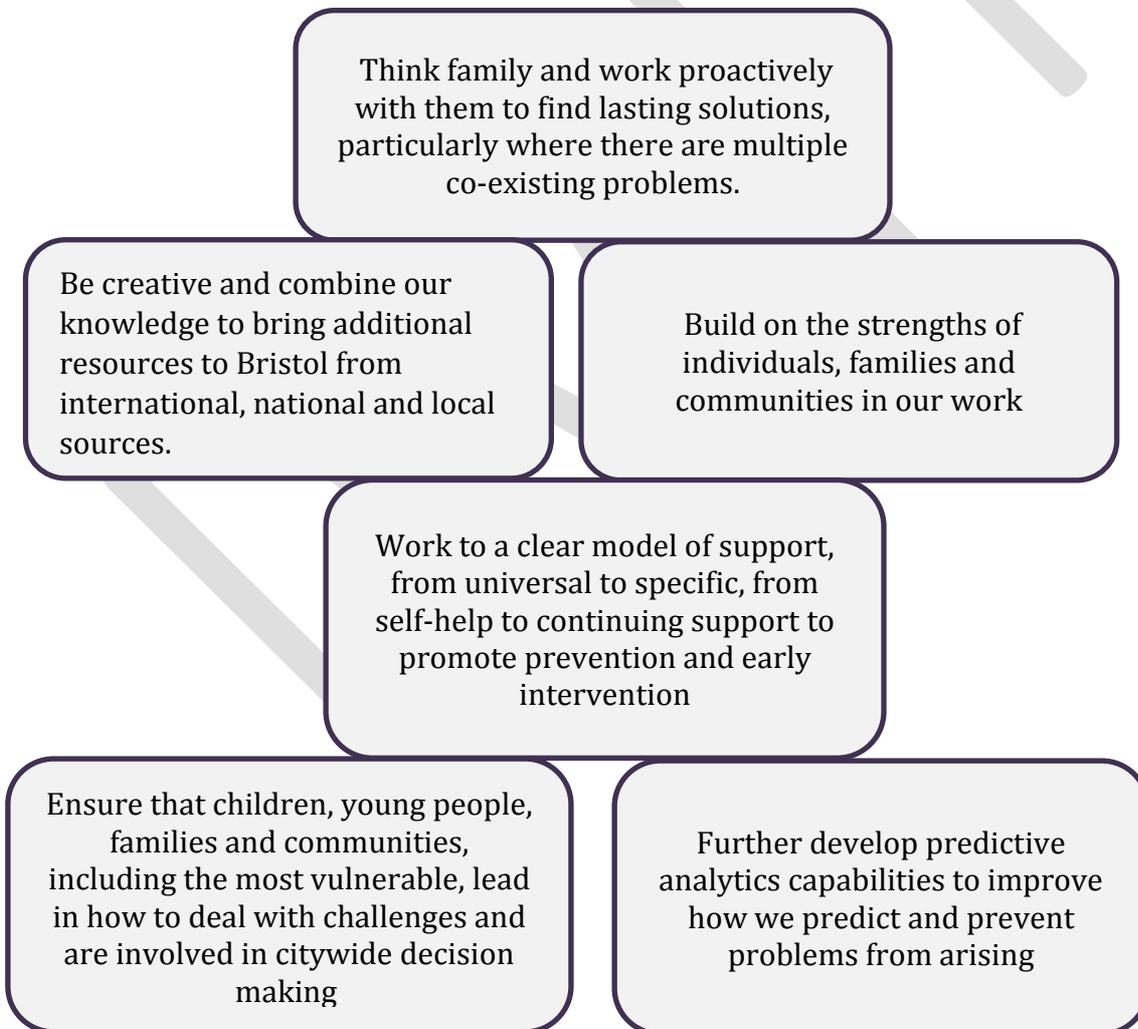
<p><b>1. Emotional Health and Wellbeing</b> (design – link to the Health and Wellbeing Board) Data Link: <a href="#">Emotional Health and Wellbeing in Bristol Needs Assessment 2015 (Children and Young People)</a></p>
<ul style="list-style-type: none"> <li>We will promote and create positive, fun and challenging opportunities to help children and young people develop their confidence, creativity and resilience through investment in youth services and early years provision, and by promoting their engagement in the cultural life of the city</li> <li>We will pursue the local transformation of emotional health &amp; wellbeing services and invest together in the things we know work to ensure that every child, everywhere, receives the right support, as early as possible</li> </ul>
<p><b>2. Safe and Inclusive Communities</b> (design – link to the Safer Bristol Partnership) Data Link to embed: <a href="#">Safer Bristol Crime and Disorder Strategic Assessment, January 2015</a> <a href="#">Bristol Domestic &amp; Sexual Abuse Needs Assessment 2013</a></p>
<ul style="list-style-type: none"> <li>We will work closely with partners including the Safer Bristol Partnership and share data that helps identify where violent incidents, coercion and exploitation are taking place, and act to protect the wellbeing of children and young people and keep them safe from harm</li> <li>We will work with families where there are multiple, complex needs, particularly where children and young people are living with the effects of drug and alcohol misuse and domestic violence and abuse</li> <li>We will continue to support the use of restorative approaches in the city and champion inclusion and diversity</li> </ul>
<p><b>3. Education, Employment &amp; Skills</b> (design – link to Learning City) <i>Awaiting link to new attainment figures</i></p>
<ul style="list-style-type: none"> <li>We will work with Bristol Learning City to help all young people make positive, informed choices that lead to interesting and inspiring careers</li> <li>We will improve learning outcomes for vulnerable groups, and provide targeted support for those most at risk of underachieving or being excluded from learning, including children with SEN and disabilities, Looked After Children, Care Leavers, BME children and young people and those at risk of becoming involved with gangs</li> </ul>
<p><b>4. Housing</b> (design – link to Bristol Homes Board) Link to the strategy / needs assessment: <a href="https://www.bristol.gov.uk/housing/housing-strategy-and-supporting-strategies">https://www.bristol.gov.uk/housing/housing-strategy-and-supporting-strategies</a></p>
<ul style="list-style-type: none"> <li>We will work with the Bristol Homes Board and support the Preventing Homeless Strategy to enable access to safe, stable, secure and affordable housing for vulnerable families and young people including children in care and care leavers</li> </ul>

## THE PARTNERSHIP AND GOVERNANCE ARRANGEMENTS

The Children and Families Partnership is one of [Bristol's City Partnerships](#). We work in partnership because addressing these issues is the responsibility of everyone who works and cares about children and young people.

The role of the Children and Families Partnership is to identify the needs of children, young people and families, and work with them to steer the whole city's response in order to give them the best possible start in life, reducing economic, educational and health inequalities. We join together and pool resources, targeting the right help, at the right time, to the right people to improve their life chances. It is about identifying people early, protecting them when needed, building their resilience and helping them to participate fully and independently in Bristol's economic, social and cultural life.

We are developing the following approaches that require agencies and organisations to work together effectively to support families, with a shared purpose to achieve joint outcomes. We will:



We work closely with other city Partnerships, so that we can be sure the needs of children, young people and families are at the forefront of decisions about housing, health, community safety and other important decisions across our city. You can find more about these here:

- [Health and Wellbeing Board](#)
- [Safer Bristol Partnership](#)
- [Bristol Learning City](#)
- [Bristol Safeguarding Children Board](#)
  - The Children and Families Partnership Board has a crucial relationship with the **Bristol Safeguarding Children Board** who ensures that there are robust arrangements in place across agencies to protect children and young people from harm and to promote their welfare. This includes effective information sharing. Everyone within the partnership follows agreed [policies and procedures](#).

The Children and Families Partnership Board are responsible for the delivery of this Strategy. The Board will develop annual Action Plans to deliver these priorities through the Partnership's subgroups and with other partners. These Action Plans will have clear measures so that we can check that the Strategy is making a difference.

The Action Plans, measures and relevant data are available [here](#).





# Bristol's Strategy for Children, Young People and Families 2017 - 2021

Michele Farmer,

Service Director, Early Intervention and Targetted support



People Directorate



# Strategy Development

- § Children and Families Partnership Board instigated development of a citywide strategy for children, young people and families in March 2016
- § A cross sector reference group was established to lead this process
- § This has not been a refresh of an existing strategy or plan, but has built on, pulled together, and signposts to a number of existing strategic documents from across the partnership
- § Significant changes during this period, eg. New Government, new Mayor, Brexit, budget reductions, Police Crime Commissioner Elections, new Councillors and Members
- § A draft vision, a set of outcomes and proposed priorities were consulted on from June to August



People Directorate



# Consultation Activity Overview

- § Public Survey – on citizenspace, Ask Bristol mailing list, BCC facebook page
- § Activity via CFP Twitter account, retweets included:
  - § Citizens Advice Bureau retweeted to 1,800
  - § Avon and Bristol Law Centre retweeted to 1,500
  - § Bristol Law Society retweeted to 1,500
  - § Bristol Parent Carers retweeted to 1,184
  - § Bristol Mum retweeted to 12,000
- § Attended groups and forums including:
  - § Special School Heads, Primary Heads Association Executive
- § Electronic Briefing circulated to over 40 local groups, forums and networks, including:
  - § Locality GPs
  - § Area multi agency networks
  - § VCS Network
  - § Equalities networks



# Consultation Activity

## § Children, young people and families

- § Existing consultation data, e.g. CCH commissioning
- § Youth Council
- § Young Health Watch
- § Rife Magazine
- § Existing statements of priorities, e.g. Our Journey Together, Youth Council Manifesto
- § One to one conversations with parents - Easton Families, Children's Centre M-Shed  
Parents conference & conversations led by partner organisations
- § Via schools newsletters – dependent on School Heads, shared on some school facebook pages
- § Bristol Parent Carers
- § The Bristol Mum tweeted to 12k parents
- § Public Survey



# Response to online survey

- § 408 people read through the online survey, 235 partial & 173 complete responses
- § 40 % Organisations/ businesses, 60% of which were VCS
- § 60% Individuals
- § 95% 18-65 (includes the person responding on behalf of an organisation)
- § 76% White British, 13 % other white, 7 % BME (includes the person responding on behalf of an organisation)

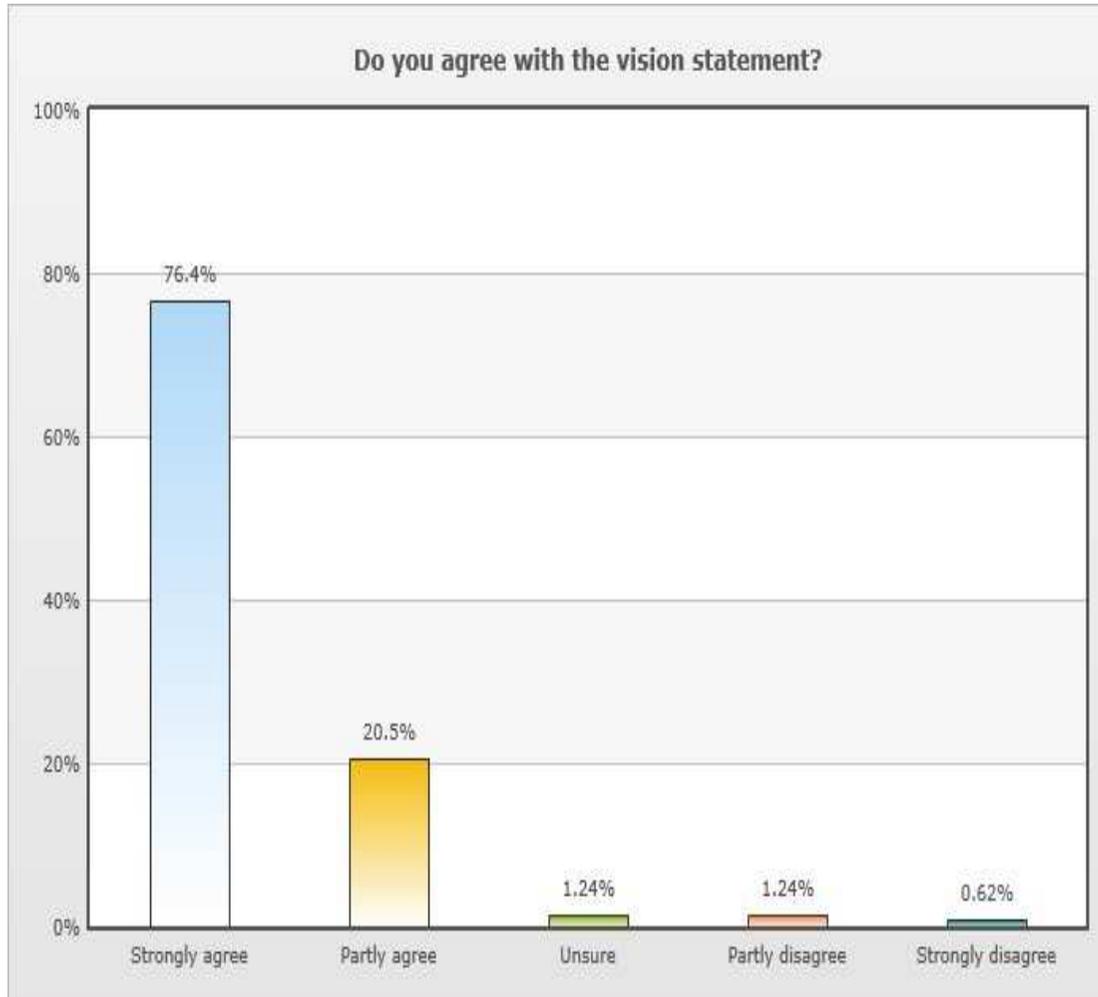
**Note: Equalities Impact Assessment is ongoing**



People Directorate



# Vision



## Feedback:

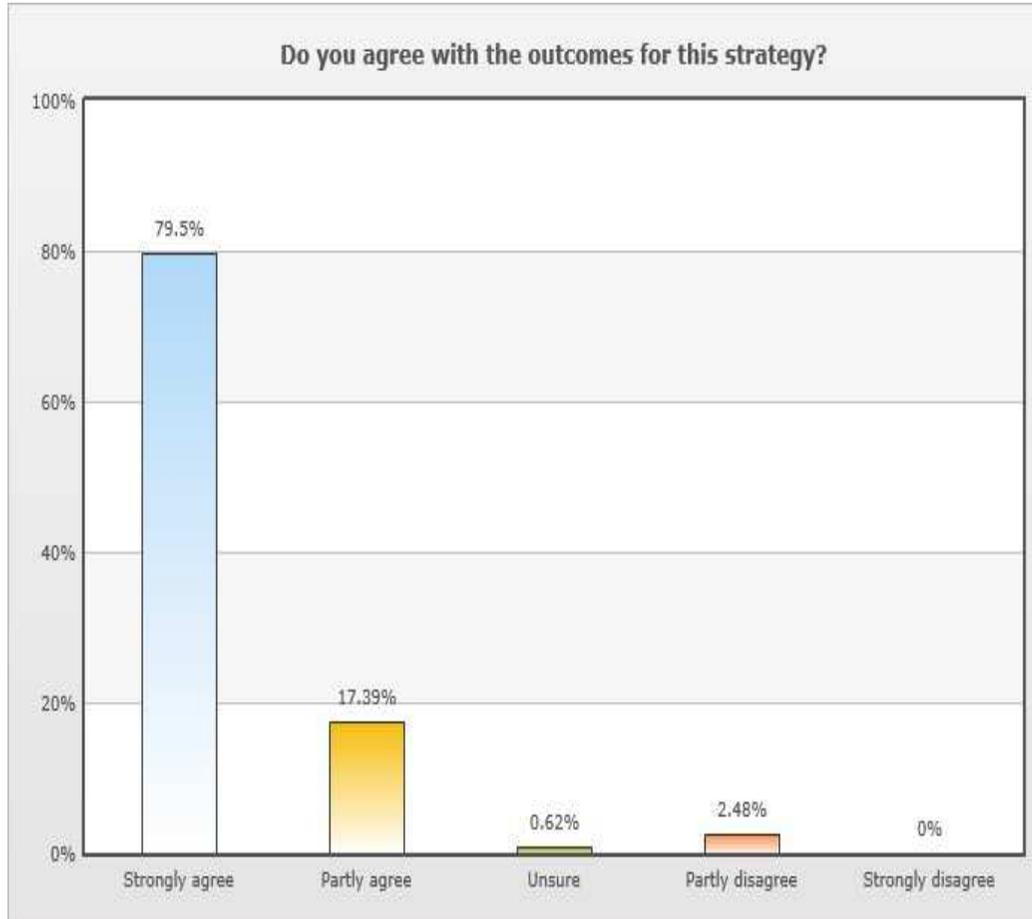
- Generally positive
- Comments primarily about language, specific wording
- Comments about general approach for the strategy, needing to be realistic and acknowledge reducing resources
- Comments relating to specific priorities

## Action

The vision statement was completely rewritten



# Outcomes



## Feedback:

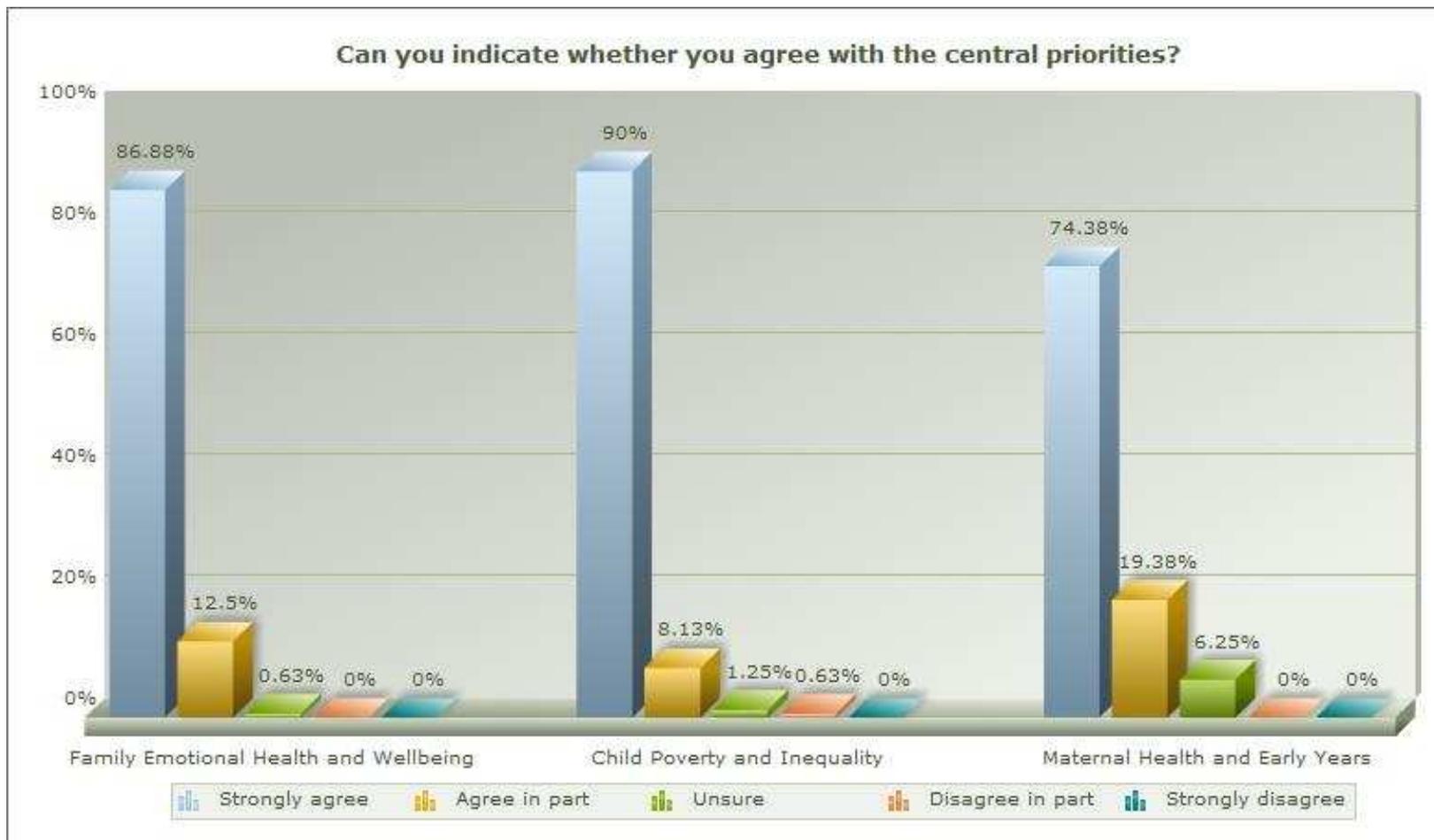
- Strong support for the outcomes
- Too many – suggest combine
- Need clear PI's and measures
- Comments on levels of need in the city and specific provision
- 'hard to disagree'
- More about culture and identity
- More about crime and anti-social behaviour

## Actions:

- Outcomes combined, reduced to 4
- Specific additions/edits
- Measures and baselines to be agreed and accessible online



