

Cabinet Agenda



Date: Tuesday, 3 April 2018

Time: 4.00 pm

Venue: Conference Hall - City Hall, College Green,
Bristol, BS1 5TR

Distribution:

Cabinet Members: Mayor Marvin Rees, Nicola Beech, Craig Cheney, Asher Craig, Kye Dudd, Helen Godwin, Helen Holland, Anna Keen, Paul Smith and Mhairi Threlfall

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Issued by: Sam Wilcock, Democratic Services

City Hall, Po Box 3176, Bristol, BS3 9FS

Tel: 0117 92 23846

E-mail: democratic.services@bristol.gov.uk

Date: Thursday, 22 March 2018



Agenda

PART A - Standard items of business:

1. Welcome and introductions

2. Public Forum

Up to one hour is allowed for this item

Any member of the public or Councillor may participate in Public Forum. Petitions, statements and questions received by the deadlines below will be taken at the start of the agenda item to which they relate to.

Petitions and statements (must be about matters on the agenda):

- Members of the public and members of the council, provided they give notice in writing or by e-mail (and include their name, address, and 'details of the wording of the petition, and, in the case of a statement, a copy of the submission) by no later than 12 noon on the working day before the meeting, may present a petition or submit a statement to the Cabinet.
- One statement per member of the public and one statement per member of council shall be admissible.
- A maximum of one minute shall be allowed to present each petition and statement.
- The deadline for receipt of petitions and statements for the **3rd April 2018** Cabinet is 12 noon on **29th March 2018**. These should be sent, in writing or by e-mail to: Democratic Services, City Hall, College Green, Bristol, BS1 5TR
e-mail: democratic.services@bristol.gov.uk

Questions (must be about matters on the agenda):

- A question may be asked by a member of the public or a member of Council, provided they give notice in writing or by e-mail (and include their name and address) no later than 3 clear working days before the day of the meeting.
- Questions must identify the member of the Cabinet to whom they are put.
- A maximum of 2 written questions per person can be asked. At the meeting, a maximum of 2 supplementary questions may be asked. A supplementary question must arise directly out of the original question or reply.



- Replies to questions will be given verbally at the meeting. If a reply cannot be given at the meeting (including due to lack of time) or if written confirmation of the verbal reply is requested by the questioner, a written reply will be provided within 10 working days of the meeting.
- The deadline for receipt of questions for the **3rd April 2018** Cabinet is 5.00 pm on **Monday 26th March 2018**. These should be sent, in writing or by e-mail to: Democratic Services, City Hall, College Green, Bristol BS1 5TR.
Democratic Services e-mail: democratic.services@bristol.gov.uk

When submitting a question or statement please indicate whether you are planning to attend the meeting to present your statement or receive a verbal reply to your question

3. Apologies for Absence

4. Declarations of Interest

To note any declarations of interest from the Mayor and Councillors. They are asked to indicate the relevant agenda item, the nature of the interest and in particular whether it is a **disclosable pecuniary interest**.

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.

5. Matters referred to the Mayor for reconsideration by a scrutiny commission or by Full Council

(subject to a maximum of three items)

6. Reports from scrutiny commission

7. Chair's Business

To note any announcements from the Chair



PART B - Key Decisions

- 8. Better Lives Programme**
(Pages 5 - 24)
- 9. Strengthening Families Programme (system-wide transformation of children’s services)**
(Pages 25 - 61)
- 10. Care Leaver Social Impact Bond – DfE Innovations fund award and next steps**
(Pages 62 - 79)
- 11. Council Tax Discretionary Relief Policy for Care Leavers**
(Pages 80 - 87)
- 12. Substance Misuse Re-commissioning - Complex Needs Element**
(Pages 88 - 172)
- 13. The Environmental Offences (Fixed Penalties) (England) Regulations 2017 Changes to Fixed Penalty Rates – retention of early payment rates**
(Pages 173 - 186)
- 14. Delivery of energy efficiency and renewable energy measures to reduce fuel poverty, household expenditure and carbon emissions**
(Pages 187 - 213)
- 15. HR & Payroll System – procurement and implementation**
(Pages 214 - 226)

PART C - Non-Key Decisions

- 16. Bristol - becoming an Age-Friendly City (Non-key)**
(Pages 227 - 234)
- 17. 2017/18 Budget Monitoring Report - P10**
(Pages 235 - 252)



Title: Better Lives Programme	
Ward(s):	Citywide
Author: Emily Hewitt	Job title: Programme Manager
Cabinet lead: Helen Holland	Director lead: Terry Dafter
Proposal origin: <i>BCC Staff</i>	
Decision maker: Cabinet Member	
Decision forum: <i>Cabinet</i>	
<p>Purpose of Report: The report asks Cabinet to:</p> <ul style="list-style-type: none"> • Endorse the Better Lives programme approach and objectives, and the investment priorities for the Improved Better Care Fund (IBCF) • To approve: <ol style="list-style-type: none"> 1. To procure a consultant using a framework agreement to continue supporting the delivery of the programme over the next 12 months, within the cost envelope set out in this report, and to delegate authority to the Service Director for Adult Social Care to call off from this framework agreement. 2. The increased rate for home care that has been applied since November 2017 to stabilise the market and increase available supply, until a review of the homecare model and contract is completed in 2018. • To note: <ol style="list-style-type: none"> 3. Forthcoming changes to the current homecare and residential commissioning models to improve available supply of homecare and to reduce the number and cost of placements into residential and nursing care. Separate Cabinet reports on these changes are due in June and July 2018 but they form part of current activity on the Better Lives Programme. 	
<p>Evidence Base: Demand for adult social care now and in the future is increasing, as people live longer and with more complex conditions (e.g. people living with dementia, a learning disability or poor mental health). 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. This increase in demand and responsibilities comes at a time of significantly reduced funding. Nationally, there is particular current pressure to reduce delayed transfers of care (DTOCs) between health and social care services; challenging targets for reductions have been set for all Councils and future funding allocations may depend on achieving these targets.</p> <p>To meet these challenges, it became apparent that a different approach to making changes to adult social care was required; delivering a variety of separately defined savings proposals was limiting the opportunities to look at more systemic changes. This was the basis of the decision to create a service-wide transformation programme (“Better Lives programme”). This programme aims to make cost savings, whilst holding our ambition to improving outcomes, commissioning and delivering quality services that keep people at the heart of what we do. The programme will manage targeted investment of the Improved Better Care Fund to support these aims, whilst simultaneously addressing the specific DTOC reduction targets attached to its allocation.</p> <p>The specific outcomes of the programme include:</p> <ul style="list-style-type: none"> • More citizens will retain their independence through accessing support in the community – connecting residents with their local offer will be a priority through all care and support services. • More citizens will be supported to maintain / improve their independence and wellbeing through receiving care and support at home, rather than nursing or residential care. This will be supported by additional focus and investment in reablement, occupational therapy and assistive technology. • Ensuring that the prices paid for residential and nursing beds are brought into line with comparable authorities. • Staff will be better supported to carry out their role, through improved training and inductions and roll out of mobile technology. 	

Recommendations:

1. To continue to deliver the Better Lives programme in line with the current structure, activities and priorities, including the planned investment of Improved Better Care Fund money based on the priority areas indicated in Appendix A (Section 2.3).
2. To seek further support from a delivery partner to work alongside the Council programme team during 2018/19 (as set out in Section 6.0 in Appendix A). The recommended procurement approach is to call off a framework agreement for a 12 month contract, with an agreed maximum spend during that period of £1 million, which can be drawn down as required based on the current performance of the programme (which will be monitored monthly).
3. To approve the increased home care rate at a cost £396k in 2017/18 and provisional cost of £390k for 2018/19, until the current home care model and contract is re-commissioned later in 2018.
4. To note that changes to the current homecare and residential commissioning models are underway to achieve the above aims. More detailed reports on these changes will come to Cabinet in June and July 2018.

Revenue Cost: £ 3.4m	Source of Revenue Funding: <i>Improved Better Care Fund (IBCF)/ Existing Revenue Budgets</i>
Capital Cost: £750k	Source of Capital Funding: Adults Capital Programme
One off cost <input checked="" type="checkbox"/> Ongoing cost <input checked="" type="checkbox"/>	Saving Proposal <input checked="" type="checkbox"/> Income generation proposal <input type="checkbox"/>
Finance Advice: BCC faces considerable financial challenges over the next five years as set out in the MTFP. Adult Social Care accounts for the largest proportion of expenditure in BCC and despite new funding being made available through increases in council tax and other grants, there is an underlying forecast pressure compared to available budget. The Adult Social Services' response to the financial challenges faced by BCC is the Better Lives Programme. The programme is forecast to deliver between £21m and £28.5m of savings over the next five years whilst at the same time delivering all statutory responsibilities. The savings range of £21m to £28.5m needs to be considered in the context of the underlying pressures of £7m and savings targets of £17.9m in the current year and next two years. Delivery of savings will be challenging, savings will be delivered through a combination of demand management, fewer service users receiving tier three services, and price reduction, where average price levels exceed national and comparator averages.	
Finance Business Partner: Neil Sinclair, 12 th December 2017	

Corporate Strategy alignment:

The Better Lives programme aligns directly to one of the main themes in the refreshed Corporate Strategy and the related commitments :

Empowering and Caring: Work with the city to empower communities and individuals, increase independence and support those who need it.

- Provide 'help to help yourself' and 'help when you need it' through a sustainable, safe and diverse system of adult and children's social care provision.
- Prioritise community development and enable people to support their community.

The programme also build on the priorities set out in the Adult Social Care Strategic Plan 2016-20 and previous work that was developed around the three tiered model of care and support.

Legal Advice:

The Care Act 2014 provides the legislative framework for the provision of adult social care and requires local authorities to:

1. Promote individual well-being.
2. Prevent needs for care and support.
3. Promote integration of care and support with health services etc..
4. Providing information and advice.
5. Promote diversity and quality in provision of services.
6. Co-operate with relevant partners

Equalities

The decision maker must when taking the decision comply with the Public Sector Equality duty to consider the need to promote equality for persons with "protected characteristics": age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation and have due regard to the need to i) eliminate discrimination, harassment, and victimisation; ii) advance equality of opportunity; and iii) foster good relations between persons who share a relevant protected characteristic and those who do not share it.

In order to do this Cabinet will need to have sufficient information about the effects of the proposed changes on the aims of the Equality Duty. The Equalities impact check is designed to assist with compliance with this duty and so the decision maker must take in to consideration the information in the check and the Public sector equality duty before taking the decision

Commercial and Governance Team

Whenever the Council procures services over the value of the relevant threshold (currently £181k) it must procure the services in compliance with the Public Contracts Regulations 2015 (the Regulations) unless an exemption is available. It does not appear that any exemptions are available so the procurement process must comply with the Regulations.

Legal Team Leader: Sarah Sharland / Sinead Willis – we confirm we have provided comments on the full report. 20.03.2018

Implications on ICT: The IT implications of providing mobile technology for Social Workers is being addressed in a separate business case; the use of assistive technology mentioned elsewhere in the paper is aimed at service users and should not directly affect IT services. Beyond that, there are no direct and identifiable IT implications. Should any arise during the implementation of the project then early engagement with IT via Business Change partners should help ensure successful implementation.

ICT Team Leader: Ian Gale, Service Manager 12/02/18

City Benefits:

- Increased independence for citizens enabling people to live independently at home
- Use of Assistive Technology enabling people with social care needs to live at home
- More self-directed support enables people to receive more culturally sensitive support
- Developing asset based community resources will build stronger and safer communities
- Citizens who require an hospital admission will be able to leave hospital in a timely way and return to their own home wherever possible

The approach will develop a stronger & more resilient care market within Bristol, creating employment and career opportunities for citizens interested in care professions

Consultation Details:

The overall budget savings linked to the Better Lives programme are included in the 2018/19 budget consultation proposals. Engagement with key partners, specifically health partners, is ongoing and both the CCG and the acute trusts are represented on the programme board.

The Better Lives programme has been discussed with the People Scrutiny Task and Finish Group – a monthly meeting is taking place.

DLT Sign-off	John Readman	20/12/17
SLT Sign-off	Nicki Beardmore	19/12/17
Cabinet Member sign-off	Helen Holland	18/12/17
For Key Decisions - Mayor's Office sign-off	Virtual email sign off from Mayor's Office	05/01/18

Appendix A – Further essential background / detail on the proposal	YES
Appendix B – Details of consultation carried out - internal and external	YES
Appendix C – Summary of any engagement with scrutiny	YES
Appendix D – Risk assessment	YES
Appendix E – Equalities screening / impact assessment of proposal -	YES
Appendix F – Eco-impact screening/ impact assessment of proposal -	YES
Appendix G – Financial Advice	NO
Appendix H – Legal Advice	NO
Appendix I – Combined Background papers	N/a
Appendix J – Exempt Information	NO

Further essential background / detail on the proposal

This appendix provides further information on the background and context of the Better Lives programme to better inform Cabinet in relation to the endorsement and approvals that the report is seeking.

1.0 Background and Context

1.1 Prior to the formation of the Better Lives programme, there were a collection of separate savings initiatives all relating to activity in adult social care. They were represented as separate lines in the 2017/18 budget and there were varying levels of success in delivering the agreed changes and associated savings. The table below shows the different savings proposals and the forecasted savings delivery:

Savings Ref	Savings Proposal	Savings Targets					Savings Plan in place or delivered				
		2017/18 £	2018/19 £	2019/20 £	2020/21 £	Total £	2017/18 £	2018/19 £	2019/20 £	2020/21 £	Total £
New	Better Lives Programme (Improving Outcomes for Adults in Bristol) [NEW]	0	3,000,000	3,000,000	2,000,000	6,000,000		0	0		0
FP08	Change the way reablement, rehabilitation and intermediate care services are provided in the city.	0	1,200,000	0		1,200,000		1,200,000	0		1,200,000
RS01	Reduce Supporting People services	643,000	1,157,000	0		1,800,000	643,000	1,157,000	0		1,800,000
New	Commissioning targeted services for adults [NEW]	0	250,000	750,000		1,000,000	0	0	0		0
FP06	Review provision of day service to adults	362,000	464,000	463,000		1,289,000	362,000	502,827	0		864,827
FP21	Review Redfield Lodge fees and review dementia service	50,000	150,000	0		200,000	50,000	0	0		50,000
	Implement new model of care and support for adults -										0
FP03	Assistive Technology	350,000				350,000	410,000				410,000
FP03	CHC	350,000				350,000	291,000				291,000
FP03	DP Cards	700,000				700,000	715,000				715,000
FP03	Shared Lives	83,000				83,000	0				0
FP03	Top 200	250,000				250,000	67,000				67,000
FP03	3 Tier Model	954,000				954,000	0				0
BE18	Staff Restructure	197,000	0	0		197,000	197,000				197,000
FP04	Recommission Community Support Services	1,917,000	0	0		1,917,000	0				0
FP22	Increase Supported Living Provision	190,000	0	0		190,000					0
FP23	Change to the way we deliver night time services	163,000	0	0		163,000	163,000				163,000
RS08	Review respite policy	348,888	0	0		348,888					0
BE19	Reduce non-essential spend	172,000	0	0		172,000	172,000				172,000
BE8	Best Value Contracts (DPS)	325,000	0	0		325,000					0
FP19	Review provision of community meals	220,000				220,000	220,000				220,000
	Total Savings	7,274,888	6,221,000	4,213,000	2,000,000	17,708,888	3,290,000	2,859,827	0		6,149,827
	Balance to be delivered from Better Lives Programme / IBCF						3,984,888	3,361,173	4,213,000		11,559,061

1.2 At the same time, there were also some shared challenges facing the whole service that were impacting on the ability to achieve some of the planned savings:

- Reduced Budgets – shortfall of 17/18 savings targets contributing to forecast budget pressures
- Increased demand (particularly older people)
- Number of care home placements above average
- Price of care (above average for care homes)
- Lack of home care capacity
- Variable quality of providers

- Focus on Delayed Transfers of Care from Hospitals
- Insufficient capacity to complete all planned reviews
- Previous savings projects/ targets were not aligned

1.3 A strategic decision was therefore taken in July 2017 to consolidate all savings activity in the adult social care service under a single transformation programme. This programme is now known as 'Better Lives – Improving Outcomes for Adults in Bristol' and is under the leadership of Terry Dafter (Interim Service Director Adult Social Care) and Stephen Beet (Senior Professional Lead).

2.0 Financial Summary

2.1 A detailed financial model has been developed, in collaboration with all senior managers in Adult Social Care, to identify savings targets for the Better Lives programme. The model is underpinned by the following assumptions:

- 5,945 packages of care are currently in place and have been grouped into 43 cohorts based on age group, acuity and type of provision.
- Two sets of assumptions have been made for each group; target being a realistically achievable level of change and stretch being more ambitious.
- The assumptions relate to the proportion of clients in each cohort for whom their needs could be met differently. The focus is on new demand but the model also builds in change for some existing clients.
- The changes in provision have been profiled over 5 years, broadly in line with Better Lives programme milestones.
- Assumptions have been set with consideration for national and core city benchmarking, success rates for existing projects and front line practice experience.

2.2 All of the new programme costs will be funded from the Improved Better Care Fund (iBCF) money that the Council has been allocated over the period 2017/18 to 2019/20. The total available iBCF budget is:

	2017/18 £	2018/19 £	2019/20 £
iBCF Funding 2017/18 (March '17 announcement, new funding)	8,712,302	5,761,433	2,862,518
Core BCF (November '16 announcement – contained within MTFP, not new funding)	343,585	6,247,527	11,624,550
Total	9,055,887	12,008,960	14,487,068

All costs will be funded from the new funding iBCF, with the exception of opportunity costs for resources (which will be funded from existing budgets for the established posts). To date only the 2017/18 spend is fully confirmed, but the information below indicates the likely areas of investment:

There are additional commitments for the iBCF funding that, whilst supporting the overall ambitions of the programme, are not directly attributable costs. These include the home care rate uplift that has been agreed from November 2017 (£397k) and the extension to the PULSE contract agreed to manage winter pressures (£328k). These are reflected in the overall financial summary shown in section 2.4.

2.3 The overview of the programme costs and forecasted savings is therefore as follows:

Programme Financial View							
	2017/18 £	2018/19 £	2019/20 £	2020/21 £	2021/22 £	Row Total	Funding Source
New Costs							
Delivery Partner Support (Impower Consulting Ltd) - funding of fees	711	TBC				711	IBCF
PA Consulting - funding of fees	41					41	IBCF
Programme Resources	421	882				1,303	IBCF
Mobile Tech for staff	50	700				750	Capital
Digital IAG platform	20	80				100	IBCF
Total New Costs	1,243	1,662	0	0	0	2,905	
Opportunity Costs (Use of Existing Resources)							
Resource costs (opportunity)	329	633					Revenue budgets
Total opportunity costs:	329	633	0	0	0	962	
Ongoing Costs							
Mobile technology (licences, support costs etc)	0	125	125	125	125	500	IBCF / Revenue budgets
IAG solution (data management, licence)	0	0	0	0	0		
Total ongoing costs	0	125	125	125	125	500	
Savings							
Better Lives Demand Savings	(11)	(602)	(1,964)	(2,694)	(3,057)	(8,328)	
Better Lives Price Savings	0	(2,974)	(2,026)	(1,602)	(1,201)	(7,803)	
Total savings	(11)	(3,576)	(3,990)	(4,296)	(4,258)	(16,131)	
NET Total (net savings less total expenditure)	1,561	(1,281)	(3,990)	(4,296)	(4,258)	(12,264)	

Key points to note:

- The Better Lives programme (including pre-existing savings initiatives) will deliver total savings of between **£21.9m** and **£29.2m** over the next 5 years.
- However, despite demand reductions, market costs are increasing. The current forecast indicates a pressure of £7.2m against the total 2017/18 budget of £136 million.
- This pressure will be offset by use of the IBCF. Whilst this is in line with the overall investment priorities for this fund (e.g. investment in home care market), this impacts on the available funds to invest in future transformation activities through the Better Lives programme.
- Assuming that the underlying pressure continues at the same level, the programme will only enable the adult social care budget to deliver a surplus from 2020/21.
- The main opportunity to make earlier impact on the overall net position is to maximise savings related to managing demand – if the stretch target can be achieved, this significantly improves the position from 2018/19 onwards.

3.0 Programme Details

3.1 The overall aim for the Better Lives programme is to help deliver the vision for adult social care, whilst delivering the required financial savings:

Vision for adult social care: 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.

Statement of Intent for the Programme: Make cost savings whilst holding our ambition to improving outcomes, commissioning and delivering quality services and keeping "people" at the heart of what we do .

3.2 The programme has 4 delivery priorities, clearly defined workstreams and specific projects within those workstreams – as shown below:

Deliver a balanced budget

- The 3 tier model is embedded and used consistently across the Council and its partners
- Reduction in tier 3 service demand
- Programme decisions, activities and monitoring are driven by robust intelligence

Support the workforce to be fit for the future

- There is sufficient workforce capacity to deliver BAU and the requirements of the programme
- There is a clear and effective workforce strategy and performance management procedures in place
- Workers are equipped to be productive and efficient - including through use of technology

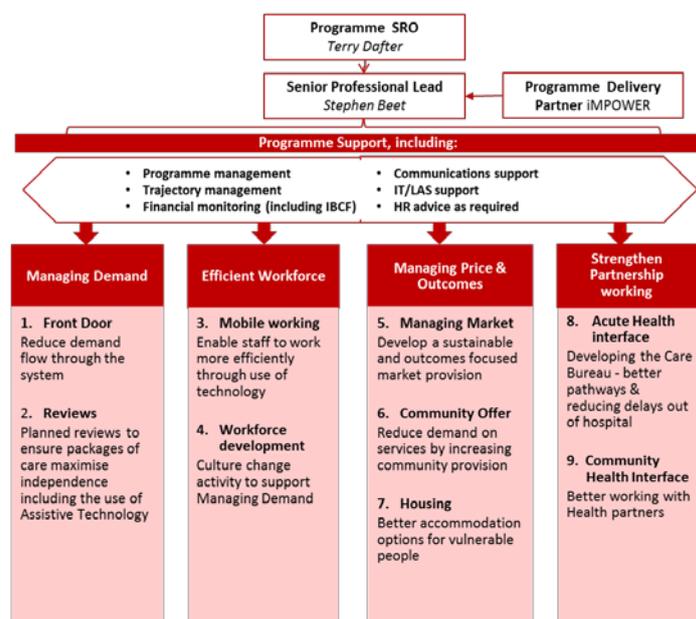
Maximise the provider market

- There is sufficient capacity in the local market to meet the needs of Bristol's adults
- Providers are sustainable, safe and responsive to changes in the market
- Prices are stable and understood
- Providers are bought in to the 3 tier model and incentivised to improve independence

Strengthen Partnership Working

- The Bristol/North Somerset/South Gloucestershire (BNSSG) system has a shared understanding of direction of travel
- A system wide solution to NHS financial pressures has been developed.
- There is clarity around the level of ambition for integration across the health and social care system.

Better Lives Programme Structure



3.3 The following governance arrangements have been established for the programme:

Monthly Programme Board - There will be a monthly programme board chaired by the SRO, Service Director – Care and Support (Adults). The Programme Board will be the single point of authority for all key decisions within the scope of the programme.

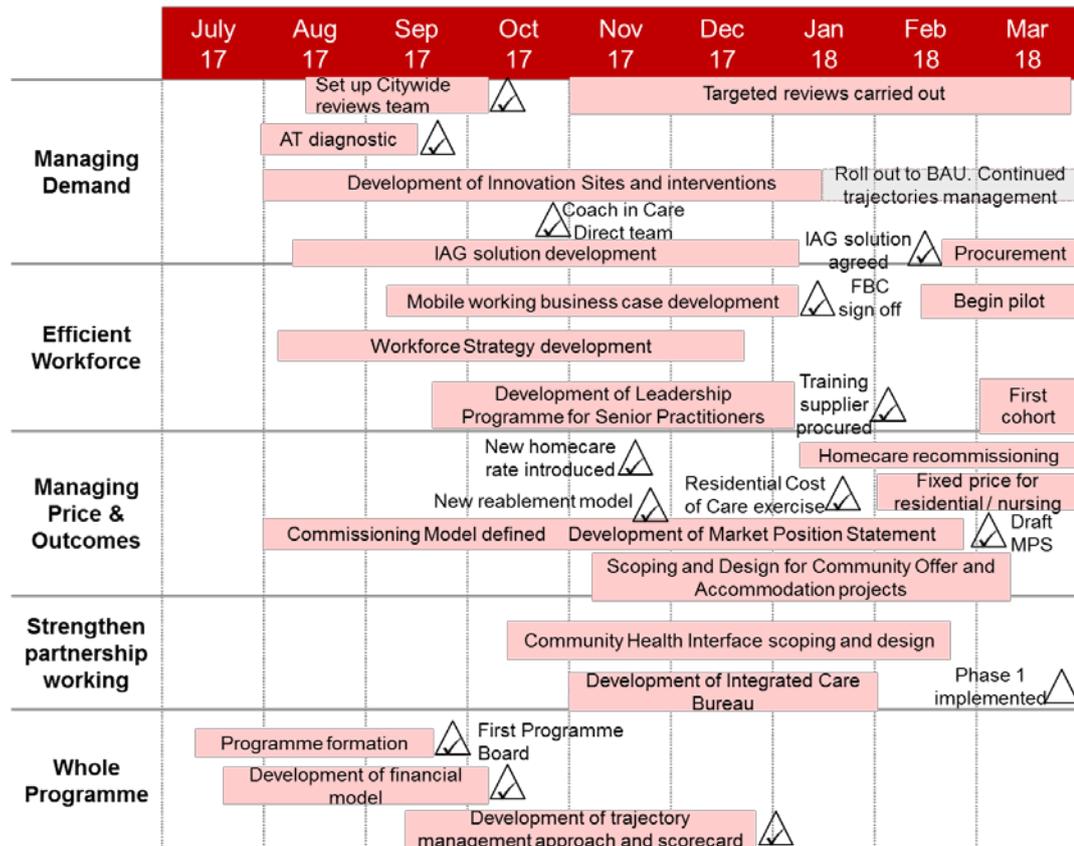
Monthly Trajectory Management Group - Each month, occurring at approximately the mid-point between each Programme Board, there will be a meeting dedicated to monitoring the trajectories of all the programme work in-flight and analysing the impact of this data.

- Projects will be expected to produce regular ‘delivery reports’ and show progress against an agreed set of trajectories.
- Trajectories will be numerical target measures that can be tracked over time. Trajectories will provide end targets (e.g. when savings can be cashed, key dates for hitting demand reduction targets, key dates for additional capacity or investment).
- For each workstream a number of numerical target measures have been identified. These measures and their trajectories will be presented on an overall programme scorecard.

Weekly programme and project meetings – Regular updates on the overall programme and individual projects to track progress, raise risks and issues, agree priority actions.

4.0 Programme Progress To Date

4.1 The first phase of the programme since mobilisation has focused on programme set up and ensuring that the right infrastructure and governance is in place. In addition, significant progress has been made in the separate workstreams and projects:



5.0 Programme Focus for 2018/19

5.1 It is now critical that the programme maintains momentum as it enters the delivery phase, as it will only be possible to achieve the required savings if the work develops at pace with investment in effort and resources in the identified priority areas.

5.2 The proposed priorities for the next phase of the programme, aligned to our planned strategic outcomes, are:

Delivering a balanced budget:

- Implementation of the demand management interventions designed during previous phases of activity, including the continuation of effective reviewing practice and improved Front Door (Care Direct) service.
- Implementation of a digital information, advice and guidance solution
- Continuing to develop the approach around increasing the use of assistive technology, with Council and external partners, including trialling and testing alternative / new technologies and evaluating their impact on outcomes and demand

Supporting the workforce to be fit for the future:

- Embedding the 3-tier model and achieving consistency of behaviours across the service.
- Developing and rolling out a Leadership Development programme for senior practitioners and team managers.

- Deploying mobile technology and associated changes to working practices across the social care workforce.

Maximising the provider market:

- Developing commissioning strategies and implementing these at the pace required to meet the Better Lives Programme priorities and deliver the savings associated with 'Managing Price'.
 - Specifically, this includes changes to the current homecare and residential commissioning models to improve available supply of homecare and to reduce the number and cost of placements into residential and nursing care.
- Focusing on management of supply and capacity from local care providers and securing value for money on packages of care, including development of services such as Extra Care Housing, Shared Lives, Back to Employment and Supported Living to deliver the ambitions of the Better Lives programme.
- Developing opportunities to reduce demand on tier 2 and 3 services by increasing the community offer in the right places.
- Exploring opportunities to commission Tier 1 and 2 services in partnership with health to better manage demand and maximise people's independence.

Strengthen Partnership Working:

- Development of the acute health interface, specifically focusing on the design and implementation of the 'Care Bureau' scheme (which has been jointly agreed with health partners)

5.3 In order to successfully deliver the required changes, adult social care will need to collaborate with other areas within the Council, as well as partners. The known dependencies on other service areas are:

Extra Care Housing and Accommodation Based Support

- The programme's demand modelling is predicated on a need for greater Extra Care Housing and accommodation based support.
- Current modelling suggests that there should be sufficient extra care housing but potentially insufficient accommodation based support for 18 – 64 year olds.
- Consideration is needed to identify what buildings could be converted and what brownfield sites could be appropriate.
- In addition, to look at future planning applications to see whether there are opportunities to create mixed communities.
- Pace is required in this area, to meet demand and financial targets.