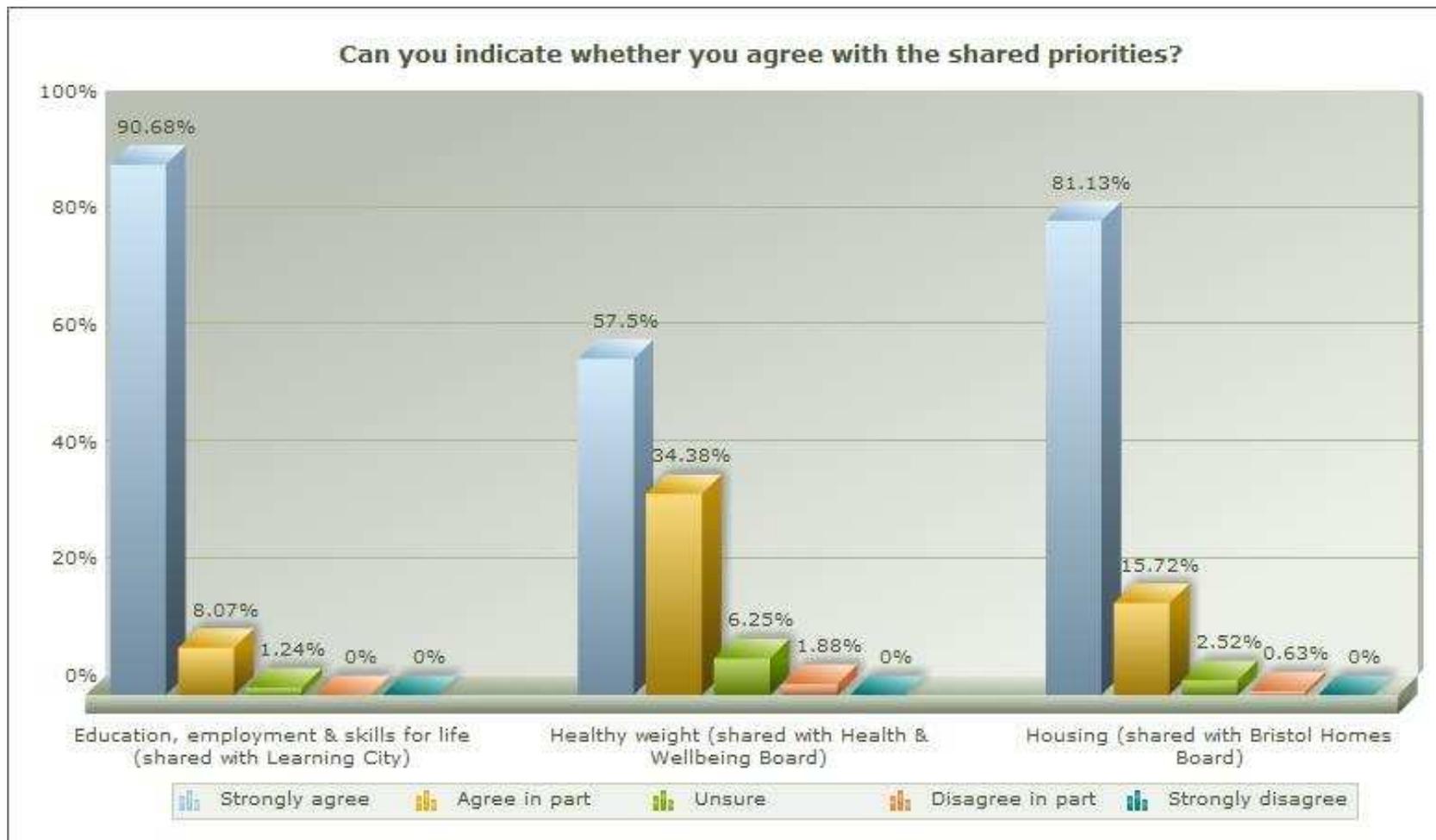
# Priorities



People Directorate



# Priorities



# Priorities – key messages

- § Should include more explicitly:
  - § Crime and anti-social behaviour
  - § Domestic Violence and Abuse
  - § Inclusion
  - § Diversity
  - § Communities
- § Maternal health – part of emotional health and wellbeing, should state this includes fathers
- § Early years – about partnership working and integration, not specific needs
- § Healthy weight – less support, not understood? Health and Wellbeing Board lead?
- § All of them are interrelated
- § Child poverty and inequality – significant risk factors for all priorities
- § *How we work* is crucial for success
- § Individuals and communities must lead in developing solutions



# Revised Priorities

## Proposal consulted on:

### Central priorities:

- § Emotional health and wellbeing
- § Child poverty and inequality
- § Maternal health and the early years

### Joint priorities:

- § Education, employment, skills for life
- § Housing
- § Healthy weight

## Priorities now included in strategy:

Child poverty and inequality a central issue

### Priorities:

- § Emotional health and wellbeing
- § Education, employment, skills for life
- § Housing
- § Safe and inclusive communities



# Working together

## Proposed:

### 'Cross cutting priorities'

- § Safeguarding
- § Early Intervention
- § Voice and Influence

### Feedback:

- § Support for them
- § Didn't like the language
- § About how we work, they are not as clear as priorities, but do require improvement/development

## Now included

### Developing Our Approach:

- § Think Family
- § Children, YP, families and communities leading
- § Strengths based approaches
- § Predictive analytics
- § Fundraising
- § Clear model of support (three tier)



# Next Steps

- § Strategy considered by partners governing bodies & networks - September to November 2016
- § BCC Strategic Leadership Team – 27<sup>th</sup> September 2016
- § Executive Board – 27<sup>th</sup> September 2016
- § Cabinet Agenda Conference – 12<sup>th</sup> October 2016
- § Cabinet – 1<sup>st</sup> November 2016
- § Children & Families Partnership Board – 3<sup>rd</sup> November 2016



# The Strategy

- § Appended to the report
- § Looks 'designed', but still in draft form
- § We welcome your comments



# People Scrutiny Commission

26 September 2016



**Report of:** John Readman, Strategic Director - People

**Title:** Bristol Children's Services Improvement Plan 2016 - 2017

**Ward:** Citywide

**Officer Presenting Report:** Hilary Brooks, Service Director - Care and Support Children & Families

**Contact Telephone Number:** 0117 903 7951

## Recommendation

- 1. To review the draft Children's Services Improvement Plan for 2016-2017 and provide comments prior to its approval.**
- 2. To endorse cross-Council support to deliver Improvement Plan priorities and corporate parenting responsibilities.**

## Summary

This report presents the draft Children's Services Improvement Plan 2016/17 prior to going to Cabinet for approval in October 2016. A summary of progress against delivery of the Bristol Children's Services Improvement Plan 2015-2016 is also provided.

## The significant issues in the report are:

As set out in the main report and within the draft Children's Services Improvement Plan 2016/17, provided at Appendix 2.



## Policy

1. The Improvement Plan will contribute to the new Bristol Strategy for Children, Young People and Families and its recognition of the need to address inequalities of health, wealth and opportunities in the city. The Improvement Plan forms part of a body of work sitting under the strategy and will deliver outcomes and priorities within it.

## Consultation

2. **Internal**  
All lead officers and teams that contribute to the Improvement Plan.
3. **External**  
All lead officers and teams that contribute to the Improvement Plan.  
On approval, the Improvement Plan will be shared with relevant partner agencies and member groups, including Corporate Parenting Panel and Bristol Safeguarding Children Board.

## Context

### 4. Introduction

- 4.1 Services for children in need of help and protection, children looked after, and care leavers in Bristol were inspected by Ofsted in October 2014. The overall judgement was that services for these children ‘required improvement’. This included an ‘inadequate’ judgement for the experience and progress of care leavers and a ‘good’ judgement for adoption services.
- 4.2 ‘Getting to Good’ Bristol Children’s Services Improvement Plan 2015-2016, approved by Cabinet in February 2015, was developed to respond to the recommendations following the Ofsted inspection. The Plan focused on the actions required to secure improvement and deliver consistently good services for children and young people in Bristol. Ofsted endorsed the Plan, with praise for “ambitious targets, clear lines of accountability, and strong monitoring arrangements”.
- 4.3 The Plan was designed to provide opportunities to engage the whole Council and partners in the delivery of improved outcomes for some of the most vulnerable children and young people in the City. This was further enhanced by the launch of the Corporate Parenting Strategy and Pledge to Children in Care and Care Leavers, which was approved by Cabinet and endorsed by Full Council in November 2015. Ensuring good outcomes for all looked after children and care leavers is a priority for the Council and the collective responsibility of members and officers as Corporate Parents.
- 4.4 Strong governance arrangements have underpinned the delivery of improvement work. A Children’s Services Improvement Board was established to oversee implementation of the Plan, and to ensure sufficient progress was achieved and deadlines were met. The Board comprises senior leaders and is chaired by the Strategic Director of People to review the Plan on a monthly basis. Regular reporting on progress to Members has taken place through the Assistant Mayor (People) on a monthly basis and the People Directorate Scrutiny every six months. The Bristol

Safeguarding Children Board also monitors the progress of the Plan and it was shared with the Children and Families Board.

- 4.5 The Improvement Plan will contribute to the new Bristol Strategy for Children, Young People and Families and its recognition of the need to address inequalities of health, wealth and opportunities in the city. The Improvement Plan forms part of a body of work sitting under the strategy and will deliver outcomes and priorities within it.

## 5. How have we done?

- 5.1 A collective focus and drive to deliver key improvement priorities identified by Ofsted have helped to secure sustained improvements in services for children in need of help, protection and in care. A review of progress against delivery of the Bristol Children’s Services Improvement Plan 2015-2016 was undertaken to understand the impact of changes and to identify areas for further improvement. A summary of progress is provided at Appendix 1.
- 5.2 A key area of focus has been to deliver improved services and outcomes for care leavers. Significant improvements have been made, including supporting staff to ensure that they are in touch with care leavers and that they have quality plans in place, as well as increasing the number of care leavers in education, employment and training (EET). For 2015/16 58% care leavers were in EET, an increase of 18 percentage points from 2014/15.
- 5.3 The progress to date in improving outcomes for Bristol care leavers was validated by a visit from the DfE Intervention Team in January 2016. This culminated in a letter from the Minister that praised the good progress made to address the issues raised by Ofsted and welcomed, *“the strong commitment throughout all levels of the Council to improve upon the support that care leavers receive and to ensure that they are given the right opportunities to succeed”*. The Minister was also satisfied that there is no need for further DfE visits, supporting the view of the Intervention Team that services for care leavers are no longer inadequate.
- 5.4 Sustainable changes to processes and structures have been made to secure improved educational outcomes for children in care. This includes improved tracking of children in care students, more robust support and challenge for schools, and improved Personal Education Plan (PEP) quality assurance arrangements and processes. This has culminated in improved outcomes including:
- The target of 80% of personal education plans (PEPs) being judged (at least) good against LA criteria is being achieved.
  - The target of 75% of all children in care accessing ‘good’ or ‘outstanding’ schools or alternative provision has been achieved. Currently 83.2% are placed in ‘good’ or ‘outstanding’ settings in Bristol, and 78.7% placed out of authority.
  - For summer 2015, national assessment performance was positive at Key Stages 1 and 2 and better than England averages. Key Stage 4 results were lower than England average.
- 5.5 Another key priority was to improve the quality of social work practice. Embedding the existing Quality Assurance Framework (QAF) for children’s social work, which included a large amount of audit work, has provided a better understanding of the strengths and weaknesses in social work practice. Pathway Plans for care leavers have shown improvement in quality and the

weaknesses identified around the oversight and challenge from the Independent Reviewing Officer (IRO) Service have been addressed, with 60% of IRO cases now judged to be “good” or better.

## 6. Bristol Children’s Services Improvement Plan 2016-17

- 6.1 Taking into account the progress made during the first year of the post-Ofsted inspection improvement journey, there remain significant challenges to address as we move into the second year.
- 6.2 The Bristol Children’s Services Improvement Plan 2016-17 (provided at Appendix 2) has been developed to reflect emerging priorities and to address known gaps against inspection frameworks. In order to deliver improved services and outcomes for children, young people and families, this Plan:
- Continues to respond to outstanding recommendations from 2014 Ofsted Children’s Services Inspection.
  - Responds to improvement priorities identified by audit, peer review, and independent review of children’s social care.
  - Responds to emerging systemic and demographic challenges and pressures.
  - Ensures that known gaps against relevant inspection frameworks are addressed.
- 6.3 The Year 2 Plan has a greater focus on improving the quality children’s social work. It responds to a recently commissioned independent review of children’s social care, which identified continuing challenges around:
- Increased demand on the system and complexity of care needs.
  - Retention and recruitment of the workforce.
  - Consistency of the quality of social work practice and management oversight.
- 6.4 The Year 1 Plan focussed exclusively on recommendations arising within Ofsted’s Single Inspection Framework (SIF) for inspecting local authority children’s services. The Year 2 Plan covers all elements of the existing SIF as well as the new multi-agency Joint Targeted Area Inspection (JTAI) framework, which assesses contact, referral and decision-making arrangements for children’s social care and the quality of practice in responding to referrals. The JTAI framework also includes a “deep dive” element, which will focus on children who are living with domestic abuse.
- 6.5 The Year 2 Plan is set within the context of increased demand for services and an increasingly challenging financial backdrop. The Plan aims to improve the way we manage demand for services, improve the quality of support we provide to our most vulnerable children, and further improve the outcomes for children in care and care leavers. This will be delivered via six thematic areas:
1. Provide consistently **good social work practice** for children and families.
  2. **Improve outcomes for care leavers** and enable them to move successfully to adulthood.
  3. **Improve outcomes for children in care** and act as an effective corporate parent.

4. Provide effective **leadership, management and governance** to ensure robust decision-making and manageable caseloads.
  5. Enable a **stable and resilient workforce** that feel valued and who choose to develop their careers in Bristol.
  6. Deliver effective **multi-agency contact and referral arrangements** for identifying and managing the range of risks of harm to children and young people.
- 6.6 To ensure that the Year 2 Plan uses available resources in the best way, improvement work will be focussed on priorities:
- That pose a significant risk to children’s outcomes.
  - That address system-wide and leadership challenges.
  - That provide assurance to leadership that key risks to the authority are mitigated.
  - That require additional coordination of resources or capacity to deliver the required change.
- 6.7 The additional resources to support improvement that were available during Year 1 in the form of project management capacity and fixed-term operational posts are coming to an end. In drawing up the Year 2 Plan, the actions identified to sustain gains made and to continue to improve have been designed within the context of existing resources only.
- 6.8 Consistent with Year 1, challenging targets have been set for key performance measures to help drive improvement. Targets are based on current performance, benchmarking information from Core Cities and Statistical Neighbours, and an assessment of the timing and efficacy of improvement actions.

## 7. Implementing the Year 2 Plan

- 7.1 This Plan aims to deliver consistently good services for children and families to ensure that children in Bristol are safe. More detailed operational plans that contribute to this Plan will drive individual service improvement. The necessary actions, targets and outcomes are incorporated into Service Delivery Plans and Team Plans.
- 7.2 The Plan sets out the actions that will be undertaken, the expected outcomes, improvement measures, lead officers, targets and due dates. The Plan will continue to be overseen by the Children’s Services Improvement Board and progress will be reported to Members and partners via existing arrangements.

## Proposal

8. Prior to Cabinet approval, People Scrutiny Commission are asked to:
1. **Review the draft Children’s Services Improvement Plan for 2016-2017 and provide comments.**
  2. **Endorse cross-Council support to deliver Improvement Plan priorities and corporate parenting responsibilities.**

## Other Options Considered

9. Children’s Services Improvement Board decided that a Year 2 Improvement Plan and its continued oversight by the Board were required to deliver necessary improvements against existing inspection frameworks and to respond to emerging challenges.

## Risk Assessment

10. The delivery of the Year 2 Improvement Plan with ongoing challenge and support by the Children’s Services Improvement Board is deemed to be the most effective way of ensuring that:
- Gaps against inspection frameworks are understood and acted upon
  - Improvement work is coordinated and its impact is understood
  - Monitoring and challenge arrangements are in place to ensure that improvement targets are delivered
  - Improvement actions and targets are owned and align with operation plans
  - Improvement priorities respond to emerging risks

## Public Sector Equality Duties

- 10a) Before making a decision, section 149 Equality Act 2010 requires that each decision-maker considers the need to promote equality for persons with the following “protected characteristics”: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Each decision-maker must, therefore, have due regard to the need to:
- i) Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010.
  - ii) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to --
    - remove or minimise disadvantage suffered by persons who share a relevant protected characteristic;
    - take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of people who do not share it (in relation to disabled people, this includes, in particular, steps to take account of disabled persons’ disabilities);
    - encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
  - iii) Foster good relations between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to –
    - tackle prejudice; and
    - promote understanding.

**10b)** The nature of this work does not require an equality impact assessment.

### **Legal and Resource Implications**

#### **Legal**

No decisions are requested from this report. Full legal implications will be provided for Cabinet approval.

#### **Financial**

##### **(a) Revenue**

No decisions are requested from this report. Full revenue financial implications will be provided for Cabinet approval.

##### **(b) Capital**

No decisions are requested from this report. Full capital financial implications will be provided for Cabinet approval.

#### **Land**

Not applicable

#### **Personnel**

Not applicable

### **Appendices:**

**Appendix 1 – Summary of progress against Bristol Children’s Services Improvement Plan 2015 – 2016**

**Appendix 2 - ‘Getting to Good’ Bristol Children’s Services Improvement Plan 2016 – 2017**

### **LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985**

#### **Background Papers:**

[2014 Ofsted Inspection Report – Bristol City Council Inspection of services for children in need of help and protection, children looked after and care leavers.](#)

[February 2015 Cabinet Report - Children’s Services Improvement Plan, in response to the Ofsted Inspection of services for children in need of help and protection, children looked after and care leavers.](#)

[November 2015 cabinet Report - Corporate Parenting Strategy and Pledge to Children in Care and Care Leavers](#)

## **Appendix 1 - Summary of progress against Bristol Children's Services Improvement Plan 2015 – 2016**

This document summarises key areas of progress across the four priority areas of the Bristol Children's Services Improvement Plan 2015-2016:

- i. Improved outcomes for care leavers** – to maintain regular contact with social workers, undertake effective Pathway Planning and increase the number of care leavers in education, employment and training
- ii. Consistently good social work practice** for children and families
- iii. Improved educational outcomes for children in care** – to close the attainment gap and complete all Personal Education Plans to a high standard
- iv. Leadership, Management and Governance** – including new corporate parenting strategy

### **1. Improved outcomes for care leavers:**

- **Supporting staff** to ensure that they are in touch with care leavers, that they have quality plans in place, and are delivering good quality work. Key targets for being “in touch” and having Pathway Plans in place have now been met.
- **EET outcomes for care leavers.** Joint work across the council and shared accountability has increased the proportion of care leavers in EET. For 2015/16 58% care leavers were in EET, an increase of 18 percentage points from 40% in 2014/15. There are also increasing numbers of care leavers entering Higher Education, with a new Higher Education offer supported by both Bristol universities.
- **Supporting care leavers in all facets of their life** including their health, accommodation, and financial support. A high proportion of young people have been able to “Stay Put” with their foster carers, which often leads to better outcomes. Innovative work with the DWP has also created a bespoke pathway to benefits for care leavers.
- **Prioritise the views and wishes of care leavers.** Structures are now in place to respond to care leavers' wishes and experiences. This includes involvement in the DfE supported New Belongings project, the appointment of a Care Leaver Ambassador apprentice, and development of a Participation Service with Barnardo's (at no cost to the Council).

### **2. Quality of Social Work Practice:**

- Embedding the existing Quality Assurance Framework (QAF) for children's social work. A large amount of audit work has taken place which has provided a better understanding of the strengths and weaknesses in social work practice. This learning has been used to target training for staff and has been shared with practitioners via

the feedback loop. Compliance with the QAF is improving and is being bolstered by audits from the leadership team, including members of the Improvement Board.

- Weaknesses identified around the oversight and challenge from the Independent Reviewing Officer (IRO) Service have been addressed, with 60% of IRO cases now judged to be “good” or better.
- Pathway Plans for Care leavers have also seen an improvement in quality and further improvement is expected following training and feedback.
- Ofsted identified weaknesses in arrangements to safeguard children and young people that went missing from home or care. Processes have been improved to record all instances on the Liquidlogic Children’s System, which are now shared and analysed with partners for a better multi-agency response.

### **3. Improved educational outcomes for children in care**

- The target of 75% of all children in care accessing ‘good’ or ‘outstanding’ schools or alternative provision has been achieved. Currently 83.2% are placed in ‘good’ or ‘outstanding’ settings in Bristol, and 78.7% of those placed out of authority.
- For summer 2015, national assessment performance for Bristol children in care was positive at Key Stages 1 and 2 and better than England averages (e.g. %L4+ Reading / Writing / Mathematics was 61% compared to 52% nationally) but inadequate at Key Stage 4 (e.g. %5+A\*-C (including English & Mathematics) 7% compared to 13.8% nationally). Key areas of progress include:
  - School Improvement Officer for Children in Care visits focussed on improving progress and outcomes through challenging but supportive visits (focus on key stages 4 and 2)
  - HOPE staff attend a high number of personal education plan meeting and act as advocates, especially where there has been underachievement.
  - Best practice is being shared through resource packs and active learning sets for school based professionals delivered by HOPE team.
- The target of 80% of personal education plans (PEPs) being judged (at least) good against LA criteria is being achieved.

### **4. Leadership, management and governance**

- Successful launch of the Corporate Parenting Strategy and Pledge to Children in Care and Care Leavers, approved by Cabinet in November 2015, which outlines how the Council and its partners intend to improve support for children in care and care leavers.

- Strong Governance arrangements have assisted the delivery of improvement work. The Plan is overseen by the Children’s Services Improvement Board, chaired by the Strategic Director for People. Regular review by Senior Leadership Team, Scrutiny, Corporate Parenting Panel and the Assistant Mayor ensures robust oversight from elected members and strengthens the Council’s role as Corporate Parent.
- The work of the Improvement Board and delivery leads named in the Plan have followed an approach to improving outcomes that required:
  - Shared accountability for improvement across teams and directorates
  - Focus on performance - up to date and accurate performance reporting which is visible to all
  - High aspirations reflected in challenging targets
  - Sustainable Change – systems, processes, and ways of working are embedded and not reliant on one-off funding

# 'Getting to Good'

## Bristol Children's Services Improvement Plan 2016 - 2017

Page 67

**September 2016**  
***Version 1.3***



Agenda Item 8b

## Introduction

Services for children in need of help and protection, children looked after, and care leavers in Bristol were inspected by Ofsted in October 2014. The overall judgement was that services for these children 'required improvement'. This included an 'inadequate' judgement for the experience and progress of care leavers and a 'good' judgement for adoption services.

'Getting to Good' Bristol Children's Services Improvement Plan 2015-2016, approved by Cabinet in February 2015, was developed to respond to the recommendations following the Ofsted inspection. The Plan focused on the actions required to secure improvement and deliver consistently good services for children and young people in Bristol. Ofsted endorsed the Plan, with praise for "ambitious targets, clear lines of accountability, and strong monitoring arrangements".

The Plan was designed to provide opportunities to engage the whole Council and partners in the delivery of improved outcomes for some of the most vulnerable children and young people in the City. This was further enhanced by the launch of the [Corporate Parenting Strategy and Pledge to Children in Care and Care Leavers](#), which was approved by Cabinet and endorsed by Full Council in November 2015. Ensuring good outcomes for all looked after children and care leavers is a priority for the Council and the collective responsibility of members and officers as Corporate Parents.