Approach to homelessness

- Further joined up work between Homelessness Team and Adults Social Care will be needed to support the 'home first' model. In particular for adults who are at risk of losing tenancies due to mental health, drugs, alcohol and chaotic behaviour.

Children and Families

- Adult social care would like to collaborate with Children & Families on the approach (three tier model, focus on independence and strengths based practice) adults social care are taking to LD / PD cases and for parents with LD / PD needs who are known to children's services. This will help to enable good transitions into the preparing for adulthood team and beyond.
- Improved early tracking of cases who will transition into preparing for adulthood and onto adults social care – in particular children who are looked after and have SEND needs
- Discussion on approach on care leavers who have potential to bounce back into the system as an adult.

Public Health

- Collaboration between Adults Social Care and Public Health on specific cohorts (e.g. older people, mental health) and tier 1 commissioning, to ensure join up and contribution to the programme.

Learning and development resources

- Support embedding of culture change
- Provide expert support for developing Senior Practitioners and Managers into the leaders required by the directorate

6.0 Key Decision 1: Delivery Partner Support

6.1 In recognition of the scale of savings required and the size and breadth of the Better Lives programme, the Council contracted a delivery partner to support this work since the programme's inception. They have been working alongside the Council's programme team during 2 phases of work – programme formation, including developing a financial model and trajectory management approach for the programme (Aug-Oct 2017) and developing interventions in demand management and supporting commissioning opportunities (Oct 2017 – March 2018). The consultant team have brought specific skills and expertise which have complemented the Council's own resources and has enabled the programme to develop at pace. They have also identified new opportunities and provided insight on where to best focus our investment of time and resource for the greatest reward.

6.2 The scope for the next delivery phase of the Better Lives programme is wide and varied, and includes specific areas where there is limited capacity and experience within the Council. Experience from the work completed to date, as well as early indications of successful changes in managing demand and managing price, have led the programme management team to believe that further support from a delivery partner will be required if the programme is to deliver on its ambitions.

6.3 The support from a delivery partner would bring a range of additions to the overall management and delivery of the programme:

- Specific and targeted resources to shape and design interventions and activities on defined areas of the programme, working in partnership with Council resources

- Transfer of skills and knowledge to Council staff, including specific tools and approaches built on good practice and a national view of how to make an impact in the social care sector
 - Independent, strategic quality assurance and outcomes governance: including in-flight reviews and challenge to the delivery progress of agreed outcomes.
 - Specific resources to be used as an 'innovation hit squad'. Where programme governance highlights that a specific workstream is off track and requires an intervention, resources will be deployed to work with the council to innovate and problem solve so that the workstream can get back on track.
- 6.4 Partner support will not be provided across the whole programme – there will be projects that are solely led by the Council where the relevant capacity and expertise is in place. This will include data analysis and production of the programme dashboard and associated reports to support programme governance processes, programme management, communications and stakeholder management including promoting 'Proud to Care' and training and development. Other areas of work will transition to be fully managed by the Council team as the work progresses (e.g. the Front Door work from April 2018).
- 6.5 Whilst the priority areas for 2018/19 are defined (as set out in section 5.0), there will need to be flexibility within the programme for the exact nature of the tasks completed by a delivery partner. It is anticipated that the precise scope and focus of any support will be reviewed and signed off with the weekly core governance group. Therefore, the recommended approach is to procure a delivery partner to support the programme over the next 12 months. The recommended procurement approach is to call off a framework agreement for a 12 month contract, with an agreed maximum spend during that period of £1 million, which can be drawn down as required based on the current performance of the programme (which will be monitored via monthly trajectory management meetings).
- 6.6 This approach therefore requires Cabinet to agree to delegate authority to the Service Director for Adult Social Care to award a contract of this type within the normal procurement regulations and draw down from this contract within the agreed parameters.

7.0 Key Decision 2: Increase to Home Care Rates (2017/18 and 2018/19)

- 7.1 During 2017, the Council has experienced significant challenges with the city's homecare market to ensure that sufficient homecare supply, of the required quality standards, has been available. As a result of lack of supply and quality issues, there has been a direct impact on delayed transfers of care from hospitals (DTC) and an increase in the number of individuals being placed in residential or nursing care as an alternative to homecare. Therefore, it was essential that Strategic Commissioning worked with care providers across the city to improve the market position.
- 7.2 The Council is currently underperforming against DTC targets. Without measures to address the current performance, there is a risk of CQC inspection, interventions from central government and loss of control of use of IBCF funding.

Ensuring appropriate levels and quality of homecare to ensure availability of care for individuals leaving hospital is an essential factor in reducing DTOC.

7.3 In November 2017, a new rate was therefore introduced for home care to try and stabilise the market and ensure that the required capacity was available going in to winter. This decision was agreed with the People directorate Directorate Leadership Team and was approved by the Commissioning and Procurement Group.

7.4 A review of the current homecare model and contract is underway and it is anticipated that any changes will be introduced by summer 2018. A provision for maintaining the current increased rate during 2018/19 has therefore been planned.

7.5 The homecare rate increase is funded by IBCF. The costs for 2017/18 and anticipated costs for 2018/19 are as follows:

2017/18	£397k
2018/19	£390k

7.6 It is possible that the current increased homecare rate will not reduce following any re-commissioning exercise in summer 2018 – if this should be the case, a further report will be presented to Cabinet.

7.7 The current and planned investment in the homecare and care home market, as well as improving discharge pathways, is expected to improve DTOC performance against target and reduce the likelihood that Department of Health/Department for Communities and Local Government will place conditions on up to one third of the iBCF funding (£8.7m) in the current financial year. Cabinet are therefore requested to support the current rate increase and the use of the IBCF to fund this until a re-commissioning exercise has been completed.

Details of consultation carried out - internal and external

The overall budget savings linked to the Better Lives programme are included in the 2018/19 budget consultation proposals.

Division	Cabinet Portfolio Holder	Type of Proposal	Name of Proposal	Description	18/19 £000	19/20 £000	20/21 £000	21/22 £000	22/23 £000	Total £000
Care and Support Adults	Cllr Helen Holland	Early Intervention and Building Resilience	Introduce Better Lives Programme (Improving outcomes for adults in Bristol)	We'll be looking to deliver a transformation programme to change our adult social care services in order to ensure a more joined up and efficient service for the city. The programme will focus on ensuring people have the right level of care and ensuring residents can maximise their own independence, ensuring commissioning decisions can be better investigated to ensure good investment, and making sure our teams can work more efficiently and effectively with our partners.	4,000	4,000	-	-	-	8,000

There has been continued engagement with internal stakeholders over the past 4 months, including teams within the adult social care service and colleagues in Public Health and Neighbourhoods (specifically the Community Development Team, Homelessness and Accessible Homes, Bristol Operations Centre). A presentation was also made to the Health and Wellbeing Board. Engagement with key partners, specifically health partners, is ongoing and both the CCG and the acute trusts are represented on the programme board.

There are no immediate plans for further formal consultation, although there will be continued engagement with specific groups in relation to specific projects. For example, there will be engagement with service users / citizens in relation to the introduction of a new digital information, advice and guidance solution.

2 projects that have been brought in to the programme – Bristol Community Links and Supporting People – were part of a Council-wide public consultation which took place from 13th June - 5th September 2017. Feedback from this consultation is helping to inform plans for these services in the future and how they fit in with the overall programme.

Appendix C - Summary of any engagement with scrutiny

The programme team have presented an overview of the programme, including the financial summary, to the Overview and Scrutiny Management Board in October 2017.

The Better Lives programme is also, since November 2017, the focus of a People Scrutiny Task and Finish Group – a monthly meeting is taking place.

Risk Assessment

Risk / Issue	Mitigation
ASC budget pressures - in particular, pressures and control over care homes costs.	Monthly trajectory monitoring to monitor demand / costs and deliverability of planned changes - this will allow us to assess whether the changes are having a positive impact on the budget position. Enable quick decision making (escalate to programme board) to change direction if any programme activities have a negative impact on the budget position.
NHS pressures – CCG turnaround. Significant reductions planned in CCG spend could adversely impact. There is a lack of clarity on current plans.	Need full visibility on the CCG plans. Programme lead to pursue discussions with CCG.
Provider capacity/sustainability/ quality: There are particular challenges with capacity and quality in home care.	Ongoing work with home care providers to address quality issues and planned review of contractual arrangements. Development of market position statement to inform longer term plan. Adjustment to higher end Community Support Services pricing. Development of joint commissioning approaches with health to build more sustainable model.
Provider prices - Providers are able to dictate terms and prices.	Addressing this is primary objective of Managing Price and Outcomes workstream. Increased home care rate implemented from November. Cost of care exercise for residential / nursing care completed, analysis and provider consultation to inform fixed price point being implemented in 2018. Review of use of Dynamic Purchasing System system.
Current DTOCs performance means that we could lose control of up to 1/3 of IBCF funding. Whilst the Council won't be subject to CQC inspection, performance is still being closely monitored and lag in data means anticipated improvement may not show for another 1-2 months.	Programme activities should mean that data will show an improving trajectory, but this data is not yet published. Possible funded support from Better Care Fund may apply - need to shape the focus of this work to ensure it is positively impacts DToC but is also aligned to broader programme aims.
Demand pressures: Increases in the older population are likely and service users are living longer with more complex conditions. There is a specific risk around winter pressures.	The Front Door interventions will be critical for managing demand – these need to be tracked effectively and changes implemented if required – but the approaches must be embedded in all work across the programme. Detailed winter planning to take place across service & partners.
Workforce capacity: Social work capacity to deliver reviews is a challenge. Turnover is increasing and there are vacancies.	Successful recruitment of social care practitioners and ongoing recruitment drives for further social work capacity.



Equalities screening / impact assessment of proposal

Bristol City Council Equality Impact Relevance Check

This tool will identify the equalities relevance of a proposal, and establish whether a full Equality Impact Assessment will be required. Please read the guidance prior to completing this relevance check.

What is the proposal?	
Name of proposal	Better Lives Programme
Please outline the proposal.	<p>Develop and deliver a single transformation programme for adult social care in Bristol that brings together previously identified individual savings proposals and create one, system-wide approach to making the required changes.</p> <p>The programme's focus will be: Ensuring 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; Developing an intelligence-based approach to commissioning decisions so we can maximise capacity in the local market; Enabling the workforce to be fit for the future; Working more closely and effectively with partners (e.g. Health)</p> <p>This approach will consolidate previous 2018/19 savings identified for Redfield Lodge (FP21); Day Services (FP06); Re-ablement and Intermediate Care (FP08); Reduce Supporting People Services (RS01).</p>
What savings will this proposal achieve?	The savings target is £7.2million in 2018/19
Name of Lead Officer	Terry Dafter

Could your proposal impact citizens with protected characteristics? (This includes service users and the wider community)
Please outline where there may be significant opportunities or positive impacts, and for whom.
The Better Lives programme spans across all areas of adult social care and, therefore, could impact any individual who uses these services or might use them in the future (as well as their family members/carers). The eligibility for individuals accessing adult social care services means that they are likely to display one or more protected characteristics.

Opportunities created through the programme will help more people to access the right help at the right time. This ranges from completing regular reviews to ensure more appropriate care packages are in place; introducing assistive technology to help individuals be independent in their own homes; providing better information, advice and guidance to give individuals more choice and control.

As part of the commissioning work, the programme will develop community services to improve what is currently on offer to local people and build more resilient neighbourhoods they can connect with. There will also be a focus on increasing the amount of high quality care providers across the city, providing better choice and standards for those who use their services.

The programme will also focus on improving partnership working and links with health and community organisations.

Please outline where there may be significant negative impacts, and for whom.

Some of the interventions being developed may impact negatively on certain communities e.g. some older people may not find it easy to access digital information, or there could be cultural or language barriers to some communities in the city accessing some services. These will need to be considered in each individual project so appropriate mitigations can be put in place.

The package of support may reduce or change for some people. However, individual reviews will assess their current need and provide an appropriate support plan. The process of changing services could be difficult for some vulnerable adults, at least in the short term. Wherever this happens appropriate support arrangements would need to be in place.

Could your proposal impact staff with protected characteristics?

(i.e. reduction in posts, changes to working hours or locations, changes in pay)

Please outline where there may be significant opportunities or positive impacts, and for whom.

Different staff groups will be affected by different strands of the programme and there will be some staff with protected characteristics among the workforce. The 'Efficient Workforce' workstream should provide positive benefits to staff – the rollout of mobile technology will offer increased flexibility over where staffs complete their work and reduce travel time across the city. Staff will also be involved in defining and producing guidance and training to enhance social work practice across all teams. If team members are displaced, the management of change process will apply, and consultation will take place with staff that is affected and Trade Unions.

Please outline where there may be negative impacts, and for whom.

There will be changes to working practices introduced as part of the programme, which some staff could find challenging (at least in the short term). For example, some staff may take time to adjust to the introduction of new technology and flexible working. In addition, the specific proposals for Bristol Community Links involve a Managing Change exercise – depending on the Cabinet decision in December, this could see changes to a small number of roles (refer to full EqlA for this work).

Is a full Equality Impact Assessment required?	
<p>Does the proposal have the potential to impact on people with protected characteristics in the following ways:</p> <ul style="list-style-type: none"> • access to or participation in a service, • levels of representation in our workforce, or • reducing quality of life (i.e. health, education, standard of living) ? 	
<p>Please indicate yes or no. If the answer is yes then a full impact assessment must be carried out. If the answer is no, please provide a justification.</p>	<p>No – a full EqIA will be completed for individual projects within the Better Lives programme rather than at an overarching programme level, as this will allow the assessments to be focused on the specific changes being made and mitigations identified.</p> <p>The programme is committed to maintaining quality services, improving outcomes and allowing people to get the right help at the right time to promote independence. Any individual who is reviewed will have an updated support plan in line with their assessed need.</p>
<p>Service Director sign-off and date:</p>	<p>Equalities Officer sign-off and date: Cherene Whitfield, 09 November 2017</p>

Eco Impact Checklist

Title of report: Better Lives Programme				
Report author: Emily Hewitt				
Anticipated date of key decision 06/03/18				
Summary of proposals:				
The report asks Cabinet to:				
<ul style="list-style-type: none"> • Endorse the Better Lives programme approach and objectives, and the investment priorities for the Improved Better Care Fund (IBCF) • To approve: <ul style="list-style-type: none"> - To procure a consultant using a framework agreement to continue supporting the delivery of the programme over the next 12 months, within the cost envelope set out in this report, and to delegate authority to the Service Director for Adult Social Care to call off from this framework agreement. - An increased rate for home care that has been applied since November 2017 to stabilise the market and increase available supply, until a review of the homecare model and contract is completed in 2018. 				
Will the proposal impact on...	Yes/ No	+ive or -ive	If Yes...	
			Briefly describe impact	Briefly describe Mitigation measures
Emission of Climate Changing Gases?	Yes		Roll out of mobile technology – See below.	
Bristol's resilience to the effects of climate change?	No			
Consumption of non-renewable resources?	Yes	+ive	Roll out of mobile technology should reduce travel for staff, reducing travel to sites to pick up paperwork etc. Aim to increase care users being looked after at home will reduce use of residential care/ nursing homes and will reduce consumption of utilities on these sites.	Encourage staff to consider using sustainable transport if appropriate.

Production, recycling or disposal of waste	Yes	+tive	Introduction of mobile technology will reduce amount of printed materials being used by staff.	
The appearance of the city?	No			
Pollution to land, water, or air?	Yes		Roll out of mobile technology to staff should reduce travel distance for staff improving local air quality. Connecting care users to a local support officers again should reduce the need for travel from users and staff.	
Wildlife and habitats?	No			

Consulted with:

The overall budget savings linked to the Better Lives programme are included in the 2018/19 budget consultation proposals. Engagement with key partners, specifically health partners, is ongoing and both the CCG and the acute trusts are represented on the programme board.

The Better Lives programme has been discussed with the People Scrutiny Task and Finish Group – a monthly meeting is taking place.

Summary of impacts and Mitigation - to go into the main Cabinet/ Council Report

Whilst the impacts of this proposal are not large the introduction of mobile technology should reduce staff travel thus improving local air quality and reducing use of non-renewable resources including printed materials. During the procurement process for a delivery partner a full sustainability assessment may need to be considered, information can be found here: <http://intranet.bcc.lan/ccm/content/file-storage/css/finance/procurement/sustainability-assessment-request-form.en>

Overall the effects of this proposal will be positive.

Checklist completed by:

Name:	Emily Hewitt
Dept.:	Change Services
Extension:	24932
Date:	22/01/18
Verified by Environmental Performance Team	Nicola Hares – Environmental Performance Team

Agenda Item 9

MEETING: Cabinet DATE: 03 April 2018

TITLE	Strengthening Families Programme (system-wide transformation of children’s services)	
Ward(s)	Citywide	
Author: Jacqui Jensen	Job title: <i>(Acting)</i> Executive Director: Care and Safeguarding <i>(Head of Paid Service and DCS)</i>	
Cabinet lead: Helen Godwin	Executive Director lead: Jacqui Jensen, <i>(Acting)</i> Executive Director: Care and Safeguarding <i>(Head of Paid Service and DCS)</i>	
Proposal origin: <i>BCC Staff</i>		
Decision maker: Cabinet Member Decision forum: <i>Cabinet</i>		
<p>Purpose of Report: The report asks Cabinet to:</p> <ul style="list-style-type: none"> • To achieve the desired strategic outcomes and to deliver a balanced budget, it is recommended that the Council moves to deliver the Strengthening Families programme as described in Business Case that supports it (see Appendix A). • It is recommended that the Council approve £1.815m of capital spending on the programme by the end of 2019/20 and that this be funded from capital receipts within the capital programme. • It is recommended that further decision-making within the agreed scope of the programme and within approved schemes of delegation are delegated to the Executive Director for Care & Safeguarding. 		
<p>Evidence Base: Nationally, children’s services are operating within a challenging context of tough regulatory requirements with increasingly complex issues, such as Child Sexual Exploitation and growing parental substance misuse, set against a backdrop of demand pressures and significant resource constraints. The Local Government Association (LGA) reports that, in 2015-16, 75% of councils exceeded their children’s social care budgets by a total of £605m. At the same time, the LGA said councils are dealing with an unprecedented surge in demand for children’s social care support, with a 140% increase in child protection inquiries in the past 10 years.</p> <p>In line with the national picture, Bristol’s Children’s and Families Service has experienced significant budget pressures resulting from demand in the system and rising weekly placement costs related to a dysfunctional market and increasing complexity within the teenage care population. A series of management actions have been implemented to tackle overspending budgets, addressing each area of pressure and this is having some positive impact. However, our current model of delivery does not allow us to address pressures over the longer term in a sustainable way, nor does it enable us deliver our vision and outcomes for children, young people and families. A transformative approach is needed which focuses on the root causes of demand, improves our partnership response to children and families in need of support and enables us to deliver our vision. A system-wide programme of transformational change has been developed, underpinned by a business case for investment which will deliver substantial financial and non-financial benefits over a 5-year delivery period.</p> <p>Our vision for children and families in Bristol is that they get the “right response, the right assessment, the right help, at the right time”. The Statement of Intent for the Programme is to make cost savings whilst holding our ambition of improving outcomes, commissioning and delivering quality services and keeping “children and families” at the heart of what we do.</p>		
<p>Recommendations:</p> <ol style="list-style-type: none"> 1. Endorse the Strengthening Families programme approach and objectives and investment priorities as set out in the business case. 2. Approve the allocation of £1.815m from expected capital receipts (as set out in the medium term financial plan) for the delivery of the programme by the end of 2019/20. . 3. Delegate further decision-making (including on all necessary procurements) within the agreed scope of the programme and allocated budget, and within approved schemes of delegation, to the Executive Director for 		

Care & Safeguarding.

Corporate Strategy alignment: The strategic intent and approach embodied within the Strengthening Families Programme is contained within and referred to in Theme 1: Empower and Caring in the Bristol City Council Corporate Strategy 2018–2023 (specifically under point No. 3. Provide ‘help to help yourself’ and ‘help when you need it’ through a sustainable, safe and diverse system of social care and safeguarding provision, with a focus on early help and intervention).

City Benefits: The premise of the programme is to deliver efficiencies through improving outcomes for children, young people and families. The benefit is a model of children’s social care delivery which is sustainable for the future.

Consultation Details: There has been an extended period of engagement with staff and stakeholders across and beyond the organisation. The proposals formed part of the corporate strategy and budget discussions with the Mayor, Cabinet and the council’s senior leadership team and subsequently were included in the Corporate Strategy and Budget Consultation 2018-2023. The proposals are the subject of a Scrutiny Task and Finish Group looking at demand in Children’s Social Care and have been the subject of a partner workshop discussing children’s social care transformation. See Appendix B for further details of engagement undertaken to date.

Revenue Cost	£1.017m ongoing	Source of Revenue Funding	General Fund budget
Capital Cost	£1.815m one-off	Source of Capital Funding	Capital receipts
One off cost <input checked="" type="checkbox"/>	Ongoing cost <input type="checkbox"/>	Saving Proposal <input checked="" type="checkbox"/>	Income generation proposal <input type="checkbox"/>

Required information to be completed by Financial/Legal/ICT/ HR partners:

1. Finance Advice: Advice from Finance Business Partner provided in Appendix G.

Finance Business Partner: David Tully, 23 February 2018

2. Legal Advice: The Council must continue to comply with the statutory obligations and statutory guidance in relation to the protection of children and the provision of services to children in need. Legal advice should be taken throughout the Strengthening Families Programme in relation to employment and procurement issues. In particular wherever commissioning services, regard must be had to the need to properly timetable compliant procurement procedures (meeting both Council and EU rules, insofar as applicable).

Legal Team Leader: Sarah Sharland 28/2/18

3. Implications on ICT: The IT Service is fully supportive of the concept of “tools for the job” and the appropriate fit-out for employees proposed by the Agile Working for Social Worker project developed under the joint direction of both the Strengthening Families and Better Lives programmes. The equipment chosen for the fit-out will need to align to Council strategic product lines; the business case will also need to ensure that recurring charges (e.g. for licences, support and refresh) are considered. An IT representative has been appointed to the Strengthening Families Programme Delivery Group to provide expert advice and guidance across the entire scope of the programme as it moves into the implementation phase.

ICT Team Leader: Ian Gale 28/02/18

4. HR Advice: This is a complex piece of work trying to change the culture as well as working practices through digital technology, ensuring the unit model is sustainable going forward and outcomes for young people are improved whilst addressing the national issue of the shortage of Social Workers. All of this will have an impact on our employees day to day working practices which will support them in becoming more efficient and effective through appropriate training and support where appropriate.

A strategy to attract and retain social workers is being implemented with a new website being developed and policies being re-written to address key issues raised.

All changes to working practices and workforce will be fully and thoroughly consulted on with staff and their representatives using the Management of Change Policy, Redeployment policy and any other policy as appropriate.

Required information to be completed by Financial/Legal/ICT/ HR partners:

As an employer we have a duty to do all we can to keep our employees in work and given the national shortage of Social Workers, which is predicted to become worse in the coming years, as experienced social workers opt out and the number of people entering the profession drops, I do not think we will have any problems in avoiding compulsory redundancies. I expect we will be able to fully redeploy any displaced social workers elsewhere in the service. As always, it is important to the council, to keep our highly trained and skilled workforce wherever possible.

HR Partner: Lorna Laing, 28/02/18

EDM Sign-off	Jacqui Jensen	06/12/2017
Cabinet Member sign-off	John Readman	06/02/2018
CLB Sign-off	Jacqui Jensen	19/12/2017
For Key Decisions - Mayor's Office sign-off	Helen Godwin	02/03/2018

Appendix A – Further essential background / detail on the proposal <i>Extracts of the Strengthening Families Full Business Case which was approved by Delivery Working Group on 14 February 2018.</i>	YES
Appendix B – Details of consultation carried out - internal and external <i>Strengthening Families Engagement and Consultation Log (spreadsheet filtered to show programme-wide engagement activity and does not include the activity that relates to individual projects and work streams in scope).</i>	YES
Appendix C – Summary of any engagement with Scrutiny <i>Appendix B, filtered for engagement activity with Scrutiny</i>	YES
Appendix D – Risk assessment <i>Included within Appendix A.</i>	YES
Appendix E – Equalities screening / impact assessment of proposal	YES
Appendix F – Eco-impact screening/ impact assessment of proposal	YES
Appendix G – Financial Advice	YES
Appendix H – Legal Advice	NO
Appendix I – Combined Background papers <i>Peopletoo –Review of Bristol City Council Children's Social Care, December 2017</i>	NO
Appendix J – Exempt Information	NO
Appendix K – HR advice	NO
Appendix L – ICT	NO

Background to the Cabinet Report:

A mandate detailing the high level aspirations of the Strengthening Families programme was presented to DWG on 30 August 2017. Taking into account the underlying financial position in Children's Services and the imperative to include savings for the 18/19 budget consultation, it was agreed to proceed straight to Full Business Case stage and resources were approved to develop this. A considerable amount of early options work was undertaken by the Service Director and smaller piecemeal or fragmented efforts to neutralise the overspend and reduce future budgets were rejected in favour of a system-wide transformational approach. This was endorsed by the Cabinet Lead, the Mayor and the Section 151 Officer. The system-wide transformational option therefore became the sole focus of the Business Case.

To complement our internal work, a successful bid for funding from the LGA was awarded and they commissioned Peopletoo (a small but respected organisation with extensive experience in the public sector) to undertake a review of Children's Services from September to November. The objectives of the review were to:

- Identify and develop key finding and recommendations, through the analysis of data and meetings with key personnel.
- Validate the existing medium term financial plan and, linked to the analysis undertaken, identify any further opportunities for efficiency or reduction in growth.
- Model and profile financial inefficiencies identified and develop one overarching operationally based Financial Improvement Plan for the service.

A first draft of the report was issued in November 2017 and underwent a validation exercise by council officers and, at the request of the Section 151 Officer, additional elements were incorporated into the report. Content was harvested from the Peopletoo report for the purposes of developing the Business Case.

The overall investment needed to deliver the transformation programme is £310k in Year 0, £1.826m in Year 1, £1.231m in Year 2 and £1.017m ongoing from Year 3. Approval for early release of investment in the sum of £310k was agreed by Delivery Executive on 18 October 2017 to enable three key areas of work to proceed pending Cabinet approval of the full investment amount in January 2018. The early work includes:

1. Recruiting of a Senior Lead Professional for 3 days a week to provide dedicated capacity to drive integration at pace and ensure traction
2. Establish an Edge of Care/Custody team to work with children, young people and families at risk of family breakdown, with a particular focus on families with teenagers.
3. Establish an Exit from Care team to work with children and young people in care and their families who are most likely to be safely rehabilitated.

In addition, some enabling work to deliver early benefits for the programme is already underway, specifically relating to introducing agile working and mobile technology to children's social



workers. This work has its own business case which has been approved by DWG and is going to Cabinet on 6 March 2018.

Some of the programme team are now in role and activity is underway on a few projects under the four workstreams. However, pending the full approved financial investment in the programme at Full Council on 20 February 2018, it is not yet fully in delivery mode

Context for the Strengthening Families programme:

Nationally, children's services are operating within a challenging context of tough regulatory requirements with increasingly complex issues such as Child Sexual Exploitation and growing parental substance misuse set against a backdrop of demand pressures and significant resource constraints.

The LGA reported that in 2015-16 75% of councils exceeded their children's social care budgets by a total of £605m. At the same time, councils are dealing with an unprecedented surge in demand for children's social care support, with a 140% increase in child protection inquiries in the past 10 years.

As with the national picture, Bristol's Children and Families Service has experienced significant budget pressures resulting from demand in the system. A series of management actions have been identified to tackle overspending budgets, addressing each area of pressure and this is having some impact. However, our current model of delivery does not allow us to address pressures over the longer term in a sustainable way, nor does it enable us to deliver on our vision and outcomes for children, young people and families. A transformative approach is needed which focuses on the root causes of demand, improves the partnership response to children and families in need of support, and enables us to deliver our vision and key outcomes. We are therefore advocating for a system-wide programme of change, underpinned by a business case for investment which will deliver both financial and non-financial benefits over a 5 year delivery period.

The overall aim for the Strengthening Families programme is to help deliver the vision for children and families, whilst achieving the required financial savings:

Our **vision for children and families in Bristol** is that they get the right response, the right assessment, the right help, at the right time.

- **We want the best** for Bristol's children and young people and they are at the heart of everything we do.
- **We will help families** to achieve the change they want to see for themselves and their children
- **We believe** that children should live with their families or someone who knows them best.
- **We take action** when children need to be protected from harm.
- **We do everything we can** to make sure that the children in our care and care leavers are set up for life.

The **Statement of Intent for the Programme** is to make cost savings whilst holding our ambition of improving outcomes, commissioning and delivering quality services and keeping children and families at the heart of what we do.

There are three angles from which we are approaching the challenge:

1. **DEMAND** – tackling the number of children, young people and families that need our support and reducing the level of that need;
2. **SUPPLY** – how we organise our resources and commission in order to respond to that demand and, within that;
3. **WORKFORCE** – how we organise and support our staff to deliver the most effective and timely response to families.



DEMAND pressures are being felt across the system:

- We are taking too many teenagers into care and do not have sufficient in-house placements to support them.
- We have a decreasing number of children being placed for adoption (limited ongoing costs for the council) and an increasing number of children living with relatives being supported by a Special Guardianship Allowance (ongoing costs until the child reaches 18 years or leaves full-time education whichever is the greater).
- We currently have 54 young care leavers who have returned to family members post-care, being statutorily supported, including their right to funds. These young people could have returned home at some point earlier or indeed been supported to remain with family members safely with appropriate intensive support. Our lack of an 'Edge of Care' and an 'Exit from Care' offer meant that this did not happen.
- The costs of Staying Put and Staying Close¹ are rising. This financial year (17/18) costs related only to Staying Close' are £700k. Costs continue to rise as 16 and 17 year olds in care have gained an entitlement. An 'Exit from Care' model working pre-16 year olds will reduce future costs from 2021.
- Children are bouncing around the system without sustained changes being made by families. This is evidenced by 24% of children with Child Protection Plans in the year Aug-16 to Jul-17

¹ Staying Close is a new statutory requirement whereby children who have resided in a residential children's home are supported into adulthood by staff from the home and with links to the home they lived in.

having had previous Child Protection plans; and, 26% of children with Child and Family plans in the year Aug-16 to Jul-17 having had previous C&F plans (*Source: LCS 24 Aug 2017*).

- There is a reducing trend in the care population – the rate per 10,000 of children in care has reduced from 80 to 73 over the period Apr-14 to Apr-17. However, whilst our children in care population has been relatively stable for 3 years, the cost of placements are rising exponentially. If the current trajectory continues this will reach £2.6m by 2021.

Bristol currently has a higher number of more expensive ‘out of authority’ and external placements compared to previous years as a result of both partnership wide risk aversion and an increase in need, poverty and complex needs of young people. The actions in this strategy will move us to a position which is below the average for local authorities as we grow our local provision.

Without a new approach, demand pressures will continue to increase. New demand from partners to children’s Early Help and Targeted Services and Social Care is placing significant pressure on the service and we are struggling to meet this demand effectively. For example, 63% of children’s contacts to First Response had a ‘no further action’ outcome (*June 2017*). The current re-referral rate to social care is 22% and 20% to Early Help Family Support which, whilst at statistical neighbour average, still indicates that one-fifth of our work is revisited and undertaken again (*17/18*) (see Graph 1 Conversion Rates at Appendix A1).

These numbers suggest that partners do not understand thresholds and have unrealistic expectations of what cases children’s social care should support. As a result, our skilled social workers are tied up in triaging referrals at the ‘front door’ or assessing cases which could have been more appropriately supported by an Early Help response. Our Early Help in-house family support teams are working with families who could be supported by a universal or universal-plus response by multi-agency partners working together. This is limiting our ability to support those in most need and to make sustainable change with families who do require support to protect or minimise risk to their child or children.

Recent trends in the numbers of children unable to remain with their birth families in Bristol mean that the current level is simply not affordable within the resources available to the City Council. The cost for care and Special Guardianship Orders² is unsustainable within the allocated budget and needs to be reduced alongside resolving the pressures within families to strengthen them and prevent family breakdown. The strategy therefore establishes a plan to change these trends and reduce the number of children in care by 165 to 519 from 684 (as of December 2017) over the next five years (current rate of 72.5 per 10,000 reducing to 55.7 per 10,000 population). The imperative, however, is that a reduction in cost is achieved. This may be mean that if existing looked after children needs are met with lower cost care, or if more higher cost children

² A Special Guardianship Order is granted by the court, to enable a child to have a legal guardian from their friends, family or foster carer. The local authority is required to pay fees to fund each child.

exit from care, the savings targets may be delivered without having to reduce the children in care headline rate by so many.

An increasing body of research identifies the long-term harms that can result from chronic stress on individuals during childhood. Such stress arises from the abuse and neglect of children but also from growing up in households where children are routinely exposed to issues such as domestic violence, parental mental illhealth or individuals with alcohol and other substance use problems. Adverse Childhood Experiences (ACEs), is the collective term used for these childhood stressors.

Our children in care new entrants profile indicates that we admit a disproportionate number of children over 10 years old (particularly 14 years and over) into our care (see Graph 2 at Appendix A1). These are largely children and young people who have lived with residual 'neglectful' or traumatising home situations. Children exposed to ACEs are more likely to develop health harming and anti-social behaviours, often during adolescence, such as binge drinking, smoking and drug use. Those young people experiencing more ACEs are also more likely to be involved in violence and other anti-social behaviours leading to criminality, and perform more poorly in education. We intend to change the demographic profile of children in care in two ways:

1. ensuring that we identify and effectively intervene earlier, at the genesis of need or ACEs, neglect, and:
2. providing intensive support to families to prevent breakdown through 'Edge of Care & Custody' provision which improves the families ability to safely protect their youngsters.

A change in demographic profile will include a potential increase in younger children entering care and will also enable permanence through adoption – a solution which supports improved outcomes and future potential of children. Entrance to care as a teen largely does not lead to improved outcomes for many of our children as they struggle with past trauma, ACEs, and the emotional conflict in separation from family, family culture and siblings. In pure cost terms, entrance to care with an adoption pathway for the child provides greater 'value for money' in that the good-outcomes-to-cost ratio is much higher and early permanence is provided.

Neglect and ACEs often impacted by parental substance misuse or emotional/mental ill health and domestic abuse, is the most significant concern we have for children. Bristol doesn't not have a Neglect Strategy at present and this gap is being addressed by the Bristol Safeguarding Children's Board (BSCB). Bristol Children and Families Services wish to explore the potential of the 'Graded Care Profile' with partners. This is a tool and approach which effectively identifies neglect and the level of concern regarding the neglect early. It supports risk and threshold understanding and management and will complement a new Bristol Neglect Strategy.

Although the in-house early help offer is having some impact, partners are over reliant on council funded provision. The partnership and in-house early help 'offer' itself is fragmented and difficult to navigate, poorly published and confusing for partners and parents. This contributes to the

unsustainable levels of partner referrals to social care. There is a need to raise awareness on the effect of ACEs, to inform a multi agency response which includes a focus on both prevention of ACEs and the appropriate early help service response, to those children and families affected by ACEs.

Children's social care services are oversubscribed with high caseloads; turnover in frontline teams is higher than required and over reliant on inexperienced social workers. These factors are preventing sustainable change occurring in families. A new relationship with partners is needed - an integrated multi-disciplinary child and family-centred approach to working with children and families at the locality level. More effective partnership working is required so that sustained change is achieved for families at whatever point in the child's journey.

SUPPLY

The national placement position is dysfunctional³. Placement provision is decreasing at the same time as Ofsted increase their expectations of quality. Local Authorities are competing for scarce placements and the ability to match placements to children's needs is limited. Children's needs are increasingly complex.

This is exacerbated by the shortfall in Strategic Commissioning for children in Bristol⁴. The local children's placement market is not robust and does not meet our sufficiency needs, challenging our ability to achieve good outcomes in our role as corporate parent. Currently placements are expected to be procured or spot purchased through the regional framework, but the framework is unable to provide for all needs and around 50% of placements are procured off framework. From a supply perspective, the priority must be to address the pressures arising from children's placements. The challenge to provide good outcomes for children is evidenced by:

- Of children looked after on 31 March 2017, 41% were placed outside of Bristol and 19% were placed 20 miles or more from home (Source: CLA return 2016-17).
- Average independent residential placement costs have risen by £1k per week per child since 16/17. The average out of authority residential placement cost per year is £166k.
- We have insufficient in-house foster carers for our children age 14-plus population. We currently have 175 places against a target of 229.
- There is often no placement availability, matching children and young people to appropriate placements are all but impossible. When placements are available they are high cost options.

Bristol is a low funder of children's services overall (see Appendix A2) this includes our children in care provision which is 33% below average Local Authority funding, despite the extent of our placement costs (see Graph 3 at Appendix A1). In addition, our children in care have low

³ Source: Association of Director's for Children's Services.

⁴ A CCG/Council joint-funded and managed Commissioner for CAMHS and Learning Disabled Children is a highly successful strategic post.

outcomes. This is unsurprising as the cost of the child's placement does not equate to the level of care given, needs met or outcomes achieved. The rise in placement costs provides additional funding to placement providers (which may be a large venture capitalist company) and not directly to the child's care plan.

WORKFORCE

At present, pressures on our workforce mean that some of our basic indicators are not being met (for example, only 61% of Children in Need plan reviews are completed on time, against a target of 80%). With a higher than England average caseload and statistical neighbour average caseloads in most of our locality social care teams, we are limiting social workers ability to undertake meaningful work which has a positive and lasting impact on outcomes for families (see Graph 4 at Appendix A1).

As a result of increased demand and caseloads, we struggle to hold onto experienced and skilled social workers in frontline posts. Our staff turnover rate is 15.8% against a target of 10%. In South area, it is as high as 22%, with a risk that high turnover will continue to rise in fostering and adoption and care leavers teams. There are costs related to poor retention – cost of advertising and time spent recruiting; cost of failure as workloads rise – plans for children do not progress and crises become entrenched.

High caseloads present significant risk with regards to consistency of practice but also financial pressure should reliance on agency staff increase. Whilst current low levels of agency staff is an area in which Bristol excels, it is fragile and can turn quickly.

The frontline social work teams are heavily reliant on inexperienced social workers. 50% of frontline social workers remain in post for only 2 years which increases risk but also makes it hard to retain those workers as they progress. Bristol trains and develops newly qualified social workers and a significant percentage of these take their skills and training elsewhere.

Analysis of regional social worker and social work managers' remuneration and terms and conditions indicates that senior social work posts in Bristol are not keeping up with the region, with 11 local authorities paying higher salaries at the top of the scale. In addition, there are 5 local authorities paying higher salaries than Bristol for team managers and consultant social worker posts and many Local Authorities in the region pay 'golden hello and handcuffs' (see Graph 5 at Appendix A1).

Social Workers not operating in large cities have less pressure and lower workloads and many have protected caseloads (for example, Somerset Children's Services protects caseloads at 16 cases per social worker). Given that Bristol has the most expensive housing costs in the region, ensuring the retention of social workers requires a considered look at the salary scales.



Exit interviews indicate there are two significant issues in relation to retention that must be attended to:

1. Caseloads and workload, and the impact on work life balance
2. House price rises in Bristol (17% in 16/17) impairing their ability to purchase homes locally⁵.

Recognising that this is a profession where nationally, frontline social workers have an average working life of 7 years, we have written a new Workforce Strategy that encourages retention of staff.

In order to achieve our objectives, we will need to continue to support and develop a workforce that is enabled to:

- Manage risk confidently.
- Broker solutions within families and the wider community.
- Strengthen bonds with schools - ensuring we are working together to identify issues, ACEs and risk at the earliest opportunity.
- Promote resilience and creativity to deliver flexible solutions and alternatives to children becoming looked after.

There is a need for Bristol Children and Families service to provide leadership for the culture change required across the partnership; supported by the Children and Families Partnership Board and the Bristol Safeguarding Children's Board. This is a significant and important piece of work which requires professional and experienced safeguarding knowledge and capacity alongside strong project and programme leadership capacity to drive pace and traction. Support by influencers across the service and partnership are required to drive the transformation programme to success.

Our current delivery model is not impacting on demand nor enabling delivery of good outcomes for children and families living in Bristol. This is feeding into our challenges around demand pressures, increased costs and workforce instabilities. System-wide transformation is required to bring about sustainable change which focuses on the root causes of demand underpinned by ACEs; improves the partnership response to children and families in need of support; and enables us to deliver our vision and key outcomes.

A focus on Adverse Childhood Experiences (ACE) and their impact on health and emotional wellbeing, harming behaviours, alcohol use, drug use, violence, sexual behaviour, incarceration, smoking, poor diet, leading to a higher than average use of health and social care services, underpins the direction of travel within the Strengthening Families programme.

⁵ Derby City Council has recognised that by enabling Social Workers to purchase a home in the authority (£10k towards deposit) they then retain the social worker, as they prioritise their future children's school and friendship stability.

What will success look like?

Successful Delivery of the programme will mean that:

- a) Families are supported to be more resilient, and more children are safely cared for within their birth families or extended families.
- b) The Right Child receives the Right Service at the Right Time in the Right Place. Our area children's services will be integrated and be delivering a seamless service organised around children and families needs. Partners and multi-disciplinary staff will work together to ensure that families receive the right assistance and advice at the point need is identified.
- c) More children and families receive support from universal and early help providers who will have a good understanding of the effects of ACEs. Increased support is available to schools and providers through our Integrated Localities and 'Team Around the School' approaches.
- d) The number of children entering care during their teens is reduced. An in-house or commissioned Edge of Care service provides intensive support to families at risk of breakdown, 24 hours a day, 7 days a week.
- e) Children in care are increasingly looked after within families, foster families or their extended families. There will be increased foster carer households, and retiring foster carers will be supported to provide short breaks or crisis care.
- f) Children in care are safely reunited with their families. Intensive support to return children safely back to their birth families is provided through a new Reunification Team to ensure sustainability.
- g) Fewer children and young people are placed in Out of Authority residential settings (they will instead be placed in a new model of local small children's homes providing accommodation for two children or young people).
- h) Staff are supported to carry out their role, through improved training and a reduction in workload and roll out of mobile technology.

All work within the programme will contribute to the following 4 delivery priorities:

1. Deliver a balanced budget
 - Reduction in the cost of children in care
 - Reduction in demand for high need/high cost services
 - Programme decisions, activities and monitoring are driven by robust intelligence
 - Cost of 'failure' reduces e.g. reduction in care proceedings and related costs.
 - Reduction in cost of excessive staffing turnover
2. Support the workforce to be fit for the future
 - There is sufficient workforce capacity to effectively deliver business as usual and the requirements of the Strengthening Families programme
 - There is a clear and effective workforce strategy and individual performance management procedures in place
 - Workers are equipped to be productive and efficient through the use of technology
 - Workers are delivering high quality standards and improved outcomes for children and their families

3. Strategic Commissioning is maximising the provider and placement market
 - There is sufficient capacity in the local market to meet the needs of Bristol's placements needs for children
 - Providers are sustainable, safe and responsive and close to Bristol
 - Prices are stable and understood; we are able to assess increased individual placement costs

4. Strengthen Partnership Working
 - We have integrated management, systems and processes in each locality providing a seamless child and family centered response.
 - Performance at the 'front door' evidences improved threshold and risk management and demand is reducing
 - There is clarity around the potential for multi-disciplinary and multi-agency teams co-located in communities working with Domestic Violence, Adult Mental Health and Substance misuse understanding the effects of ACEs; and partnership willingness to develop.

Each project within the programme has a series of objectives that sit beneath and contribute to these delivery priorities.

Future Council:

what will delivering our priorities mean for Bristol's Children and Families



Dependencies and Links:

- Links with the Better Lives Programme for Adult Social Care, for example, the mobile technology work is being developed jointly with Adult's Services and a shared Project Manager has been assigned to jointly manage this work along the same timescales.
- There is a dependency on the outcome of the IT Strategy and End User Compute project to determine the devices to be purchased for the Agile Working for Social Workers implementation.
- Early Help Module being accessible to partners to ensure they can operate fulfil their roles in the new area model, including being Key Workers for children and families. Training and ongoing support will also be essential.
- Partners fulfilling their safeguarding roles and responsibilities to ensure better quality of referrals to the front door, and proving full engagement with the new area model.
- We are reliant upon a variety of internal support services – property, HR, IT and finance – being able to direct their resources to support delivery of elements of the programme.

Limitations:

- There are statutory obligations, requirements which are core functions of Children's Services supportive by Legislation. Whilst there are 'permissive' services which provide good cost to value, these cannot be prioritised over core statutory requirements.
- Partnership working will be driven by the 'duty to cooperate' (CA 2004) however this does not determine how our partners fund or deliver their service.
- Project must deliver required financial savings in the period 2018-2023.
- Capacity of internal support services – property, HR, IT and finance – to support delivery of elements of the programme.
- The agreed investment sum provided to achieve programme delivery.

Consultation Approach

The proposals were set out in the Corporate Strategy and Budget Consultation 2018-2023 in section 2, under the list of other proposals where consultation may be required in future. If any of the projects in the programme require consultation either with the public or stakeholders then individual proposals will be developed.

Consultation with stakeholders is already underway in relation to the mobile working for social workers project and a consultation plan was delivered as part of the management of change process to refresh the area social work unit model.

Results of a staff survey aimed at social workers which ran during November and December 2017 show that caseload size and lack of appropriate IT are viewed as barriers to improvement.

For further details of the communications and engagement which has taken place at the programme level please refer to engagement log at Appendix B.

Options Appraisal Summary

The mandate detailing the high level aspirations of the programme was presented to DWG on 30 August 2017. Taking into account the underlying financial position in Children's Services and the imperative to include savings for the 18/19 budget consultation, it was agreed to proceed straight to Full Business Case stage and resources were approved to develop this. A considerable amount of early options work was undertaken by the Service Director and smaller piecemeal or fragmented efforts to neutralise the overspend and reduce future budgets were rejected in favour of a system-wide transformational approach. This was endorsed by the Cabinet Lead, the Mayor and the Section 151 Officer. It is the transformational option which became the sole focus of this Business Case.

Summary Costs and Benefits

Programme summary costs and benefits							
(£'000s)	Yr 0	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	5 yr Total
One-off costs (new costs)	£230	£1,371	£214				£1,815
One-off costs (internal costs)							
Ongoing annual costs	£80	£455	£1,017	£1,017	£1,017	£1,017	£4,603
Gross savings		-£813	-£2,455	-£4,650	-£6,477	-£6,930	-£21,325
Annual Net Savings:	£310	£1,013	-£1,224	-£3,633	-£5,460	-£5,913	-£14,907

Over 5 years, the additional one-off and ongoing investment would cost £6.3m to deliver an estimated £21.3m of savings, with an ongoing benefit from Year 5 of -£5.9m to the existing financial position.

The summary above does not include the underlying pressures in the system which amount to £1.325m. Unchecked, these would have a £6.625m aggregate impact over 5 years and this limits the impact of the programme against the budget by that amount if the existing pressures are not recognised in the budget to give the programme a balance budget to start with. Provision has been made within the Risk Reserve in the budget agreed by Cabinet in January 2018. Further work is being done on the underlying pressures to ensure that baselines are clear and understood.

Financial Benefits:

The table below sets out the set of savings proposals which will be pursued to deliver the target savings indicated in each of the next 5 financial years. The expected gross financial benefit is £6.9m by Year 5, with £0.8m expected in Year 1.

Savings proposals £'000	2018/19	2019/20	2020/21	2021/22	2022/23	TOTAL
Supply Management	-£52	-£686	-£691	-£413	-£155	-£1996
Demand Management	-£761	-£790	-£1288	-£1082	-£76	-£3997
Culture Change with Partners	-£0	-£166	-£216	-£332	-£222	-£936

Savings proposals £'000	2018/19	2019/20	2020/21	2021/22	2022/23	TOTAL
TOTAL NET POSITION	-£813	-£1,642	-£2,195	-£1,827	-£453	-£6,930

Non-Financial Benefits:

- Children are seen promptly (Children in Need within 5 days; Child Protection with 24 hours).
- Timeliness is improved across all services (Single Assessment more than 90% on time).
- Reduce School fixed-term exclusions for children in care
- Reduce Teenagers needing to come into care
- Reduce rate of re-offending by young people
- Increase the number of successful Family Outcome Plans
- Reduce the rate of children who need a Child Protection Plan
- More than 65% of our care leavers are in education, employment and training.
- Signs of Safety tools are used and audits evidence this.
- Children who need a Child Protection Plan have their needs met within 9 months.
- More than 50 audits are completed monthly to ensure 'we know ourselves'.
- The workforce is settled, with turnover less than 18%
- The workforce is healthy, with sickness reduced to less than 22%
- Reduce the number of agency social workers to less than 9.

Front Door: First Response and MASH	
What will be different?	Why do we think this is achievable?
<ul style="list-style-type: none"> • There will be fewer contacts to the Front Door • There will be fewer referrals to children's social care and more to Early Help partners and Early Intervention . • Integrated processes will ensure that families get wraparound services within the community reducing lower-level 'need' at the Front Door. • There will be an effective telephony system. • Partners will operate within the Children's Act 2004 as is required of them. 	<ul style="list-style-type: none"> • Integrated partnership working in Areas will deliver seamless 'lean' approaches . • Families can receive 'step-in and out' support with universal services 'holding the child'. • Police partnership around domestic violence will reduce contacts and referrals from January 2018. • Threshold management work with partners will improve their understanding of risk and thresholds. • Telephony will filter calls, ensuring prioritisation . • The current conversion rate is abnormal and the rate is a statistical outlier.

Children Care Placements	
What will be different?	Why do we think this is achievable?
<ul style="list-style-type: none"> • Fewer children in care will be in out of authority placements and fewer placed further than 20 miles from Bristol. • Fewer children in care will be in large residential children's homes. 	<ul style="list-style-type: none"> • Our current children's homes are under occupied as needs become more complex. • It is increasingly difficult to match children in large homes. • We aren't able to accommodate high-cost

<ul style="list-style-type: none"> • Most of our children in care who require residential care will live in small homes in Bristol rated 'outstanding' by OFSTED. • Costs of residential care will reduce. • Occupancy of our residential homes will be 95%. • We will open 10 small 2-bed homes locally. • We will be better able to match resident young people and meet their emotional wellbeing needs. • We will be able to assess and reassess young people's needs and amend their care plans accordingly • We will be able to provide better placement choice 	<p>children with mental health needs.</p> <ul style="list-style-type: none"> • Providers have not been focussed on outcomes. • Providers have not always assessed the child's needs in the same way as we have leading to raised costs.
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Children in Care and Care Leavers	
What will be different?	Why do we think this is achievable?
<ul style="list-style-type: none"> • There will be fewer teen entrants to care. • There will be fewer care leavers. • Children will be in lower tariff and lower cost placements. • Entrants to care will increasingly be younger and have early permanence therefore costs will reduce. 	<ul style="list-style-type: none"> • The Regional Adoption Agency is geared to specialist approaches in early permanence. • We have too many teen entrants to care therefore there is significant room to improve • The group of older children in care is profiling a significant increase in care leavers and cost of care leavers which supports potential for reunification. • Similarly this group will represent a cohort entitled to Staying Put and Staying Close. • Reunification and Edge of Care evidenced-based services have significant success in remedying family dysfunction. This assists the child in question but also younger siblings and future grandchildren who will have a safer experience. • Some parents of children in care have gone on to safely care for other children.

Costs & Funding

Investment for Strengthening Families Programme: Incremental £'000								
Area	Activities	17/18	18/19	19/20	20/21	21/22	22/23	Total
Programme & Project Support	Programme and project support plus external support, mainly in the first year, but tapering off to nil by the end of year 3.	£30	£330	-£233	-£127	£0	£0	£0
Delivering High Quality Social Work and Recruitment & Retention	On-going support for the agile working initiative, recruitment and retention initiatives and raising standards of social work through practice review and staff training.	£0	£674	-£459	-£88	£0	£0	£128
Strategic Commissioning	Additional post to build in capacity for strategic commissioning.	£0	£50	£0	£0	£0	£0	£50
Reduce costs from complex adolescents	Expedite fast delivery of benefit by procuring a delivery partner to enable consideration of local model, recruit a new Edge of Care Team, recruit a new Exit from Care Team.	£280	£331	£129	£0	£0	£0	£739
Demand management and integration	Funding for integrating services, to commission a supervised contact service and some additional one-off input from the Border Agency to assist with Unaccompanied Asylum Seeking Children practice.	£0	£132	-£32	£0	£0	£0	£100
Total investment		£310	£1,516	-£595	-£215	£0	£0	£1,017

Funded by:

Capital Receipts	To be formally confirmed by Cabinet in April 2018	£230	£757	-£773	-£214	£0	£0	£0
ICT Capital Refresh	Agreed with ICT Refresh Budget manager.	£0	£384	-£384	£0	£0	£0	£0
Revenue budget	Agreed by Cabinet 23/1/2018. Subject to Council 21/2/2018	£80	£375	£562	£0	£0	£0	£1,017
Total sources of funding		£310	£1,516	-£595	-£214	£0	£0	£1,017

Key Risks and Issues

Achievement of reductions in demand and cost is predicated on successful delivery of the Strengthening Families Programme. A number of key risks have been identified which unless mitigated, may negatively impact on the delivery of the programme and ultimately achievement of savings. Risks include:

- **Children's Services budget pressures** in particular, overspends and control over placements costs in the first year will put immense pressure on deliverability of the programme.
- **Demand pressures** - increases in need and complexity of need is evident, austerity and the impending Universal Credit is expected to further increase demand for support and intervention. The court has on record identified the increasing complexity of parental problems impacting on parental capacity to protect and care.
- **Commissioning capacity** - a key enabler of the programme is high quality commissioning. However, currently the team does not have sufficient capacity to deliver the requirements of the programme.
- **Provider capacity/sustainability** - the national placement market is contracting and dysfunctional. There is no placement choice and often no choice at all. The Foster Care market appears to be slowing down, older stalwart carers are retiring and insufficient younger people are expressing interest in foster care.
- **Provider prices** - providers are able to dictate terms and prices due to the contracting market and increasing need in children. There are no preferred provider arrangements locally.
- **Workforce capacity** - social workers on the frontline are relatively inexperienced, caseloads are higher than we would like and workers on the frontline are harder to retain in these posts as they gain experience. Capacity and capability to deliver a large complex change programme for children's services is relatively negligible. Recruitment and Retention of SW's is a challenge and Bristol SW salaries have not kept up with neighbouring authorities.
- **NHS pressures** - Continuing Care Commitment and financial contributions to children's placements. Significant reductions planned in CCG spend could adversely impact new claims re: CC from Bristol. It will be challenging to increase the 12% contribution to a more realistic 33% contribution for traumatised and abused children.

Sensitivity Analysis and consequent contingency plans

This savings plan is dependent on many factors, some of which are beyond the control of the Council. The savings are based on identifying areas of improvement through a consideration of the demographics and performance of Children's Social Care in Bristol, then identifying initiatives that can address that area of weakness or underperformance. So, demographic and socio-economic change in Bristol, the national risk appetite with regard to Children's Social Care, the availability of social workers locally are beyond the control of the Council. The leadership,



priorities, processes, systems, culture, standards and policies have more chance of being under the control of the Council.

There is a good body of research around proven models of practice and interventions to improve outcomes for children and their relative value for money. This includes the recent DfE funded Innovations Fund research. This proposal opts for the introduction of methodologies and models of practice that are evidence-based, i.e. Adverse Childhood Experience (ACE)

There is an extensive range of existing metrics that can be monitored in real time to ensure that the programme can respond to emerging risks and issues in an agile way.

Some adjustment as the programme develops will be necessary to put more emphasis in some areas and less in others. Contingencies will have to be considered as and when necessary; there is no overt contingency built into the plans at present.

It is impossible to quantify the sensitivity of this programme, but it is important to appreciate the nature of the programme to understand the savings dynamic.

Delivery Approach

To effectively manage delivery of the Strengthening Families programme, a programme structure has been put in place with 4 workstreams, with a series of supporting project and focused business-as-usual activity underpinning these.

Roles and responsibilities across the programme and component parts are in the process of being defined but will include a BCC Programme Manager, and a Senior Professional Lead⁶. The programme will feature additional project managers where appropriate (for example, the Agile Working project and Reprofiting of Children's Homes); and also leads within the business will be identified to lead on specific areas to ensure the ongoing sustainability of changes.

Due to the urgent need to improve the in-year financial position and to enable early release of benefits in Year 1 of the programme, all programme workstreams will be mobilised at the same time:

1. Demand: plug the gap, stem the flow
2. Supply: specialist strategic commissioning
3. Workforce: able to delivery high quality social work
4. Partners: culture change with partners

In addition the following design principles have been created for children's services, and these will underpin the implementation approach for the programme:

1. We will **engage and involve children and young people, parents, staff, partners, commissioners and providers** in the co-creation of a future children's and families model of working and service delivery (as appropriate).

⁶ The Senior Professional Lead is a contracted experienced Subject Matter Expert being employed for 3-days per week for 40 weeks to provide dedicated capacity to drive integration at pace and ensure traction.

2. Signs of Safety, **a relationship and strengths-based model of practice utilising 'whole family working' methodology** will be at the heart of how we deliver interventions and services.
3. Parent and carers will be supported to:
 - a) Help themselves to **maximise their independence** through an online Early Help offer
 - b) Become resilient through an integrated and supportive universal and universal-plus offer
 - c) Safely care for their children through targeted interventions
4. Children will be safe and protected through earlier interventions to prevent harm and **high quality child protection work** that is responsive to need with excellent provision for those children who do require our care.
5. We will take an **intelligence-based approach to commissioning decisions** – maximising capacity in the local market to enable greater choice and high quality provision. All contracts will be outcomes-focussed and robustly monitored.
6. We will have **efficient processes, systems and technology** in place, empowering staff to deliver a high-quality and outcome-focussed service.
7. We will take decisions on delivering differently, based on evidence and intelligence, with **transformation performance, outcomes, and financials robustly tracked**.
8. Our model will be **evidenced-based** and **financially sustainable**, achieving reductions in demand and costs.