Strong governance arrangements have underpinned the delivery of improvement work. A Children's Services Improvement Board was established to oversee implementation of the Plan, and to ensure sufficient progress was achieved and deadlines were met. The Board comprises senior leaders and is chaired by the Strategic Director of People to review the Plan on a monthly basis. Regular reporting on progress to Members has taken place through the Assistant Mayor (People) on a monthly basis and the People Directorate Scrutiny every six months. The Bristol Safeguarding Children Board also monitors the progress of the Plan and it was shared with the Children and Families Board.

## Bristol Children's Services Improvement Plan 2016-17

Taking into account the progress made during the first year of the post-Ofsted inspection improvement journey, there remain significant challenges to address as we move into the second year.

The Bristol Children's Services Improvement Plan 2016-17 has been developed to reflect emerging priorities and to address known gaps against inspection frameworks. In order to deliver improved services and outcomes for children, young people and families, this Plan:

- Continues to respond to outstanding recommendations from 2014 Ofsted Children's Services Inspection.
- Responds to improvement priorities identified by audit, peer review, and independent review of children's social care.
- Responds to emerging systemic and demographic challenges and pressures.
- Ensures that known gaps against relevant inspection frameworks are addressed.

The Year 2 Plan has a greater focus on improving the quality children’s social work. It responds to a recently commissioned independent review of children’s social care, which identified continuing challenges around:

- Increased demand on the system and complexity of care needs.
- Retention and recruitment of the workforce.
- Consistency of the quality of social work practice and management oversight.

The Year 1 Plan focused exclusively on recommendations arising within Ofsted's Single Inspection Framework (SIF) for inspecting local authority children's services. The Year 2 Plan covers all elements of the existing SIF as well as the new multi-agency Joint Targeted Area Inspection (JTAI) framework, which assesses contact, referral and decision-making arrangements for children’s social care and the quality of practice in responding to referrals. The JTAI framework also includes a “deep dive” element, which will focus on children who are living with domestic abuse.

The Year 2 Plan is set within the context of increased demand for services and an increasingly challenging financial backdrop. The Plan aims to improve the way we manage demand for services, improve the quality of support we provide to our most vulnerable children, and further improve the outcomes for children in care and care leavers. This will be delivered via six thematic areas:

1. Provide consistently **good social work practice** for children and families.
2. **Improve outcomes for care leavers** and enable them to move successfully to adulthood.
3. **Improve outcomes for children in care** and act as an effective corporate parent.
4. Provide effective **leadership, management and governance** to ensure robust decision-making and manageable caseloads.
5. Enable a **stable and resilient workforce** that feel valued and who choose to develop their careers in Bristol.
6. Deliver effective **multi-agency contact and referral arrangements** for identifying and managing the range of risks of harm to children and young people.

To ensure that the Year 2 Plan uses available resources in the best way, improvement work will be focused on priorities:

- That pose a significant risk to children’s outcomes.
- That address system-wide and leadership challenges.
- That provide assurance to leadership that key risks to the authority are mitigated.
- That require additional coordination of resources or capacity to deliver the required change.

## Implementing the Year 2 Plan

This Plan aims to deliver consistently good services for children and families to ensure that children in Bristol are safe. More detailed operational plans that contribute to this Plan will drive individual service improvement. The necessary actions, targets and outcomes are incorporated into Service Delivery Plans and Team Plans.

The Plan sets out the actions that will be undertaken, the expected outcomes, improvement measures, lead officers, targets and due dates. The Plan will continue to be overseen by the Children's Services Improvement Board and progress will be reported to Members and partners via existing arrangements.

Each outcome will be RAG rated, as part of our monitoring arrangements, with the status descriptors detailed below:

RAG Table	Status
RED	Tasks and or outcomes have not been met or timescale slipped
AMBER	Tasks and outcomes are on track, milestones met but full action(s) not completed
GREEN	Tasks and outcomes are completed or performance is on target
BLUE	Completed

Page 70

The Plan will continue to be overseen by the Children's Services Improvement Board and progress will be reported to Members and partners via existing arrangements.

**Theme 1: Quality of Social Work Practice**

**Outcome statement:**

The Quality Assurance Framework is embedded, supported by the Signs of Safety methodology and improves the quality and timeliness of social work assessments. All children’s plans show evidence of robust management decision making and oversight.

Action		KPI Ref	Due	Lead
<b>1.1 Embed the Quality Assurance Framework</b>				
1.1.1	Moderate the quality of auditing to ensure it is consistent and so that managers have accurate information about the quality of practice across all teams.	1	Report quarterly	Quality Assurance & BSCB Manager
1.1.2	Clarify what “good” looks like via published examples of good Pathway Plans, Child Protection plans, and Children in Need plans on the Source, and mandatory training on Pathway Plans	1	Dec 2016	Quality Assurance & BSCB Manager
1.1.3	Deliver annual programme of quarterly thematic quality audits (based on audit findings, learning from Serious Case Reviews, and inspection frameworks) and report key findings and associated actions to the Improvement Board (to include Child Sexual Exploitation and domestic abuse).	1	Report quarterly	Quality Assurance & BSCB Manager
<b>1.2 Improve the quality of recorded practice</b>				
1.2.1	Strengthen the quality and timeliness of assessments, taking full account of the family’s history and ensuring a consistently forensic approach. Ensure plans are in place, regularly reviewed, SMART, outcome-focused and address the need of the child.	1, 2, 3	Jan 2017	Head of Safeguarding and Area Services Head of Service Children in Care & Care Leavers
1.2.2	Undertake a survey to ensure that the views of children and parents are gained and that they inform practice. Develop existing systems (e.g. CIN closure, CP reviews, IRO reviews) to capture these views.	1	Jan 2017	Head of Safeguarding and Area Services Head of Service Children in Care & Care Leavers
1.2.3	Develop service standards for Unit Coordinators and communicate to the staff group.	1	Jan 2017	Head of Safeguarding and Area Services Head of Service Children in Care & Care Leavers

Action		KPI Ref	Due	Lead
1.2.4	Train Unit Coordinators to ensure accurate records and chronologies are kept, and to ensure all purposeful work undertaken with the child and their family is evidenced on LCS.	1	Jan 2017	Quality Assurance & BSCB Manager
1.2.5	Configure LCS to enable practitioners to record and evidence work more accurately. Implementing LCS forms (including for case mapping, danger statements and safety goal) that are compatible with Signs of Safety methodology.	1	Oct 2016	Quality Assurance & BSCB Manager
1.2.6	Launch new Bristol social work procedures, using Tri.x.	1	Oct 2016	Quality Assurance & BSCB Manager
<b>1.3 Strengthen and evidence management oversight</b>				
1.3.1	Establish a system and develop LCS to ensure that management decision making and oversight is recorded by Area Managers and senior managers.	1	Nov 2016	Quality Assurance & BSCB Manager
1.3.2	Establish what "good" looks like and provide training and examples of how to record reflection and decision-making in the most efficient way.	1	Oct 2016	Quality Assurance & BSCB Manager
<b>1.4 Address drift and delay</b>				
1.4.1	Assess and prepare a plan for every child in need with an ongoing open allocation to a social work team. Implement planned review schedule and ensure plans are updated.	2	Mar 2017	Head of Safeguarding and Area Services
1.4.2	Train managers to use performance information more effectively and to act on cases that may indicate an issue. Specifically: <ul style="list-style-type: none"> <li>• Children in Need Plans lasting over 2 years</li> <li>• Child Protection Plans lasting over 2 years</li> <li>• children who have more than 1 Child Protection Plan.</li> </ul>	2,3	Mar 2017	Head of Safeguarding and Area Services
<b>1.5 Deliver return interviews for missing children</b>				
1.5.1	Commission services to ensure all children missing from home or care are provided with an appropriate return interview.	4	Jan 2017	Quality Assurance & BSCB Manager

Action	KPI Ref	Due	Lead
<b>1.6 Learning from others</b>			
1.6.1 Visit West Sussex to: <ul style="list-style-type: none"> <li>• Enhance the Quality Assurance Framework to ensure consistency with Signs of Safety</li> <li>• improve training for managers to better use performance information.</li> </ul>	1,2,3,4	Dec 2016	Quality Assurance & BSCB Manager

## Theme 2: Improved Outcomes for Care Leavers

### Outcome statement:

Care Leavers receive help and support tailored to their individual needs, and are provided with opportunities to enable them to move successfully to adulthood. The Local Authority is an active, strong and committed Corporate Parent that is an effective champion of the progress of care leavers.

Action	KPI Ref	Due	Lead
<b>2.1 Sustain the improvement of Pathway Plans</b>			
2.1.1 Review care leavers plans in place with the young person so that all young people are aware of and contribute to their plan	5a	Mar 2017	Head of Service Children in Care & Care Leavers
2.1.2 Review pathway plans on a six-month basis	5b	Mar 2017	Head of Service Children in Care & Care Leavers
<b>2.2 Further improve Education, Employment and Training outcomes</b>			
2.2.1 Broker appropriate, flexible 14-18 options for individual Children in Care with partner providers	6a,b	Mar 2017	Service Manager, Employment, Skills and Learning
2.2.2 Design and implement a pathway for care leavers into council work experience, apprenticeships, traineeships and jobs.	6a,b	Mar 2017	Service Manager, Employment, Skills and Learning
<b>2.3 Increase the numbers of care leavers in suitable accommodation</b>			
2.3.1 Review the provision of accommodation for Care Leavers and assess if it meets their needs.	7	Oct 2016	Head of Service Children in Care & Care Leavers
2.3.2 Following consultation, deliver the Young People's Housing and Independence Pathway	7	Sep 2017	Service Director Early Intervention and Targeted Services
<b>2.4 Improve health outcomes of care leavers</b>			
2.4.1 Monitor the implementation of the Health Action Plan and establish measurable outcomes to assess impact		Dec 2016	Strategic Director for People
2.4.2 Ensure care leavers have access to their health records and consider implementation of the health passport scheme.		Sep 2016	Programme Manager Children and Maternity Commissioning
<b>2.5 Learning from others:</b>			
2.5.1 Develop New Belongings sub-regional action plan to improve Bristol offer for care leavers	5,6,7	Sep 2016	Head of Service Children in Care & Care Leavers

### Theme 3: Improved Outcomes for Children in Care

**Outcome statement:**

Children in care receive the help and support they need to achieve education, health and wellbeing outcomes that are in line with their peers. The local authority is an effective corporate parent and actively challenges and engages schools and other partners to support children and young people in the best way.

Action	KPI Ref	Due	Lead
<b>3.1 Further improve educational outcomes for children in care</b>			
3.1.1 Develop a framework for joint decision making about all education provision placements between social care and the HOPE Virtual School, which includes an escalation process when decisions divert from agreed protocols.	8	Dec 2016	Head of Service Children in Care & Care Leavers Headteacher Virtual School
3.1.2 Commission School Improvement Officer visits, in inverse proportion to success, to all schools with children in care on roll.	9	Jul 2017	Headteacher Virtual School
3.1.3 Monitor and track the agreed process to ensure timeliness of PEPs aligned with children in care reviews.	10	Dec 2016	Head of Service Children in Care & Care Leavers
3.1.4 Monitor and analyse attendance and exclusion data for children in care on a weekly basis. Implement a system of early intervention to target, challenge and support children in care when attendance is below the persistent absence threshold of 90%.	11	Jul 2017	Headteacher Virtual School
<b>3.2 Increase number of children in care with up to date health and dental checks</b>			
3.2.1 Work with Children in Care Health Strategy Group to deliver strategy to increase the number of children in care with up to date dental and health checks.	12a,b	Mar 2017	Head of Service Children in Care & Care Leavers
<b>3.3 Prevent older children coming into care and reunify them with families</b>			
3.3.1 As part of Early Help Review, develop proposal for integrated early help / family support services for young people and their families.	13	Mar 2017	Head of Early Help and Targeted Services
3.3.2 Develop DfE Children's Social Care Innovation Programme bid and proposal to support young people at risk of entering care and their families and reduce the need for care.	13	Sep 2016	Service Director Early Intervention and Targeted Services

	Action	KPI Ref	Due	Lead
<b>3.4</b>	<b>Reduce the number of children in care with convictions</b>			
3.4.1	Use audit findings and the Laming review of children in care involved with the criminal justice system to develop a strategy to reduce the number of children in care with convictions.	14	Jun 2017	Youth Offending Team Manager Head of Service Children in Care & Care Leavers
<b>3.5</b>	<b>Deliver the right placements for children in care</b>			
3.5.1	Provide new career and payment structure to increase the capacity of the in-house fostering service.	15	Mar 2017	Manager, Placement Service Provision
3.5.2	Deliver the Children's Home Improvement Plan to improve the quality of Bristol residential children's homes.	16	Mar 2017	Manager, Placement Service Provision
<b>3.6</b>	<b>Learning from others:</b>			
3.6.1	Use learning from best practice (e.g. Greenwich, N Yorkshire, Surrey) to inform the Innovation Programme proposal.	13	Sep 2016	Service Director Early Intervention and Targeted Services

### Theme 4: Leadership, Management and Governance

**Outcome statement:**

Caseloads are manageable and the health of the system is understood. The right information is available to inform leadership decision-making and to enable robust performance management.

Action	KPI Ref	Due	Lead
<b>4.1 Address high caseloads and capacity of the system</b>			
4.1.1 Use findings from Remodelling Social Work Review to increase the resilience of area social work units and address pressure on South area units.	17	Aug 2016	Head of Safeguarding and Area Services
4.1.2 Ensure that caseloads are manageable and that work is allocated appropriately across early help and statutory social work.	17	Dec 2016	Head of Safeguarding and Area Services
<b>4.2 Develop performance management / information to inform better decision making</b>			
4.2.1 Ensure that robust and complete performance information and analysis is available to support effective management scrutiny and challenge of poor practice at all levels of the organisation. This should include regular analysis of Annex A and targeting of those most vulnerable children.	All	Oct 2016	Service Manager, Performance & Infrastructure
4.2.2 Analyse and address variability in performance across area social work teams, via regular CMT reviews.	All	Mar 2016	Head of Safeguarding and Area Services
4.2.3 Develop regular reporting to help managers identify relevant cases and act on them to ensure that Children in Need Plans are in place, reviewed, and are closed at an appropriate time.	2a,b	Dec 2016	Service Manager, Performance & Infrastructure
4.2.4 Develop regular reporting of system capacity and workflow for leadership to understand pressures on the system and inform decision-making.	17	Sep 2017	Service Manager, Performance & Infrastructure
<b>4.3 Learning from others:</b>			
4.3.1 Use Ofsted findings from other authorities and learn from best practice, to respond to improvement priorities and prepare for inspection frameworks	1	Dec 2016	Head of Safeguarding and Area Services Quality Assurance & BSCB Manager

## Theme 5: Workforce

**Outcome statement:**

There is a stable and resilient workforce that feel valued and who choose to develop their careers in Bristol.

Action	KPI Ref	Due	Lead
<b>5.1 Improve recruitment and retention of social workers</b>			
5.1.1 Recruit to vacancies quickly including temporary staff. Establish reasons for leaving through effective use of exit interviews and respond to any concerns about the rate of staff turnover.	18	Dec 2016	Principal Social Worker
5.1.2 Undertake a strategic review of social work recruitment and how to attract Social Workers from the more diverse cities, including London, to work in Bristol.	18	Dec 2016	Principal Social Worker
5.1.3 Develop a mandatory induction training programme to introduce new starters to Bristol procedures and working practice and to clarify expectations of the role.	18	Oct 2016	Principal Social Worker
<b>5.2 Improve the professional framework and development offer</b>			
5.2.1 Develop a detailed framework of professional expectations (including job paperwork) for key roles (e.g. consultant social worker) to promote consistency and to outline career progression.	18	Oct 2016	Principal Social Worker
5.2.2 Create focus groups for Family Support Workers and Unit Coordinators to understand the needs of the work group and share best practice.	18	Dec 2016	Principal Social Worker
5.2.3 Develop teaching partnerships with Bristol universities to ensure that course module design for social work qualification is up-to-date and reflects the current needs of Bristol children and families.	16	Mar 2017	Principal Social Worker
<b>5.3 Learning from others:</b>			
5.2.4 Continue to work with DfE, national and regional social work practice leaders to respond to the Children and Social Work Bill and further develop training, continuous professional development and career progression for social workers.	18	Mar 2017	Principal Social Worker

## Theme 6: Multi-agency Contact and Referral Arrangements

### Outcome statement:

There are efficient and effective multi-agency arrangements for identifying and managing the range of risks of harm to children and young people. Thresholds to access services are clear, individual needs of children are considered, and referrals are timely and of a high quality.

Action	KPI Ref	Due	Lead
<b>6.1 Understand and apply consistent thresholds</b>			
6.1.1 Use multi-agency audit findings to work with partners to raise the quality of referrals.	17a,b,c	Mar 2017	Head of Safeguarding and Area Services
6.1.2 Review thresholds alongside partners and investigate the high proportion of repeat referrals and referrals to social work resulting in no further action.	17a,b,c	Mar 2017	Head of Safeguarding and Area Services
6.1.3 Develop a stronger understanding for staff of the threshold between early help and safeguarding and ensure families are worked with by the right service.		Jan 2017	Head of Early Help and Targeted Services Head of Safeguarding and Area Services
6.1.4 Ensure the work undertaken by Early Help is recorded on the right system to ensure all cases are effectively recorded, managed and monitored.	15	Dec 2016	Head of Early Help and Targeted Services
6.1.5 Review Threshold Decision Service to ensure it is supporting pathway decisions in a timely way.		Dec 2017	Head of Safeguarding and Area Services
<b>6.2 Develop Multi-Agency Safeguarding Hub (MASH) Arrangements</b>			
6.2.1 Pilot MASH arrangements and evaluate the quality and timeliness of decision-making (e.g. reduction in repeat referrals)	17a	Oct 2016	Head of Safeguarding and Area Services
6.2.2 Work with Police to ensure that domestic abuse notifications are shared and acted on in the most effective and efficient way to reduce the proportion of contacts that result in no further action.	17c	Jun 2017	Head of Safeguarding and Area Services
6.2.3 Develop a sustainable vision and long-term plan for a Bristol MASH with key partners.		Dec 2016	Head of Safeguarding and Area Services

Action	KPI Ref	Due	Lead
<b>6.3 Learning from others</b>			
6.3.1 Use cross-police force and national best practice to inform MASH development plan.		Dec 2016	Head of Safeguarding and Area Services

## Key Performance Indicators

Challenging targets have been set for key performance measures to help drive improvement. Targets are based on current performance, benchmarking information from Core Cities and Statistical Neighbours, and an assessment of the timing and efficacy of improvement actions.

Ref	Measure	Responsible officer	Frequency	Target	Target due
-----	---------	---------------------	-----------	--------	------------

### Theme 1: Quality of Social Work Practice

1a	% audited Single Assessments are 'good' or 'outstanding'	Head of Safeguarding and Area Services	quarterly	80%	Jun-17
1b	% audited CIN Plans are 'good' or 'outstanding'	Head of Safeguarding and Area Services	quarterly	80%	Jun-17
1c	% audited Child Protection Plans are 'good' or 'outstanding'	Head of Safeguarding and Area Services	quarterly	80%	Jun-17
1d	% audited Care Plans are 'good' or 'outstanding'	Head of Service Children in Care & Care Leavers	quarterly	80%	Jun-17
1e	% audited Pathway Plans are 'good' or 'outstanding'	Head of Service Children in Care & Care Leavers	quarterly	80%	Jun-17
2a	% of Children in Need that have a CIN plan	Head of Safeguarding and Area Services	quarterly	90%	Mar-17
3a	% Child in Need Plans open for more than 2 years (snapshot figure)	Head of Safeguarding and Area Services	quarterly	28%	Mar-17
3b	% Child Protection Plans lasting more than 2 years (snapshot figure)	Head of Safeguarding and Area Services	quarterly	2.5%	Mar-17
4	% Repeat Child Protection Plans	Head of Safeguarding and Area Services	quarterly	15%	Mar-17
4	% return interviews offered for children missing home or care	Quality Assurance & BSCB Manager	quarterly	100%	Mar-17

### Theme 2: Improved Outcomes for Care Leavers

5a	% of Pathway Plans are understood and agreed by YP	Head of Service Children in Care & Care Leavers	quarterly	90%	Mar-17
5b	% of Pathway Plans are reviewed on a six monthly basis	Head of Service Children in Care & Care Leavers	quarterly	90%	Mar-17
6a	% 17-21 year old care leavers in EET	Head of Service Children in Care & Care Leavers	quarterly	58%	Mar-17
6b	% 16 – 18 year old children in care / care leavers into EET	Head of School Partnerships	quarterly	70%	Jan-17
7	% care leavers in suitable accommodation	Head of Service Children in Care & Care Leavers	annual	86%	Mar-17

### Theme 3: Improved Outcomes for Children in Care (CiC)

8	% of CiC placed in "good" or "outstanding" education provision	Headteacher Virtual School	6-monthly	85%	Sep-17
9a	% CiC achieving C(5) or above in Eng Lang or Lit at GCSE	Headteacher Virtual School	annual	27%	2017
9b	% CiC achieving C(5) or above in maths at GCSE	Headteacher Virtual School	annual	16%	2017

Ref	Measure	Responsible officer	Frequency	Target	Target due
10	PEPs completed within statutory timescales	Head of Service Children in Care & Care Leavers	quarterly	90%	Mar-17
11	Persistent absence of CiC	Headteacher Virtual School	quarterly	12%	2017
12a	% CiC with an up to date health check	Head of Service Children in Care & Care Leavers	quarterly	90%	Mar-17
12b	% CiC with an up to date dental check	Head of Service Children in Care & Care Leavers	quarterly	86%	Mar-17
13	% of new entrants to care aged over 10 years old	Head of Safeguarding and Area Services	annual	40%	Sep-17
14	% CiC with a conviction	Head of Service Children in Care & Care Leavers	annual	7%	Sep-17
15	Number of children placed with in-house foster carers	Manager, Placement Service Provision	quarterly	439	Mar -17
16	Number of Bristol Children's Homes rated good or better by Ofsted	Manager, Placement Service Provision	quarterly	4 / 7	Mar -17

#### Theme 4: Leadership, Management and Governance

17a	Area social work unit average caseload	Head of Safeguarding and Area Services	quarterly	60	Sep-17
17b	Through-care team average caseload	Head of Service Children in Care & Care Leavers	quarterly	110	Sep-17
17c	Early Help Social worker average caseload	Head of Early Help and Targeted Services	quarterly	20	Sep-17

#### Theme 5: Workforce

18a	Social Worker turnover rate	Head of Safeguarding and Area Services	quarterly	16%	Sep-17
18b	Social Worker vacancy rate	Head of Safeguarding and Area Services	quarterly	10%	Sep-17

#### Theme 6: Multi-agency Contact and Referral Arrangements

19a	% Repeat Referrals to children's social work	Head of Safeguarding and Area Services	quarterly	24%	Mar-17
19b	% Referrals to children's social work resulting in NFA	Head of Safeguarding and Area Services	quarterly	15%	Mar-17
19c	% police domestic abuse notifications resulting in NFA	Head of Safeguarding and Area Services	annual	50%	Sep-17

# People Scrutiny Commission

26<sup>th</sup> September 2016



**Report of:** Strategic Director - People

**Title:** Performance Report for 2016/17 (Quarter 1)

**Ward:** Citywide

**Officer Presenting Report:** John Readman, Strategic Director - People

**Contact Telephone Number:** 0117 903 7960

## Recommendation

To note:

– The People Performance Report for 2016–17 (Quarter 1)

## Summary

The report and appendices are a summary of the main areas of progress towards the delivery of the Corporate Plan 2014–17.