Benefits Realisation approach

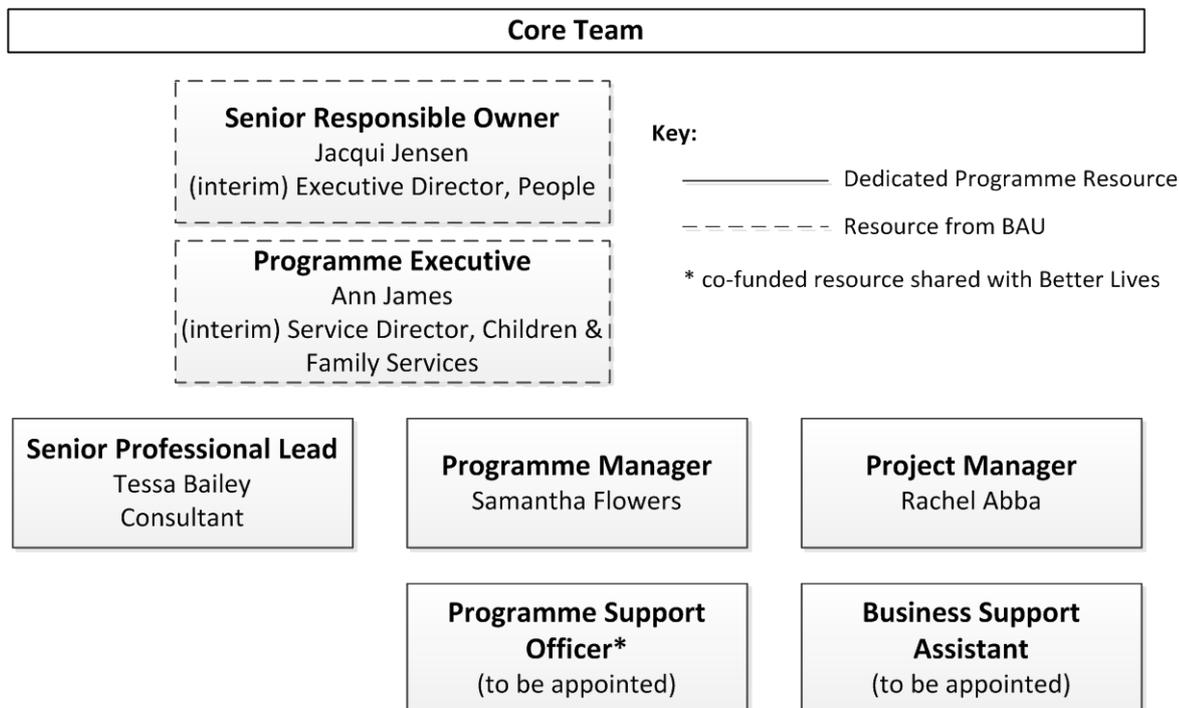
- Financial data and the establishment data will be baselined once Cabinet approval is achieved to provide a starting point for monitoring.
- The delivery of financial benefits will be tracked via monthly budget monitoring of cost centres where reductions in expenditure are being sought.
- There will be benefit check points scheduled into the programme to confirm that in-year savings have been delivered within the planned timescales.
- The delivery of non-financial benefits will be tracked through monthly highlight reporting and links in to the performance management of the Strengthening Families programme

. Timeline and Key Milestones

Theme	Type	Project or Workstream	Service Lead	Secondary Lead	Programme Lead	Resource	2017	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19						
High Quality Practice	Project	Refresh of Area Social Work Model	Angela Clarke	Area Service Managers	Jacqui Jensen	Rachel Abba		Go Live - 9 Apr																									
Strategic Commissioning	Project	Joint Strategic Commissioning (Joint HoS Children's Commissioning) - need a set of workstreams	Jacqui Jensen	Ann James (and Terry Dafter)	Tessa Bailey	£50k		early engagement			draft FBC for Alliance Commissioning model																						
Strategic Commissioning	Project	Health High Cost Calculator	Ann James	James and Harriet and Kate	Tessa Bailey	£50k		milestones in development																									
High Quality Practice	Project	Agile Working for Social Workers (Joint project with Adult Social Care)	Angela Clarke	Staff Engagement Group	Sam Flowers	Kate Broadbridge		FBC Approval		Pilot Preparation		Phased Implementation																					
Strategic Commissioning	BAU	Supervised Contact Contract (free up Family Support Workers)	Bridget Atkins/Anne Farmer	James Beardall	Sam Flowers	£100k		milestones in development																									
Front Door First Response & MASH	Project	MASH Telephony	Angela Clarke	Graham Willkie	Sam Flowers	Tahir Khan		FBC Approval & Procurement		Go Live																							
High Quality Practice	BAU	Recruitment & Retention	Angela Clarke	Maria Finlayson, Vanessa, Katrina		Lorna Laing + E		milestones in development																									
High Quality Practice	BAU	Embed Signs of Safety Methodology	Fiona Tudge	Vanessa	Tessa Bailey	SoS Project Officer		milestones in development																									
High Quality Practice	Project	Partnership Agreement for ACE Teams (Adverse Childhood Experience) Complex Adolescents strand	Jacqui Jensen	Ann James	Tessa Bailey			collaboration with Partners																									
High Quality Practice	Project	Implementation of ACE Teams (Adverse Childhood Experience)	Angela Clarke	Vanessa, Katrina, plus adults	Tessa Bailey	Lorna Laing																											
More Children will live within families	BAU	Increase In-House Foster Carers	James Beardall	tba	Tessa Bailey	n/a																											
Front Door First Response & MASH	BAU	No Recourse to Public Funds (shifting the pathway)	Ann James	Anne Farmer	Sam Flowers	£50k		milestones in development																									
Integrated Localities	Project	Integrated Locality Teams (Area Social Care and Early Help)	Gary Davis/Ann James	Jane Griffiths, Angela Clarke, Sally Jaekle	Tessa Bailey	£30 + £10k		early engagement		Locality Teams Go Live: 9 Apr																							
More Children will live within families	Project	Edge of Care Innovation (commissioned from Skylokes)	Angela Clarke	Area Service Managers	Tessa Bailey/Sam Flowers	£400k		procurement		Intensive intervention period																							
More Children will live within families	BAU	set up of Exit from Care Team (Oregon Treatment Fostering Model)	James Beardall	Harriet Andrew, Becky Robind	Sam Flowers	£250k		literature review and visits		scope and design		recruitment		training and Go Live																			
Early Permanence	Project	Children's Homes (reprofile capacity to increase 2-bed)	James Beardall	Bridget Atkins, Dermot McCar	Sam Flowers	Rachel Abba Chris Wood		Needs Analysis		draft FBC																							
More Children will live within families	BAU	Increase Adoptions and SGOs (culture change, permanence, etc.)	Angela Clarke	Area Service Managers, Placement Service Manager, Legal	Tessa Bailey	n/a		milestones in development																									

Programme Team

The core programme team is shown below



Procurement Approach

There are two areas within the programme that require a procurement process:

1. Mobile Technology – Devices and Liquid Logic Childrens System (LCS) Mobile Apps

Working jointly with Adult Social Care, a Full Business Case has been developed detailing preferred options to purchase mobile technologies and support agile working for social care professionals across both adult and children’s services. The approach is that all hardware will be purchased from the Council’s approved catalogue⁷.

To deliver the required benefits from the mobile technology project, it is necessary to have mobile functionality of the LCS system. Advice from the Systems Support & Training Manager has stated that the effort to integrate a product from a new supplier (i.e. not Liquid Logic) and the ongoing costs of doing this will make it cost prohibitive. Therefore, a Contract Waiver will be need to be applied for which will explain why the preferred approach is to work with current supplier (Liquid Logic) to implement the mobile solution rather than go out to market to procure.

⁷ Note that soft market testing to refresh the BCC catalogue is underway and new contracts to support the council’s overarching IT Strategy* will be negotiated (*the strategy is due to be published in January 2017).

The current contracts do not include the mobile applications so a Contract Variation will need to be processed via the Commissioning and Procurement Group (CPG). The details of this are currently being explored and the preferred approach – once agreed – will be documented in the Full Business Case for Mobile Technology and taken through the CPG process for approval.

2. Edge of Care Delivery Partner

In order to expedite our plans to reduce the number of teenagers coming into care we are seeking to work with with a delivery partner as an interim position while we get an ongoing solution in place. The partner must be able to rapidly deploy a full managed specialist team for a 6 month intensive support period. The advantage of this option is the speed of delivery and consequently a more rapid reduction of care entrants and related costs. This would be coupled by children in care reaching maturity and reducing numbers and costs.

Current market testing indicates that there is only provider able to deliver this work at pace and, following procurement advice, we are seeking to contract with them via a Crown Commercial framework agreement. Further detail and approvals are currently being progressed.

Part of the transformation programme's investment bid seeks to establish an ongoing solution to address the identified gap in our current delivery model – either an in-house or commissioned Edge of Care team – which would be fully functional at the conclusion of the arrangement with the chosen delivery partner.

Communications and Engagement Approach

The proposals are set out in the Corporate Strategy and Budget Consultation 2018-2023 in section 2, under the list of other proposals where consultation may be required in future. If any of the projects in the programme require consultation either with the public or stakeholders then individual proposals will be developed.

Consultation with stakeholders is already underway in relation to the mobile working for social workers project and a consultation plan is being developed as part of the management of change process to refresh the area social work unit model.

Project Governance & Assurance

The following governance arrangements are being established for the programme:

Transformation Board

There will be a bi-monthly programme board chaired by Claire Burgess, LGA Improvement Advisor. The Transformation Board will receive reports from the Programme Delivery Group and will be an escalation route for the Programme Delivery Group.

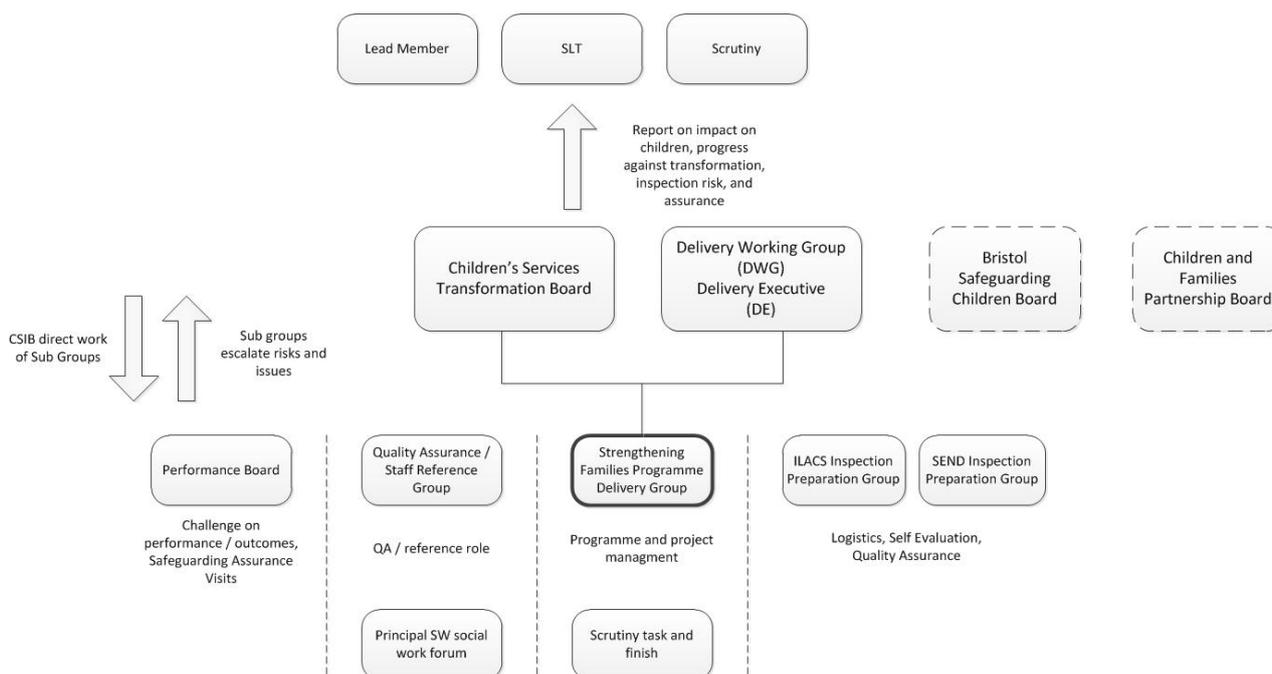
Programme Delivery Group

A Programme Delivery Group will meet monthly monitor the overall progress of the programme. It will provide the leadership, accountability and decision-making required to drive the programme forward and deliver the desired outcomes and benefits.

Individual Project Meetings

Each project will have a weekly project team meeting, including the Senior Professional Lead and/or Programme Manager as required. These meetings will be used to share progress and updates within a project team, to evaluate recent activity and to inform the priority tasks for the coming week.

The **Transformation Board** and **Programme Delivery Group** links to the wider Council meeting structure as follows:



EqlA Summary of impact and key mitigation.

The Strengthening Families programme brings together a number of different projects in a programme structure. The projects have the potential to impact on a wide range of individuals, including service users and their families/carers and staff. The service users who could be affected are people who access children's social care services. Whilst the range of individuals who access these services cover all protected characteristics, particular groups who could be affected could include those in the 16-17 age group, those with a disability, and those who are pregnant.

An EqlA relevance check has been completed for the programme, which indicates that a full programme level EqlA is not required (see Appendix E); any assessments will instead be made at the project level as there is no current evidence of a combined or cumulative impact. However, this will be monitored as the work develops in case this need changes. At the project level, relevance checks have been completed and subsequently full EqlAs, where required, for those projects at the business case stage. Some of the projects within the programme are still at the scoping and planning stage and relevance checks will be completed as part of this work.



Eco-IA Summary of impact and key mitigation.

The main benefits are financial however some aspects will have a positive environmental impact, such as mitigation to agile working for staff which will reduce travel.

As each individual project takes shape an Eco IA may be needed and this will be assessed as the project progresses, for example re-profiling of children's homes leads to opportunity for installing efficiency measures in the homes.

The Environmental Performance team will need to be aware of the any new children's homes whilst they are being run by Bristol City Council so the homes can be included on the Bristol City Council Environmental Management System and environmental information can be relayed to teams at the homes.

Info-IA Summary of impact and key mitigation.

To date an Info-IA has only been completed for the Mobile Working for Social Workers project within the programme, which is the project likely to have the most impact in this area. Safeguards for maintaining confidential information and safe care of agile IT equipment would be expected in the devices supplied. Staff would be made fully aware of our obligations under the Data Protection Act and Caldecott Guidelines. Any breaches through negligence would lead to disciplinary action being considered.

Further info-IAs will be completed for the projects that are still in scoping and development stage.

Graph 1 - Conversion Rates

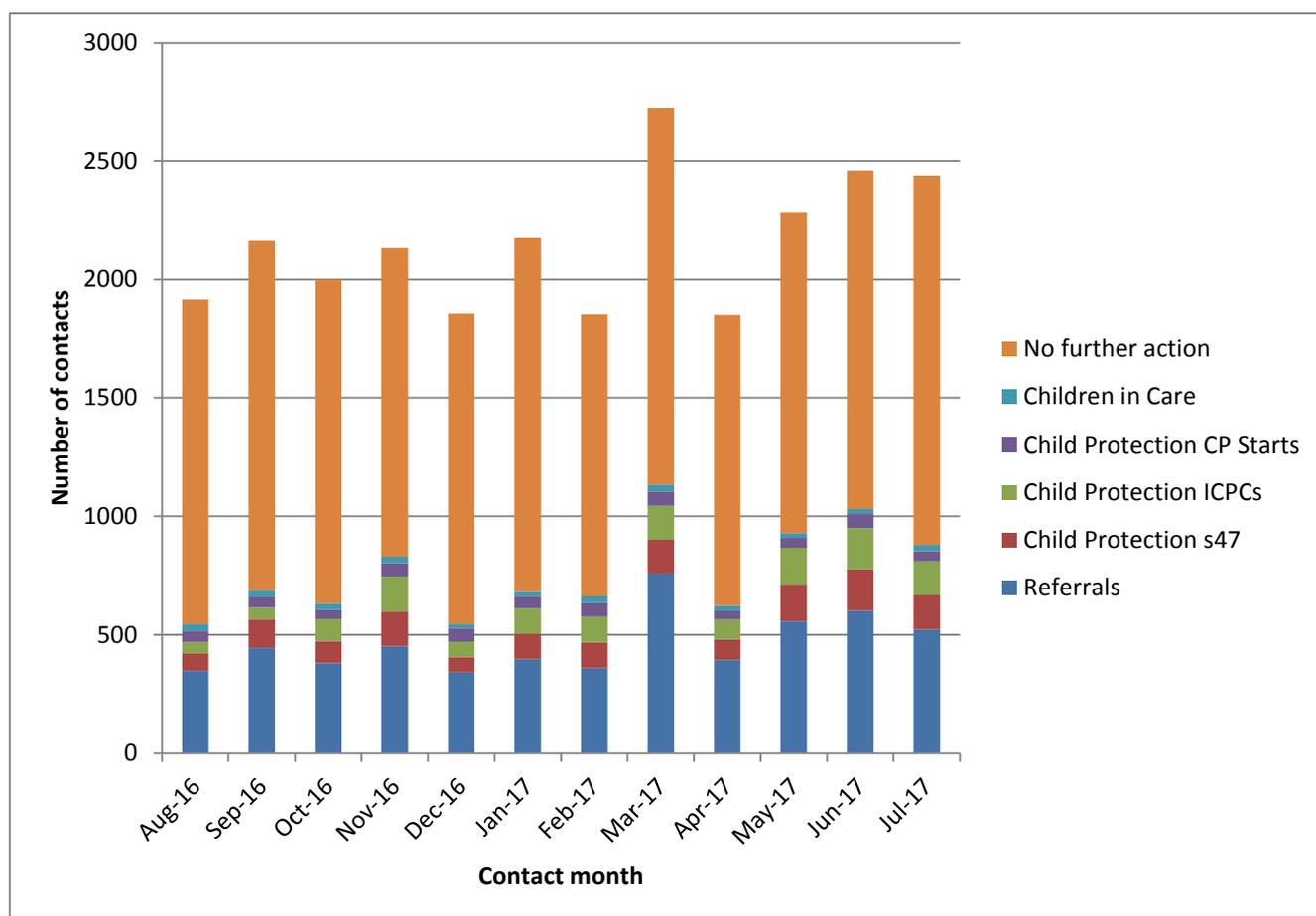


Table 1 – Conversion Rates data

Month	Contacts	Referrals	Child Protection s47	Child Protection ICPCs	Child Protection CP Starts	Children in Care	No further action
Aug-16	1916	349	73	47	47	30	1370
Sep-16	2164	446	120	49	44	29	1476
Oct-16	2001	381	93	93	39	27	1368
Nov-16	2133	452	147	147	57	28	1302
Dec-16	1857	343	64	64	57	18	1311
Jan-17	2176	397	107	107	51	20	1494
Feb-17	1855	360	108	108	60	28	1191
Mar-17	2723	760	142	142	61	29	1589
Apr-17	1852	395	85	85	36	22	1229
May-17	2282	558	155	155	41	21	1352
Jun-17	2461	603	174	174	59	21	1430
Jul-17	2439	523	144	144	43	26	1559

Graph 2 - Age of children when they become looked after

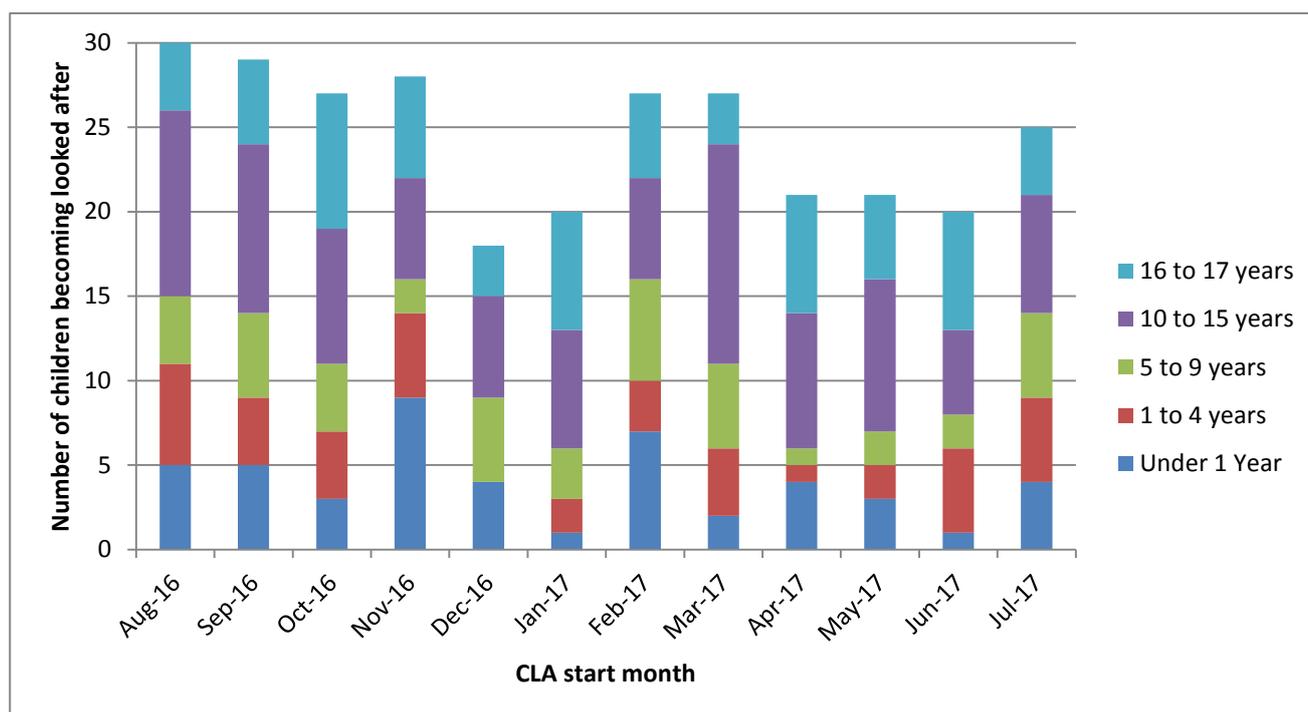
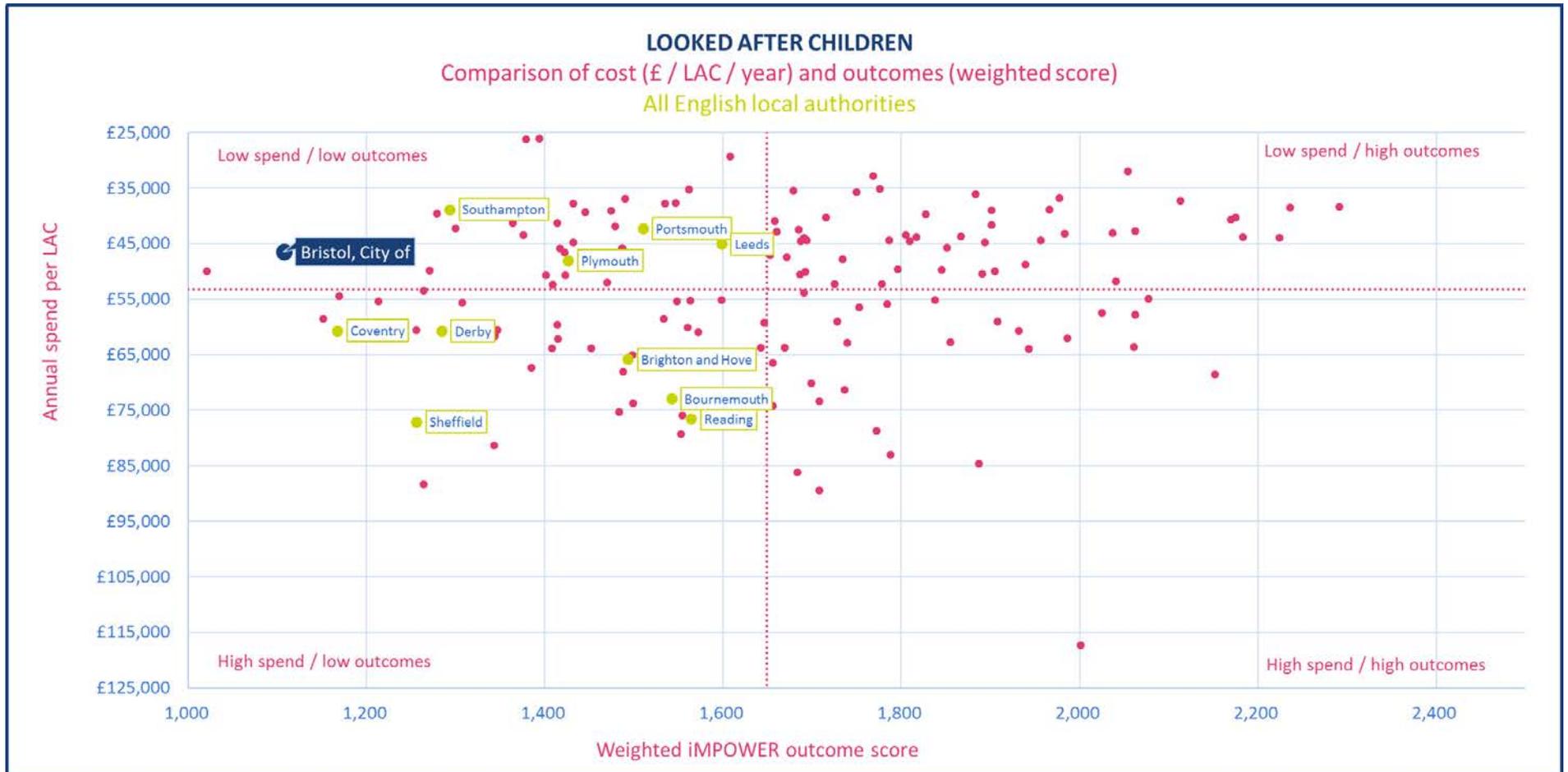


Table 2 - Age of children when they become looked after data

Month	Under 1 Year	1 to 4 years	5 to 9 years	10 to 15 years	16 to 17 years
Aug-16	5	6	4	11	4
Sep-16	5	4	5	10	5
Oct-16	3	4	4	8	8
Nov-16	9	5	2	6	6
Dec-16	4	0	5	6	3
Jan-17	1	2	3	7	7
Feb-17	7	3	6	6	5
Mar-17	2	4	5	13	3
Apr-17	4	1	1	8	7
May-17	3	2	2	9	5
Jun-17	1	5	2	5	7
Jul-17	4	5	5	7	4

Graph 3 – Annual spend per looked after children’s placement



Graph 4 – Average caseloads per children and family social worker based on FTE counts

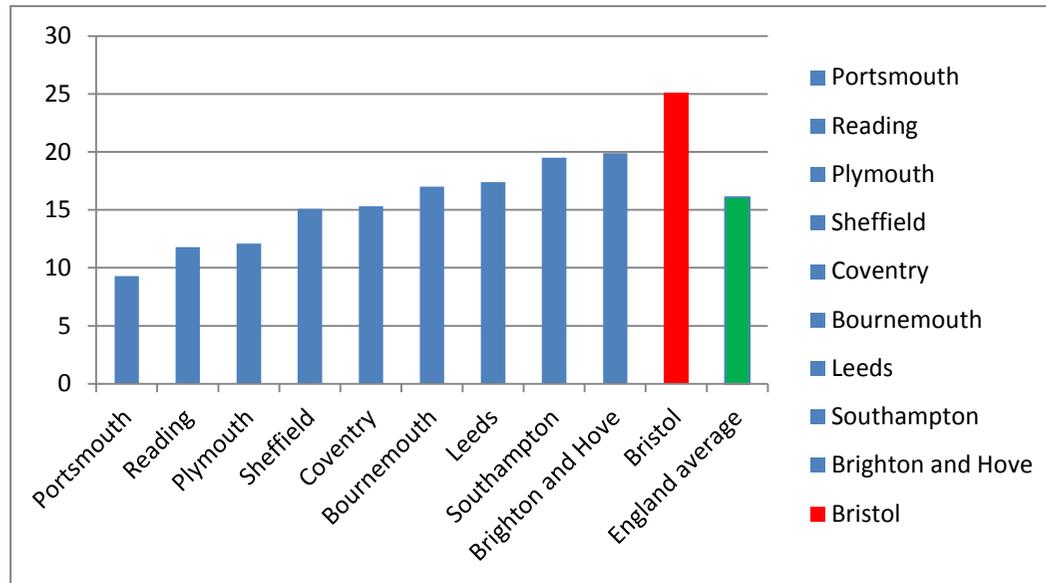


Table 4 – Average caseloads per children and family social worker based on FTE counts data (source Dept for Education Children and family social work workforce return updated 21 November 2016)