## The significant issues in the report are:

The most significant highlights, milestones and performance issues are contained within the People 2016–17 Quarter 1 Performance Report (Appendix A) and management reports on the Bristol Corporate Plan (BCP) measures with performance reported as “Well Below Target” (Appendix B).



## Policy

1. Not applicable

## Consultation

2. **Internal**  
Directorate Leadership Team and Senior Leadership Team
3. **External**  
Not applicable

## Context

4. The mayoral themes formed the basis of the Corporate Plan 2014/17 that was agreed at Full Council on 22<sup>nd</sup> July 2014. A suite of measures of success have subsequently been agreed to determine progress towards achieving the strategic objectives identified with the Corporate Plan.

Appendix A (People 2016-17 Quarter 1 Performance Report) reports on key measures in delivering the Corporate Plan can be summarised as follows:

- 17 measures, 11 of which are reported quarterly
  - 6 measures are above or well above target
  - 3 measures are below target
  - 1 measure is well below target
  - 1 measure where the data is being verified with the DoH
- Of these 17 quarterly measures, 10 have historic data
  - 9 measures have an improving direction of travel when compared to the same period in 2015
  - 1 measure has a declining direction of travel when compared to the same period in 2015

Appendix B is presented in response to an OSMB resolution in 2015. The intent was to ensure that OSMB had the information required to ensure plans are in place for those indicators which present as “well below target” (showing as red in Appendix A).

This quarter there is one measure, BCP036b - *Percentage of 17 to 21 year old care leavers in EET (open referrals)*, where performance is well below target. The management note (Appendix B) sets out a range of factors which have contributed to this, and the actions in place in order to secure improvement.

Appendix C is presented in response to the People Scrutiny Commission’s request on 18<sup>th</sup> July ‘16 to have a list of definitions for each of the performance indicators presented in appendix A; in order that scrutiny members may have a better understanding of what is being measured.

**Headline findings for quarter 1 reporting:**

- The work around promoting independence through ‘Direct Payments’ has had a beneficial impact for service users and performance has improved steadily.
- Percentage of 16 to 18 year olds who are not in education, employment or training (5.9% against an ambitious target of 5.6%) remains the best performance since records began in 2008.
- The percentage of both Primary & Secondary schools rated good or better by Ofsted remains high.
- The overall employment rate in Bristol (76.3%) continues to grow, reinforcing our commitment to the Corporate Plan outcome of Keeping Bristol Working & Learning (a learning city where every citizen has access to good education and is able to acquire the skills they need to join Bristol’s world-class workforce.)
- The way both Key Stage2 & Key Stage 4 data will be recorded and reported has changed significantly and will be available in quarter 3.

**Proposal**

5. The People Scrutiny Commission is asked to note the contents of the summary performance report.

**Other Options Considered**

6. Not applicable.

**Risk Assessment**

7. Not applicable.

**Public Sector Equality Duties**

- 8a) Before making a decision, section 149 Equality Act 2010 requires that each decision-maker considers the need to promote equality for persons with the following “protected characteristics”: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Each decision-maker must, therefore, have due regard to the need to:
  - i) Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010.
  - ii) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to --
    - remove or minimise disadvantage suffered by persons who share a relevant protected characteristic;
    - take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of people who do not share it (in relation to disabled people, this includes, in particular, steps to take account of disabled persons' disabilities);

- encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
  - iii) Foster good relations between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to –
    - tackle prejudice; and
    - promote understanding.
- 8b) This report is a statement of the progress on delivery of the Corporate Plan objectives and therefore no equality impact assessment been undertaken. Individual workstreams will have undertaken equality impact assessments as part of developing and delivering the work programmes.

### **Legal and Resource Implications**

#### **Legal**

Not applicable.

(Legal advice provided by n/a)

#### **Financial**

##### **(a) Revenue**

Not applicable.

##### **(b) Capital**

Not applicable.

(Financial advice provided by n/a)

#### **Land**

Not applicable.

#### **Personnel**

Not applicable.

(Personnel advice provided by n/a)

### **Appendices:**

Appendix A: 2015-16 Qtr.4 Performance Report against Corporate Priorities

Appendix B: 2015-16 Qtr.4 Management Report of “well below target” measure

Appendix C: Definitions for the performance indicators included in Appendix A

### **LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985**

#### **Background Papers:**

None

# 2016/17 Quarter 1 (01 April 16 – 30 June 16) People Scrutiny; Measures of Success against the Corporate Priorities

KEY: Direction of Travel

↑	Better than same time last year	=	Same as same time last year
↓	Worse than same time last year	n/a	Not available / Not applicable

KEY: Summary of Performance

↑	9	=	0
↓	1	n/a	7

Well Below Target	1
Below Target	3
On/Above Target	6

## Healthy & Caring

### Performance Indicators

Measures of success	Code	Frequency of measure	2015/16 Outturn	2016/17 Target	Qtr1 Performance	Direction of Travel (Q1 to Q1)	Comments about progress of the measures
Increase the percentage of adults receiving direct payments	BCP005a	Quarterly	29.50%	30.0%	33.0% (Above Target)	↑	937 / 2,842 We are pleased to be performing above target. We continue to encourage DPs as a way of maximising independence and control. We hope to see a further increase in the future with the introduction of prepaid cards as this will simplify processes and procedures for both practitioners and citizens making DPs a more attractive option.
Increase the percentage of carers receiving direct payments for support direct to carer	BCP005b	Quarterly	96.60%	88.0%	92.1% (Well Above Target)	↑	549/591 We are performing above target and this has been the result of streamlining and simplifying the carers assessment. This has enabled more carers to receive a one off DP to use creatively to improve their health and wellbeing. The implementation of the 3 tier model using a strength based outcome approach has meant a reduction in long-term ongoing commissioned services
Increase the percentage of adults with learning difficulties known to HSC, who are in paid employment	BCP006	Quarterly	7.50%	7.2%	7.7% (Well Above Target)	↑	48 employed / 629 <ul style="list-style-type: none"> <li>An employment team has been formed comprising six Care Advisors and A Practitioner Manager.</li> <li>All the team have received Job Coaching Training from South West Employment Institute and they are now taking Opportunities to put their training into practice in live situations.</li> <li>Meetings had previously taken place with Plus, Remploy etc</li> <li>Links have been made with the Job centre and they will send representatives to the next Employment Meeting.</li> <li>Approaches have been made to the NHS but have not yet received a response.</li> <li>Initial Links have also been made with other employers such as Tesco's and Lidl</li> </ul>
Increase the percentage of children achieving a good level of development at Early Years Foundation	BCP009	Annual	63.80%	64.0%	Data not due	n/a - Annual measure	There was a further increase in EYFSP outcomes in 2016, demonstrating, in part, the impact of targeted support for schools and settings through the systems leadership strategic partnership between the LA and the Bristol Early Years Teaching School. There has been a strong focus on improving outcomes for disadvantaged and underachieving groups.
Percentage of older people at home 91 days after discharge from hospital into reablement / rehabilitation	DPE009	Annual	81.10%	87%	Data not due	n/a - Annual measure	Although this is an annual measure we are going to start monitoring quarterly so as to better monitor the impact of ImCR but also measure the effect of changes in hospital discharge processes through Discharge to Assess schemes.
Reduce the permanent admissions aged 65+ to residential and nursing care, per 100,000 population	DPE076a	Quarterly	961.4	1000.0	Data not due	n/a	The latest data relating to this indicator was considerably higher than we had anticipated. A deep dive of reporting and recording the data was undertaken and contact made with Health and Social Care Information Centre (HSCIC). It is now clear that included in the data are people who have moved from one care home to another or from residential care to nursing care. The numbers are not reliable and have been omitted but this will be corrected at the next reporting period.

# Working & Learning

## Performance Indicators

Measures of success	Code	Frequency of measure	2015/16 Outturn	2016/17 Target	Qtr1 Performance	Direction of Travel (Q1 to Q1)	Comments about progress of the measures
Key Stage 4: Attainment 8 - Points achieved at Grade C	BCP031a	Annual	Changed Definition for 2016/17	50 points	Data not due	n/a - Annual measure	The way Key Stage 4 data is recorded and reported changed significantly for 2016/17 (the academic year 2015/16). Provisional data will be available in Dec '16
Key Stage 4: Progress 8 score	BCP031p	Annual	Changed Definition for 2016/17	0	Data not due	n/a - Annual measure	The way Key Stage 4 data is recorded and reported changed significantly for 2016/17 (the academic year 2015/16). Provisional data will be available in Dec '16
Percentage of pupils achieving the national standard in reading, writing and maths at KS2	BCP032a	Annual	Changed Definition for 2016/17	Establish baseline	Data not due	n/a - Annual measure	The way Key Stage 2 data is recorded and reported changed significantly for 2016/17 (the academic year 2015/16). Provisional data will be available in Dec '16
Reduce the percentage of 16 to 18 year olds who are not in education, employment or training	BCP033	Quarterly	5.9%	5.6%	5.9% (Below Target)	↑	We are pleased with the ongoing reduction in NEET rates against a very ambitious target. We continue to work closely with education and training providers and our Bristol Youth Link providers to offer targeted support to our most vulnerable young people. In addition, we have a specific action plan for those in care and care leavers.
Overall employment rate of working age population	BCP034	Quarterly	75.9%	Not Set	76.3% (Above Target)	↑	
Reduce the percentage of adults with no formal qualifications	BCP035	Annual	9.80%	Not Set	Data not due	n/a - Annual measure	Data collected from the annual Quality of Life Survey. Provisional data will be available in January 2017.
Percentage of 17 to 21 year old care leavers in EET (statutory return - recorded around birthday) *	BCP036a	Quarterly	51.2%	2015/16 Target = 48%	57.5% (Well Above Target) (2015/16 outturn data)	↑	There is a 3 month data lag. This is because contact, activity and accommodation information is collected for each young person in the cohort within 3 months before and one month after each birthday with the exception of the young person's 17th Birthday where the collection period is 3 months after the young person's 17th Birthday.
Percentage of 17 to 21 year old care leavers in EET (open referrals)	BCP036b	Quarterly	48%	58.0%	50% (Well Below Target)	↑	See Appendix C for management comments
Worklessness rate differentials in Bristol	BCP037	Quarterly	13.1%	12.8%	13.2% (Below Target)	↓	<p>There are two reasons why the workless differentials have declined:</p> <ul style="list-style-type: none"> <li>The main HYPE West programme which specifically targeted areas of need within the City has come to an end.</li> <li>The impact of welfare reform, (bedroom tax, benefit cap etc) causing movement of population</li> </ul> <p>To address this, in the short-term we are holding a number of Jobs Fairs in the City, (especially in the run up to Christmas). We are also funding programmes within some of the most disadvantaged communities in the City.</p> <p>In the longer term we are:</p> <ul style="list-style-type: none"> <li>Leading on Employment and Skills within the West of England Devolution negotiations</li> <li>Co-commissioning the Work and Health Programme with the DWP in the West of England</li> <li>Developing a Health Pilot which will bring up to £10m to the West of England which explores new models of social prescribing for people with long term health issues or disabilities</li> <li>Developing a Work Zone model with the City's employment support providers which will specifically target holistic and integrated interventions in some of the City's most disadvantaged communities.</li> </ul>
The percentage of <b>Primary</b> schools rated good or better by Ofsted	DPE028e	Quarterly	89.60%	90.0%	90% (On Target)	↑	Of the 105 Primary Schools, 86 out of 96 were rated "Good" or better (9 not yet inspected)
The percentage of <b>Secondary</b> schools rated good or better by Ofsted	DPE028f	Quarterly	95.0%	100%	95% (Below Target)	↑	Of the 22 Secondary Schools, 19 out of 20 were rated "Good" or better (2 not yet inspected)

Page 2 of 2

## **Management report – BCP036B Percentage of 17 to 21 year old care leavers in EET (open referrals)**

### Explanation of performance:

This indicator is our local, contemporaneous measure of activity for all care leavers. It is captured monthly and reports on contact and status for care leavers in the preceding two months.

The reported % in EET fell from 54% in Quarter 2 to 48% in Quarter 3 and then improved to 49% Quarter 4 in 15/16. This downturn in performance in part reflects those young people who started courses/training programmes in September 2015 but who have not continued on them.

We have seen a steady improvement in performance through Q1 in 16/17 to 50% which is an increase on the previous year's outturn. The planned actions below continue.

### Planned actions to bring metric back on target:

Targeted action is being taken to focus on those young people who are not in education, employment or training and to take remedial action for those who have not sustained the place they had in September.

As part of our Improvement Plan, an EET worker has been appointed who is leading this focussed work alongside leaving care practitioners.

The focus of developments in Quarter 4 aimed at improving our performance have been:

- Contract to Creative Youth Network to deliver an enhanced and dedicated careers education, advice and guidance for care leavers. The service is now receiving referrals.
- Improving the offer for care leavers into employment and apprenticeships with the council – 6 care leaver apprentices currently employed with a further 2 expected to start shortly.
- Delivering a revised offer of support to care leavers progressing to Higher education, including working with carers, universities, colleges, the HOPE and third sector providers to raise awareness and skills.
- Working with HYPE to target and support more care leavers into training and employment.
- The HOPE Virtual School have targeted young people in Y11/12 to support achievement and progression from Key Stage 4 and, for those who did not achieve predicted grades in 2015, to ensure this does not become a barrier to EET by identifying and supporting alternative pathways and supporting re-takes etc.

### Expected impact of the Actions (with timescales):

- Increase in EET to 58% by end 2016/17

Definitions of Performance Indicators

Healthy & Caring		
Code	PI Title	PI Definition
BCP005a	Increase the percentage of adults receiving direct payments	<p>(X/Y)*100</p> <p>X: The number of users (adults receiving direct payments) receiving direct-payments and part-direct payments at the year end 31st March.</p> <p>Source: SALT Measure LTS001b Tables 1a and 1b – sum of columns ‘Direct Payment Only’ and ‘Part Direct Payment’</p> <p>Y: Clients (aged 18 or over) accessing long term support at the year end 31st March.</p> <p>Source: SALT Measure LTS001b Tables 1a and 1b – sum of clients in community columns headed ‘Direct Payment Only’, ‘Part Direct Payment’, ‘CASSR Managed Personal Budget’, ‘CASSR Commissioned Support only’</p>
BCP005b	Increase the percentage of carers receiving direct payments for support direct to carer	<p>(X/Y)*100</p> <p>X: The number of carers receiving direct-payments and part direct payments in the year to 31st March.</p> <p>Source: SALT Measure LTS003 Table 1a sum of row ‘total carers’ for columns, ‘Direct Payment’ and ‘Part Direct Payment’</p> <p>Y: Carers (caring for someone aged 18 or over) receiving carer specific services in the year to 31st March.</p> <p>Source: SALT Measure LTS003 Table 1a sum of row ‘total carers’ for all columns excluding ‘No direct support provided to carer’ and ‘Information Advice and Other Universal Services / Signposting</p>
BCP006	Increase the percentage of adults with learning difficulties known to HSC, who are in paid employment	<p>The measure shows the proportion of adults with a learning disability who are “known to the council” (see definition below), who are recorded as being in paid employment. The information would have to be captured or confirmed within the reporting period 1 April to 31 March.</p> <p>The definition of individuals ‘known to the council’ is restricted to those adults of working age with a primary support reason of learning disability support who received long term support during the year (recorded in SALT Measure LTS001a, table 1a)</p> <p>The measure is focused on ‘paid’ employment. Voluntary work is not collected in SALT and thus, is excluded from the measure. Paid employment is measured using the following two categories:</p> <ul style="list-style-type: none"> <li>&gt; Working as a paid employee or self-employed (16 or more hours per week);</li> <li>and,</li> <li>&gt; Working as a paid employee or self-employed (up to 16 hours per week).</li> </ul> <p>A ‘paid employee’ is one who works for a company, community or voluntary organisation, council or other organisation and has their National Insurance paid for directly from their wages and is earning at or above the National Minimum Wage. This includes those who are working in supported employment (i.e. those receiving support and assistance from a specialist agency to maintain their job) who are earning at or above the National Minimum Wage.</p> <p>‘Self-employed’ is defined as those who work for themselves and generally pay their National Insurance themselves. This should also include those who are unpaid family workers (i.e. those who do unpaid work for a business they own or for a business a relative owns).</p>
BCP009	Increase the percentage of children achieving a good level of development at Early Years Foundation	<p>This measures the number of children achieving 78 points across all 13 EYFSP scales with at least 6 points or more in each of the PSED and CLL scales, expressed as a percentage of the total number of children assessed against the Early Years Foundation Stage Profile.</p> <p>Early Years Foundation Stage – this is a statutory framework for children’s learning and development and welfare from birth to the end of the academic year in which they turn 5. It covers six areas of learning:</p> <ul style="list-style-type: none"> <li>&gt; Personal, Social and Emotional Development (3 scales)</li> <li>&gt; Communication, Language and Literacy (4 scales)</li> <li>&gt; Problem-solving, reasoning and numeracy (3 scales)</li> <li>&gt; Knowledge and understanding of the world (1 scale)</li> <li>&gt; Physical Development (1 scale)</li> <li>&gt; Creative Development (1 scale)</li> </ul> <p>The Early Years Foundation Stage Profile is an assessment of children’s achievement at the end of the academic year in which they turn 5.</p> <p>This indicator is not wholly a schools based indicator. It is also includes achievement figures provided by Local Authorities for children in the private, voluntary and independent sector who are still in receipt of funding in the term preceding their key stage 1 studies.</p>
DPE009	Percentage of older people at home 91 days after discharge from hospital into reablement / rehabilitation	<p>This measures the proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital.</p> <p>Those who are in hospital or in a registered care home (other than for a brief episode of respite care from which they are expected to return home) at the three month date and those who have died within the three months are not reported in the numerator.</p>
DPE076a	Reduce the permanent admissions aged 65+ to residential and nursing care, per 100,000 population	<p>This is a two part-measure reflecting the number of younger adults (part 1) and older people (part 2) whose long-term support needs are best met by admission to residential and nursing care homes relative to the population size of each group. The measure compares council records with ONS population estimates.</p> <p>People counted in this measure should include:</p> <ul style="list-style-type: none"> <li>&gt; Residents where the local authority makes any contribution to the costs of care, no matter how trivial the amount and irrespective of how the balance of these costs are met;</li> <li>&gt; Supported residents in: <ul style="list-style-type: none"> <li>o Local authority-staffed care homes for residential care;</li> <li>o Independent sector care homes for residential care;</li> <li>o Registered care homes for nursing care; and,</li> <li>o Residential or nursing care which is of a permanent nature and where the intention is that the spell of care should not be ended by a set date.</li> </ul> </li> </ul> <p>For people classified as permanent residents, the care home would be regarded as their normal place of residence.</p> <p>Where a person who is normally resident in a care home is temporarily absent at 31 March 2016 (e.g. through temporary hospitalisation) and the local authority is still providing financial support for that placement, the person should be included in the numerator.</p> <p>Trial periods in residential or nursing care homes where the intention is that the stay will become permanent should also be included.</p> <p>‘Whether a resident or admission is counted as permanent or temporary depends on the intention of the placement at the time of admission.</p> <p>Interpretation:</p> <p>Analysis shows that older people are more likely to have their long-term support needs met in residential and nursing care settings than younger adults. Using a two-part measure means that we can separate age as a factor in the indicator and focus on the contribution of services to reducing the proportions for whom the most appropriate way of meeting their long-term care needs is in either a residential or nursing care setting.</p>

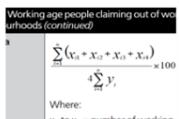
## Working & Learning

Code	PI Title	PI Definition
BCP031a	Key Stage 4: Attainment 8 - Points achieved at Grade C	Attainment 8 will measure the achievement of a pupil across 8 qualifications including mathematics (double weighted) and English (double weighted), 3 further qualifications that count in the English Baccalaureate (EBacc) measure and 3 further qualifications that can be GCSE qualifications (including EBacc subjects) or any other non-GCSE qualifications on the DfE approved list.
BCP031p	Key Stage 4: Progress 8 score	Progress 8 score will be calculated for each pupil by comparing their achievement –their Attainment 8 score – with the average Attainment 8 score of all pupils nationally who had a similar starting point (or ‘prior attainment’), calculated using assessment results from the end of primary school. The greater the Progress 8 score, the greater the progress made by the pupil compared to the average of pupils with similar prior attainment.  A school’s Progress 8 score will be calculated as the average of its pupils’ Progress 8 scores. It will give an indication of whether, as a group, pupils in the school made above or below average progress compared to similar pupils in other schools.
BCP032a	Percentage of pupils achieving the national standard in reading, writing and maths at KS2	Scaled scores help test results to be reported consistently from one year to the next. National curriculum tests are designed to be as similar as possible year on year, but slight differences in difficulty will occur between years. Scaled scores maintain their meaning over time so that two pupils achieving the same scaled score in different years will have demonstrated the same attainment.  For the KS2 tests a scaled score of 100 will always represent the ‘expected standard’.  A pupil’s scaled score will be based on their raw score. The raw score is the total number of marks a pupil receives in a test. The pupil’s raw score will be translated into a scaled score using a conversion table.
BCP033	Reduce the percentage of 16 to 18 year olds who are not in education, employment or training	The reporting is at the end of each quarter. It shows the ‘as is’ position at the end of each quarter, NOT the three month average of Nov - Jan [statutory return]... This means that the outturn data is not comparable with National data, but it does give the most up-to-date position.  Data relates to young people who were aged 16-18 on the day of the count. Young people aged 16 to 18 years are counted as either: Education, employment or training (EET) if they are in: <ul style="list-style-type: none"> <li>• Education (including gap year students who have an agreed deferred HE entry date)</li> <li>• Government supported training;</li> <li>• Employment; Not in education, employment or training (NEET) if they are not engaged in one of the EET activities above, including those: <ul style="list-style-type: none"> <li>• Undertaking a personal development opportunity, voluntary work or activity agreement</li> <li>• Seeking or waiting to start work or learning</li> <li>• Not yet ready for work or learning</li> <li>• Not available to the labour market (including those experiencing ill health, caring for a child, or out of the country)</li> </ul> </li> </ul> Neither EET or NEET if they are: <ul style="list-style-type: none"> <li>• currently residing in a custodial institution</li> <li>• a refugee or asylum seeker who has not yet been granted citizenship</li> </ul> Young people neither EET or NEET are excluded from the calculation. Current situation not known if: <ul style="list-style-type: none"> <li>• their current situation is not known</li> <li>• they cannot be contacted</li> <li>• they refuse to disclose their current activity</li> <li>• their records are no longer current</li> </ul> An adjustment is made to the numbers EET and NEET to allow for young people whose records are no longer current.
BCP034	Overall employment rate of working age population	This is the proportion of the working age population (16-64 [from April 16] for females and 16-64 for males) who are in employment according to the International Labour Organisation (ILO) definition.  These are National Statistics collected via ONS’ Annual Population Survey (essentially a version of Labour Force Survey with a boosted sample size for better accuracy at local area levels) and can be accessed via ONS’ NOMIS website: <a href="https://www.nomisweb.co.uk/Default.asp">https://www.nomisweb.co.uk/Default.asp</a>
BCP035	Reduce the percentage of adults with no formal qualifications	The 2016/17 Quality of Life Questionnaire asks, on Q48, "What is your highest level of educational or technical qualification?" and a selection of answers from 'none' to 'higher degree or equivalent' are proffered. The survey ends on 30 October 2016 and the responses are then analysed and reported early in 2017.
BCP036a	Percentage of 17 to 21 year old care leavers in EET (statutory return - recorded around birthday) *	Statutory information is collected for relevant and former relevant young people whose 17th, 18th, 19th, 20th or 21st birthday falls within the collection period.  ‘Former care leavers’: All young people aged 17, 18, 19, 20 or 21 who were looked after under any legal status (excl V3 or V41) on 1 April in their 17th year. A review of their education, employment or training status should take place within 3 months before or one month after the care leaver’s 17th birthday. The indicator therefore includes those who turn 17 during the year. ‘In education, employment or training’: Engaged either full (at least 16 hrs per week) or part-time (less than 16 hrs per week) in one of the following: <u>Higher education:</u> ‘Higher education’ means all studies at a higher academic level than A level. This includes degrees, diplomas in higher education, teaching and nursing quals, HNDs, ONDs, and BTEC. The educational course does not have to be residential. ‘Education other than higher’: This means all other education not covered by ‘higher education’. The educational course does not have to be residential. <u>Training or employment:</u> ‘Training’ includes government-supported training, including Youth Training, New Deal, Training for Work, and National Traineeships. ‘Employment’ includes paid employment, self-employment, and voluntary unpaid work. ‘Not in education, employment or training’: Data is also collected on those who are not in education, employment or training (NEET) using the following: NEET because of own illness or disability: Refers to young people where none of the EET categories applies, specifically because the young person’s own illness or disability has prevented them from participating in any of these activities. NEET other circumstances: Refers to young people not covered by any of the other EET or NEET categories. This includes people who are not able to participate in any of these activities because of pregnancy, or because they are parents or carers.  Full details are held on the DfE website at: <a href="https://www.gov.uk/government/publications/children-looked-after-return-2015-to-2016-guide">https://www.gov.uk/government/publications/children-looked-after-return-2015-to-2016-guide</a>
BCP036b	Percentage of 17 to 21 year old care leavers in EET (open referrals)	Same definition as above, however the reporting period is on a rolling 12 month period to give an indication of the Statutory SSDA903 return.
BCP037	Worklessness rate differentials in Bristol	This indicator measures the percentage of the working age population claiming out-of-work benefits in the worst performing neighbourhoods. Working age benefits include the main out-of-work client group categories (unemployed people on Jobseekers Allowance, Lone Parents on Income Support, Incapacity Benefits customers, and others on income-related benefits) and exclude the carer, disabled and bereaved client groups who are not subject to activation policies in the same way as other groups.  Worst performing neighbourhoods are defined as Lower Super Output Areas (LSOAs) with a benefit claim rate (as defined above) of 25% or more based on a 4 quarter average between May 2006 and February 2007. The areas covered will remain the same throughout the lifetime of the Indicator. (An average LSOA contains around 1,500 people)  The working age population is defined (from April 16) as the sum of females aged 16-64 plus males aged 16-64. Data are presented as a rolling average of 4 quarters to account for seasonal variation. This indicator gives the benefit rate for the aggregate of all the worst performing neighbourhoods in the local authority area, not for each individual neighbourhood.  
DPE028e	The percentage of <b>Primary</b> schools rated good or better by Ofsted	This is a simple count of all Primary schools and academies within Bristol that are rated by Ofsted as ‘GOOD’ or better, using their inspection criteria. The figure is then presented as a percentage of all Primary schools within the area. The DfE publish the data on their web-site at <a href="https://www.gov.uk/government/statistical-data-sets/monthly-management-information-ofsted-school-inspections-outcomes#history">https://www.gov.uk/government/statistical-data-sets/monthly-management-information-ofsted-school-inspections-outcomes#history</a>
DPE028f	The percentage of <b>Secondary</b> schools rated good or better by Ofsted	This is a simple count of all Secondary schools and academies within Bristol that are rated by Ofsted as ‘GOOD’ or better, using their inspection criteria. The figure is then presented as a percentage of all Secondary schools within the area. The DfE publish the data on their web-site at <a href="https://www.gov.uk/government/statistical-data-sets/monthly-management-information-ofsted-school-inspections-outcomes#history">https://www.gov.uk/government/statistical-data-sets/monthly-management-information-ofsted-school-inspections-outcomes#history</a>

## Definitions of Performance Indicators

Healthy & Caring		
Code	PI Title	PI Definition
BCP005a	Increase the percentage of adults receiving direct payments	<p>(X/Y)*100</p> <p>X: The number of users (adults receiving direct payments) receiving direct-payments and part-direct payments at the year end 31st March.</p> <p>Source: SALT Measure LTS001b Tables 1a and 1b – sum of columns ‘Direct Payment Only’ and ‘Part Direct Payment’</p> <p>Y: Clients (aged 18 or over) accessing long term support at the year end 31st March.</p> <p>Source: SALT Measure LTS001b Tables 1a and 1b – sum of clients in community columns headed ‘Direct Payment Only’, ‘Part Direct Payment’, ‘CASSR Managed Personal Budget’, ‘CASSR Commissioned Support only’</p>
BCP005b	Increase the percentage of carers receiving direct payments for support direct to carer	<p>(X/Y)*100</p> <p>X: The number of carers receiving direct-payments and part direct payments in the year to 31st March.</p> <p>Source: SALT Measure LTS003 Table 1a sum of row ‘total carers’ for columns, ‘Direct Payment’ and ‘Part Direct Payment’</p> <p>Y: Carers (caring for someone aged 18 or over) receiving carer specific services in the year to 31st March.</p> <p>Source: SALT Measure LTS003 Table 1a sum of row ‘total carers’ for all columns excluding ‘No direct support provided to carer’ and ‘Information Advice and Other Universal Services / Signposting</p>
BCP006	Increase the percentage of adults with learning difficulties known to HSC, who are in paid employment	<p>The measure shows the proportion of adults with a learning disability who are “known to the council” (see definition below), who are recorded as being in paid employment. The information would have to be captured or confirmed within the reporting period 1 April to 31 March.</p> <p>The definition of individuals ‘known to the council’ is restricted to those adults of working age with a primary support reason of learning disability support who received long term support during the year (recorded in SALT Measure LTS001a, table 1a)</p> <p>The measure is focused on ‘paid’ employment. Voluntary work is not collected in SALT and thus, is excluded from the measure. Paid employment is measured using the following two categories:</p> <ul style="list-style-type: none"> <li>&gt; Working as a paid employee or self-employed (16 or more hours per week);</li> <li>and,</li> <li>&gt; Working as a paid employee or self-employed (up to 16 hours per week).</li> </ul> <p>A ‘paid employee’ is one who works for a company, community or voluntary organisation, council or other organisation and has their National Insurance paid for directly from their wages and is earning at or above the National Minimum Wage. This includes those who are working in supported employment (i.e. those receiving support and assistance from a specialist agency to maintain their job) who are earning at or above the National Minimum Wage.</p> <p>‘Self-employed’ is defined as those who work for themselves and generally pay their National Insurance themselves. This should also include those who are unpaid family workers (i.e. those who do unpaid work for a business they own or for a business a relative owns).</p>
BCP009	Increase the percentage of children achieving a good level of development at Early Years Foundation	<p>This measures the number of children achieving 78 points across all 13 EYFSP scales with at least 6 points or more in each of the PSED and CLL scales, expressed as a percentage of the total number of children assessed against the Early Years Foundation Stage Profile.</p> <p>Early Years Foundation Stage – this is a statutory framework for children’s learning and development and welfare from birth to the end of the academic year in which they turn 5. It covers six areas of learning:</p> <ul style="list-style-type: none"> <li>&gt; Personal, Social and Emotional Development (3 scales)</li> <li>&gt; Communication, Language and Literacy (4 scales)</li> <li>&gt; Problem-solving, reasoning and numeracy (3 scales)</li> <li>&gt; Knowledge and understanding of the world (1 scale)</li> <li>&gt; Physical Development (1 scale)</li> <li>&gt; Creative Development (1 scale)</li> </ul> <p>The Early Years Foundation Stage Profile is an assessment of children’s achievement at the end of the academic year in which they turn 5.</p> <p>This indicator is not wholly a schools based indicator. It is also includes achievement figures provided by Local Authorities for children in the private, voluntary and independent sector who are still in receipt of funding in the term preceding their key stage 1 studies.</p>
DPE009	Percentage of older people at home 91 days after discharge from hospital into reablement / rehabilitation	<p>This measures the proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital.</p> <p>Those who are in hospital or in a registered care home (other than for a brief episode of respite care from which they are expected to return home) at the three month date and those who have died within the three months are not reported in the numerator.</p>
DPE076a	Reduce the permanent admissions aged 65+ to residential and nursing care, per 100,000 population	<p>This is a two part-measure reflecting the number of younger adults (part 1) and older people (part 2) whose long-term support needs are best met by admission to residential and nursing care homes relative to the population size of each group. The measure compares council records with ONS population estimates.</p> <p>People counted in this measure should include:</p> <ul style="list-style-type: none"> <li>&gt; Residents where the local authority makes any contribution to the costs of care, no matter how trivial the amount and irrespective of how the balance of these costs are met;</li> <li>&gt; Supported residents in: <ul style="list-style-type: none"> <li>o Local authority-staffed care homes for residential care;</li> <li>o Independent sector care homes for residential care;</li> <li>o Registered care homes for nursing care; and,</li> <li>o Residential or nursing care which is of a permanent nature and where the intention is that the spell of care should not be ended by a set date.</li> </ul> </li> </ul> <p>For people classified as permanent residents, the care home would be regarded as their normal place of residence.</p> <p>Where a person who is normally resident in a care home is temporarily absent at 31 March 2016 (e.g. through temporary hospitalisation) and the local authority is still providing financial support for that placement, the person should be included in the numerator.</p> <p>Trial periods in residential or nursing care homes where the intention is that the stay will become permanent should also be included.</p> <p>‘Whether a resident or admission is counted as permanent or temporary depends on the intention of the placement at the time of admission.</p> <p>Interpretation:</p> <p>Analysis shows that older people are more likely to have their long-term support needs met in residential and nursing care settings than younger adults. Using a two-part measure means that we can separate age as a factor in the indicator and focus on the contribution of services to reducing the proportions for whom the most appropriate way of meeting their long-term care needs is in either a residential or nursing care setting.</p>

## Working & Learning

Code	PI Title	PI Definition
BCP031a	Key Stage 4: Attainment 8 - Points achieved at Grade C	Attainment 8 will measure the achievement of a pupil across 8 qualifications including mathematics (double weighted) and English (double weighted), 3 further qualifications that count in the English Baccalaureate (EBacc) measure and 3 further qualifications that can be GCSE qualifications (including EBacc subjects) or any other non-GCSE qualifications on the DfE approved list.
BCP031p	Key Stage 4: Progress 8 score	Progress 8 score will be calculated for each pupil by comparing their achievement –their Attainment 8 score – with the average Attainment 8 score of all pupils nationally who had a similar starting point (or ‘prior attainment’), calculated using assessment results from the end of primary school. The greater the Progress 8 score, the greater the progress made by the pupil compared to the average of pupils with similar prior attainment.  A school’s Progress 8 score will be calculated as the average of its pupils’ Progress 8 scores. It will give an indication of whether, as a group, pupils in the school made above or below average progress compared to similar pupils in other schools.
BCP032a	Percentage of pupils achieving the national standard in reading, writing and maths at KS2	Scaled scores help test results to be reported consistently from one year to the next. National curriculum tests are designed to be as similar as possible year on year, but slight differences in difficulty will occur between years. Scaled scores maintain their meaning over time so that two pupils achieving the same scaled score in different years will have demonstrated the same attainment.  For the KS2 tests a scaled score of 100 will always represent the ‘expected standard’.  A pupil’s scaled score will be based on their raw score. The raw score is the total number of marks a pupil receives in a test. The pupil’s raw score will be translated into a scaled score using a conversion table.
BCP033	Reduce the percentage of 16 to 18 year olds who are not in education, employment or training	The reporting is at the end of each quarter. It shows the ‘as is’ position at the end of each quarter, NOT the three month average of Nov - Jan [statutory return]... This means that the outturn data is not comparable with National data, but it does give the most up-to-date position.  Data relates to young people who were aged 16-18 on the day of the count. Young people aged 16 to 18 years are counted as either: Education, employment or training (EET) if they are in: <ul style="list-style-type: none"> <li>• Education (including gap year students who have an agreed deferred HE entry date)</li> <li>• Government supported training;</li> <li>• Employment; Not in education, employment or training (NEET) if they are not engaged in one of the EET activities above, including those: <ul style="list-style-type: none"> <li>• Undertaking a personal development opportunity, voluntary work or activity agreement</li> <li>• Seeking or waiting to start work or learning</li> <li>• Not yet ready for work or learning</li> <li>• Not available to the labour market (including those experiencing ill health, caring for a child, or out of the country)</li> </ul> </li> <li>Neither EET or NEET if they are: <ul style="list-style-type: none"> <li>• currently residing in a custodial institution</li> <li>• a refugee or asylum seeker who has not yet been granted citizenship</li> </ul> </li> </ul> Young people neither EET or NEET are excluded from the calculation. Current situation not known if: <ul style="list-style-type: none"> <li>• their current situation is not known</li> <li>• they cannot be contacted</li> <li>• they refuse to disclose their current activity</li> <li>• their records are no longer current</li> </ul> An adjustment is made to the numbers EET and NEET to allow for young people whose records are no longer current.
BCP034	Overall employment rate of working age population	This is the proportion of the working age population (16-64 [from April 16] for females and 16-64 for males) who are in employment according to the International Labour Organisation (ILO) definition.  These are National Statistics collected via ONS’ Annual Population Survey (essentially a version of Labour Force Survey with a boosted sample size for better accuracy at local area levels) and can be accessed via ONS’ NOMIS website: <a href="https://www.nomisweb.co.uk/Default.asp">https://www.nomisweb.co.uk/Default.asp</a>
BCP035	Reduce the percentage of adults with no formal qualifications	The 2016/17 Quality of Life Questionnaire asks, on Q48, "What is your highest level of educational or technical qualification?" and a selection of answers from 'none' to 'higher degree or equivalent' are proffered. The survey ends on 30 October 2016 and the responses are then analysed and reported early in 2017.
BCP036a	Percentage of 17 to 21 year old care leavers in EET (statutory return - recorded around birthday) *	Statutory information is collected for relevant and former relevant young people whose 17th, 18th, 19th, 20th or 21st birthday falls within the collection period.  ‘Former care leavers’: All young people aged 17, 18, 19, 20 or 21 who were looked after under any legal status (excl V3 or V41) on 1 April in their 17th year. A review of their education, employment or training status should take place within 3 months before or one month after the care leaver’s 17th birthday. The indicator therefore includes those who turn 17 during the year. ‘In education, employment or training’: Engaged either full (at least 16 hrs per week) or part-time (less than 16 hrs per week) in one of the following: <u>Higher education:</u> ‘Higher education’ means all studies at a higher academic level than A level. This includes degrees, diplomas in higher education, teaching and nursing quals, HNDs, ONDs, and BTEC. The educational course does not have to be residential. ‘Education other than higher’: This means all other education not covered by ‘higher education’. The educational course does not have to be residential. <u>Training or employment:</u> ‘Training’ includes government-supported training, including Youth Training, New Deal, Training for Work, and National Traineeships. ‘Employment’ includes paid employment, self-employment, and voluntary unpaid work. ‘Not in education, employment or training’: Data is also collected on those who are not in education, employment or training (NEET) using the following: NEET because of own illness or disability: Refers to young people where none of the EET categories applies, specifically because the young person’s own illness or disability has prevented them from participating in any of these activities. NEET other circumstances: Refers to young people not covered by any of the other EET or NEET categories. This includes people who are not able to participate in any of these activities because of pregnancy, or because they are parents or carers.  Full details are held on the DfE website at: <a href="https://www.gov.uk/government/publications/children-looked-after-return-2015-to-2016-guide">https://www.gov.uk/government/publications/children-looked-after-return-2015-to-2016-guide</a>
BCP036b	Percentage of 17 to 21 year old care leavers in EET (open referrals)	Same definition as above, however the reporting period is on a rolling 12 month period to give an indication of the Statutory SSDA903 return.
BCP037	Worklessness rate differentials in Bristol	This indicator measures the percentage of the working age population claiming out-of-work benefits in the worst performing neighbourhoods. Working age benefits include the main out-of-work client group categories (unemployed people on Jobseekers Allowance, Lone Parents on Income Support, Incapacity Benefits customers, and others on income-related benefits) and exclude the carer, disabled and bereaved client groups who are not subject to activation policies in the same way as other groups.  Worst performing neighbourhoods are defined as Lower Super Output Areas (LSOAs) with a benefit claim rate (as defined above) of 25% or more based on a 4 quarter average between May 2006 and February 2007. The areas covered will remain the same throughout the lifetime of the Indicator. (An average LSOA contains around 1,500 people)  The working age population is defined (from April 16) as the sum of females aged 16-64 plus males aged 16-64. Data are presented as a rolling average of 4 quarters to account for seasonal variation. This indicator gives the benefit rate for the aggregate of all the worst performing neighbourhoods in the local authority area, not for each individual neighbourhood.  
DPE028e	The percentage of <b>Primary</b> schools rated good or better by Ofsted	This is a simple count of all Primary schools and academies within Bristol that are rated by Ofsted as ‘GOOD’ or better, using their inspection criteria. The figure is then presented as a percentage of all Primary schools within the area. The DfE publish the data on their web-site at <a href="https://www.gov.uk/government/statistical-data-sets/monthly-management-information-ofsted-school-inspections-outcomes#history">https://www.gov.uk/government/statistical-data-sets/monthly-management-information-ofsted-school-inspections-outcomes#history</a>
DPE028f	The percentage of <b>Secondary</b> schools rated good or better by Ofsted	This is a simple count of all Secondary schools and academies within Bristol that are rated by Ofsted as ‘GOOD’ or better, using their inspection criteria. The figure is then presented as a percentage of all Secondary schools within the area. The DfE publish the data on their web-site at <a href="https://www.gov.uk/government/statistical-data-sets/monthly-management-information-ofsted-school-inspections-outcomes#history">https://www.gov.uk/government/statistical-data-sets/monthly-management-information-ofsted-school-inspections-outcomes#history</a>



# People Scrutiny Commission

26<sup>th</sup> September 2016

**Report of:** Strategic Director - People

**Title:** Directorate Risk Register Review August 2016

**Ward:** Citywide

**Officer Presenting Report:** John Readman, Strategic Director - People

**Contact Telephone Number:** 0117 35 37960

## Recommendation

The Commission review and scrutinise the Directorate Risk Register as at 31st August 2016 which is attached to this report.

## Summary

This report presents the Directorate Risk register. Going forward, Directorate Risk Registers will be reviewed by Directorate Leadership Teams on a quarterly basis and will be provided for scrutiny at six monthly intervals.