Portsmouth	Reading	Plymouth	Sheffield	Coventry	Bournemouth	Leeds	Southampton	Brighton & Hove	Bristol	England Average
9.30	11.80	12.10	15.10	15.30	17.00	17.40	19.50	19.90	25.10	16.10

Graphs 5.1 5.2 and 5.3 – Social worker salaries

Graph 5.1 Newly Qualified Social Worker South West Region

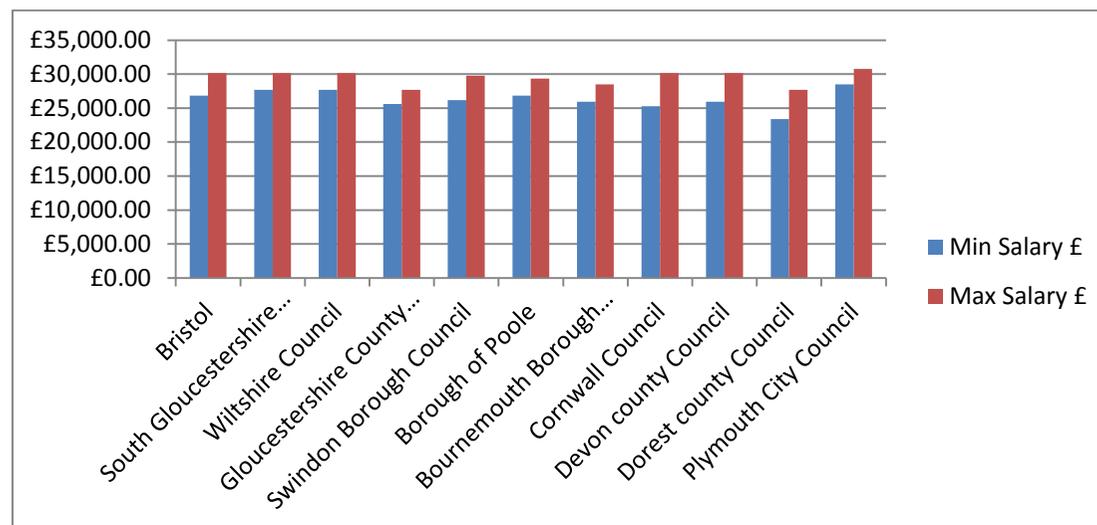


Table 5.1 – Newly Qualified Social Worker salaries and payments across the South West region data

	Bristol	South Gloucestershire Council	Wiltshire Council	Gloucestershire County Council	Swindon Borough Council	Borough of Poole	Bournemouth Borough Council	Cornwall Council	Devon county Council	Dorset county Council	Plymouth City Council
Min Salary £	£26,822	£27,668	£27,668	£25,591	£26,161	£26,822	£25,951	£25,250	£25,951	£23,398	£28,485
Max Salary £	£30,153	£30,153	£30,153	£27,668	£29,778	£29,323	£28,485	£30,153	£30,153	£27,668	£30,785
One-off R&R Payment	0	0	0	£5,000	0	0	0	0	0	£2,000	0
Market Supp	0	0	0	0	0	0	0	0	0	£1,639	0

Graph 5.2 Social Worker South West Region

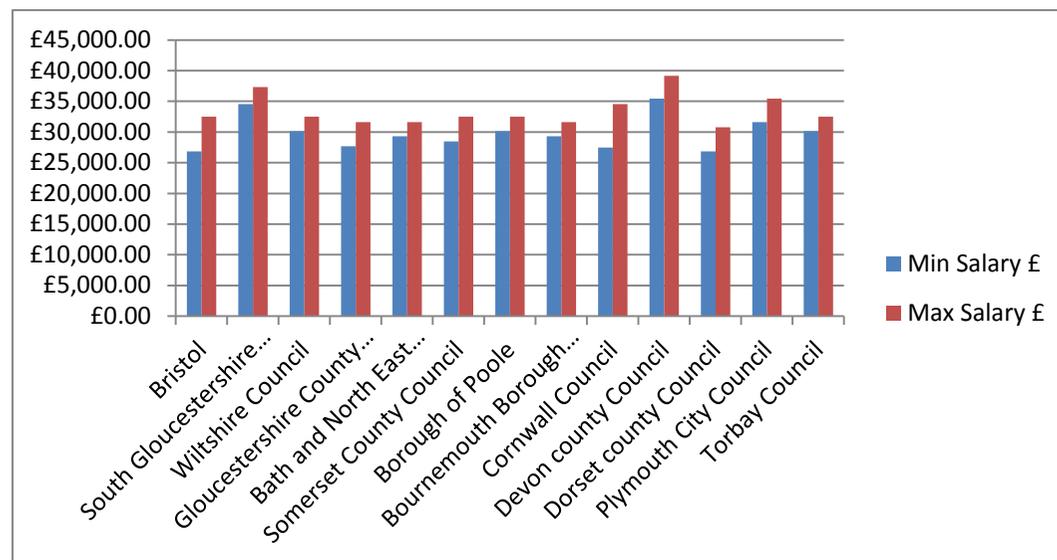


Table 5.2 – Social Worker salaries and payments across the South West region data

	Bristol	South Gloucestershire Council	Wiltshire Council	Gloucestershire County Council	North East Somerset Council	Somerset County Council	Borough of Poole	Bournemouth Borough Council	Cornwall Council	Devon county Council	Dorset county Council	Plymouth City Council	Torbay Council
Min Salary £	£26,822	£34,538	£30,153	£27,668	£29,323	£28,485	£30,153	£29,323	£27,497	£35,444	£26,822	£31,601	£30,153
Max Salary £	£32,486	£37,306	£32,486	£31,601	£31,601	£32,486	£32,486	£31,601	£34,538	£39,177	£30,785	£35,444	£32,486
One-off R&R	0	0	0	£3,000	0	0	0	0	0	0	£2,000	0	£2,000
Market Supp	0	0	0	0	0	0	0	0	0	0	£1,684	0	0

Graph 5.3 – Social Worker – National Population

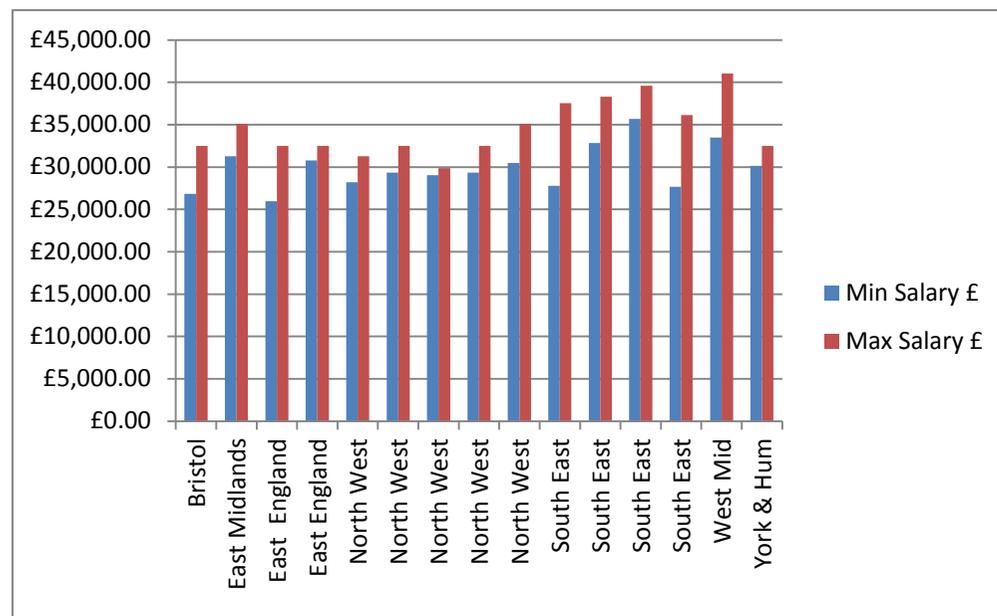


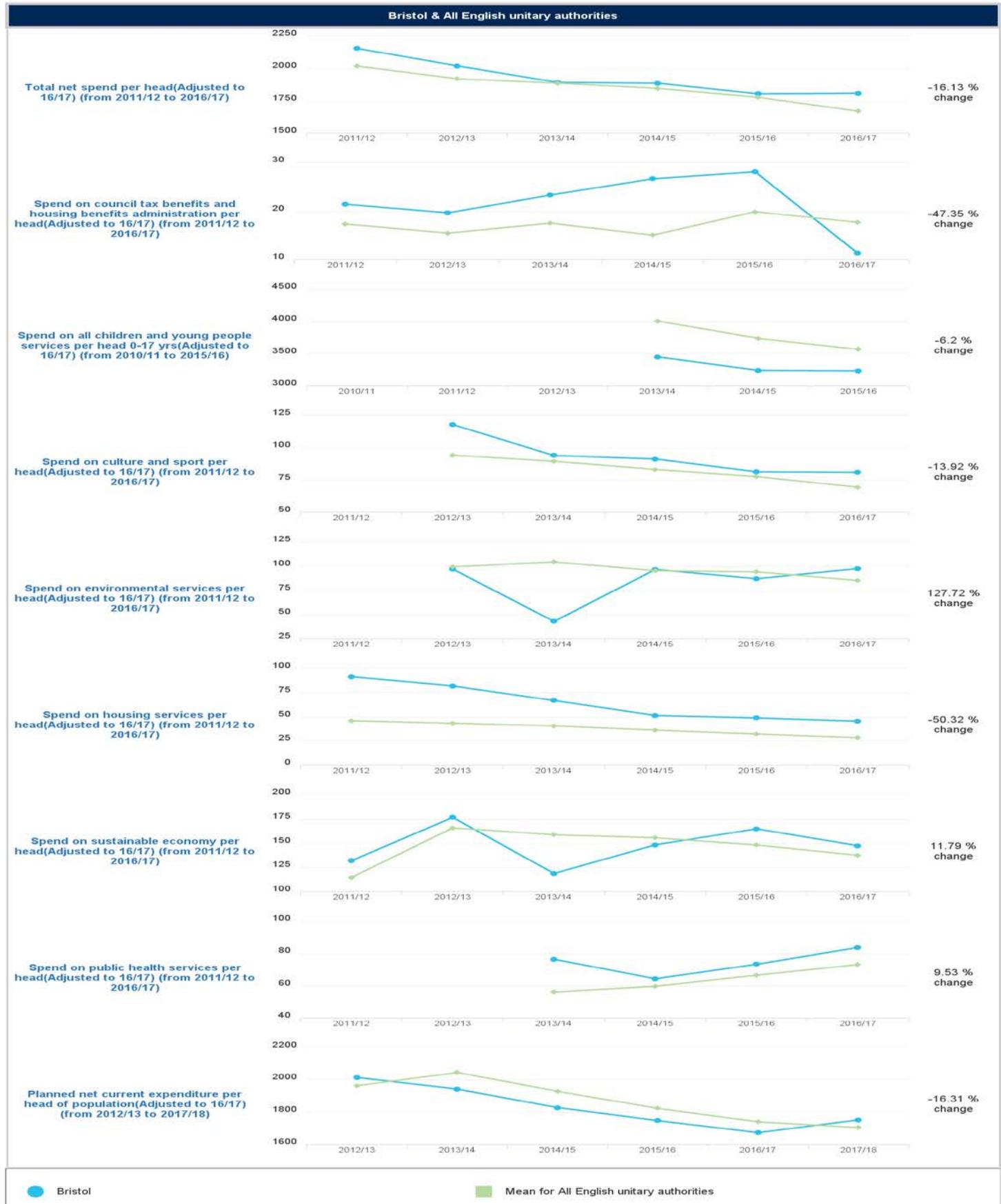
Table 5.3 – Social Worker salaries and payments National Population data

	Bristol	East Mids	East Eng	East Eng	North West	South East	South East	South East	South East	West Mid	York & Hum				
Min Salary £	£26,822	£31,288	£25,951	£30,785	£28,203	£29,323	£29,033	£29,323	£30,480	£27,770	£32,839	£35,668	£27,684	£33,487	£30,153
Max Salary £	£32,486	£35,093	£32,486	£32,486	£31,288	£32,486	£29,854	£32,486	£35,093	£37,546	£38,312	£39,591	£36,120	£41,025	£32,486
One-off R&R Payment	0	0	0	£3,000	0	0	£4,000	0	0	£2,000	0	£2,125	0	£3,000	0
Market Supp	0	0	£5,000	0	0	0	0	0	0	£3,000	0	0	0	0	0

LGA Value for Money Profiles - Overview

This is an overview of Bristol's spend on its services expressed per head of total population (or subsections of the population for adult social care and children's services). Most of the expenditure data come from the latest Final Revenue Outturn return however spending on children's services and the planned net current expenditure come from different sources and are for different time periods. You can view a metric in detail by clicking on the metric name.

Where possible, historical spend data is adjusted for inflation using GDP deflator factors to allow a more accurate comparison of spend over time in real terms.



This proposed programme is the outcome of initial analysis from the Service Director for Children's Services, but also of a Local Government Association supported review of the service, undertaken by Peopletoo Consultants.

The proposals are that the areas of underperformance within the existing service are strengthened and refocussed with targeted investment. These would have the aims of strengthening social work practice, working with families to avoid the need for children to be taken into care in the first place, working with families to make a return to the family home a viable prospect, reviewing the configuration of Early Help services and shifting the emphasis from more expensive forms of provision to less expensive ones.

The nature of this programme is that the impact of the activities undertaken has many dependencies, not all of which are within the control of the service. There are, therefore, risks associated with delivery of the savings; some initiatives will work better than expected, others may have to be re-thought at an appropriate milestone if they are not working as hoped.

More than one third of the savings (£3.3m) has been calculated on the basis of having more looked after children moving to a different pathway. Whether sufficient children are permanently averted from care as a direct result of the planned interventions, with the assumed financial consequences, is very difficult to say. The targets have been set with reference to how Bristol compares with other authorities and the planned interventions are understood to be the right ones to make those sorts of impacts.

Among the other larger components of the programme is an aim to see 77 more in-house foster carer placements and 77 fewer independent foster agency placements to save £1m by Year 5. Recruiting more foster carers and getting to a position that is comparable with other authorities is the right thing to do, but achieving this will not be straightforward.

The programme identifies savings targets over 5 years of £6.9m, but the service has underlying budget pressures (assessed in late 2017 to be £1.3m) which can only be addressed by producing savings such as those from this programme. This means that the gross savings are offset by the one-off and on-going investment in the service, plus the underlying budget pressures. Baselines are being reassessed both to establish levels of activity, but also to validate the actual underlying pressures. Provision has been made in the Risk Reserve for the assessed underlying pressures in the service.

The investment has been split between the capital budget and the revenue budget and the savings are reflected in the budget plans agreed by Council in February 2018. The capital elements of the programme need to be agreed by Cabinet in order for the programme to proceed.

These may well be the sorts of things to do to deliver sustainable savings in children's social care, but the programme has new costs and low savings early on, with the higher level of savings not apparent until a few years in. Doing nothing is unlikely to make a stepped change to the service and its ability to respond to changing circumstances, but the momentum for a 3-5 year programme (and sensible adjustments in response to changing circumstances) will be imperative, otherwise the extra costs part of the programme will be delivered, but the savings could be under-achieved.

**Decision pathway – Report Format
Appendix G – Financial Advice**

Table 1 below sets out the overall expected impact of the programme. It includes some anticipated costs in 2017/18, agreed by Delivery Working Group, which may fall mostly within 2018/19. These costs do not include the capital costs of either the Agile Working project, which is the subject of a separate Cabinet report, or of the plans for reconfiguring in-house Children’s Home provision from the existing 5-bed homes to a larger number of 2/3-bed homes. The Children’s Home project will be dependent on an appropriate business case demonstrating its value for money.

Table 1: Overview of finances for the programme

(£'000s)	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	5 yr Total
Investment - capital	£230	£1,371	£214				£1,815
Investment – ongoing revenue	£80	£455	£1,017	£1,017	£1,017	£1,017	£4,603
Gross Revenue Savings		-£813	-£2,455	-£4,650	-£6,477	-£6,930	-£21,325
Annual Net Savings:	£310	£1,013	-£1,224	-£3,633	-£5,460	-£5,913	-£14,907

Title: Care Leaver Social Impact Bond – DfE Innovations fund award and next steps	
Ward(s):	<i>Citywide</i>
Author: Ann James	Job title: Acting Director of Children and Families Services
Cabinet lead: Helen Godwin	Director lead: Jacqui Jensen
Proposal origin: <i>City Partner</i>	
Decision maker: Cabinet Member	
Decision forum: <i>Cabinet</i>	
Purpose of Report:	
<ul style="list-style-type: none"> • To inform Cabinet that Bristol City Council, in partnership with 16-25 Independent People and South Gloucestershire, North Somerset and Bath and North East Somerset Councils has been successful in its bid to secure Innovations funding from the Department for Education in order to deliver a social impact bond focussed on supporting care leavers across those local authorities into education, training and employment • Inform Cabinet that the social investment company Bridges¹ is the confirmed investment partner for 16-25 Independent People, providing the investment for the delivery of the pilot. • Inform Cabinet of the value of the award and mechanism for payment of this additional funding to Bristol City Council as lead local authority • Outline and gain agreement to accept the award and progress with this innovation as a proof of concept pilot undertaken in partnership with 1625ip, Bridges Investment Company, South Gloucestershire, North Somerset and Bath and North East Somerset Councils • Confirm agreement to commit its share of resources to the partnership in order to meet the governance, monitoring and administration requirements of the Social Impact Bond (SIB). 	
Evidence Base:	
<ol style="list-style-type: none"> 1. Care leavers are young people who have moved on from their foster or other care placement aged between 16 and 25 years and to whom the local authority owes a range of duties under the Children Act 1989 (as amended by the Children (Leaving Care) Act 2000) and Children and Social Work Act 2017. 2. Nationally, care leavers are overrepresented in a number of vulnerable populations, including the unemployed. In Bristol, the percentage of care leavers in education, training and employment has improved since 2015 when it was 41% to 56% in 2016 and 2017. Whilst that places Bristol’s care leavers in the second quartile of all local authorities and third amongst statistical neighbours, it still places them well below their same age peers. A localised approach and support to access and maintain education, employment and training (EET) is a significant factor in enabling active participation in society, supporting tenancy sustainment and avoiding future poverty and deprivation². Bristol is an ambitious corporate parent, committed to taking action to improve outcomes for its care leavers by supporting more young people into education training and employment. 3. If we are to achieve our ambitions we must take a holistic approach to supporting care leavers who are not in education, training or employment (NEET) or who are at greatest risk of NEET. In January 2017, Bristol’s Senior Leadership Team approved Bristol partnering with 16-25 Independent People (1625ip) to progress the submission of an Expression of Interest to Spring Consortium³ for DfE funding of a Social Impact Bond aimed at supporting a higher proportion of care leavers into education, training and employment⁴. Neighbouring local authorities of South Gloucestershire, North Somerset and Bath and North East Somerset subsequently joined the bid in order to deliver change across the sub-region for care leavers. The innovation proposed by 1625ip centred on the delivery of an evidence-based, psychologically informed approach to supporting a greater proportion of care leavers into EET. This was developed by the partnership into an initial proposal that was 	

¹ [Bridges Fund Management](#) have a Social Impact Bond Fund that invests solely in Government Commissioned Outcomes Contracts.

² Learning and Work Institute 2017 [Localised approaches to supporting care leavers](#) Robey, Aylward and Pickles

³ <https://springconsortium.com/innovation-programme/>

⁴ Round Three – targeted Funding Opportunity 2017-2020 invited applications in four policy areas where there is a need to develop and test new approaches. The four policy areas were set out in the DfE’s policy paper, [Putting Children First](#) and included the use of social investment to improve support for care leavers: <http://springconsortium.com/wp-content/uploads/2018/01/SIBs-policy-brief.pdf>

submitted in February 2017 the success of which led to the invitation in August 2017 to submit a full proposal to Spring Consortium by October 2017. SLT agreed the submission of that partnership bid with Bristol City Council acting as lead local authority. On 27th February 2018, Nadhim Zahawi, the Minister for Children and Families announced that Bristol's partnership proposal was one of three proposals nationally to receive funding.

4. The proposal is summarised in Appendix A1.
5. It has the following features:
 - Political fit and strategic fit with the Mayoral vision of a city for all, Our Corporate Parenting Strategy, Learning City and passport to employability, work experience and apprenticeship.
 - It will build upon existing programmes in the city, and will add capacity and capability across the sector through partnership working arrangements between public, voluntary, business and social finance sectors.
 - It will train staff in the use of an evidence based, psychologically informed approach that will enable young people to achieve their goals and build connections.
 - Focused on all care leavers who are NEET or at risk of NEET it is designed to deliver success with those care leavers furthest from the labour market
 - It offers participating local authorities the opportunity to work across borders to deliver the same offer to care leavers resident in each of the three local authority areas.
 - Linked to 1625ip's current areas of delivery; the provision of supported accommodation and Future 4 Me programme, 1625ip will use their full range of provision to provide stability for care leavers progressing into training and employment.
 - Developed with in-put from care leavers on how best to achieve the policy intentions set out in the Government paper Keep On Caring in July 2016.
6. The value of the award is £1.7m (base rate). The award will be paid to Bristol through Section 31 grant funding. Payment will be made to Bristol as the lead local authority and from which Bristol will make payments in line with the rate card Appendix A2 and the agreement developed with 1625ip and Bridges. The lead authority is required to establish the terms of the agreement, governance and monitoring arrangements including establishing the payment by results mechanism in line with the DfE published rate card and terms of the proposal. Appendix A3 depicts proposed governance arrangements.
7. The award is of £1.7 to £2.2m (highest success rate) and will be paid for outcomes achieved over the forthcoming 4 years. Bristol will benefit from approximately 50% of the total funding amount as its care leavers make up approximately 50% of the cohort who will take part in the pilot.
8. Bridges, who will provide the social investment, have established the Special Purpose Vehicle⁵ named 'Reboot West', in order to manage the payment mechanisms of their funding to the provider 1625ip and from the Bristol on behalf of the 3 local authorities from the DfE grant.
9. During and at conclusion of the pilot period (4 years) there is no requirement for Bristol or partners to make a longer term commitment. However, there is an expectation that the LA considers the effectiveness of the programme and integrates successful features into future service delivery and commissioning. The premise of the SIB is that the investment reduces costs elsewhere in the system. This will be tested and independently evaluated as part of the pilot. The final 6 months of the project will include de-commissioning/transition planning that will include Bristol City Council working with 1625ip to ensure that there are no unwanted or residual costs that go beyond the end of the pilot period.

Next steps

10. Bristol will develop a partnership agreement to share administrative and legal costs with partner local authorities in order to establish the necessary agreements and meet the cost of administering funding in line with the rate card. It is estimated that legal costs will be between £5k and £8k and that on-going administration and monitoring costs will be £27k per annum (equivalent to a half time BG13 officer plus on-costs). There may be additional costs associated with requirements for independent audit and establishment of arrangements for the Social impact Bond. All such costs will be shared proportionately between the local authorities according to the benefit being derived from the SIB. This means legal costs will be split equally between the four local authorities and the running costs for administration and monitoring will be met 50% by Bristol and 16.67% from each of the other three local authorities.

⁵ A Special Purpose Vehicle (SPV) is a legal entity (usually a limited company of some type or, sometimes, a limited partnership) created to fulfill narrow, specific or temporary objectives. SPVs are typically used by companies to isolate the firm from financial risk.

11. Bristol will develop the agreement by which payment will be made to the SPV for outcomes delivered.
12. Bristol will work in partnership with 1625ip, South Gloucestershire, North Somerset and Bath and North East Somerset to implement the proposal summarised in Appendix A1.

Timescale / deadline:

The high level project plan (revised February 2018) outlining timescales is attached as Appendix A4.

Appendices:

- Appendix A1: Summary of the project proposal
- Appendix A2: Rate card
- Appendix A3: Governance diagram
- Appendix A4: High level project plan (revised February 2018)
- Appendix E: Equalities Impact Assessment

Recommendations:

1. To accept the Innovations fund award and enter into grant agreement with the DfE in relation to this funding.
2. To establish a partnership agreement between the Bristol, South Gloucestershire, North Somerset and Bath and North East Somerset councils, including sharing the administration and legal costs of establishing and running the social impact bond.
3. To establish the partnership arrangements outlined in the report with or on behalf of the three participating local authorities with the SPV, including the terms by which outcome payments will be made to the SPV in line with the published rate card to deliver the proposal to support an increased proportion of care leavers into education, employment and training.
4. To commit BCC resources in line with its share of the legal and administration costs of the partnership agreement and outcomes payment mechanism, including any requirement for independent audit.
5. To delegate authority to the Director of Children and Families Services to enter into the agreements detailed in recommendations 1 to 4 and any others required to give effect to the proposal contained in this report of delivering a social impact bond focussed on supporting care leavers across those local authorities into education, training and employment

Revenue Cost: £ n/a	Source of Revenue Funding:
Capital Cost: £ n/a	Source of Capital Funding: e.g. grant/ prudential borrowing etc.
One off cost <input type="checkbox"/> Ongoing cost <input type="checkbox"/>	Saving Proposal <input type="checkbox"/> Income generation proposal <input type="checkbox"/>

Finance Advice: The bid for funding from the DfE is in the form of a Social Impact Bond paid to a single provider via a partnership agreement with four South West Local Authorities. The funding would be £1.7m to £2m over four years, received by way of a Section 31 Grant. The indicative share of resources is that Bristol City Council will have 50% with 16.67% for each of the other three local authorities. The final shares will be determined, based on the final data analysis should the bid be successful. Each of the other authorities has confirmed their agreement to submit the bid and has provided data to enable the bid to be prepared.

The provider would be paid on the basis of a schedule of rates, set out in Appendix 3, which would be reimbursed by the DfE. The schedule of rates has been prepared by the DfE and there will be scope for improvement prior to any final agreement, should that be necessary. Bristol would act as the lead authority and would enter into a partnership agreement to ensure there was an equitable share of the costs of contract management, legal, financial and other support costs. The DfE has confirmed that the provider takes the risk of under-delivery and the DfE takes responsibility for over-achievement beyond the baseline (£1.7m), up to a maximum of £2m; achievement beyond the maximum will not be rewarded.

The bid is still at an early stage, but there is no indication that the Authority's liability would extend beyond paying for the milestones delivered, using funding provided by the DfE. This would need to be confirmed in the detailed contracts with the DfE and the partnership agreement. This is not a social impact bond instigated by Bristol City Council in order to deliver savings; this has been initiated by the DfE and the savings are expected to benefit the wider public sector.

Any agreements would have to be clear about how any disputes about eligible data would be dealt with and these should ensure that the Authority did not incur costs that were not reimbursed by the DfE. Risks associated with

failure to deliver are borne by the social investor and provider and not by the LA or DfE - there are no early termination costs for the LA and this is due to be written into the agreements that will be drafted. There may be risks associated with early termination of the agreement and this would need to be addressed in final contract / partnership documentation. Also, costs incurred by Bristol in being lead partner would need to be shared with partners and this has to be reflected in the final partnership agreement; these costs would not be covered by the DfE funding, this would be recognition of each partner's commitment to the project. In practice, these costs are likely to be modest and would be absorbed within existing resources.

Finally, there is a risk of partners withdrawing from the agreement part way through the 4 year period. This is not a likely scenario, given that the partner would be foregoing DfE resources to support their own care leavers. If it were to happen officers would discuss with the DfE, the provider and the social investor and either:

- a) look to increase our referrals across the remaining LAs or,
- b) continue on with a smaller scheme delivering in the remaining LAs - this would require the social investor to reduce their investment and the provider to scale back the service much as with the risk of insufficient referrals or achievement of outcomes; or talk to DfE about changing rates to help us manage the development.

Finance Business Partner: David Tully

Corporate Strategy alignment: This award aligns with delivery against all of the five themes in the Corporate Strategy: Empowering and caring, Fair and Inclusive, Well Connected, Wellbeing and Belonging. Specifically it will support delivery of the following commitments under those five themes: being great corporate parents, improving educational attainment, delivering quality work experience and apprenticeships, reducing social isolation and supporting connectedness, improving physical and mental health, building resilience, promoting lifelong learning and tackling inequality/increasing opportunities for participation in city life.

Legal Advice: Whenever the Council procures services (the value of which is over £180k) it must comply with the Public Contracts Regulations 2015 (the Regulations). Under the Regulations, services must be procured via a compliant tender procedure unless an exemption is available.

Under Regulation 32 (2)(b), no tender procedure is required where competition is absent for technical reasons. This exemption is only available where no reasonable alternative or substitute exists and the absence of competition is not the result of artificial narrowing of the parameters of the procurement. It is arguable that no organisation other than 1625ip has the means to provide these services as it is the only organisation that has put forward a successful bid in relation to the funding.

The selection of Bridges as an investment partner was due to its strong relationship with 1625ip. The risk of a challenge in respect of this would be low as any investors interested in this opportunity would have attended the DfE's events in relation to the Care Leaver SIB programme, and would have had the opportunity to bid if interested at those events.