## The significant issues in the report are:

- Corporate Risk in the context of Directorate risk consideration (Paragraph 4)
- Process for review of Directorate risks. (Paragraph 5.2)
- Issues arising from the Directorate Risk Register (Paragraph 5.5)
- The full directorate risk register (Appendix 1)



## Policy

1. *The Audit Committee is responsible for providing independent assurance to the Council regarding the effectiveness of its strategic risk management arrangements. The Council has a Risk Management Policy which requires strategic risks to the Council, and details of how they are managed to be recorded in strategic risk registers – the Corporate and Directorate Risk Registers. Whilst the Corporate risk Register is scrutinised by the Audit Committee on a six monthly basis, it was agreed at Overview and Scrutiny Management Board, that the Directorate Risk Registers will be scrutinised by each Directorate scrutiny twice a year. They will however also be provided once each year to Audit Committee, for information (not scrutiny) to provide the Audit Committee with assurance that Directorate Risk Registers are in place and effectively scrutinised.*

## Consultation

2. **Internal**  
Directorate Leadership Team / Risk Owners / Cabinet Members – People, Education & Skills and Health & Wellbeing
3. **External**  
Not applicable
4. **Background – Risk Management and the Corporate Risk Register**
  - 4.1. Risk is defined in the Risk Management Policy as ‘the chance of something happening that will impact (positively or negatively) on the achievement of the Council’s Objectives’. Risk Management is the planned and systematic approach to the identification, evaluation, prioritisation and control of risks and opportunities facing the Council Management.
  - 4.2. Risk Assessment is the measure of likelihood and impact on objectives of an uncertain action of event.
  - 4.3. The Corporate Risk Register (CRR) is an integral element of the Council’s Strategic Risk Management arrangements and aims to support the delivery of the Council’s objectives by setting out the strategic high level risks facing the Council in delivering its plans and how they are ensuring these risks are effectively managed.
  - 4.4. The CRR is used by the Strategic Leadership Team to monitor risk levels and take assurance that all necessary steps are being taken to ensure the risks are managed to a level acceptable to them.
  - 4.5. The CRR is currently under review but at this time includes the following risks:
    - **Safeguarding (Amber)** – The Council fails to ensure adequate safeguarding measures are in place, resulting in harm or death to a vulnerable adult or child.
    - **Organisational Achievement and Resilience (Amber)** - The Council fails to maximise opportunities afforded by the Single Change Programme to deliver and achieve the Mayoral and corporate objectives and maintain its resilience into the future.

- **Governance (Amber)** - The Council fails to comply with internal controls and to effectively meet the framework of obligations within the statutory Annual Governance Statement and the Code of Corporate Governance.
- **Infrastructure (Red)** - The Council fails to generate the investment necessary to maximise its influence upon the delivery and maintenance of a sustainable infrastructure which will support the City to grow and prosper.
- **Community resilience (Red)** - Failure of the Council and the community at large to anticipate, sufficiently mitigate, respond to or recover quickly enough from a significant and unexpectedly disruptive event. This risk is focused on how the Council and communities can adapt to significant changes in society over time rather than focussing on the Council's physical infrastructure that is in place to contribute when such an event occurs – this is considered in risk 4 – Infrastructure.
- **Finance (Red)** - Failure to deliver robust Financial Plans that will secure ongoing financial resilience to deliver statutory services and mayoral priorities.
- **Educational Attainment (Amber)** - Failure to focus and prioritise resources to effect the changes necessary to ensure the equality of educational opportunities across all ages and all communities.
- **Demographic and Service Pressures (Amber)** - The Council fails to appropriately manage demand for its services and does not maximise all potential delivery methods to ensure that services are provided in the most cost effective way.
- **Devolution (Red)** - Failure of the Council to work with the neighbouring authorities and the community at large to maximise the benefits of the Government devolution agenda to the best advantage of the people of Bristol and across the West of England.
- **Delivery Democracy (Amber)** - Failure to deliver statutory elections and comply with all legal requirements.
- **Trading Company Operations (Amber)** - Successfully managing the trading companies where the Council is the majority Shareholder, or has an interest in the Company.

## 5. The Directorate Risk Register

5.1. As well as Corporate Risks, Directorate Risk Registers (DRR) detail risks faced by each Directorate. The DRR is owned by the Strategic Director and is used by the Directorate Leadership Team to ensure and monitor that risks are effectively managed.

5.2. The Directorate Risk Register was developed following:

- DLT Risk identification and assignment of a risk owner who is responsible to ensure each risk is effectively managed

- Detailed work with the Risk Owner to determine key current mitigations and further actions to ensure the risk is properly managed
- Re-review by DLT to ensure risk levels are correctly identified and target risk levels are acceptable

- 5.3.** The People Directorate Risk Register is attached as Appendix 1 for scrutiny. The register is presented in the standard format agreed by ELT / SLT and uses the risk management methodology in the risk management policy agreed by the SLT and the Audit Committee in November 2014. Appendix 2 provides helpful extracts from that policy to assist Members in understanding risk levels recorded in the register. The risk matrix, Guidance parameters used to measure impact and Guidance parameters used to measure likelihood.
- 5.4.** The timing of presentation of the Directorate Risk Register to Scrutiny is such that the commission are also receiving information concerning Directorate performance at this meeting. It is envisaged that both the risk and performance information provided to the Committee should be reviewed together to aide effective challenge to both sets of information.
- 5.5.** The People Directorate Scrutiny Commission last received the Directorate Risk Register on 7<sup>th</sup> September 2015. The following paragraphs summarise the key changes to the risk environment since then:
- 5.6.** No new risks have been identified and added to the register since the last review.
- 5.7.** The only risk removed from the register since the last review is a short term risk relating to a contractual issue involving the withdrawal of the providers of Children and Young People’s Community Health Services which has since been resolved.
- 5.8.** There has been a change to Risk 5 major ICT project failure and this risk is now focussed on the coordination of case management systems across the Children’s, Adults and Education service
- 5.9.** There has been a change of focus to the risk around the number of households being managed at high intervention of crisis level. This is due to the fact that a number of housing services including homelessness have transferred to the Neighbourhoods Directorate and the focus is now on the potential loss of funding in Early Intervention.
- 5.10.** The risks around Educational Attainment and the number of young people not in Education, Employment or Training (NEET) have been merged as these both relate to educational outcomes.
- 5.11.** The risk level has increased in relation to Risk 1 Failure to Delivery the Medium Financial Plan and deliver savings.
- 5.12.** Risk levels have remained unchanged in all other areas.

### **Other Options Considered**

- 6.** None necessary

## **Risk Assessment**

7. Robust and effective strategic risk management arrangements are essential in helping the Council manage its business and deliver its priorities.

## **Public Sector Equality Duties**

None necessary for this report

## **Legal and Resource Implications**

### **Legal**

None sought

### **Financial**

#### **(a) Revenue**

None arising from this report

#### **(b) Capital**

None arising from this report

### **Land**

Not applicable

### **Personnel**

Not applicable

## **Appendices:**

Appendix 1 – People Directorate Risk Register

Appendix 2 – Risk Matrix, Guidance parameters used to measure impact and Guidance parameters used to measure likelihood

## **LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985**

### **Background Papers:**

None

	Risk Description, Causes, Consequences and Horizon	Risk Owner	Current Risk Management Arrangements (Current Mitigation) Responsible officer (RO):	Status of Current Mitigation	Current Risk Like/Imp	Target Risk Like/Imp	Further Actions Required	Timeframe for Action	Responsible Officer for Action
1	<p><b>Risk description</b> Failure to deliver the Medium Term Financial Plan and deliver savings included in the financial plan</p> <p><b>Cause</b> Failure to achieve required savings. Inadequacy of cash resources. Demographic pressures. Pressure points are currently in demand for home care and nursing care and children's specialist commissioning</p> <p><b>Consequence</b> Savings not achieved. Budget not met. Financial shortfall. Unplanned reductions in services. Corporate objectives not met. Lack of organisational resilience. Failure to secure efficiencies and benefit realisation.</p> <p><b>Horizon</b> Short/Medium term</p>	JR	<p>There is strong Directorate focus on delivering the savings in the financial plan as against the forecast Directorate shortfall.</p> <p>The Budget is monitored monthly at DLT.</p> <p>The Finance Business Partner role is fully utilised to maximise all opportunities.</p> <p>Collaboration with external funders e.g. PCT/CCG, DoH.</p> <p>Maintain financial controls and governance arrangements</p> <p>Regular reporting and challenge of Cabinet Member (People)</p> <p>Continue to work with health partners on Section 256 transfer agreements through Health and Wellbeing Board and other boards locally.</p> <p>A resourced and prioritised action plan is in progress to implement recommendations from EY 2015 Financial Diagnostic.</p> <p>Opportunities to promote independence reducing the need for high cost support and/or care provision are being implemented through the following programmes and projects: - Rehabilitation and Reablement - Bristol Retirement Living Programme which includes Extra Care Housing and the Dementia Care Home Partnership. The contracts for these projects have now been awarded and planning is being applied for.</p> <p>Promoting independence is supported and promoted by the Care Act and Independent Living Fund projects.</p> <p>Focus on needs assessment, care and pathway planning and targeted support to children in care and care leavers offers opportunities for them to achieve independence and improved outcomes on leaving care, reducing demand and costs in other service areas into adulthood.</p> <p>The Short Break provision for children has been recommissioned which promotes choice and control for children with disabilities and their families, underpinning the child centred approach.</p>	<p>In place</p> <p>In place</p> <p>In place</p> <p>In place</p> <p>Ongoing</p> <p>Ongoing</p> <p>Complete</p> <p>Ongoing</p> <p>Ongoing</p> <p>In place</p>	<p>Likely/ Critical  (18)</p>	<p>Possible/ Critical  (9)</p>	<p>Utilisation and allocation of reserves where possible and appropriate. Recharge/reclaim where appropriate.</p> <p>Identify sources of additional funding / resource</p> <p>Budget holders held to account for forecasting, overspend and underspend.</p> <p>Budget management actions agreed with budget holders and DMTs</p> <p><b>Completion of the following projects:</b> - Rehabilitation &amp; Reablement - Bristol Retirement Living programme which include the: *Extra Care Housing *Dementia Care Home Partnership projects</p> <p>Completion of the following projects: - Care Act - Independent Living Fund Services commissioned that will better meet the needs and target support for children in care and care leavers</p> <p>Other opportunities are being explored</p>	<p>2016/17</p> <p>2016/17</p> <p>2016/17</p> <p>2016/17</p> <p>2018/19</p> <p>Dec 2018</p> <p>Mar 2018</p> <p>Sep-16</p> <p>Sep-16</p> <p>Ongoing</p>	<p>John Readman</p> <p>John Readman</p> <p>John Readman</p> <p>John Readman</p> <p>Jayne Clifford</p> <p>Tim Wye</p> <p>Tim Wye</p> <p>Mike Hennessey</p> <p>Hilary Brooks</p> <p>John Readman</p>

	Risk Description, Causes, Consequences and Horizon	Risk Owner	Current Risk Management Arrangements (Current Mitigation) Responsible officer (RO):	Status of Current Mitigation	Current Risk Like/Imp	Target Risk Like/Imp	Further Actions Required	Timeframe for Action	Responsible Officer for Action
2	<b>Risk description</b> The Directorate fails to maximise opportunities afforded by the Change Programme <b>Cause</b> Costs outweigh benefits realisation. Pace of delivery is too slow. Insufficient resilience for continued delivery of services. Existing forecasts of demand growth are exceeded by reality due to cuts to other public services. Lack of resource, skill and experience in Project Management. <b>Consequences</b> Opportunities not realised. Organisation remains unfit for purpose. Unplanned cuts in services result in reputational damage. Savings not realised in full. Interruptions to business continuity. Failure to meet statutory duties. <b>Horizon</b> Short term 1-3 years	JR	A Local Monitoring Group (LMG) for delivering change has been set up to oversee the projects approved by Change Board in August 2015 which form the People Directorate Change Plan. The LMG meets monthly and comprises People DLT. It monitors progress and review the effectiveness of the change projects including monitoring the level of savings.	In place	Possible/ Critical  (9)	Unlikely/ Critical  (6)	Project implementation is now running. The resource plan was signed off by Change Board in August 2015. Highlight reports go to Change Board and there is a clear governance structure for all projects	2016/17	Netta Meadows
			LMG also consider the targeting of Project Resource to best maximise efficiencies.  A Programme Manager leads the programme and project team.  The recent transfer of the People based project team to Corporate Change Services increases transparency and visibility of the projects and ensures best use of corporate resources	In place			Engagement and maximisation of Applied Programme	Ongoing	John Readman
3	<b>Risk description</b> Failure to deliver the Capital Programme. Risk of insufficient resources to meet medium and long term requirements including delivery of sufficient school places <b>Cause</b> Increase in number of children needing school places. Increase in birth rate. Increase in number of people making Bristol their home putting pressure on school places <b>Consequences</b> Classes are not big enough. Increasing proportion of children not getting their first choice of schools. Impacting on Ofsted ratings. <b>Horizon</b> Long term	PJ	The Integrated Education & Capital Strategy was approved at the Learning City Board in January 2016 and is being implemented.	Ongoing	Possible/ Critical  (9)	Unlikely/ Critical  (6)	Continued engagement with delivery partners, particularly with the DfE regarding Free Schools.	Ongoing	Paul Jacobs
			Majority of schemes have been delivered on time and on budget. Continued engagement with delivery partners needed to ensure a high standard of delivery.	Ongoing			Ensure school properties are suitable and sufficient to meet curriculum needs	Ongoing	Paul Jacobs
			Annual funding from central government is in place	In place					
			Additional funding has been secured from central government where possible.	On schedule					
Monthly reports to Capital Programme Board	In place								
Regular reporting to the Cabinet Member for Education & Skills, People DLT and SLT	In place								
4	<b>Risk description</b> Inadequate response to an emergency or continuity challenge <b>Cause</b>	MH/MF	To provide where appropriate, a direct service response under these plans. Support to Older People team (STOP) and the meals service in particular.	Ongoing	Possible/ Critical  (9)	Unlikely/ Critical  (6)			

	Risk Description, Causes, Consequences and Horizon	Risk Owner	Current Risk Management Arrangements (Current Mitigation) Responsible officer (RO):	Status of Current Mitigation	Current Risk Like/Imp	Target Risk Like/Imp	Further Actions Required	Timeframe for Action	Responsible Officer for Action
	<p>Failure to have adequate and up to date continuity plans in place. Lack of staff knowledge of plans and how to enact them</p> <p><b>Consequences</b> Unacceptable disruptions to the delivery of critical services</p> <p><b>Horizon</b> Long term</p>		<p>Directorate and Critical Services, are identified, risk assessed and continuity plans reviewed and exercised regularly.</p> <p>Winter Pressures Planning, attendance at urgent care boards and contributions to development of service/capacity plans for whole system approach.</p>	On schedule			<p>Critical Service Managers to attend mandatory business continuity training as and when appropriate</p> <p>Winter plan for 16/17 to be completed. The plan will be signed off at DLT and the Cabinet Member for People will be briefed .</p>	<p>Ongoing</p> <p>Dec-16</p>	<p>All service managers</p> <p>Tim Wye/ Stephen Beet</p>
5	<p><b>Risk description</b> Coordination of case management systems across Children's, Adults and Education service</p> <p><b>Cause</b> Failure to develop appropriate project plan and agree to contract terms and conditions with supplier</p> <p><b>Consequences</b> Failure to provide treatment and adequate care to service users</p> <p><b>Horizon</b> Medium term</p>	MH	<p>Creation of a Care and Education Systems Steering Group.</p> <p>Review of support teams</p>	<p>Complete</p> <p>Ongoing</p>	<p>Possible/ Critical  (9)</p>	<p>Unlikely/ Critical  (6)</p>	<p>Coordination of supplier relationship management, joint with Business Change (Dominic Mason).</p>	Dec-16	Rob Logan
6	<p><b>Risk Description:</b> The Directorate fails to ensure adequate safeguarding measures are in place resulting in harm or death to a vulnerable adult or child</p> <p><b>Causes</b> Lack of capacity and an increase in the number of CSE cases due to better identification.</p> <p><b>Consequences</b> Culpable for harm or fatality of vulnerable adult or child. Litigation. Financial costs. Reputational damage.</p> <p><b>Horizon:</b> Current and on-going</p>		<p>Safe recruitment processes / Disclosure and Barring Service checks for staff working with vulnerable adults and monitoring of commissioned services is robust.</p> <p>The Safeguarding Boards (Adults and Children) maintains oversight; monitoring performance, quality and learning from serious incidents; delivers training and leads on key strategic priorities, providing scrutiny and challenge where required</p> <p>Best practice outlined in the Care Act 2014 is embedded in processes which are monitored and refinements made to as needed.</p>	<p>On schedule</p> <p>On schedule</p>	<p>Possible/ Critical  (9)  but reducing</p>	<p>Unlikely/ Critical  (6)</p>	<p>The Independent chair of Bristol Safeguarding Adult's Board has overseen an overhaul of the Board; revised terms of reference for subgroups are in place; a new preventative strategy was presented to SAB 3 May 2016; all chief officers have signed a memorandum of understanding; both the Bristol Safeguarding Adults and Children's Boards are now serviced by a single business unit and recruitment is ongoing.</p> <p>The full roll out of updated approach to Making Safeguarding Personal has been completed. All relevant staff have been trained in the MSP approach and all tools are available.</p>	<p>Complete</p> <p>Complete</p>	<p>Mike Hennessey/Hilary Brooks</p> <p>Mike Hennessey</p>

	Risk Description, Causes, Consequences and Horizon	Risk Owner	Current Risk Management Arrangements (Current Mitigation) Responsible officer (RO):	Status of Current Mitigation	Current Risk Like/Imp	Target Risk Like/Imp	Further Actions Required	Timeframe for Action	Responsible Officer for Action
			Strong relationship with regional Quality Surveillance Group and Care Quality Commission. Six weekly meetings take place to collate intelligence to inform decision making around registered providers.	On schedule					
			A Contracts and Quality Service Manager is in post and responsible for overseeing the quality of services delivered.	Ongoing			The 'Quality Assurance Framework' now embedded into contracts for care homes, home care and, by the end of this year, community support services. The original QAF is now being revised to include learning and good practise from the initial phase.	December 2016	Mel Rogers
			Work with the Voluntary and Community Sector and Health watch to support our Quality Assurance function. RSVP has been commissioned to do this.	On schedule					
			Thresholds guidance, accreditation and other key policies and Quality Assurance Frameworks are implemented, These are regularly reviewed in line with Care Assurance.	Ongoing					
			Work with practitioners by effective use of continuing professional development, PMDS and supervision to ensure clarity of functions and understanding and implementation of best practice. Use of the professional capabilities framework to evaluate practice				Continue to develop the approach to new duties around safeguarding in care and support of Adults.	Ongoing Crossed the line and requirements met; ongoing to refine.	Mike Hennessey
		HB	<b>Children</b> An Early Help Service is now in place for children's services using a triage process to ensure that needs are met early, costs are minimised and pressure on social care is reduced. Comprehensive workforce development programme implemented.	On going			<b>Children</b> The continuing refinement and use of Predictive Analytics to try to identify needs at the earliest stage.	Dec-16	Gary Davies
			The Children's Service Improvement Plan Year 2 is in place and is focused on key areas for improvement for safeguarding, children in care and care leavers. Implementation of the plan is overseen by an Improvement Board which meets monthly.	On schedule and ongoing					
			A Child Sexual Exploitation Strategy led by the Bristol Safeguarding Children Board is in place and its effectiveness is being monitored.	On going			Continuing to work together with partner agencies, particularly the Police, in order to identify new cases of CSE and/or children at risk of CSE.	Ongoing	Hilary Brooks
7	<b>Risk Description:</b> An adult older or vulnerable person suffers avoidable death, serious injury or abuse whilst under the care of the council. <b>Causes</b> Lack of adherence to procedures, poor practice, lack of capacity. <b>Consequences</b> Culpable for harm or fatality of	MH	Adherence to H&S requirements, risk assessments with adequate mitigations for risk in place.  Out of Area Treatment Panel in place.  Policy for dealing with inadequate services in place	Ongoing  Ongoing  Complete	<b>Probable/ Significant</b>  <b>(8)</b>	<b>Possible/ Significant</b>  <b>(6)</b>	Completion of Corporate H&S Management System (CHaSMS) by all managers	Ongoing	Mel Rogers

	Risk Description, Causes, Consequences and Horizon	Risk Owner	Current Risk Management Arrangements (Current Mitigation) Responsible officer (RO):	Status of Current Mitigation	Current Risk Like/Imp	Target Risk Like/Imp	Further Actions Required	Timeframe for Action	Responsible Officer for Action
	vulnerable adult. Litigation. Financial costs. Reputational damage. <b>Horizon:</b> Current and on-going		Compliance with care management policies / procedures. Social Workers are registered with HCPC, supervised and records kept. Active PQ programme in place for qualified staff. SW supervision in place and SW board focus on professional standards  Monitoring visits by quality assurance officers have assisted in raising the standards with Care Homes.  Emergency Duty Team work with Out of Hours Team to identify and pick up the care needs for the more vulnerable adults whose of care and/or support packages are at risk. This includes those with mental Health needs.  Regular inspection and regulatory processes undertaken by CQC.	Ongoing  Ongoing  Ongoing			Adherence to professional standards, supervision, PMDS  Care Management Review  A principal social worker has now been appointed. An enhanced award and recognition package for the Approved Mental Health Professional service to retain good staff and reduce risks to vulnerable adults.	Ongoing  Ongoing  Completed	Mike Hennessey  Mike Hennessey  Mike Hennessey
8	<b>Risk description</b> Failure to meet corporate responsibilities to protect children in need and inadequate support to Children Looked After <b>Causes</b> Huge increase in demand and complexity in cases resulting in a lack of capacity <b>Consequences</b> Culpable for harm or fatality of vulnerable child. Litigation. Financial costs. Reputational damage. <b>Horizon</b> Current and on-going	HB	Safeguarding processes robust and effective.  Performance of the service is regularly reported to the Bristol Safeguarding Children Board.  Children in care and Care Leaver services have now been remodelled which has improved the size of caseloads and quality of through care services for young people  The Children's Services Improvement Plan is in place in order to improve the quality of assessments and plan. Comprehensive training programme.  The Corporate Parenting Panel meeting regularly and provides challenge to the service	Ongoing  In place  In place  Ongoing  In place  Ongoing	<b>Possible/ Critical  (9)</b>	<b>Possible/ Significant  (6)</b>	Cases that no longer meet the current threshold will be reviewed and closed. Children in Care cases will be audited to ascertain whether the number of looked after children can be reduced.	Dec-16  Dec-16	Hilary Brooks  Hilary Brooks
9	<b>Risk description</b> That a regulated service is rated 'Requires Improvement' or 'Inadequate' on inspection by the Care Quality Commission (CQC). A non regulated service is subject to concerns about quality or safety. <b>Causes</b> Failure to have adequate facilities. Staffing levels and training. Lack of monitoring procedures put in place.	MH	Social Workers registered with HCPC, supervised and records kept.  Case Discussion Forum implemented.  Support plans checked by Care Brokerage Team  Revised Care Management structure which more clearly identifies roles and responsibilities for teams and avoids the risk of silo approaches	Ongoing  Ongoing  Ongoing	<b>Probable/ Significant  (8)</b>	<b>Possible/ Significant  (8)</b>	People DLT to receive a quarterly report of in house services inline with CQC inspections.  Monitor casework practice and other areas known to be on CQC inspection agenda.	Ongoing  2016/17	Mike Hennessey  Mike Hennessey

	Risk Description, Causes, Consequences and Horizon	Risk Owner	Current Risk Management Arrangements (Current Mitigation) Responsible officer (RO):	Status of Current Mitigation	Current Risk Like/Imp	Target Risk Like/Imp	Further Actions Required	Timeframe for Action	Responsible Officer for Action
	<p><b>Consequences</b> Reputational risk to the authority</p> <p><b>Horizon</b> Current and on-going</p>		<p>Active Post qualification programme in place for qualified staff</p> <p>As part of all quality monitoring, issues of concern are raised with providers and addressed in a timely fashion</p> <p>Quality assurance visits undertaken as part of quality monitoring framework. A revised Quality Framework is at the consultation stage.</p> <p>A developed joint protocol with the Clinical Commissioning Group (CCG)</p> <p>Membership to the Quality Surveillance Group</p> <p>Regular liaison with the CQC</p>	<p>In place</p> <p>Slipped</p> <p>In place</p> <p>In place</p> <p>In place</p> <p>In place</p>			<p>A joint protocol with CQC now in place.</p> <p>Jointly consulting with NHS regarding new contracts due in 2016.</p>	Ongoing	Netta Meadows
10	<p><b>Risk description</b> Loss of funding in Early Intervention resulting in too many households being managed at high intervention or crisis level.</p> <p><b>Cause</b> Lack in opportunities to recognise deterioration of escalation of need and the need for funding to support early intervention</p> <p><b>Consequence</b> See above. Continued high cost and late interventions and poorer outcomes. This would result in an increase in demand on children and family and adult services due to lack of early intervention.</p> <p><b>Horizon</b> Medium term</p>	MF	<p>Early intervention and further integration as an approach, and join up across partners is being actively promoted and pursued at Strategic Council and Partnership level. Recognition of the value of these services is acknowledged at Senior Leadership Team level.</p> <p>Working with partners in the city to create a new model and embed Early Intervention across the city. The implementation of greater choice and control ensures individuals receive the right services to meet their needs thus promoting recovery or delaying deterioration and need of statutory services/thresholds being met.</p> <p>Early Help Teams, Family Intervention Team and Supporting Families Contracts are fully operational</p> <p>The expanded Troubled Families Programme underpins preventative work and supports whole system approach. This programme is funded up until 2020.</p> <p>DSG Funding is in place until 2017.</p> <p>Bristol Youth Links Contracts are in place, targeting of the most vulnerable to receive services and support is being driven and monitored through regular contact monitoring.</p> <p>Funded Learning for two year olds is in place with take up increasing.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>In place</p> <p>Ongoing</p> <p>In place</p> <p>Ongoing</p> <p>In place</p>	<p>Probable/ Significant  (8)</p>	<p>Probable/ Significant  (8)</p>	<p>Applied programme will review opportunities for 'demand management' through EI.</p> <p>Managed pathways between different tiers of service provisions.</p> <p>Development of information, advice and advocacy provision</p> <p>Implementation and development of Early Help and Intervention services –using additional DSG resource targeting resources to meet need early, reducing cost and alleviating pressure on social care. Triage case work progressing and effectiveness to be reviewed</p> <p>Review and recommissioning of the Bristol Youth Links Contracts</p> <p>Number of SAFs (Single Assessment Framework) completed by the Early Help network to increase</p> <p>Publication and promotion of the Two Year Old Offer</p>	<p>No date set</p> <p>2016/17</p> <p>Dec-16</p> <p>Mar-17</p> <p>Mar-17</p> <p>Dec-16</p> <p>Ongoing</p>	<p>Tara Dillon</p> <p>Michele Farmer</p> <p>Gary Davies</p> <p>Michele Farmer</p> <p>Gary Davies</p> <p>Michele Farmer</p> <p>Sally Jaeckle</p>

	Risk Description, Causes, Consequences and Horizon	Risk Owner	Current Risk Management Arrangements (Current Mitigation) Responsible officer (RO):	Status of Current Mitigation	Current Risk Like/Imp	Target Risk Like/Imp	Further Actions Required	Timeframe for Action	Responsible Officer for Action
11	<p><b>Risk description</b> Failure to ensure the equality of educational opportunities across all ages and all communities to deliver continued improvement in Educational attainment and reduce the number of young people Not in Education, Employment or Training (NEET)</p> <p><b>Causes</b> Variation in needs of learners Variation in performance of City schools. Strong private education sector in adjacent environment. Insufficient staffing levels and/or adequately trained staff Lack of performance monitoring. Economic downturn.</p> <p><b>Consequences</b> Inequalities are not addressed. Schools do not improve fast enough in both GCSE and A levels. Impairment of life chances for Bristol citizens i.e. reduced earnings capacity/lifelong dependency on benefits. Divided City. Reputation tarnished.</p> <p><b>Horizon</b> Medium term</p>	PJ	<p>The City Council has an Education and Skills Service which is structured to enable Bristol City Council to both fulfil its statutory role of education provision and to ensure it can play a key role in education systems leadership and development across the City.</p> <p>The Trading with Schools Service is in place to provide support to schools in being self-improving and to quality services. The service also provides a link between the Council and schools providing intelligence on schools performance and their contribution to achievement of the Council's statutory role of education delivery. An income strategy is in place.</p> <p>The Children &amp; Families Board meet six times each year and focus on improving outcomes, with strategic oversight of priority areas and taking joint action accordingly. Membership of the Board is periodically refreshed and their terms of reference agreed. A 16/17 work programme has been agreed.</p> <p>The Children's Services Improvement Plan Year 2 is in place and being implemented to secure better outcomes for children in care and care leavers and is monitored by the Improvement Board.</p> <p>A Learning City Board has been established to strengthen school to school partnerships, focussing on outcomes. And, an Excellence in Schools group within the Learning City partnership has been established to bring coherence to schools partnerships in the City.</p> <p>The Learning in Education challenge group within Learning City will have an overview of education outcomes in the City.</p> <p>All schools causing concern have a clear action plan and are monitored closely with reporting to DLT and the Cabinet Member for Education &amp; Skills. There is an increasing use of support from</p> <p>All aspects of education performance are regularly monitored by reporting to DLT, SLT and Cabinet Member for Education &amp; Skills and reviewed by the Directorate Scrutiny Commission. Links between</p> <p>14-19 Action Plan in place and updated annually. Action plan for care leavers aged 19, 20, 21 in education, employment or training monitored.</p> <p>Schools/Colleges have agreed to supply data on education offers and uptake.</p>	<p>On schedule and ongoing</p> <p>On schedule and ongoing</p> <p>On schedule</p> <p>On schedule</p> <p>On schedule</p> <p>Ongoing</p> <p>Ongoing</p> <p>On schedule</p> <p>Ongoing</p> <p>In place</p>	<p>Possible/ Critical  (9)</p>	<p>Unlikely/ Critical  (6)</p>	<p>Focus on underperforming groups at all key stages and increasing the percentage of Children's Centres rated good or better by Ofsted. A coherent Teaching School offer now in place and meeting regularly to develop the offer.</p> <p>Develop the governance and business model for further Trading with Schools in the context of the Bristol Companies model and in partnership with schools</p> <p>Implement SEND Development Plan and new Alternative Learning Commissioning Plan</p> <p>A new Children and Families Strategy for 2016-20 to set out key priorities for the City with key partners is in development and will be signed off at Cabinet in November.</p> <p>The Children's Services Improvement Plan Year 2 to be signed off at Cabinet and completed.</p> <p>The Learning City Challenge Groups need to embed and wider communication and engagement secured with partners and more widely with citizens.</p> <p>All NEET young people receiving appropriate support to achieve goals</p>	<p>Ongoing</p> <p>Dec-16</p> <p>Sep-16</p> <p>Nov-16</p> <p>Jul-17</p> <p>Jul-17</p> <p>Ongoing</p>	<p>Paul Jacobs</p> <p>Paul Jacobs</p> <p>Paul Jacobs</p> <p>Michele Farmer</p> <p>Paul Jacobs / Hilary Brooks</p> <p>Paul Jacobs</p> <p>Jackie Turner</p>

	Risk Description, Causes, Consequences and Horizon	Risk Owner	Current Risk Management Arrangements (Current Mitigation) Responsible officer (RO):	Status of Current Mitigation	Current Risk Like/Imp	Target Risk Like/Imp	Further Actions Required	Timeframe for Action	Responsible Officer for Action
			Negotiation and extension of Bristol Youth Links Contracts. The contracts has been improved to clarify data transfer and priority groups and NEET drop in services have been established in all BYL locality areas and citywide drop in centre	In place					
			Agreement for Engagement Workers to be available in schools/colleges on results day to ensure that GCSE pupils can find a course for September	In place					
			Pilot schemes in place to support care leavers.	Ongoing					
			Closer working links established with Work Based Learning providers, Job Centre Plus advisers as well as post-16 providers.	Ongoing					
Page 106	<b>12 Risk description</b> Potential unitary charge shortfall. <b>Cause</b> Declining pupil numbers <b>Consequence</b> There is a significant shortfall in unitary charge to be paid for PFI schools buildings <b>Horizon</b> To be paid over the remaining life of the PFI scheme (c.25 years)	PJ	DfE to reconsider current position as part of their next spending review	Ongoing	Possible/ Critical  (9)	Unlikely/ Critical  (6)	Strengthened oversight of PFI schemes within the People Directorate.	Ongoing	Rob Logan
		DfE Surplus Place return completed	Complete						
		The Integrated Education & Capital Strategy was approved at the Learning City Board in January 2016 and is being implemented.  External review of PFI complete and report recommendations are being implemented.	Ongoing						
			Revised forecast model in use	In place					
	<b>13 Risk description</b> The Directorate fails to commission appropriately, and services do not meet the needs of the users/communities <b>Cause</b> Inadequate commissioning arrangements. Mechanisms are not in place to shape the market, and to fully consult/engage and understand needs of service users and communities. <b>Consequences</b> Poor quality and inefficient services. Unable to re-design services. Damage	NM to lead	The Council has an 'Enabling Commissioning' approach - a commissioning framework which requires all commissioning activity to operate around the whole 'commissioning cycle' (Analyse, Plan, Do, Review) ensuring a strong understanding of demand and user need, comprehensive market analysis and development, and rigorous management of contractual relationships with internal and external providers.  The framework also provides decommissioning guidance for planning and managing a service reduction or terminating services in line with commissioning objectives.	In place	Possible/ Critical  (9)	Unlikely/ Critical  (6)	Develop our ability to market manage services and to respond to the changing dynamics of the provider market (irrespective of sector). This can be achieved by: - improved commissioning intentions, with consideration of how we disclose our intentions to the market - Ensuring we always have clear commissioning strategies that articulate our future demands for service provision. - Where applicable publish commissioning intentions which are regularly updated.	September 2016 and ongoing	Procurement and Commercial Relations Manager/ All commissioning Service Directors

Risk Description, Causes, Consequences and Horizon	Risk Owner	Current Risk Management Arrangements (Current Mitigation) Responsible officer (RO):	Status of Current Mitigation	Current Risk Like/Imp	Target Risk Like/Imp	Further Actions Required	Timeframe for Action	Responsible Officer for Action
to reputation. Failure to secure value for money. Provider failure. <b>Horizon</b> Medium term		The provision of commissioned services is monitored to ensure the continued quality and delivery of those services. Where performance monitoring suggests services are not to standard, the delivery mechanism for those services is reviewed and appropriate action taken.	Ongoing			Procurement and Commercial Relations Manager filled on an interim basis (pending external recruitment) and postholder to review initiatives and whether new tendering system is embedded and used to actively monitor and manage contracts across the Council.  Ensure that all commissioners use the Enabling Commissioning Framework via the introduction of "checkpoints" to ensure consistency, best practice and appropriate strategic connections. Complete for Commissioners in People Directorate.	September 2016 and ongoing	Procurement and Commercial Relations Manager
		The Corporate Procurement Team also support commissioning but also to understand market shaping and market dynamics.	In place			Commissioning intentions/ forward programme and a consolidated list for major projects published on the website and available via the new tendering system Proserve. Updated quarterly.	Ongoing	Procurement and Commercial Relations Manager
		<ul style="list-style-type: none"> <li>· Disseminating commissioning and procurement best practice ,lessons learned and providing guidance / advice in respect of the EU, National and BCC procurement regulations and</li> <li>· Ensuring contracting processes are transparent and fair, facilitating the involvement of the broadest range of suppliers.</li> </ul>	In place			In addition, commissioners and the procurement team are involved in early market engagement activities on a project by project basis and publishing more frequently "future opportunities" on the Contracts Finder site. A training day for major suppliers has been held.	Ongoing	Procurement and Commercial Relations Manager
		Joint Commissioning opportunities with other major commissioning organisations both within the city and with neighbouring Councils are always explored and this is enabled through internal and external mechanisms such as such as the Health and Wellbeing board , Children's & Families board , West of England Local transport Body etc.	Ongoing			Funding received from learning and development to run in conjunction with the Crown commercial services an early market engagement course. This was run on a "train the trainer" basis so that the best practice can be cascaded through the business. The cascade is ongoing.	Ongoing	Procurement and Commercial Relations Manager
		The City Council has recently reorganised, with renewed focus on commissioning in the largest directorate (People). Joint commissioning opportunities are always considered in order to bring together other major commissioning partners across the City. This is enabled via the Health & Wellbeing Board and the Children's & Families Board etc.	Ongoing			To continue to ensure that all commissioners use and understand the Enabling Commissioning Framework.	Ongoing	All Commissioning Service Directors
		In managing People Services demand, the whole care pathway is considered to enable an understanding of the key drivers that result in demand. The Council receives 'Better Care' funding, operates section 75 agreements and has pooled budgets with the CCG to help resource our management of demand.	In place					
		As part of contract management and the commissioning we undertake consultation and engagement with service users, citizens, providers and stakeholders. This enables us to explore gaps in provision quality and to co-produce where appropriate.	In place					

# Corporate Risk Matrix Ratings

<b>Likelihood</b>	6	Almost certain	6	12	18	24
	5	Likely	5	10	15	20
	4	Probably	4	8	12	16
	3	Possible	3	6	9	14
	2	Unlikely	2	4	6	8
	1	Almost Impossible	1	2	3	4
<b>Overall Risk Rating = Likelihood X Impact</b>			<b>Marginal</b>	<b>Significant</b>	<b>Critical</b>	<b>Catastrophic</b>
			1	2	3	4
			<b>Impact</b>			

## Guidance on Assessing Likelihood

Likelihood Rating	Likelihood Descriptors	Numerical Likelihood	
6	Almost certain	Surely will happen and possibly frequently	99% or more
5	Likely	Probably will happen at regular intervals	75% or more
4	Probable	Probably will happen on rare occasions	50% or more
3	Possible	Might happen on rare occasions	Less than 50%
2	Unlikely	Do not expect it to happen, but it is possible it may do so	Less than 25%
1	Almost impossible	This will probably never happen	Less than 1%

## Guidance of Assessing Impact

Ratings	Effect on service provision Potential	Potential Financial Loss/Gain	Potential Fraud & Corruption loss	Reputation	Legal	Environmental
1 Marginal	Very limited effect (positive or negative) on service provision. Impact can be managed within normal working arrangements.	Under £0.5m	Under £50k	Minimal and transient loss of public trust. Contained within the individual service	No significant legal implication or action is anticipated	No effect (positive / negative) on the environment / community
2 Significant	Noticeable and significant effect (positive or negative) on service provision. Effect may require some additional resource, but manageable in a reasonable time frame.	Between £0.5m-£5m	Between £50k - £100k	Significant public interest although limited potential for enhancement of or damage to reputation. Dissatisfaction reported through Council Complaints procedure but contained within the Council. Local MP involvement. Some local media/social media interest.	Tribunal / BCC legal team involvement required (potential for claim)	Short term effect (positive or negative) on the natural and or built environment.
3 Critical	Severe effect on service provision or a corporate plan priority area. Effect may require considerable additional resource but will not require a major strategy	Between £5m-£10m	Between £100k - £1m	Serious potential for enhancement of or damage to reputation. Higher levels of local media / social media interest. Dissatisfaction regularly reported through Council Complaints procedure. Higher levels of local or national interest.	Criminal prosecution anticipated and or civil litigation.	Serious local discharge of pollutant or source of community annoyance that requires remedial action.
4 Catastrophic	Extremely severe service disruption. Significant customer opposition. Legal action. Effect could not be managed within a reasonable time frame or by a short term allocation of resources and may require major strategy changes. The Council risks 'special measures' Officer/Member forced to resign	More than £10m	More than £1m	Highly significant potential for enhancement of or damage to reputation. Intense local, national and potentially international media attention. 'Viral' online social media. Public enquiry or poor external assessor report.	Criminal prosecution anticipated and or civil litigation (> 1 person)	Lasting effect on the natural and or built environment.

## BRISTOL CITY COUNCIL

### People Scrutiny Commission

**26<sup>th</sup> September 2016**

**Report of:** Mike Hennessey, Service Director, Care and Support (Adults)

**Title:** Adult Social Care Strategic Plan 2016-2020

**Ward:** Citywide

**Officer Presenting Report:** Mike Hennessey

**Contact Telephone Number:** 0117 9037061

#### RECOMMENDATION

The People Scrutiny Commission is asked to:

- comment on the draft Adult Social Care Strategic Plan 2016-2020;
- suggest issues that should be emphasised, added or removed;
- offer their support for the implementation of the Adult Social Care Strategic Plan.

#### Summary

The Adult Social Care (ASC) Strategic Plan outlines the Council's vision, approach and priorities for adult social care for 2016-2020. It is intended to address the challenges faced by ASC and be the basis of our work with partners including health. It will be supported by annual delivery plans. This work is taking place alongside, and being informed by and influencing, the development of the Corporate Strategy and the revised Health and Wellbeing Strategy.

#### The significant issues in the report are:

The Adult Social Care Strategic Plan sets out the context in which the Council is operating in relation to adult social care and the evidence based strategic approach to adult social care, based on a three tier model of care and support. It sets out how we will:

- Put in place a new, more cost effective approach to delivering adult social care.
- Provide services within budget.
- Work with partners to provide a more joined up health and social care system.
- Focus on preventative services which help people to remain independent or regain the independence they want and value.
- Reduce demand and focus resources on those who most need them.

## **Policy**

1. The Care Act 2014 brought new responsibilities for local authorities, with new eligibility for services, support for carers, new areas of work around information, advice, prevention, support for the care market, and safeguarding. There is growing understanding that councils cannot do many of the things that have been done previously. We want to focus on what we can do, what our partners and communities can do, and what individuals can do.
2. In this context, adult social care in Bristol is changing. Our focus is to promote, maintain and enhance people's independence in their communities, so that they are healthier, stronger, more resilient and less reliant on formal social care services.

## **Consultation**

### **3. Internal**

A working group including adult social care team managers and representatives from Adult Social Care Commissioning, Public Health, CCG, Finance, Communications, Strategic Planning, Performance, Information and Intelligence has been established to shape and develop the strategic plan for adult social care.

The following internal groups have been involved in the development of the plan:

- Team Managers Transformation Meeting
- People Directorate Leadership Team
- Public Health Departmental Management Team

### **4. External**

The Learning Disabilities Partnership Board (LDPB) and the Older People's Partnership Board (OPPB) have been consulted on the priorities for adult social care.

The Provider Forum has been engaged in the development of the plan.

The existing priorities of Bristol Carers Voice and the Physical & Sensory Impairment Board have been incorporated in the plan.

## **Proposal**

5. The draft Adult Social Care Strategic Plan 2016 - 2020 (9 pages) is included as Appendix A.

## **Other Options Considered**

6. Not applicable.

## **Risk Assessment**

7. The approach to adult social care is set in the context of increasing demand and reducing resources. This approach is designed to enable the Council to respond to these challenges.

- 8a) Before making a decision, section 149 Equality Act 2010 requires that each decision-maker considers the need to promote equality for persons with the following “protected characteristics”: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Each decision-maker must, therefore, have due regard to the need to:
- i) Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010.
  - ii) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to --
    - remove or minimise disadvantage suffered by persons who share a relevant protected characteristic;
    - take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of people who do not share it (in relation to disabled people, this includes, in particular, steps to take account of disabled persons' disabilities);
    - encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
  - iii) Foster good relations between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to –
    - tackle prejudice; and
    - promote understanding.
- 8b) Work is underway to produce an Equalities Impact Assessment (EQUIA). The ASC Strategic Plan will be supported by annual delivery plans and additional Equalities Impact Assessments (EQUIA) will be undertaken where necessary, for example the EQUIA for the Carers Strategy 2015.

### **Legal and Resource Implications**

#### **Legal**

None sought

#### **Financial**

##### **(a) Revenue**

None sought

##### **(b) Capital**

None sought

#### **Land**

Not applicable

**Personnel**  
Not applicable

**Appendices:**

Appendix A – Draft Adult Social Care Strategic Plan 2016 - 2020

**LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985**  
**Background Papers:**

None



Bristol City Council

# Adult Social Care Strategic Plan 2016 - 2020

September 2016

## Introduction

Adult social care provides support in a variety of ways to people living in Bristol who have a disability or a long-term illness, and to unpaid carers. Social care helps people do everyday things, and safeguards people from significant harm.

The number of people who might need social care services in the future is expected to rise significantly. The numbers of people living with dementia, learning disability or poor mental health will all increase and the rise in demand for health and social care comes at a time when funding is decreasing - because the government continues to reduce local authority budgets to meet the national budget deficit.

The Care Act 2014 brought new responsibilities for local authorities, with new eligibility for services, support for carers, new areas of work around information, advice, prevention, support for the care market, and safeguarding.