The Council will need to ensure its position is protected as far as possible in the legal arrangements. Our understanding is that the DfE will only release funding to the Council to make payments if certain objectives are met. The Council must ensure these objectives are mirrored in its agreement with the provider, so that it is only liable to make payments to the provider if terms which the DfE has set to release the funding to the Council are met. This will reduce the financial and other risks to BCC and the other Councils involved. The terms on which the DfE funds will be given to the Council are not yet known.

There will also need to be a formal agreement between the Councils to ensure that all costs and risks are shared appropriately between them.

Consultation

On the basis that under this proposal we are not providing a mandatory statutory service but additional services no formal consultation has been carried out. As a matter of good practice some young people's views were sought and contributed to the development of the proposal, but there is no statutory duty to consult.

Equalities

The decision maker must also comply with the Public Sector Equality duty to consider the need to promote equality for persons with "protected characteristics": age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation and have due regard to the need to

i) eliminate discrimination, harassment, and victimisation
 ii) advance equality of opportunity
 iii) foster good relations between persons who share a relevant protected characteristic and those who do not share it.

In order to do this Cabinet will need to have sufficient information about the effects of the proposed changes to the provision of the services on the aims of the Equality Duty. The Equalities impact assessment is designed to assist with compliance with this duty and so the decision maker must take in to consideration the assessment and the Public sector equality duty before taking the decision.

Legal Team Leader: Sinead Willis, Commercial and Governance Team Leader, I have provided comments on the report provided to me on 5 February 2018.

Implications on ICT: No direct IT implications are evident from the narrative in this paper and any such implications would likely fall to the nominated partner organisation. Any other BCC IT implications would need to be co-ordinated via the Business Change partners in order to ensure successful implementation.

ICT Team Leader: Ian Gale (IT Service Delivery Manager) – 10:12 14 February 2018

City Benefits: This funding will be used to support a greater proportion of care leavers to achieve sustained EET outcomes. As such it will reduce inequality, help reduce poverty and associated poor health outcomes and enable care leavers to be active participants of city life. It will support delivery of our Corporate Parenting Priorities, specifically Priority 6: Hold high aspirations and close the attainment gap for children in care and increase the percentage of care leavers in education, training and employment.

Consultation Details:
 Young people’s views were sought and contributed to the development of the proposal. Partners also contributed to its development.

EDM Sign-off	Jacqui Jensen	07/02/18
Cabinet Member sign-off	Cllr Helen Godwin	19/02/18
CLB Sign-off	Jacqui Jensen	20/02/18
For Key Decisions - Mayor’s Office sign-off	Mayor	01/03/18

Appendix A – Further essential background / detail on the proposal	YES
Appendix B – Details of consultation carried out - internal and external	NO
Appendix C – Summary of any engagement with scrutiny	NO
Appendix D – Risk assessment	NO
Appendix E – Equalities screening / impact assessment of proposal -	YES
Appendix F – Eco-impact screening/ impact assessment of proposal -	NO
Appendix G – Financial Advice	As above
Appendix H – Legal Advice	As above
Appendix I – Combined Background papers	NO
Appendix J – Exempt Information	NO

Testing the use of social investment to improve support for care leavers

Partner	Type of organisation	Status
1625 Independent People	Voluntary and community sector provider of children's social care services	Confirmed
Bridges Fund Management	Social investor	Confirmed
Bristol City Council	Local authority (Lead)	Confirmed
South Gloucestershire Council	Local authority	Confirmed
Bath and North East Somerset Council	Local authority	Confirmed
North Somerset Council	Local authority	Confirmed

The problem to solve

Whilst education, training and employment outcomes for care leavers have improved over the past three years with approximately 6 in every 10 care leavers now in education, training or employment across the sub-region, this is still well below the rate for all 18-25 year olds. Current systems and approaches are failing to substantially transform outcomes for those care leavers who are not in education, training or employment (NEET)

Summary proposal

Linked to a guaranteed offer of education, training and employment, we will create an innovative model underpinned by an evidence based, psychologically informed approach to develop care leavers' interests, skills, aspiration and motivation in order to transform learning and employment outcomes and engage all sectors in supporting Corporate Parenting responsibilities across the region.

Focussing on over 200 of the West of England's care leavers who are at risk of or not in education, training and employment, our proposal has been developed with care leavers input to achieve the following 3 key objectives:

1. Improved outcomes for care leavers, by supporting those furthest from the labour market into sustainable EET that meets needs and aspirations.
2. Whole system change supported by workforce development funded through the Social Impact Bond. Working with partners we will develop a partnership across Business, Education, Voluntary and Public sectors. As such, this Social Care Innovations funding will create the conditions for transformational change across the sector.
3. Supporting the West of England Combined Authority's (WECA) role in employment, business development and training and providing an impetus to inclusivity for everyone, and the Bristol Mayor's vision of a city for all, with Local Authorities partnering in designing delivery across all sectors (and LA boundaries) in order to be effective in meeting our extended duties to Care Leavers. Our proposed model aims to pro-actively support care leavers to succeed in the community and will create a replicable model that may be scaled and built into future commissioned arrangements.

This Partnership pilot will seek to deliver services and will evaluate this proof of concept pilot through

independent evaluation.

1625ip will recruit a new team of EET workers highly skilled at building relationships with care leavers, employers and training providers, co-located in LA Leaving Care teams to ensure the project is effective and collaborative.

Fit with current service provision

This proposal has a strong strategic and operational fit with existing services.

Underpinning our partnership approach is the shared commitment to be the best corporate parents we can be, simply applying the test 'is this good enough for my child' to everything we do.

1625ip workers will be co-located in each local authority (LA) Leaving Care Service, offering carefully co-ordinated, additional and targeted support. The team will work with external support to develop and integrate the approach, across all participating LAs and existing work with 1625ip and partner agencies.

For us this is about building capacity and capability across the workforce - not just *understanding* the problem but about having the *tools and tenacity* to tackle it.

The new project and existing services will work together to support good parenting, avoid duplication and share information and learning in a number of ways.

Rate Card: latest version - DRAFT

Group	Outcome	Price		Example definition (to be discussed with successful bidders)	Example evidence (to be discussed with successful bidders)
Assessment	Care leaver enters programme and receives initial assessment	£300		Assessment should be face-to-face and should cover: confirmation that young person meets the criteria for the SIB, consideration of past experiences and care history, their aspirations, current accommodation, current EET situation, any previous and current qualifications/ study and work, reporting on the stability and wellbeing outcomes listed below (and any additional chosen by the provider). The young person should agree the plan put in place for their participation in the SIB. This payment can be made once.	Evidence of conversation covering subjects listed in definition. Information returned on the baselines for the stability and wellbeing outcomes and agreed by the care leaver. Copy of the plan signed by care leaver indicating that they agree to the plan for them.
	Care leaver receives assessment and review every 3 months	£100 per assessment		As above to demonstrate progress and reflect any amendments to the plan for the care leaver. Assessment can take place as early as possible after initial assessment.	Evidence of conversation covering subjects listed in definition. Information returned on the stability and wellbeing outcomes and agreed by the care leaver. Where plan amended copy of the plan signed by care leaver indicating that they agree to the revisions to the plan for them.
Qualifications and training	Begins education/training course	£200		Care leaver enters education/training that will lead to a qualification. Care leaver must complete at least the first two days. This payment can only be made once for each young person.	A signed, headed and dated confirmation letter from education or training provider setting out the information listed in definition.
	Completes 25% of course	£200		Care leaver completes 25% of a course of study leading to a qualification. This payment can only be made once for each young person.	A signed, headed and dated confirmation letter from education or training provider setting out the information listed in definition.
	Completes 50% of course	£200		Care leaver completes 50% of a course of study leading to a qualification. This payment can only be made once for each young person.	A signed, headed and dated confirmation letter from education or training provider setting out the information listed in definition.
	Obtains level 1 qualification	£1,600		Care leaver achieves a Level 1 qualification. The qualification must be a level higher than any existing qualifications previously obtained by the care leaver. Where the care leaver does not have a Mathematics and/or English qualification, this must include a qualification in these subjects which is recognised by DfE as part of the 16 to 19 condition of funding for 16 to 19 year olds, or recognised by ESFA as part of the entitlement for learners aged 19 plus.	Qualification certificate OR signed, headed and dated letter from education or training provider confirming achievement. Where the L1 qualification is not in Mathematics or English the same evidence must be provided to demonstrate that the care leaver already has those qualifications.

	Obtains level 2 qualification	£4,300
	Obtains level 3 qualification	£4,300
Accommodation	Care leaver moves into suitable accommodation*	£250
	Care leaver sustains suitable accommodation for 3 months*	£500
	Care leaver sustains suitable accommodation for 6 months*	£750
	Care leaver sustains suitable accommodation for 12 months*	£500

ed to the 'Stability and Wellbeing' outcomes if the commissioner agrees they are appropriate (the total amount available for all of these outcomes remains at £1,000

Care leaver achieves a Level 2 qualification which is recognised by DfE in performance tables. The qualification must be a level higher than any existing qualifications previously obtained by the care leaver. Where the care leaver does not have a Mathematics or English qualification at L2, this must include a qualification in these subjects which is recognised by DfE in as part of the 16 to 19 condition of funding for 16 to 19 year olds, or recognised by ESFA as part of the entitlement for learners aged 19 plus.	Copy of certificate OR signed, headed and dated letter from education or training provider confirming achievement. Where the L2 qualification is not in Mathematics and English then evidence that the care leaver holds these qualifications at Level 2 must be provided.
Care leaver achieves a Level 3 qualification which is recognised by DfE in performance tables. Where the care leaver does not have a Mathematics or English qualification at L2, this must include a qualification in these subjects which is recognised by DfE in as part of the 16 to 19 condition of funding for 16 to 19 year olds, or recognised by ESFA as part of the entitlement for learners aged 19 plus.	Copy of certificate OR signed, headed and dated letter from education or training provider confirming achievement.
Suitable accommodation is defined at http://www.legislation.gov.uk/ukxi/2010/2571/regulation/9/made . This can only apply where a care leaver is in unsuitable accommodation when they join the programme. This payment can only be made once.	A signed copy of a tenancy agreement OR a written agreement between the care leaver and landlord/owner AND confirmation from the care leaver that they consider that the accommodation meets their needs (so far as reasonably practical). Provider must also provide evidence that they have had a role in supporting the care leaver's move into suitable accommodation.
Suitable accommodation is defined at http://www.legislation.gov.uk/ukxi/2010/2571/regulation/9/made . This can only apply where a care leaver is in unsuitable accommodation when they join the programme. The suitable accommodation does not have to be in the same location but there should be no days during the 3 month period where the care leaver is in unsuitable accommodation. This payment can only be made once.	A signed copy of a tenancy agreement OR a written agreement between the care leaver and landlord/owner AND confirmation from the care leaver that they consider that the accommodation meets their needs (so far as reasonably practical). Provider must also provide evidence that they have had a role in supporting the care leaver's move into suitable accommodation.
Suitable accommodation is defined at http://www.legislation.gov.uk/ukxi/2010/2571/regulation/9/made . This can only apply where a care leaver is in unsuitable accommodation when they join the programme. The suitable accommodation does not have to be in the same location but there should be no days during the 6 month period where the care leaver is in unsuitable accommodation. This payment can only be made once.	A signed copy of a tenancy agreement OR a written agreement between the care leaver and landlord/owner AND confirmation from the care leaver that they consider that the accommodation meets their needs (so far as reasonably practical). Provider must also provide evidence that they have had a role in supporting the care leaver's move into suitable accommodation.
Suitable accommodation is defined at http://www.legislation.gov.uk/ukxi/2010/2571/regulation/9/made . This can only apply where a care leaver is in unsuitable accommodation when they join the programme. The suitable accommodation does not have to be in the same location but there should be no days during the 12 month period where the care leaver is in unsuitable accommodation. This payment can only be made once.	A signed copy of a tenancy agreement OR a written agreement between the care leaver and landlord/owner AND confirmation from the care leaver that they consider that the accommodation meets their needs (so far as reasonably practical). Provider must also provide evidence that they have had a role in supporting the care leaver's move into suitable accommodation.

Employment	Care leaver enters employment/ work experience/ volunteering	£100
	Care leaver completes 1 week of employment/ work experience/ volunteering	£200
	Care leaver completes 4 weeks of employment/ work experience/ volunteering	£300
	Care leaver maintains part-time employment for 3 months	£2,500
	Care leaver maintains part-time employment for 6 months	£1,250
	Care leaver maintains part-time employment for 12 months	£1,250
	Care leaver maintains full-time employment for 3 months	£5,000
	Care leaver maintains full-time employment for 6 months	£2,500

Providers can negotiate with their commissioners to increase their awards by up to 10% to reflect the challenges in the local environment. Similarly, extra outcomes can be add

Care leaver has been made an offer, and has accepted an offer of employment, work experience or volunteering of at least 16 hours a week and has attended on at least the first day. This could include an apprenticeship. This payment can be made up to three times (once for volunteering, once for training and once for employment).	Signed, dated and headed letter from employer/organisation OR a copy of the care leaver's payslips OR a copy of the care leaver's employment contract
Care leaver completes a minimum of 16 hours (over a period of 7 calendar days) of employment, work experience or volunteering. This could include an apprenticeship. This payment can be made up to three times (once for volunteering, once for training and once for employment).	Signed, dated and headed letter from employer/organisation OR a copy of the care leaver's payslips.
Care leaver completes a minimum of 16 hours (over a period of 7 calendar days) of employment, work experience or volunteering for 4 weeks. This could include an apprenticeship. This payment can be made up to three times (once for volunteering, once for training and once for employment).	Signed, dated and headed letter from employer/organisation OR a copy of the care leaver's payslips.
Part time employment must be for 16 hours or more a week (defined as 7 calendar days). There must be a contract in place. Employment does not have to be in the same place of work but there should be no more than a two week gap between different places of employment. This could include an apprenticeship. This payment can only be made once.	Signed, dated and headed letter from employer OR a copy of the care leaver's payslips.
Part time employment must be for 16 hours or more a week (defined as 7 calendar days). There must be a contract in place. Employment does not have to be in the same place of work but there should be no more than a two week gap between different places of employment. This could include an apprenticeship. This payment can only be made once.	Signed, dated and headed letter from employer OR a copy of the care leaver's payslips.
Part time employment must be for 16 hours or more a week (defined as 7 calendar days). There must be a contract in place. Employment does not have to be in the same place of work but there should be no more than a two week gap between different places of employment. This could include an apprenticeship. This payment can only be made once.	Signed, dated and headed letter from employer OR a copy of the care leaver's payslips.
Full time employment must be for 30 hours or more a week (defined as 7 calendar days). There must be a contract in place. Employment does not have to be in the same place of work but there should be no more than a one week gap between different places of employment. This could include an apprenticeship. This payment can only be made once.	Signed, dated and headed letter from employer OR a copy of the care leaver's payslips.
Full time employment must be for 30 hours or more a week (defined as 7 calendar days). There must be a contract in place. Employment does not have to be in the same place of work but there should be no more than a one week gap between different places of employment. This could include an apprenticeship. This payment can only be made once.	Signed, dated and headed letter from employer OR a copy of the care leaver's payslips.

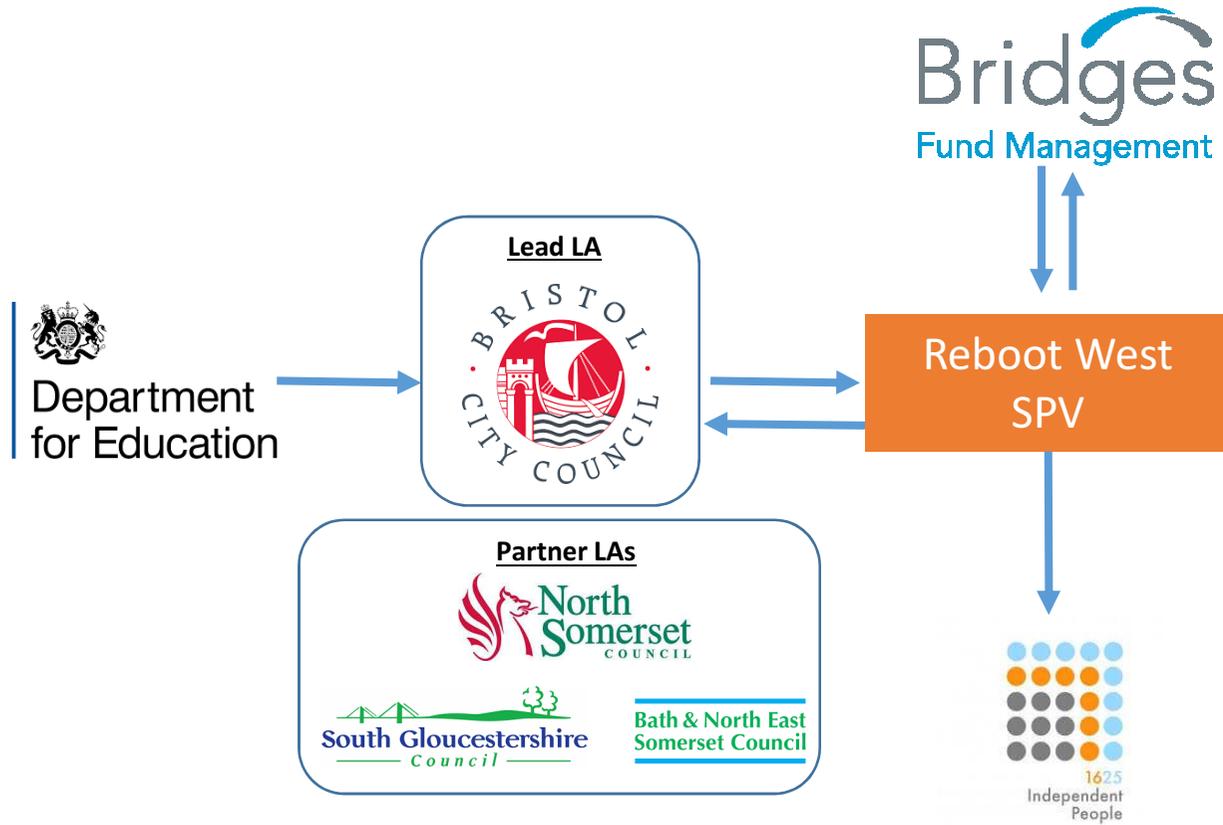
	Care leaver maintains full-time employment for 12 months	£2,500	Full time employment must be for 30 hours or more a week (defined as 7 calendar days). There must be a contract in place. Employment does not have to be in the same place of work but there should be no more than a one week gap between different places of employment. This could include an apprenticeship. This payment can only be made once	Signed, dated and headed letter from employer OR a copy of the care leaver's payslips.
Stability and wellbeing outcomes	Care leaver agrees education/ employment/ training is right for them	£200	Forms part of initial and then quarterly assessment. Should consider progress from the baseline at the initial assessment. In the second and third year this outcome can only be paid in conjunction with education, employment or accommodation outcomes. Payment can be made quarterly, subject to cap.	There are a variety of assessment tools available, and providers are free to use any assessment tool they deem appropriate to facilitate work with the care leaver and to objectively measure progress. It will be necessary to show that a meaningful assessment of progress has been carried out and there is a consistent approach across the SIB to assessment. There should be evidence that the care leaver agrees with the assessment.
	Care leaver is not in rent arrears	£200	Care leaver has no outstanding rental payments owing. In the second and third year this outcome can only be paid in conjunction with education, employment or accommodation outcomes. Payment can be made quarterly, subject to cap.	Signed, headed and dated letter (or other communication) from landlord/owner
	Care leaver feels safe	£200	Forms part of initial and then quarterly assessment. Should consider progress from the baseline at the initial assessment. In the second and third year this outcome can only be paid in conjunction with education, employment or accommodation outcomes. Payment can be made quarterly, subject to cap.	There are a variety of assessment tools available, and providers are free to use any assessment tool they deem appropriate to facilitate work with the care leaver and to objectively measure progress. It will be necessary to show that a meaningful assessment of progress has been carried out and there is a consistent approach across the SIB to assessment. There should be evidence that the care leaver agrees with the assessment.
	Care leaver has at least one person providing a consistent relationship**	£200	Person providing relationship is consistent and appropriate. Forms part of initial and then quarterly assessment. Should consider progress from the baseline at the initial assessment. In the second and third year this outcome can only be paid in conjunction with education, employment or accommodation outcomes. Payment can be made quarterly, subject to cap.	There are a variety of assessment tools available, and providers are free to use any assessment tool they deem appropriate to facilitate work with the care leaver and to objectively measure progress. It will be necessary to show that a meaningful assessment of progress has been carried out and there is a consistent approach across the SIB to assessment. There should be evidence that the care leaver agrees with the assessment. Provider must also provide evidence that they have had a role in ensuring the care leaver has the consistent relationship.
	Further provider negotiated additional stability and wellbeing outcomes ...	£200 (Maximum per individual)	Max £1,000 per year	To be agreed between the provider and commissioner. Payments can be made quarterly, subject to cap.
Maximum per individual		£16,000		

*DfE will not pay for this outcome, but Local Authorities may wish to pay for this outcome (as the Local Authority already has statutory duties in relation to these areas).

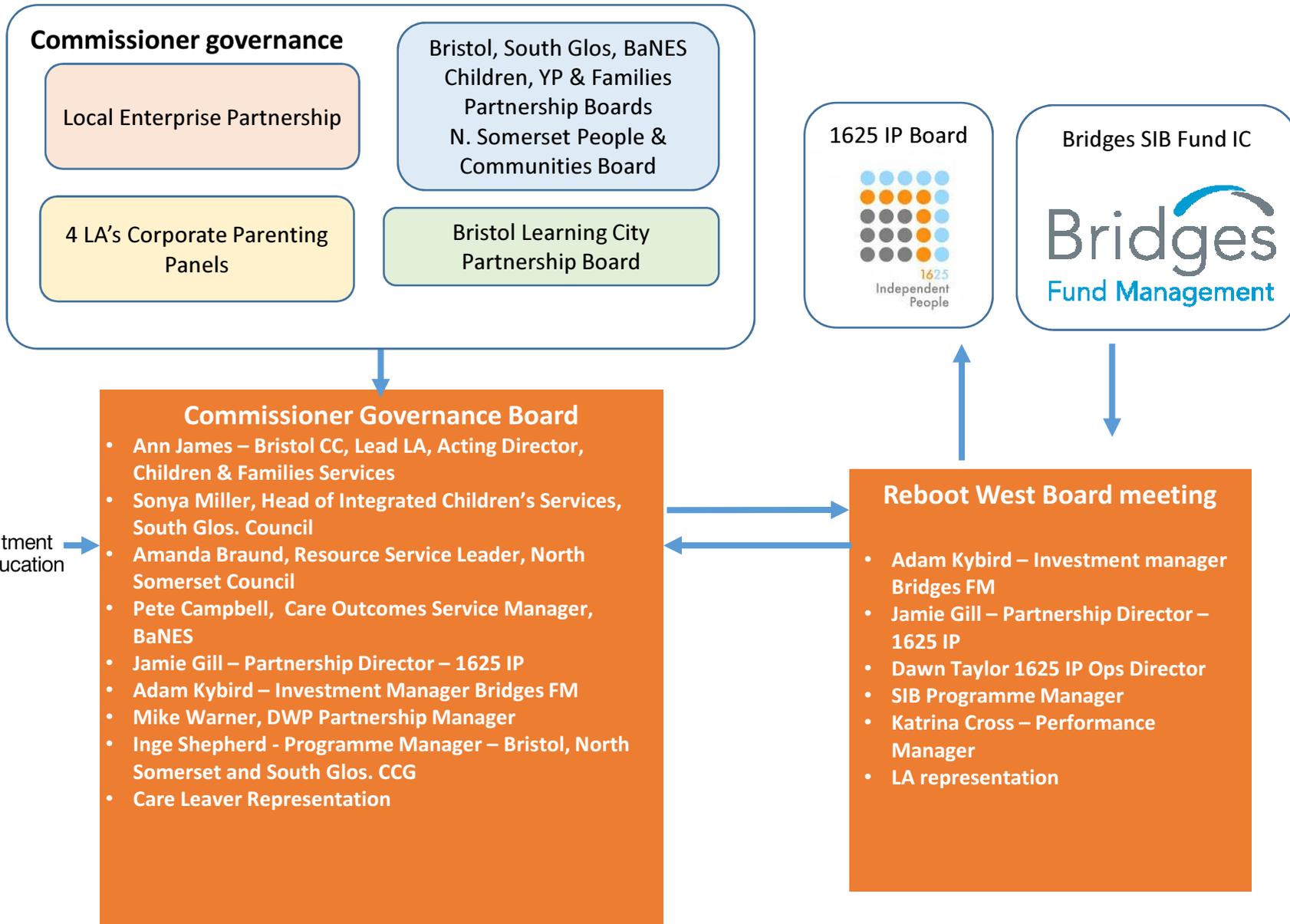
**DfE will not pay for this outcome if the care leaver is up to age 21 (or up to age 25 if they remain in education), or following commencement of the Children and Social Work Bill, but Local Authorities may wish to pay for this outcome. (This is because of Local Authorities' statutory duties relating to the provision of Personal Advisers).

Overall structure

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Governance structure



Brief project plan

Timescale

The project will run over four years, April 2018–March 2022.

The 4 year timeframe reflects our determination to support those NEET care leavers who face the greatest barriers and for whom longer term interventions will be critical. The four years will also provide us with sufficient time to learn what works and embed changes in culture and practice across participating local authorities and to develop a toolkit of resources to support replication, to provide a strong evidence base, and to invest in sharing learning regionally and nationally.

Key phases and activities

Project Mobilisation: January - April 2018

Using the partnership and commitment that's already in place, we will:

- Decisions to be taken by each LA
- Establish governance arrangements and formal terms for grant agreement with DfE and Bridges SPV, Reboot West
- Recruitment: SIB Programme Manager; Practice Manager, frontline staff, care leaver apprentices.
- Establish co-location and joint working arrangements
- Appoint and train staff ready to deliver
- Agree strategy for identifying care leavers to whom there is an extended duty – 21-25 years
- Map and engage existing EET provision
- Establish baseline data Engage and identify cohort with LC Teams
- Plan programme launch
- Produce integrated delivery plan

Preparation: April – June 2018

- Formal agreements in place and governance meetings established
- First referrals received and assessed against project criteria
- Deliver initial training
- Integrate programme across key elements of wider workforce
- Launch programme
- Briefings shared across West of England

Delivery: June 18 – May 19

- Co-location of project staff with leaving care teams
- Test for appropriate referrals and effective integrated working
- Support commences
- Close liaison and integration with employers, training providers and colleges

Data collection reported and scrutinised by partners **June 19-March 22**

- Programme delivery continues - one-to-one and groupwork
-
- Evaluation findings and best practice shared.

July 21-March 22

- Prepare transfer of successful programme to commissioned services
- Toolkit of resources to support replication.
- Regional and national learning events alongside other successful CL SIB programmes/ DfE Innovations Team



Bristol City Council Equality Impact Assessment Form

(Please refer to the Equality Impact Assessment guidance when completing this form)

Name of proposal	Care Leaver Social Impact Bond – DfE Innovations fund award and next steps
Directorate and Service Area	Children and Families
Name of Lead Officer	Ann James

Step 1: What is the proposal?

Please explain your proposal in Plain English, avoiding acronyms and jargon. This section should explain how the proposal will impact service users, staff and/or the wider community.

1.1 What is the proposal?

In 2017 Bristol, working in partnership with 1625 Independent People, Bridges Social Investment, South Gloucestershire, North Somerset and Bath and North East Somerset Councils applied to the Department for Education's Innovations Programme to deliver additional support to care leavers with the aim of supporting more care leavers to achieve and sustain education, training and employment outcomes.

Care leavers are young people who have moved on from their foster or other care placement aged between 16 and 25 years and to whom the local authority owes a range of duties under the Children Act 1989 (as amended by the Children (Leaving Care) Act 2000) and Children and Social Work Act 2017.

Nationally, care leavers are overrepresented in a number of vulnerable populations, including the unemployed. In Bristol, the percentage of care leavers in education, training and employment has improved since 2015 when it was 41% to 56% in 2016 and 2017. This means that around 200 care leavers in the region are either NEET or at significant risk of NEET.

A localised approach and support to access and maintain education, employment and training (EET) is a significant factor in enabling active participation in society, supporting tenancy sustainment and avoiding future poverty and deprivation¹. Bristol is an ambitious corporate parent, committed to taking action to improve outcomes for its care leavers by supporting more young people into education training and employment.

Services provided through this funding award will be in addition to existing statutory and other support services for care leavers. It will work in an integrated, holistic and psychologically informed way to help more care leavers to successfully gain qualifications, complete the training and education courses of their choosing and enter/sustain employment.

In turn, this will promote participation and inclusion, will bring associated health benefits and reduce isolation, loneliness and financial hardship often experienced by care leavers as they move into adulthood.

The full cohort of care leavers must be identified in Year 1 (2018-19) – there will be no exclusions, with all care leavers who are NEET or at risk of NEET eligible for services. Furthermore, the approach is designed to reach and support those young people furthest from the labour market and to help deliver a supported pathway to employment.