During the period of this plan we will be integrating health and social care services across Bristol and work is already taking place as part of Better Care Bristol and the Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Plan. Evidence shows that redesigning services around the needs of individuals provides the best opportunities to improve people's health and wellbeing including closing health inequalities, and helping to bring financial sustainability to the system.

This Adult Social Care Strategic Plan sets out the Council's approach to adult social care. It provides the strategic context to drive future commissioning, care management and our role in the integration of health and social care.

This is our plan for the next four years. It sets out how we will:

- Put in place a new, more cost effective approach to delivering adult social care.
- Provide services within budget.
- Work with partners to provide a more joined up health and social care system.
- Focus on preventative services which help people to remain independent or regain the independence they want and value.
- Reduce demand and focus resources on those who most need them.

## Context

Projections estimate that the number of people aged over 65 in Bristol will increase by 13% by 2024, and by 44% by 2039. (ONS 2014-based Sub-national Population Projections)

Nationally, social care budgets have been reduced by 26% in real terms over the last four years. Half of this has been through spending reductions and half through managing demand differently. To continue to do this means new ways of working.

In Bristol, the council has continued to prioritise social care and has adopted the 'Adult Social Care precept'. In 2015 Central Government announced that Councils would be allowed to increase their share of Council Tax by up to an extra 2% if the additional funding is all used to fund the increasing costs of Adult Social Care services. The Government has said that this precept must be

shown as a separate charge on all council tax bills. The income generated from this charge is 'ring-fenced', meaning it can only be used for adult social care services.

However, there is a requirement to save £29m to balance the budget in the short-term, and up to £60m in the medium term. The council is working with NHS partners to ensure social care is effective and part of the whole system, whilst making the necessary budget savings.

Read more:

- To find out more about the evidence base, please read the 'Joint Strategic Needs Assessment'
- Information on how well we are doing can be found in the council's 'Local Account for Adult Social Care'

## Our vision for adult social care in Bristol

In this context, adult social care in Bristol is changing. Our focus is to promote, maintain and enhance people's independence in their communities, so that they are healthier, stronger, more resilient and less reliant on formal social care services.

**Vision:** People can get the right level and type of support, at the right time to help prevent, reduce or delay the need for ongoing support, and to maximise people's independence.

There is growing understanding that councils cannot do many of the things that have been done previously. We want to focus on what we can do, what our partners and communities can do, and what individuals can do. Within available resources we need to:

- Ensure that everyone has access to information and advice which supports their wellbeing. Increasingly this will be online information, and telephone advice supported by trained customer service staff. This means information can be more responsive, up to date and tailored to individual requirements. Information will be available to enable people to assess their own needs, their eligibility for services and to understand the financial consequences of the decisions they are making. This will allow people to think ahead and plan for their future.
- Ensure that there is a wide range of information on services which may support people outside of the statutory social care services. This will enable people and families to help themselves through a range of preventative local services which can help people to stay healthy and well.
- Work with local communities and other providers of health and care services to develop local, community-based support that helps people stay independent and safe.
- Working with partners we will also be able to identify people who may be at risk of needing help in the future and for whom support in the short-term may prevent longer term needs developing. This will include working with colleagues in health services to ensure people's needs are diagnosed early, their care needs identified, and wherever possible people are enabled to manage their own care. Where people experience a crisis in their lives, rather than intervening to remove people from the crisis, we will work with

people and families to manage the crisis, become more resilient and develop skills to deal with issues in the future.

- Where people do need support we will make it as easy to access as possible. People will be able to get the help, advice and support they need online, by phone, through clinic appointments or where required through pre-scheduled home visits. On first contact with people we will ensure that our support conversations enable people to access both community and family resources, as well as, where relevant, paid-for services, to maximise their independence and achieve the things that matter to them. We will do this because we know that it helps people to be more resilient and to be more in control of their lives; it reduces isolation and is more cost-effective.

This represents a significant cultural shift for staff, citizens, and partners away from a model of focussing on/assessing problems rather than strengths, and towards the promotion of social and individual responsibility, cohesive communities, and ensuring that the most vulnerable citizens can access the right support at the right time.

- Working with partners, sharing information, and joining up services will help us to avoid duplication wherever possible and also to understand people's total health and care needs.
- We aim to deliver services which will enable people to gain or regain skills to help them to live independently and recover from illness. We will do this in the most unobtrusive and least restrictive manner possible. This means that we will support people in the short term whilst expecting that wherever possible people will support themselves in the longer term. For most people, long term support from the local authority will be the exception rather than the rule. We will provide 'just enough' support to assist people to build on their current strengths and develop their abilities to look after themselves without creating dependency on council support.
- We will seek to use equipment and technology to provide less intrusive and more costs-effective care. Wherever possible we will keep people at home, with families and friends to enhance their social and personal experience.

Of course for some people, social care services are required for longer to enable them to live fulfilling lives. Where people need ongoing support we will share this responsibility with the individual, their families and their communities. We will try to meet people's needs in a personalised way which delivers the outcomes that people seek.

However, in delivering and commissioning services we want to achieve the best value and most cost-effective means of delivering high quality care. This is important, not just because local authorities are receiving less funding from government to provide care, but also because the vast majority of people using support services contribute to the cost, and many thousands of Bristol residents fund their own care entirely. Everyone should expect that the services they are buying or receiving represent the best possible value.

Therefore whilst choice is an important factor in people being able to manager their own care, it cannot be unrestricted. Wherever possible we will work with individuals to deliver personalised social care and health services, but we will only do this in the context that the services people

receive will maximise their independence and provide the very best value for money. Working with providers of care we will constantly review people's care arrangements to ensure their outcomes are being met in a cost-effective way.

We recognise that for some people there is an enhanced risk to their personal safety because of their particular disabilities or frailties, or due to wider issues in society. However we also recognise that we all need to take and accept a level of risk in order that we grow and develop as individuals. We will therefore work with people to enable them to understand and manage risks appropriately, whilst also providing arrangements to safeguard people from significant harm. Our response to concerns about people's safety will be proportionate, flexible and personal and will always be based upon the individual's wishes and feelings alongside the best interests of the wider community.

Across adult social care, we will be:

- Sharing learning and building on evidence based practice
- Listening and incorporating the voice of the citizen and carer about what works and
- Making decisions based on evidence, data and intelligence
- Delivering within budget

## **How we plan to achieve our vision**

To meet our obligations within the Care Act 2014 we have developed a three tiered model of care and support. It is designed to ensure that people can get the right level and type of support, at the right time to help prevent, reduce or delay the need for ongoing support, and to maximise people's independence.

In order to deliver this, the model has been tested with three teams in Bristol initially, with very promising results. An evaluation after 3 months of delivering this new approach has received excellent feedback from practitioners, service users and carers alike. Of the people interviewed who had been through this new approach, 67% of service users and carers were satisfied with the outcome they received, with the remaining 33% neutral. There was no negative feedback. One carer stated: "It's good, she [daughter] is really happy. She goes to the park and also to another support group and does pottery. When she is happy, I am happy." This approach has also been adopted in other authorities in the UK with excellent results.

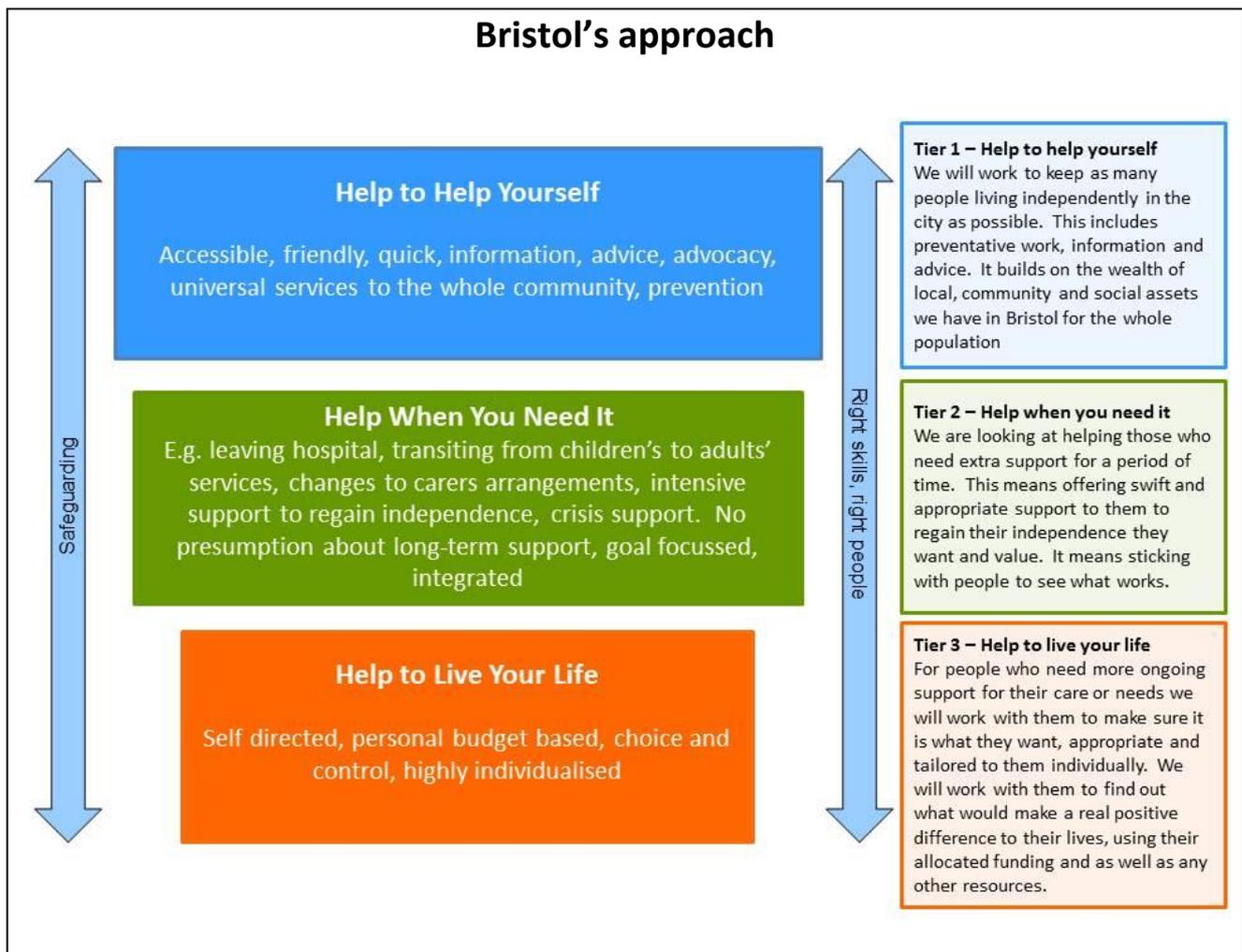


Figure 1: Bristol's strategic approach to adult social care

## 1. Help to help yourself

### How it works now:

In depth research with existing users of services and carers highlights that:

- People don't know how to find the information they want
- When people do find information it is difficult to understand and take in
- There is an assumption that 'paid for' services are the only option available to people – whether they want them or not
- People feel confused about what might happen to them, and when it might happen
- People do not understand (and do not need or want to understand) the differences between health, social care, and other community based services. The language used by the Council which makes these distinctions just causes more confusion

### In four years' time:

- We will have an easily accessible digital information service, supported by an online self-assessment process, to enable people to identify their own solutions without needing to contact the council or other services

- Bristol will have a single coordinated approach to information, advice and guidance that will mean citizens do not need to know the difference between health, social care, housing, welfare
- Bristol will have an integrated approach with the NHS, particularly with primary and community care, to our work to keep people living independently
- Citizens in Bristol will be supported to maintain their own health and wellbeing, and engage with the resources in their own community, with the right information, advice, and tools to do so
- Citizens in Bristol will be enabled and supported to think about their own futures, and plan ahead in case they or their family members need support

**We will:**

- Develop and implement our information, advice and guidance offering, taking a whole system approach to include all areas of the council and health where relevant
- Support initiatives in the community which help people to stay independent
- Promote and facilitate access to 'universal services'
- Further improve our work with the voluntary and community sector to enable greater signposting, links, and sharing of resources and consistency of approach
- Support the whole system culture change across the whole health, social care and housing pathway to ensure effective access for all citizens of Bristol.

## 2. Help when you need it

How it works now:

- Short term packages of care, for example, on discharge from hospital, can sometimes create dependency
- People are sometimes unable to access services as quickly as they need to avoid crisis, which often results in costly interventions such as hospital admissions

In four years' time:

- Health and social care staff will be supported to take managed risks
- When people reach, or are close to, a point of crisis, they will be able to access immediate short term support to enable them to regain their independence after the crisis has passed
- We will help those who need extra support for a period of time. This means offering swift and appropriate support to them to regain their independence they want and value. It means sticking with people to see what works
- We will, where appropriate, promote the use of assistive technology to support people to maintain independence

We will:

- Ensure that short term packages of care are outcomes focused, and with a clear end date, to enable people to return to independence
- Ensure that reviews of short term packages of care and support are undertaken in a timely manner, as agreed with the individual
- Ensure that we communicate with people to let them know what is happening, when it is happening, and how they can plan for their own future
- Work to support staff and health colleagues to undertake the cultural shift needed to deliver a new approach and support people to take responsibility for their own health

### 3. Help to live your life

How it works now:

- Our current approach creates dependency
- Research has shown that service users and carers find the system confusing, complicated, and with a lack of transparency about what will happen to them
- Reviews are not completed in a timely manner, with people often waiting several months after a change in circumstances before they have their packages of care looked at
- Our model is based on meeting needs rather than maximising independence and achieving outcomes for people

In four years' time:

- People in Bristol with the greatest vulnerabilities will be enabled to access the right support to meet the outcomes that are important to them, to help them live their life in the way in which they want
- People will be able to access a wide range of support options to achieve what they want to in life – including community based support, friends and family, and where relevant, appropriate paid for packages of care
- We will have integrated management of people's needs across social care and health, with the most appropriate practitioner co-ordinating care

We will:

- Ensure that our support conversations enable people to access both community and family resources, as well as, where relevant, paid for services, to maximise their independence and achieve the outcomes that matter to them
- Where people do require a full assessment of their care and support needs, these will be undertaken in a way that puts the individual at the heart of their care
- Work closely with health colleagues to develop a whole system approach to delivering health and social care, and maximising people's independence

#### Key activities to deliver the approach

We will need to take action to underpin our approach and help us to deliver what we have set out.

#### Workforce

We will:

- Develop our staff to ensure that people have the right skills and knowledge and the right tools available to deliver the Bristol approach.
- Acknowledge the importance of the support, management, working environment and wellbeing of staff.
- Support staff to work collaboratively with partners in health and the community; and to understand each other's roles

#### Strategic commissioning

We will:

- Gather and use good information about the needs of the Bristol population, what the market is supplying and what works.
- Further develop our relationship with current and potential providers to achieve a diverse and responsive market place.

- Ensure value for money and effectiveness of services
- Continue to maintain quality providers
- Increase the proportion of our resources invested in prevention and early intervention year on year, aiming to shift from:

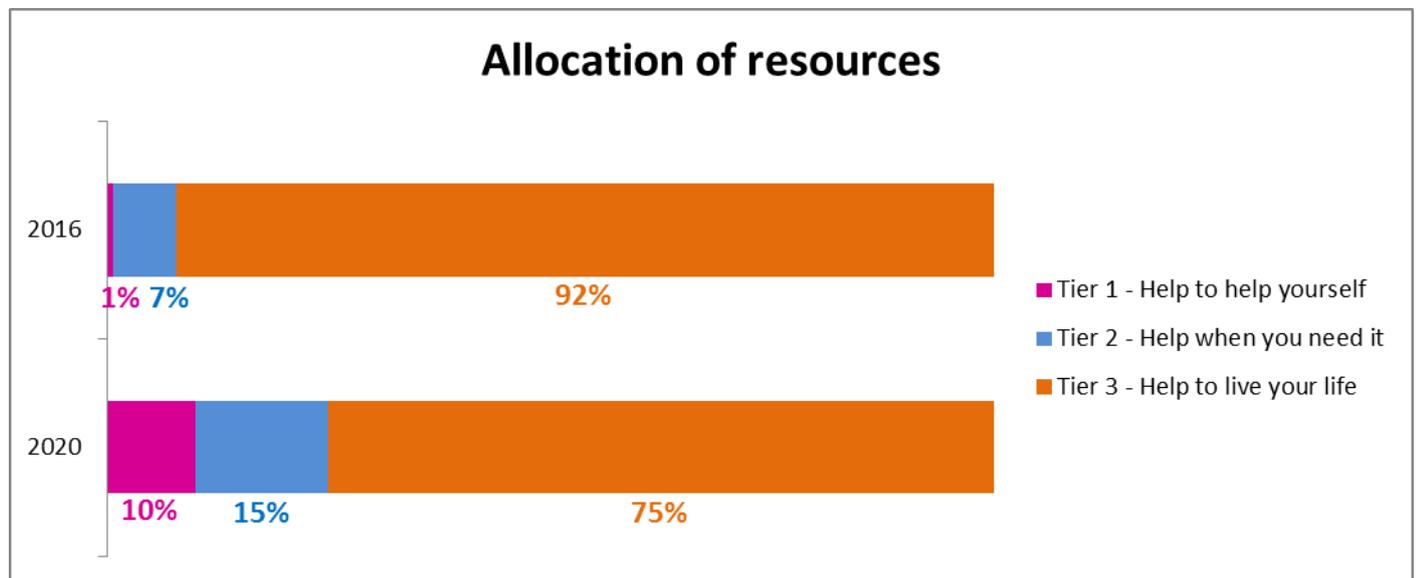


Figure 2: How resources will be shifted

## Technology

We will:

- Maximise the use of assistive technology to promote independent living.
- Provide mobile digital technology, supported by training, to staff to enable more effective working.

## Collaboration

We will:

- Explain and promote understanding about what adult social care does and its role and contribution within the wider community, health and social care system.
- Work together across the Council and with partners in health and the voluntary and community sector to prevent the need for care services, and promoting and supporting the focus on strengths and assets of each individual.

## How will we know it is a success?

- We have reallocated resources, and evidence demonstrates that the Bristol approach is preventing and reducing the need for care.
- We operate within the budget available.
- The workforce is highly skilled, effective, productive and enjoying their jobs.
- We exploit the potential of technology for citizens, carers and staff.
- Citizens and carers tell us that they are able to achieve the things they want to.
- We are planning and commissioning effectively and have strong and constructive relationships with providers.

## **Monitoring our performance**

We will have an annual delivery plan with detailed measures, and progress will be reported through the Local Account each year.

We will also report annually to the Association of Directors of Social Services (ADASS), and must submit performance data against the measures set out in the Adult Social Care Outcomes Framework (ASCOF).

Draft

## People Scrutiny Commission work programme – 2016/17

Meeting date	People Scrutiny Work Programme Items
Mon 26th Sep at 10am	<ul style="list-style-type: none"> <li>● Bristol's Strategy for Children, Young People and Families &amp; Children and Family Partnership Work Programme</li> <li>● Children's Services Improvement Plan – Year 2</li> <li>● Introduction to the Cabinet Member for City Health and Wellbeing</li> <li>● Quarter 1 16/17 Performance Report</li> <li>● Risk Register</li> <li>● Adult Social Care Strategic Plan</li> <li>● Work Programme - For Information</li> </ul>
20th October at 2 pm	<ul style="list-style-type: none"> <li>● Re-commissioning Bristol Youth Links</li> <li>● Models of Health and Social Care - Three tier model, Update on Better Care, Home Care Services (to be preceded by an informal briefing regarding good practice in involving disabled people in service design and evaluation and co-production).</li> </ul> <p><i>Further work to take place with Councillors to shape the content.</i></p>
24th November 2016 at 10am	<ul style="list-style-type: none"> <li>● Recommendations of the Adult Safeguarding Board</li> <li>● Corporate Parenting Panel Annual report</li> <li>● Annual Safeguarding Children's Report</li> <li>● Bristol as City of Sanctuary and Supporting refugees and asylum seekers, including unaccompanied minors / care leavers</li> </ul>
23rd November 2016 at 5pm	<p>Meeting in common with South Gloucestershire Health Scrutiny Committee to receive an update on the University Hospitals Bristol response to the Verita Independent Report.</p> <p><i>A further update meeting to be arranged in three months.</i></p>
19th December	<p><b>INQUIRY DAY</b></p> <p>School places and admissions, to include information on exclusions and the Integrated Education and Capital Strategy</p>
23rd January 2017 at 10am	<ul style="list-style-type: none"> <li>● Performance monitoring</li> <li>● Annual Education Performance – All Key Stages</li> <li>● Oversight of commissioning / monitoring of contracts / procurement process (tax avoidance) - Joint with Business Change and Resource Committee</li> </ul>
27th March 2017 at 10am	<ul style="list-style-type: none"> <li>● Performance monitoring</li> <li>● Risk Register</li> <li>● Health and Wellbeing Board work programme – joint with</li> </ul>

	<p>Neighbourhoods</p> <ul style="list-style-type: none"> <li>• Mental Health themed updates including a) Mental health working group action plan b) Update following Mental Health Summit, c) Update following Freedom of Mind festival (Young People's Mental Health), d) Provision of mental health services (including provision of beds and maternal beds), e) The use of police custody as a place of safety.</li> </ul>
Friday 28th April, 10am,	<ul style="list-style-type: none"> <li>• Health Providers - Quality Account reports</li> <li>• Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Plan (STP)</li> </ul> <p><i>Exploration of joint working with South Gloucestershire and North Somerset Councils.</i></p>
May meeting – date to be confirmed	Health themed meeting - to include information on waiting times (could merge with April meeting).
5th June at 10am	<ul style="list-style-type: none"> <li>• Youth Links re-commissioning update</li> </ul>
July – date to be confirmed	<p>Education themed meeting</p> <ul style="list-style-type: none"> <li>• Update on the Employment and Skills strategy (to include information on work experience)</li> <li>• Learning City Board Work programme</li> <li>• SENCO responsibilities, SEND reforms and High Needs funding – the impact on pupils and their learning</li> <li>• Alternative Learning update report (including information on exclusions).</li> </ul>
Items to be scheduled for 2016/17 onwards	Youth Offending Team update (to include information about CYP in Gangs).