¹ Learning and Work Institute 2017 [Localised approaches to supporting care leavers](#) Robey, Aylward and Pickles

Step 2: What information do we have?

Decisions must be evidence-based, and involve people with protected characteristics that could be affected. Please use this section to demonstrate understanding of who could be affected by the proposal.

2.1 What data or evidence is there which tells us who is, or could be affected?

Reporting on care leaver's forms part of our statutory returns to government each year. The following data is on care leavers at 31st March 2017 and covers the previous 12 month period. It is indicative of the current position for Bristol.

Number: 442*

Gender: 50% female / 50% male

Age during year	Number	EET	NEET
17 years	16	10	6
18 years	81	53	28
19 years	117	74	43
20 years	116	64	52
21 years	96	58	38
TOTAL	426*	259	167

*Figures do not exactly match as some care leavers have returned home and records are incomplete as ongoing duties have ended.

Ethnicity	%
Asian or Asian British	4%
Black, African, Caribbean or Black British	12%
Mixed/ Multi ethnic group	12%
White British	63%
White Irish	2%
Other White	3%
Any other ethnic group	5%

NEET by reason:

Ill health or disability	47
Pregnancy or parenthood	30
Other	90

Recorded as disabled: 82

Resident in Bristol: 335

Resident in a neighbouring LA (and will benefit from this programme): 33

Resident further afield: 74

Aggregated data from the four LAs in preparation for the bid:

- 40% of West of England (WoE) care leavers (CLs) are NEET.
- 100% have emotional and wellbeing needs associated with trauma, disrupted attachments, instability and change.
- 44% have identified and specific mental health difficulties
- 21% have substance misuse needs; 19% involved in offending.

<ul style="list-style-type: none"> • 21% are pregnant/young parent. • 13% have Learning Disabilities; 5% have other Disabilities. • 85% have no qualifications or <u>below</u> Level 2.
2.2 Who is missing? Are there any gaps in the data?
97% complete records. The sexual orientation of young people in care and care leavers is not routinely recorded. Faith/religion or often remains the religion of the parent/family as records start in childhood and may not be the accepted faith of the young person any longer.
2.3 How have we involved, or will we involve, communities and groups that could be affected?
<p>We have spoken to care leavers about what they want, as have 1625ip. We have done this using existing participation groups We have also drawn on feedback provided as part of our New Belongings Survey undertaken with care leavers in 2015 and our Pledge Survey and Consultation events undertaken in 2017. Additionally, the support that this programme will deliver is based on feedback in discussions held at a Mayor’s Hot Coffee, Hot Topic that was run by one of our care leavers.</p> <p>Summary of what care leavers tell us they need in order to succeed:</p> <ul style="list-style-type: none"> • Trusting, healthy relationships & better emotional support. • More support to explore & sustain opportunities. • Mentoring & peer support. • Safe, affordable accommodation. • Chances to learn from mistakes. • Slower more personalised planned transitions. • More practical support including money skills.

Step 3: Who might the proposal impact?

Analysis of impacts on people with protected characteristics must be rigorous. Please demonstrate your analysis of any impacts in this section, referring to all of the equalities groups as defined in the Equality Act 2010.

3.1 Does the proposal have any potentially adverse impacts on people with protected characteristics?
<p>IT is not envisaged that there will be an adverse impact on people with protected characteristics as the service is designed to engage and improve outcomes for all care leavers and eligible care leavers aged 16 to 25 who are NEET or at risk of NEET.</p> <p>The programme is an innovation that is designed as a proof of concept pilot. In addition to the above it will be possible to learn and adapt, to tailor the service to meet the needs of specific cohorts should review and evaluation evidence that specific groups are less well engaged by it. The service will include some co-production with young people who will also participate in governance and steering arrangements to ensure services are meaningful and impact is maximised. This will include specific interest groups and responses where appropriate, for example linking with parenting programmes and our care leaver young parents group or asylum seeking group.</p> <p>The programme will deliver co-located staff focussed on working with our young people and the team around them. Adjustments will be made to tailor the programme to individual and specific need, aspirations and ability. It will utilise a psychologically informed approach to support young people to overcome adversity and support the achievement of EET outcomes.</p>
3.2 Can these impacts be mitigated or justified? If so, how?
N/A

3.3 Does the proposal create any benefits for people with protected characteristics?
Yes – the proposal is about delivering and evaluating the impact of an innovative approach aimed at supporting more care leavers into EET.
3.4 Can they be maximised? If so, how?
The programme will take its full cohort of young people in year 1 and will work with them over a period of up to 4 years. This means that care leavers who leave care in years 2-4 may not have the same level of support. To mitigate this, a toolkit and training and development for all staff will be rolled out in years 1 and 2 of the pilot programme with the aim of building capability across the workforce. Additionally, should there be over delivery of improved outcomes and capacity in the service in years 2-4, the provider will work with young people who leave care in those years. Assuming that outcomes are achieved, the evaluation will quantify cost saving/cost avoidance elsewhere in the system and will propose a sustainable model for the future. Should the pilot not achieve the desired outcomes, it will be decommissioned. Should we not agree to the award from DfE or decide not to participate, this additional support will not be made available to Bristol care leavers and it is unlikely that outcomes will change significantly for this vulnerable group.

Step 4: So what?

The Equality Impact Assessment must be able to influence the proposal and decision. This section asks how your understanding of impacts on people with protected characteristics has influenced your proposal, and how the findings of your Equality Impact Assessment can be measured going forward.

4.1 How has the equality impact assessment informed or changed the proposal?
It has reinforced the importance of taking a new approach and of working collaboratively across the sub region to improve outcomes for the majority of our care leavers.
4.2 What actions have been identified going forward?
There is a project plan in place.
4.3 How will the impact of your proposal and actions be measured moving forward?
The pilot programme operates as a payment by results with results ranging from achieving improved levels of educational attainment, through to taking part in work experience, becoming a trainee, apprentice, intern or employed. Sustaining employment will also attract a payment. Outcomes will be independently evaluated (commissioned by DfE). There will be some additional measures that will be set by participant young people about what they want to achieve from the programme.

Service Director Sign-Off: Ann James	Equalities Officer Sign Off:  Duncan Fleming
Date: 15-Feb-2018	Date: 28/02/2018

Title: Council Tax Discretionary Relief Policy for Care Leavers	
Ward(s):	<i>All</i>
Authors: Bonnie Curran & Jane Hadley	Job title: Planning and Development Manager, Care and Safeguarding Directorate Revenues Support Manager, Resources Directorate
Cabinet lead: Cllr Helen Godwin / Cllr Craig Cheney	Director lead Resources: Chris Holme Director lead Care and Safeguarding: Ann James
Proposal origin: <i>Councillor</i>	
Decision maker: Cabinet Member Decision forum: <i>Cabinet</i>	
Purpose of Report: To seek agreement to implement the Council Tax Discretionary Relief Policy for Care Leavers to the age of 25, which would take effect from the 1st of April 2018 (Policy at Appendix A)	
Evidence Base: <p>The Children’s Society published a report called “The Wolf at the Door” in March 2015, showing that Care Leavers were a particularly vulnerable group when it comes to the collection of council tax. This national report showed that the pace of escalation of debt could be frightening for care leavers and can very quickly escalate to a court summons and enforcement action being taken.</p> <p>Councils have the power to introduce relief for council tax for certain groups under Section 13A of the Local Government Finance Act 1992. The government made recommendations in July 2016 that Local Authorities should consider supporting care leavers with the cost of council tax, using these existing discretionary powers. This recommendation is part of the government’s care leaver strategy “Keep on Caring”, in which councils are encouraged to consider the role of a corporate parent “through the lens of what any reasonable parent does to give their child the best start in life”.</p> <p>Over 40 Councils have now introduced council tax relief for Care Leavers. Locally, a commitment was made in the recent refresh of our Corporate Parenting Strategy to ‘bring forward proposals to support care leavers by alleviating the burden of council tax when our young people first leave care’.</p> <p>Modelling the potential cost of the policy / anticipated reduction in council tax income is complex and has been done based on a ‘snap shot’ of care leavers in October 2017. Several caveats apply to the data and broad assumptions were made about the value of current discounts. For the accounts so far identified, the total gross liability for the financial year 17-18 is £99,400. However, the estimated Net figure for relief of care leavers is £33,100. This takes into account existing discounts, exemptions and an estimate of their council tax reduction (CTR).</p> <p>These figures relate to care leavers actively engaging with us at present. If the policy is introduced more care leavers could come forward and this would increase the costs. Costs may also increase when care leavers who currently receive CTR apply for this relief instead of CTR, as the preceptors bear some of the cost of the CTR scheme.</p> <p>Information about the Policy will be available as part of the Care Leaver Offer, which will be published online and available in hard copy from the Through Care Service.</p>	
Recommendations: <ol style="list-style-type: none"> 1. Provide relief for all care leavers from council tax until their 25th birthday through implementation of the Council Tax Discretionary Relief Policy (Appendix A) effective from 1 April 2018 	

Revenue Cost: £33,100(estimate)	Source of Revenue Funding: <i>Reduction in Council Tax income</i>
Capital Cost: £	Source of Capital Funding: <i>e.g. grant/ prudential borrowing etc.</i>

One off cost Ongoing cost

Saving Proposal Income generation proposal

Finance Advice:

This report proposes to support Bristol care leavers

- who are aged between 18 and 25 and
- who reside within the Bristol boundary and
- who are liable to pay council tax

by giving them up to 100% council tax relief.

Latest data shows that there are 81 Bristol care leavers aged between 18 and 25 who reside in Bristol. 77 of these care leavers are liable to pay council tax. After taking into account those exemptions, discounts and reductions which apply, current related income to the General Fund is estimated to be £33,100 p.a.

Introduction of this proposed 100% relief would result in the loss to budget of an estimated £33,100 p.a. The cost (of lost income and of administration) of this proposed scheme is currently expected to be entirely borne by the Council's Collection Fund (lost council tax income) /General Fund (admin expenses) and not to impact on the revenue for Fire and Police preceptors.

Over time it is anticipated that those care leavers currently receiving CTR, at an approximate total cost of £50,000 will apply for this relief. The CTR element will therefore reduce to zero. CTR reliefs are included in the council tax base and therefore the cost is shared with our preceptors. The split is around 85:15 to Bristol. Therefore the switch in reliefs will result in an additional loss of council tax income to Bristol of around £7,500, with a corresponding increase due to the preceptors.

It may be possible to ask the preceptors to support this initiative by contributing to the cost chargeable to the General Fund in proportion to their share of Council Tax income.

Note that there is a risk that the offer of this relief may result in additional eligible care leavers identifying themselves. In absolute financial terms the impact is likely to be low but it is recommended that this scheme is reviewed after 6 months to check take-up.

Finance Business Partner: Tony Whitlock 15/2/18

Corporate Strategy alignment: The Corporate Strategy includes a commitment to be great corporate parents and safeguard children and vulnerable adults, protecting them from exploitation or harm. It includes a commitment to be ambitious and pledges to care about care leavers and not just for them.

Legal Advice:

Section 13A(1)(c) of the Local Government Finance Act 1992 permits local authorities to reduce the council tax liability in respect of any chargeable property as it sees fit. The reduction may be to zero (s.13A(6)) and may be exercised in relation to a class of case (s.13A(7)), as is being proposed.

This is an executive decision. Legislation provides that all functions are considered to be executive unless they are otherwise specified by legislation or by the Authority as a local choice function. Whilst the Local Government Finance Act 1992 reserves the making or revising of a council tax reduction scheme to the authority (i.e. full council), discretionary relief is not included in this provision and it is therefore an executive decision.

Legal Team Leader: Nancy Rollason, Service Manager Legal 16/02/2018

City Benefits: Many of these young people will have faced difficulties in their early years that will place them amongst the most disadvantaged in our society if we do not provide the care, stability and support needed to help them achieve their ambitions. As a council and as a city it is important that we take steps to be the best corporate parent and corporate family that we can. This proposal supports the City's ambition to reduce social inequality. It supports the intention that no one is left behind and has the opportunity to reach their potential. There are no significant environmental impacts to the proposal, a full Eco IA is not needed.

Consultation Details:

The proposed policy falls within section 13A1(c) of the Local Government Finance Act 1992 and outside the council tax reduction scheme required by sec13A (2). There is therefore no statutory duty to consult. In

deciding whether consultation should take place in any event relevant factors are the nature and the impact of the decision and whether interested groups have already been engaged in the policy making process. The more serious or significant the impact, the more likely it is that the views and concerns of those affected should be consulted upon before a decision is taken. This proposed policy has limited impact on the general public and does not deprive anyone of an existing benefit. Consultation may be necessary however if the council has consulted on this type of decision in the past, or stated that it will do so.

Sarah Sharland, Legal Services 12/02/2018

DLT Sign-off	Resources EDM	14/2/18
SLT Sign-off	Jacqui Jensen	20/2/18
Cabinet Member sign-off	Cllr Cheney	19/2/18
For Key Decisions - Mayor's Office sign-off	Mayor	19/2/18

Appendix A – Further essential background / detail on the proposal Council Tax Discretionary Relief Policy	YES
Appendix B – Details of consultation carried out - internal and external	NO
Appendix C – Summary of any engagement with scrutiny	NO
Appendix D – Risk assessment	NO
Appendix E – Equalities screening / impact assessment of proposal – Relevance Check	YES
Appendix F – Eco-impact screening/ impact assessment of proposal	NO
Appendix G – Exempt Information	NO
Appendix H – Legal Advice	NO
Appendix I – Combined Background papers	<p>The Wolf at the Door How council tax debt collection is harming children By Lucy Capron and David Ayre, The Children's Society, March 2015</p> <p>Keep on caring: supporting young people from care to independence A cross-government strategy to transform support for young people leaving care, 7 July 2016</p>

Council Tax Discretionary Relief Policy

This Policy is effective from 1 April 2018

Care Leavers

Introduction and purpose

Bristol City Council is passionate about improving the lives and life chances of our care leavers. We recognise that care leavers are among the most vulnerable groups in our society, and by granting up to 100% discretionary relief from council tax, the Council will be providing practical help and financial assistance to care leavers whilst they are developing independent lives and their life skills.

Bristol City Council aims to provide financial assistance with council tax bills to support our care leavers from the age of 18 until their 25th birthday.

The discretionary relief will be awarded only after entitlement to other legislative discounts or exemptions have been applied (except Council Tax Reduction) and will be awarded to all Bristol care leavers living in the Bristol City Council area with effect from 1 April 2018 irrespective of the date of their application.

Councils have the power to reduce the amount of council tax a person has to pay. This includes the power to reduce an amount to nil, and may be applied to individual cases or by determining a class of case in which liability is to be reduced.

This policy outlines:

- the procedures for awarding the relief to Bristol care leavers living in the Bristol City Council area
- the appeals procedure for citizens dissatisfied with a decision made for this relief

Definition

A care leaver, for the purposes of this policy, is defined as a young person aged 18 – 25 who was formerly a child in the care of Bristol and then became a 'care leaver' being either a former relevant child or a person qualifying for advice and assistance as defined by The Children Act 1989, and is liable for council tax on a dwelling within the Bristol City Council area.

Legal provision

There are a number of statutory discounts, disregards and exemptions available under council tax legislation for people and properties in certain circumstances.

In addition to these, a council can award discretionary relief under section 13A(1)(c) of the Local Government Finance Act 1992 (as amended in 2012):

“(1) The amount of council tax which a person is liable to pay in respect of any chargeable dwelling and any day (as determined in accordance with sections 10 to 13)-

...

(c) in any case, may be reduced to such extent (or, if the amount has been reduced under paragraph (a) or (b), such further extent) as the billing authority for the area in which the dwelling is situated thinks fit.”

....

(6) The power under subsection (1)(c) includes power to reduce an amount to nil.

(7) The power under subsection (1)(c) may be exercised in relation to particular cases or by determining a class of case in which liability is to be reduced to an extent provided by the determination.”

This therefore allows the council to reduce the amount of council tax payable, after statutory discounts and exemptions, by any amount. This provision is separate to and distinct from the published Council Tax Reduction Scheme.

Criteria

Care leavers that meet the definition above will be eligible to apply for discretionary relief. Care leavers who are solely liable for council tax will be awarded 100% relief on the amount of council tax they are liable to pay after statutory discounts and exemptions have been applied. Where a care leaver is jointly liable with another person/s, a proportionate award will be made according to their individual circumstances. We would look to award relief of 50% if there is one other tenant, or 33% if there are two other tenants, however each case will be treated on its facts. Where a property is occupied only by care leavers, 100% discretionary relief will be applied.

No reduction will be made for care leavers of other authorities living within the Bristol boundary, and no assistance will be provided for Bristol care leavers who are living outside the Bristol boundary.

Application process

A care leaver (or his/her appointee or a recognised third party acting on his/her behalf) will complete an application form, or provide sufficient detail to enable the relief to be processed.

Forms will be available from the care leaver's Personal Advisor or from the Revenues Service.

An application should provide the following information:

- Full name
- Date of birth
- Current address
- Details of any other adults in the property and relationship to them

- Details of any circumstances that would be relevant to entitlement to legislative discounts, disregards or exemptions
- Contact details
- Name of personal advisor, if known

Upon receipt of an application in the Revenues Service, an officer will verify the status of the care leaver from council records and assess the award.

Awards will be made directly by a reduction in liability on the council tax account and notification of the award of discretionary relief will be by way of the council tax bill.

The Revenues Service will undertake periodic reviews appropriate to the individual circumstances of each case.

The care leaver (or his/her appointee or a recognised third party acting on his/her behalf) must advise of any change of circumstances which may impact the council tax charge within 21 days.

Any overpaid discretionary relief will be reclaimed through the relevant council tax account and collected and recovered under the Council tax (Administration and Enforcement) Regulations 1992.

Review of Decision/Appeals

The council will accept a written request from a care leaver (or his/her appointee or a recognised third party acting on his/her behalf) for a re-determination of its decision.

- Re-determination of the decision will be made by an officer who has not previously been involved with the award.
- In the case where the customer has been notified of a decision and they exercise their rights to appeal, they must make payment to their council tax account as requested. In the event that an appeal is successful, any credit on the account will be refunded.
- The council will consider whether any additional information has been provided that will justify a change to its original decision.
- The council will notify the council tax payer of its final decision within 21 days of receiving a request for a re-determination.
- Whilst every effort will be made to meet the deadline outlined above, failure by the council to do so does not qualify the applicant for relief.
- If an applicant remains dissatisfied with refusal of their application they may appeal to the Valuation Tribunal for England (VTE).



Bristol City Council Equality Impact Relevance Check

This tool will identify the equalities relevance of a proposal, and establish whether a full Equality Impact Assessment will be required. Please read the guidance prior to completing this relevance check.

What is the proposal?	
Name of proposal	Council Tax Discretionary Relief Policy
Please outline the proposal.	Award discretionary relief for all Care Leavers from Council Tax until their 25th birthday through implementation of the Council Tax Discretionary Relief Policy
What savings will this proposal achieve?	It will not deliver savings
Name of Lead Officer	Bonnie Curran / Jane Hadley (under Chris Holme, Interim Finance Director)

Could your proposal impact citizens with protected characteristics? (This includes service users and the wider community)
Please outline where there may be significant opportunities or positive impacts, and for whom.
Care leavers are a vulnerable group, but not a group with protected characteristics. Care leavers are over represented in some equalities groups but this policy brings forward positive impacts for them. See Care Leaver JSNA Chapter for data.
Please outline where there may be significant negative impacts, and for whom.
The Policy will result in a relatively small reduction in Council Tax income.

Could your proposal impact staff with protected characteristics? (i.e. reduction in posts, changes to working hours or locations, changes in pay)
Please outline where there may be significant opportunities or positive impacts, and for whom.
Yes if we have Care Leavers under 25 with protected characteristics employed in the organisation.
Please outline where there may be negative impacts, and for whom.
N/A

Is a full Equality Impact Assessment required?
Does the proposal have the potential to impact on people with protected characteristics in the following ways: <ul style="list-style-type: none"> • access to or participation in a service, • levels of representation in our workforce, or

<ul style="list-style-type: none"> reducing quality of life (i.e. health, education, standard of living) ? 	
<p>Please indicate yes or no. If the answer is yes then a full impact assessment must be carried out. If the answer is no, please provide a justification.</p>	<p>No. The proposal to offer discretionary council tax relief to care leavers up to the age of 25 is in line with the council's corporate parenting responsibility and does not unlawfully discriminate on the basis of age. The proposal does not have any direct or disproportionately negative effect any equalities group.</p>
<p>Service Director sign-off and date:</p>	<p>Equalities Officer sign-off and date:  Duncan Fleming – 14 February 2018</p>

Decision Pathway

MEETING: Cabinet **DATE:** 03 April 2018

TITLE	Substance Misuse Re-commissioning -Complex Needs element		
Ward(s)	City - Wide		
Author: Katherine Williams	Job title: Contracts and Commissioning Manager		
Cabinet lead: Cllr. Asher Craig	Executive Director lead: Alison Comley		
Proposal origin: <i>BCC Staff</i>			
Decision maker: Cabinet Member			
Decision forum: <i>Cabinet</i>			
Purpose of Report:			
<p>Following approval from the Health & Wellbeing Board, BCC's Substance Misuse Team conducted a commissioning process in 2017 to provide a range of substance misuse treatment provision in Bristol under the ROADS (Recovery Orientated Alcohol & Drugs Service) banner. The new ROADS treatment model consists of five lots which were put out for competitive tender. Four of the five lots were commissioned through this process and went live on the 1st February 2018, however no bids were received for the 'Complex Needs' lot (contract value of £1.12 million per annum) of the treatment system. The functions outlined in the 'Complex Needs' lot are critical to the delivery of the overall treatment system as this element provides support to the most complex clients.</p> <p>A four month contract extension has been subsequently agreed with the specialist treatment provider from the 'old' treatment system to ensure continuity of service provision of the Complex Needs functions in the newly commissioned treatment system in the short term. This extension has also enabled the Substance Misuse Team to scope their options for addressing this gap. This report outlines the proposal for addressing this gap in service provision in the long term.</p> <p>A key decision is sought as: a) the treatment model that was originally approved by the H&WBB has changed in response to the complex needs lot; and b) the proposed solution seeks to invest more in commissioned services than the original approved commissioning budget.</p>			
Evidence Base:			
<p>Data provided by Public Health England highlighted that Bristol had the largest proportion of high complexity clients in substance misuse treatment out of all of the core cities in England. Treating people with high and multiple complexities (e.g. injecting drug users, risk of homelessness, severe and enduring mental health needs etc.) requires more intensive support and there is a need for interventions to be delivered. The functions of the Complex Needs lot were designed to address this need, which included offering specialist prescribing, facilitating access to inpatient detoxes and residential rehab, and providing consultant led specialist advisory support across both ROADS and primary care. Given the high levels of complexities presenting to treatment, the rest of the ROADS treatment system would not have the capacity to operate without these functions being delivered. Bristol is very fortunate that a significant number of clients are seen within primary care but GPs have stated that without the advisory function and the specialist treatment that the complex needs services provides their role would be jeopardised.</p> <p>Following the absence of any bids being received for the Complex Needs lot, the Substance Misuse Team consulted with a range of stakeholders to understand the reasons for this and consider how this gap in service provision could be addressed going forward. Feedback from potential providers indicated that if the system hadn't been separated out into lots they would have bid for the entire system (however this approach would have precluded local organisations from bidding due to the financial restrictions of a procurement process). Given the current staffing provision, the potential TUPE implications were also considered a barrier. The current provider stated that there</p>			

wasn't sufficient funding to deliver the Complex Needs service as specified.

Following the stakeholder consultation, the recommendation is to integrate the majority of the Complex Needs functions across the new ROADS lots where they align with the contract's main functions (See Appendix A for further information) instead of putting out the Complex Needs lot to tender again and risking not receiving any bids once again. This option was presented to the Substance Misuse Joint Commissioning Group which supported this approach. A number of initial discussions have subsequently taken place with the providers of the new ROADS contracts (BDP & DHI) and the outgoing provider of Complex Needs functions (AWP) to determine whether this option was viable. Both BDP and DHI have been receptive to delivering elements of the Complex Needs functions, provided that agreement can be reached with the outgoing provider regarding service delivery options (e.g. sub-contracting arrangements or staff transferring to the organisation).

In order to enable the ROADS providers to deliver elements of the Complex Needs functions the following contract variations are proposed:

1. Substance Misuse Liaison (BDP) from £1,372,474 to £2,033,382 per annum (Variation of 48%)
2. Early Engagement Intervention (BDP) from £972,899 to £1,222,899 per annum (Variation of 26%)
3. Community Recovery Service (DHI) from 1,448,706 to £1,616,706 per annum (Variation of 12%)

Not all of the elements of the Complex Needs lot are able to be subsumed into these lots due to clinical governance requirements (e.g. employing a consultant psychiatrist, a psychologist and prescribers). The proposal is therefore to make a direct award to Avon & Wiltshire Partnership Trust (AWP) to deliver the elements that cannot be incorporated:

4. Specialist Advisory (AWP) £325,720 per annum (Proposed contract length of 5 years +2 +2 to bring in line with ROADS contracts).

The original contract value for the complex needs lot was £1.12million per annum. The proposed solution requires an additional investment of £284,628 per annum, which totals an additional £1,423,140 over a 5 year contract.

The Substance Misuse Team is confident that this approach is the most effective solution to address the needs of the most complex clients across the substance misuse treatment system. Alternative approaches would include: a) going back out to tender on the specialist advisory service only which we do not believe there is a wider market of providers to deliver; or b) starting a new commissioning process with one single contract and give notice to the recently awarded contracts which would be disruptive and would damage BCC's reputation.

Recommendations:

1. That the contract variations are approved to enable some of the complex needs functions to be integrated into existing ROADS (Recovery Orientated Alcohol & Drugs Service) contracts held with both Bristol Drugs Project and Developing Health and Independence.
2. That a direct award is made to AWP (Avon & Wiltshire Partnership Trust) for the Specialist Advisory functions.

Corporate Strategy alignment:

This proposal will support some of the most vulnerable adults in the city who are affected by substance misuse. This therefore aligns with the 'Empowering and Caring' theme of the Corporate Strategy. Furthermore individuals affected by substance misuse experience multiple barriers to addressing both their physical and mental health. This proposal therefore aligns with the 'Wellbeing' theme of the Corporate Strategy.

City Benefits: This provision will support the most vulnerable citizens in accessing health interventions to support their health and wellbeing needs. The Local Authority is responsible for commissioning drug and alcohol treatment services and is measured by Public Health England on the achievement of the following national Public Health

Outcomes Framework indicators:

- 2.15i,ii - Successful completion of drug treatment (opiate users and non-opiate users)
- 2.15iii - Successful completion of alcohol treatment
- 2.15iv - Deaths from drug misuse

During the consultation period, the potential for the proposed model to adversely impact on people with protected characteristics has been considered. The newly commissioned treatment system will work with BCC to demonstrate how equalities groups are supported both as service users and within the workforce.

Consultation Details: A formal 12 week consultation was held on the proposals outlined in the Commissioning Strategy in 2017. In light of receiving no bids for the Complex Needs lot, further consultations have taken place with a range of relevant stakeholders to inform the plans that are outlined in this proposal. This proposal has been supported by the Substance Misuse Joint Commissioning Group and is being presented to the Safer Bristol Executive on 26th Feb.

Revenue Cost	£ £284,628 (pooled – see source of funding)	Source of Revenue Funding	10339 Pooled Substance Misuse Treatment Contract budget which includes Public Health Grant
Capital Cost	£	Source of Capital Funding	
One off cost <input type="checkbox"/> Ongoing cost <input checked="" type="checkbox"/>		Saving Proposal <input type="checkbox"/> Income generation proposal <input type="checkbox"/>	

Required information to be completed by Financial/Legal/ICT/ HR partners:

Finance Advice:

This report proposes the disaggregation of the Substance Misuse Treatment Service’s ‘Complex Needs’ lot which it has previously not been possible to commission as a whole.

The impact of disaggregating this lot is estimated to be an incremental £285k p.a. The component contracts will be for 5 years and the financial impact across those 5 years will equate to £1.4m in total thereby requiring a key decision.

It is confirmed that this incremental cost will be fully funded from the pooled budget created for the recommissioning of Substance Misuse services, funded by contributions from the General Fund, Public Health, CRC Partnership Funding and neighbouring local authorities and administered by the Substance Misuse Joint Commissioning Group.

There will be no consequent financial impact to the 18/19-22/23 budget.

Finance Business Partner: Jemma Prince – Finance Business Partner – 27/2/18

2. Legal Advice: Modification of a contract during its term is permissible provided that: the need for modification wasn’t foreseeable to a reasonably diligent contracting authority; the modification doesn’t change the overall nature of the contract; and, any price increase doesn’t exceed 50% of the value of the original contract (Reg.72(1)(c) Public Contracts Regulations 2015). These criteria appear to be met in relation to the variations proposed in this report. The direct award of the Special Advisory service may be permissible on the basis of either public-to-public horizontal co-operation (Reg.12(7)) or a direct award following no bids having been received (Reg.32(2)(a)).

Legal Team Leader: Eric Andrews Team Leader, Legal Services – 15/3/18

3. Implications on ICT: N/A

4. HR Advice: N/A

EDM Sign-off	n/a	n/a
Cabinet Member sign-off	Cllr Asher Craig	1 st March 2018
SPB Sign-off	SPB	1 st March 2018
For Key Decisions - Mayor’s Office sign-off	Mayor	5 th March 2018

Appendix A – Further essential background / detail on the proposal	YES
Appendix B – Details of consultation carried out - internal and external	NO
Appendix C – Summary of any engagement with scrutiny	NO
Appendix D – Risk assessment	NO
Appendix E – Equalities screening / impact assessment of proposal	YES
Appendix F – Eco-impact screening/ impact assessment of proposal	NO
Appendix G – Financial Advice	NO
Appendix H – Legal Advice	NO
Appendix I – Combined Background papers	Substance Misuse Commissioning Strategy
Appendix J – Exempt Information	NO
Appendix K – HR advice	NO
Appendix L – ICT	NO

Appendix A – Further essential background / detail on the proposal

The table sets out the disaggregated complex needs functions, associated costs and proposed commissioning approach for each component:

Complex Needs Key Components	Brief description	Proposed ROADS contract for key component to be disaggregated to	Proposed associated costs per annum (Subject to minor change)	Commissioning Approach
Specialist Prescribing	OST/Alcohol Detox prescribing and 1:1 support for the most complex clients in the treatment system (approximately 300 clients per year)	Substance Misuse Liaison (SML)	£660,908	Contract variation to the SML contract for AWP to deliver this as a sub-contractor.
Rapid Prescribing & Homeless Health Prescribing	OST prescribing to prison leavers and complex clients who are not prescribed in primary care (e.g. hospital discharges without GPs). Provision to deliver OST in partnership with the Homeless Health Service.	Early Engagement & Intervention (EEI)	£250,000	Contract variation to the EEI contract for Brisdoc to deliver this as a sub-contractor to BDP.
Transitions	Working with young adults requiring ongoing substance misuse treatment in ROADS.	Community Recovery Service (CRS)	£42,000	Contract variation to the CRS for DHI to deliver this element.
Facilitating Access to Res Rehab	The care coordination of clients wishing to access residential rehab treatment.	Community Recovery Service (CRS)	£84,000	Contract variation to the CRS for DHI to deliver this element.
Specialist Psychosocial Interventions	Deliver specialist psychosocial interventions that focus on both low level mental health needs and trauma based mental health interventions in relation to substance misuse	Community Recovery Service (CRS)	£42,000	Contract variation to the CRS for DHI to deliver this element.
Specialist Advisory	Specialist input in to the ROADS system from a consultant psychiatrist, psychologist and social worker.	Specialist Advisory (new contract)	£325,720	Direct award to AWP. Commissioning approach justified given the clinical expertise required for this contract.
Specialist Social Work	To provide support to the Maternity Drug Service and support	N/A As proposal is to cease funding for BCC social work provision.	N/A	De-commission BCC social work funding. Incorporate some of

	the ROADS system on relevant safeguarding issues.	Specialist Advisory will provide an element of Social work provision.		these functions in to the specialist advisory contract.
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If the decision is taken to proceed with this option changes to the new ROADS contract values will be as follows:

Contract	Current contract value (per annum)	Proposed new contract value (per annum)	% variation to contract value
EEl	£972,899	£1,222,899	26%
SML	£1,372,474	£2,033,382	48%
CRS	£1,448,706	£1,616,706	12%
Complex Needs	£1,120,000	£0 as functions disaggregated.	N/A
Specialist Advisory	N/A as new contract	£325,720	N/A
Family & Carers	£80,000	No change	N/A

Total original amount of contracts in competitive tenders: £4,994,079

Total amount of contracts following disaggregation of Complex Needs: £5,278,707 (incl AWP direct award)

Additional funding required from original competitive tender: £284,628 per annum which totals an additional £1,423,140 over a 5 year contract.

If this approach is not approved by the JCG, or deemed feasible by the providers, alternative options for delivering the Complex Needs functions include:

Options	Risks
1) Make significant changes to the Complex Needs contract (e.g. increase in contract value and/or make changes to the service specification). Re commission just the Complex Needs contract during the 4 month extension period agreed with AWP for the specialist element.	<ul style="list-style-type: none"> -Risk that no further funds are available -Risk that we go through a new commissioning process and still not receive any bids through this process. -Risk that the commissioning process takes longer than 4 months requiring BCC to extend the specialist treatment for a longer period which will have financial implications on the rest of the system.
2) Re-commission the whole system which may/may not include a distinct Complex Needs service and could alter funding for all the lots.	<ul style="list-style-type: none"> -Risk of de-stabilising the whole system impacting on service delivery to clients. -Risk of legal challenges from the current successful providers in the last round of commissioning.

Bristol City Council

Substance Misuse

Commissioning Strategy 2017



July 2017

Author

Kath Williams

Version Control

Document Review		
Section	Amendment	Pg
1.1	Added sentence to Introduction section highlighting this is now the final commissioning strategy following the consultation period	9
1.1	Removed paragraph relating to consultation approach and replaced with paragraph directing to formal consultation section	9
1.1	Updated dates to reflect the final timeline	9
1.1	Removed paragraph relating to the publication of new national drug strategy due to its delay	9
1.3	Updated paragraph to reflect that the projects key milestones have been signed off at the relevant points	12
2.3	Updated paragraph to reflect that the annual budget has now been confirmed and implementation contingency budget has been added	14
5	Added new section 'Formal Consultation' to outline the results of the consultation period and removed previous section that detailed the consultation approach.	21
6.1	Revised in and out of scope contracts and intentions for direct award.	27
6.2	Updated paragraph to reflect that the model has been shaped by information that is outlined in the 'Formal Consultation' section	30
6.2	Service descriptions updated to reflect changes to the services following the formal consultation	30 - 40

6.3	Allocation of resources table updated to reflect changes following the formal consultation	41
6.4	Financial evaluation section updated and appendix 6 added.	42
7	Timeline section updated to reflect changes	47
8	Findings from Equalities Impact Assessment added as Appendix	

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1 Introduction

1.1 Background

Substance misuse services in Bristol currently provide a wide range of treatment and support under the Recovery Orientated Alcohol and Drugs Service (ROADS) brand. This treatment system is commissioned by the Substance Misuse Team (SMT) in line with the current National Drug Strategy (2010) and other key guidance from Public Health England (e.g. Medications In Recovery, NICE Guidelines etc.). These contracts were commissioned in November 2013 until March 2016 with the option of a further two years. Contract extensions have subsequently been agreed and expire in November 2017.

Following the commissioning of the community contracts, a tender process took place for Bristol clients to access residential rehabilitation provision across the country. A framework agreement was implemented in 2014 to deliver this provision and this is also due for renewal in 2017.

In 2010 the Substance Misuse Team commissioned an integrated, multi-agency, caseload system for the management of substance misuse clients across the city. There are approximately 20 teams who use the system and around 200 active Theseus users. The contract for the system (Theseus) expires in 2018 and having explored procurement options a competitive tendering process will be run. The expectation is that commissioned treatment providers will be required to use this system. Whilst this strategy makes reference to the commissioning of the case management system this will be run as a separate/interrelated procurement process.

This document outlines the development of a new model for substance misuse provision to meet the needs of those who misuse substances in the city and replaces the current substance misuse contracts, rehab framework agreement and case management system.

These will be commissioned and procured by the Substance Misuse Team by following BCC's Enabling Commissioning Framework (Fig.1). This is the agreed four stage commissioning cycle that has been adopted from the IPC joint commissioning model for public care. This approach will enable Bristol City Council to comply with European Union (EU) procurement law, and provide assurance that it is commissioning substance misuse services in line with best practice.

Fig.1. BCC Enabling Commissioning Framework



This document seeks to provide additional information in relation to this specific commissioning activity and is intended for use by a range of stakeholders in order to develop a cooperative approach to the commissioning model that will go out to tender in 2017. In particular, this document is intended for:

- Existing and potential providers who will be able to use the information presented to identify the role they can play. We hope that this document will enable providers to respond to the identified service model, identify potential opportunities for collaborative working, as well as bring forward new and innovative ways of working in the future.
- Voluntary and community sector (VCS) organisations and mutual aid groups who make a key contribution to building and maintaining resilience, recovery and reintegration. We hope these stakeholders, who may or may not deliver currently commissioned services, will be able to use this document to understand the proposed changes to the commissioned service provision and to develop links between commissioned and non-commissioned support.
- Members of the public, including but not limited to people who need support relating to substance misuse, who wish to contribute to the development of a treatment system for Bristol.

The period of formal consultation took place between 16th January 2017 until the 16th April 2017. Please see Chapter 5 – Formal Consultation for a collation of the feedback that we received during this period and how it shaped the final commissioning model and approach.

We will be commencing a competitive procurement exercise (where relevant) during July and August 2017 with the aim of awarding contracts to deliver the new services from the 1st December 2017. We recognise the challenges of moving to a newly commissioned treatment system for our stakeholders. Details of key milestones can be found in the final timeline in Section 7.

A glossary and definition of the key terms used in this strategy can be found in Appendix 1 and 2.

A number of legal acts and national strategies influence the provision of substance misuse services. This commissioning process will work within these parameters; further detail on the legal and national policy context is included in Appendix 3.

Update: This document is the final version of the Commissioning Strategy following a twelve-week consultation period. This consultation period has helped to inform and develop the final treatment system model outlined in this strategy that will be commissioned this year.

1.2 Local Context

Bristol has an estimated 5,400 opiate and/or crack users. This equates to approximately 18 of every 1000 adults in Bristol using opiates and/or crack. Bristol has the highest estimated rate of opiate and crack users of all English core cities and the largest proportion of very high complexity clients which makes them more likely to be in treatment for longer and need specific support. Accordingly, substance misuse is one of Bristol Public Health's top 10 priority work areas to improve and protect the health and wellbeing of people in Bristol, and to reduce health inequalities within the population.

The current substance misuse contracts were commissioned in November 2013 under the Recovery Orientated Alcohol and Drugs Service (ROADS) brand. These contracts were initially commissioned until 31st March 2016. Subsequently, contract extensions have been agreed with the current contract holders to continue to deliver ROADS until 30th November 2017.

Although procurement regulations stipulate that public services should be regularly put out to competitive tender, the Substance Misuse Team did consider alternative options (e.g. re-negotiating with current contract holders). A number of factors were taken in to account before deciding on the process of re-tendering these contracts. These included, but were not limited to:

- Expected reductions in levels of funding. The Council has consulted on a proposed Corporate Strategy for 2017-2025 which aims to make £92m savings. This is required due to changes in Government funding and increasing demands for services. The Council will have to look at all areas of spend, including commissioned services, to determine what areas have priority and where to make savings. Furthermore the removal of the ring fence for the Public Health Grant from 2017/18 has meant there is currently less certainty around funding for substance misuse provision in Bristol. Given the level of uncertainties it was considered that a newly commissioned treatment system to reflect any new funding levels would be required. Please see Section 2.3 for expected funding levels for the new system.

- The changing needs of clients accessing substance misuse treatment. Current ROADS providers have adapted well to the shifts in the profiles of those accessing treatment, particularly around the increase in primary alcohol users. However there is a recognition that system wide changes brought about by re-designing services through re-commissioning is now required to fully meet these emerging demands.

- The transfer of Public Health contracts. Due to internal restructures within the Council, the Substance Misuse Team will be managing a number of additional substance misuse related contracts (e.g. GP and Pharmacy Substance Misuse Public Health Service contracts, formally known as Local Enhanced Services) that have historically been contract monitored by the Public Health team.

- The publication of a new National Drug Strategy. It was anticipated that a new national drug strategy would be published at the start of 2017. In order for services to align with national policy it was considered that services should be re-commissioned to reflect any developments included in this.

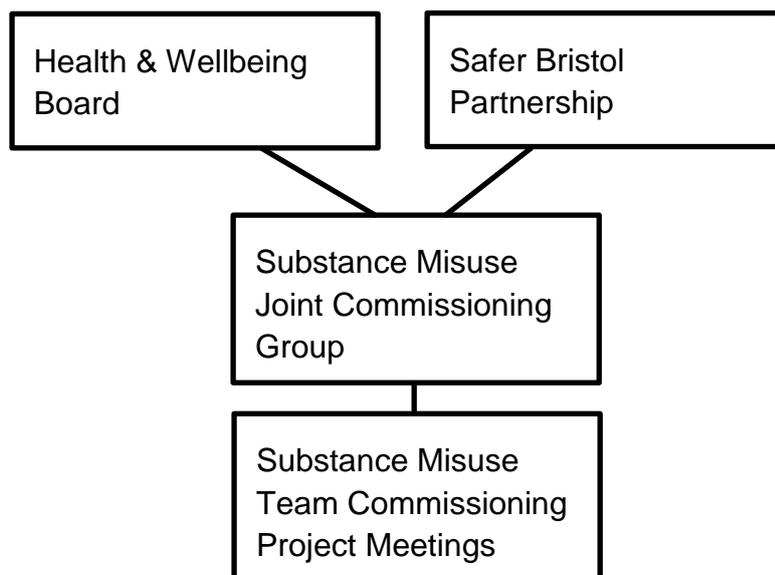
Our focus is on providing the best possible services for the people that need them and throughout the commissioning process we will be working with service users to help ensure services are accessible, appropriate and acceptable.

In line with the approach developed by Bristol City Council's Adult Social Care it is the Substance Misuse Team's intention to develop and commission a system that focuses on helping people in the most appropriate way dependent on an individuals need.

1.3 Governance and Decision Making

The Substance Misuse Joint Commissioning Group is a multi-agency governance group that oversees the work of the Substance Misuse Team. It has been agreed that this group will oversee the delivery of this commissioning process, whilst also reporting back through the Council's Health and Wellbeing Board and the Safer Bristol Partnership for sign off at key milestones of the project.

Fig.2 Governance Pathway



The Substance Misuse Team has also complied with the Council's decision making pathway process. Key milestones of the project have been presented to Bristol City Council's Senior Leadership Team, People and Neighbourhoods Directorate Leadership Teams, CCG (Clinical Commissioning Group) and Public Health's Management Team. Positive feedback has been received from these sessions and input has helped to shape the commissioning intentions included in this document.

Overall these Boards support the proposals outlined in this strategy and support the need to strategically align with some of the wider agendas in Bristol City Council through joint working and co-commissioning. It is recognised that this project has a number of interdependencies with other commissioning projects currently taking place in the Council, namely the Preventing Homelessness Strategy. More detail on the drug and alcohol accommodation as part of the Preventing Homelessness recommissioning can be found in the Commissioning Model section. We are working closely with colleagues in the Council to ensure that there is a strategic alignment in our project plans.

These commissioning intentions have also been brought to Bristol City Council's CPG (Commissioning and Procurement Group). This group has responsibility for the implementation of the corporate strategy that relates to commissioning and procurement which requires a saving of £30m to be achieved over the next five years.

2 Financial Analysis

2.1 Funding Streams

The Substance Misuse Joint Commissioning Group is accountable for the substance misuse budget. The 2016/17 funding streams that are relevant for this commissioning strategy includes:

Funding	2016/17	2017/18
Bristol City Council Contribution	1,623,590	1,461,231
Substance Misuse Public Health	7,709,220	6,938,298
Public Health GP, Pharmacy and Wet Clinic Contracts	1,702,505	1,532,254
Community Rehabilitation Company	87,000	30,000
South Gloucester Partnership Funding	40,000	40,000

As detailed above we have built in a reduction in the BCC contribution and the Public Health income as part of the ongoing BCC corporate budget consultation. A 10% reduction has been factored into the funding available for BCC and Public Health funding for recommissioning.

2.2 Current ROADS annual contract values 2016/17

Contracts	2016/17 (£ annual)
Engagement Cluster	1,701,751
Change Cluster	4,023,960
Completion Cluster	1,371,350
Support Cluster	433,030
Housing Support	882,190
Residential Rehabilitation	800,000
Primary Care Costs¹	1,650,000
Hosted Case Management System²	27,546

¹ This includes GP drug and alcohol public health services, pharmacy public health service and prescribing costs

² Based on current hosting and admin costs and excluding perpetual software license, migration and set up costs

Please note that there are a number of other commitments, contracts and infrastructure costs that are considered out of scope for the recommissioning that make up the value of the total income streams listed above.

2.3 Funding Envelope for the new treatment system

An annual budget of £8.7 million has been allocated to the newly commissioned treatment system.

An additional £750,000 has been allocated to redefine the substance misuse accommodation pathway as part of the commissioned adult homelessness prevention services.

A budget of £27,500 is allocated to the hosting and maintenance of our case management system. We anticipate that if recommissioning a new provider there may be additional set up costs to include licenses, migration of data etc and a budget has been allocated accordingly.

At the JCGs recommendation an implementation contingency budget has been set aside to cover the potential cost of a short overlap between incoming/outgoing provider following contract start. This also includes an amount if a new case management system licence fee is incurred.

See Section 6.3 for the proposed allocation of resources across the new treatment system.

3 Needs Assessment and Stakeholder Engagement

3.1 Needs Assessment Approach

The Substance Misuse Team adopted Bristol City Council's Public Health template when producing the substance misuse needs assessment. This approach considers a number of factors including who is at risk and why, what is the level of need, what services/assets we have to meet and prevent this need, what do staff/users/carers think and what is the evidence base.

Given that substance misuse impacts on a wide range of areas in an individual's life, the Substance Misuse Team applied this template to the sections below to inform the commissioning of services and improve partnership working across the city:

- Physical Health
- Mental Health
- Housing
- Relationships
- Training, Education, Employment and Volunteering
- Criminal Justice

The draft substance misuse needs assessment was published in July 2016 and feedback was sought by all stakeholders on this document throughout this month. After consideration of the feedback the final needs assessment was published by the Substance Misuse Team in October 2016. This document can be found here: <https://www.bristol.gov.uk/social-care-health/substance-misuse-treatment-services-tender>

3.2 Needs Assessment Key Recommendations and Predictive Analytics

Recommendations were drawn from the evidence presented within each section of the needs assessment and can be found in Appendix 4. It should be noted that not all of the recommendations outlined are within the remit of the newly commissioned treatment system but have been included to inform and shape the wider commissioning and partnership working of services that work with people who use drugs and/or alcohol in Bristol.

Two overarching recommendations were developed to address the need to commission an effective treatment system:

1. Bristol needs a structured treatment system that provides a range of evidence based interventions to maximise recovery opportunities. Commissioners need to ensure the system can manage a broad range of conditions and client complexities. Treatment options should include access to a range of psychosocial and pharmacological interventions, including relapse prevention.
2. Within structured treatment there needs to be an enhanced focus on the delivery of health protection and harm reduction interventions.

Further to the Substance Misuse Needs Assessment, (which took a retrospective look back at various sources of data) the Substance Misuse Performance Team also developed a ‘predictive analytics’ approach (that took a prospective view of the ROADS substance misuse treatment data). This ‘predictive analytics’ approach considered what stage a service user was currently in their treatment journey and depending on the various stages they would go through what the likelihood of their future outcomes would be.

This data overwhelmingly demonstrated the importance of receiving effective aftercare support following structured treatment interventions to support them in maintaining their recovery. These findings were also considered as part of the proposed treatment model development work.

3.3 Stakeholder Engagement

A series of stakeholder events took place during September and October 2016 across the city. These events were designed to both inform stakeholders on the recommendations from the needs assessment and the prioritised commissioned functions as a result of these recommendations. These events helped to shape the proposed treatment model development work. Details of these events can be found below:

Location	Venue	Number of confirmed attendees
South	Gatehouse Centre	52
Central*	Unitarian Chapel	24
North	Greenway Centre	12
East	Barton Hill Settlement	22

*A drop in session was also held here to encourage additional input from members of the public and service users.

In addition to this a number of thematic events took place during this period that followed a similar approach which gained feedback from stakeholders and further informed the commissioning intentions. These included:

- Dual Diagnosis Workshop
- GP Best Practice Event
- Complex Needs Network

Following these events, we invited all attendees to consider the proposed functions discussed in these sessions in more detail and reply with any further feedback to assist in developing our commissioning intentions.

A wealth of useful feedback was given and has informed the development of the proposed model. A summary of the key messages from the Stakeholder Engagement sessions is included in Appendix 4.

4 Models of Delivery and Lessons Learned

4.1. Models of Delivery

Following the completion of the needs assessment, the Substance Misuse Team contacted substance misuse commissioners in both the core cities and Local Outcome Comparators (LOCs: areas defined by PHE with similar opiate and non-opiate caseload complexity to Bristol) to gain an understanding of the range of treatment systems commissioned across the country. See the table below for the areas contacted for information requests:

LOC opiate/non-opiate	Core Cities
Barnsley	Birmingham
Calderdale	Leeds
Cambridgeshire	Liverpool
Derbyshire	Manchester
Leicestershire	Newcastle
Lincolnshire	Nottingham
North Yorkshire	Sheffield
Nottinghamshire	
Wigan	
York	

Not all of these areas responded to this information request however Bristol Public Health Team did complete an additional information gathering exercise with the core cities to address some of these gaps. Some of the main findings from this exercise included:

- A strong trend for areas to deliver a more integrated approach to address both drugs and alcohol related harm.
- A strong trend for areas to offer services from GP surgeries and/or locality hubs to ensure that services are more accessible across a region for service users rather than being centrally based.
- A strong trend for areas to commission multi-agency treatment systems
- Some trends of areas commissioning a 'single point of access' for entry in to substance misuse treatment.

-Some trends for areas to commission specialist nurse prescribers to address needs around dual diagnosis.

-No trends of commissioning specific drug and alcohol housing provision. Instead mainstream housing is expected to meet the needs of drug and alcohol users.

4.2 Market Analysis

The market is well developed and there are a number of national providers who are currently delivering similar services to neighbouring local authorities and core cities across England; as well as small and medium sized local organisations who are providing specialist services with well-developed community links.

In the last round of substance misuse commissioning, 16 bids were received for the five ROADS lots from eight different organisations (with multiple subcontracting organisations). Following discussions with other commissioners, Public Health England and provider networks we are confident that there is the market to deliver substance misuse services for Bristol. It is important to be mindful of the potential for 'market failure' i.e. setting commissioning expectations too high and at too low a cost for any provider to feasibly deliver and this has been considered throughout the consultation period.

4.3 Lessons Learned

As part of the re-commissioning process, the Substance Misuse Team conducted a lessons learned exercise. The aim of this exercise was to improve the current commissioning project by having a retrospective look back over the previous commissioning process and subsequent contract monitoring to understand what steps could be built in to improve the current project. Some of the main issues identified here are outlined below:

-More detail to be included in the Commissioning Strategy document, including details of the key components and funding. This information was only available at the invitation to tender stage and stakeholders have fed back that this made it difficult to meaningfully comment on the commissioning strategy and the viability of the model. See Sections 5.2 and 5.3.

-We have received consistent feedback from stakeholders that contracts should be commissioned for a longer duration during this commissioning cycle to give services the opportunity to develop their new models of delivery and improve partnership working with wider stakeholders. The Substance Misuse Team also recognise that short commissioning cycles can be unsettling for both service users and employees of currently commissioned services and wish to address this by commissioning longer contracts in the new system. See Section 5.5.

- The SMT would like to support collaborative working and encourage innovative practice. Where appropriate, specifications will not be overly prescriptive about service delivery to allow for innovation. BCC is committed to full-cost recovery (a principle of the Bristol Compact) and as such recognises that, in some cases, overhead costs may be different in collaborations. As we are keen to encourage collaboration between providers, we will take into account different costs of effective collaborative and managing multiple relationships and will ask bidders to provide details.

-The Substance Misuse Team received feedback from colleagues in Primary Care that they were not effectively consulted during the last round of commissioning. Given the particular pressures currently being experienced in primary care and the need to have effective working relationships to address the needs of substance misusers in this setting, the Substance Misuse Team have looked to address this need by being more targeted in the pre-consultation period whilst building in plans to target this cohort in the formal consultation period.

5 Formal Consultation Stage

A formal consultation period was held with stakeholders between January and April 2017. A number of events were held as well as an online survey.

We asked Stakeholders attending events and completing an online survey to tell us about themselves to ensure our consultation was fair and accessible. 77% said they worked or had worked in substance misuse services and 19% said they worked for another type of service. 24% had used substance misuse services themselves and 22% were carers of someone who had experienced drug/alcohol problems. 14% of participants told us they had experienced problems with drugs/alcohol but not accessed ROADS services.

Participant demographics: Gender was split evenly between male and female. 90% were aged 18-64 with no responses from children. 13% were BME. 32% told us they held a religion or belief. 7% were disabled. 14% said they were lesbian, gay or bisexual. No participants told us they were transgendered.

Stakeholders	Method	Number of participants
All stakeholders	Online survey	82
All stakeholders	4x locality consultation events	96
Service users including peer supporters and family/carers	11 x focus groups and interviews	109
Staff / workforce of commissioned services	3 x Staff Meetings	113
GPs and primary care liaison workers	Events and meetings	35
Residential rehab providers	Event	19
Written responses from agencies and individuals	Email	18
Relevant professionals	Equalities Impact Assessment Workshop	12
Relevant professionals	VOSCUR hosted Event	7

Stakeholder feedback	Our response
System wide	
<ul style="list-style-type: none"> The proposed model for service delivery is generally positive Ensure that transition between services is as smooth as possible Mixed views about where to hold assessment coordination function Need a ROADS website and main contact phone number, with increased digital offer to maximise accessibility 	<p>We will</p> <ul style="list-style-type: none"> Clarify the proposed assessment process and referral pathways in the final commissioning strategy and tender documents Ensure commissioned providers work with BCC to demonstrate how equalities groups are supported both as service users and within the workforce.

Stakeholder feedback	Our response
<ul style="list-style-type: none"> • Include provision for NPS / other drugs 	<ul style="list-style-type: none"> • Make sure there are ROADS services suitable for people using NPS / other drugs
Commissioning approach and allocation of resources	
<ul style="list-style-type: none"> • Concern that all services will be underfunded because of spending cuts • Commissioning and implementation timescale is too short • Strong support for longer contracts but concern about lack of inflationary uplift as staff and resource costs will increase over time. • The financial evaluation method used by the council may be unfair for smaller providers. 	<p>We will</p> <ul style="list-style-type: none"> • Consider tenders using a revised financial evaluation to make it fairer for smaller organisations • Ensure contracts have variation and termination clauses which allow for changes over time. • Have an annual review process to manage funding fluctuations. • Where possible allow extra time for commissioning and implementation • Review our financial evaluation process
Specialist Nursing Provision	
<ul style="list-style-type: none"> • Need to ensure that midwives are able to work across the service – community and acute • Substance misuse liaison nurses at BRI + Southmead are currently quite separate from the rest of the treatment system • There is no ‘addiction’ expertise clinically in BRI or Southmead – the staff need to be supervised by addition doctors from ROADS 	<p>We will</p> <ul style="list-style-type: none"> • Include that midwives are able to engage with clients at the most appropriate location • Increase information sharing and liaison with the ROADS system • Ensure close collaboration in the development for the service specifications for specialist nursing provision and the Complex Needs service
In-Patient (Detox & Stabilisation) and Residential Rehab	
<ul style="list-style-type: none"> • Need to ensure that an inpatient facility remains local to Bristol in order to treat the most complex clients • Concerns that all rehabs do not have the governance and structures to perform detoxes for some clients. 	<p>We will</p> <ul style="list-style-type: none"> • Work with the current inpatient facility to support the viability of this service remaining. • Ensure that rehabs can demonstrate that they are effective in delivering detoxes and ensure that services are enabled to assess clients for this level of detox.
Complex Needs Service	
<ul style="list-style-type: none"> • Concerns were raised regarding a 20% caseload being too high for this service which would not allow it to work in an enhanced way. 	<p>We will</p> <ul style="list-style-type: none"> • Remodel the service to case-hold the top 10% of complex clients in the system. In addition to this an enhanced liaison role will be

Stakeholder feedback	Our response
<ul style="list-style-type: none"> • Risks that the service would be too clinical in its delivery • Concerns raised that the service would not work with risks in a proactive way which could lead to barriers in accessing the service. • Risk of the service becoming 'clogged up' that would prevent new clients entering this service. 	<p>expected of the service, which will work with more clients across the system to reduce complexity.</p> <ul style="list-style-type: none"> • Ensure that the service has a multi-disciplinary team to meet the multiple needs of clients. • Specified that the service will need to demonstrate how they will proactively work with risks and overcome any barriers for clients who are not engaging in treatment. • Ensure that integrated pathways are developed with other ROADS elements and develop agreed threshold guidance.
Community Recovery Service	
<ul style="list-style-type: none"> • Agreement for increasing local delivery • Mixed views about the best locations to deliver locality services from • Providers should share premises flexibly with other local community services rather than committing to separate premises. • Good idea to offer relapse prevention following all detox but need to ensure there is capacity and a smooth transition between services • Risk that treatment will be too short with not enough aftercare • Increased peer support service very positive but need to ensure peers have suitable resources, a central hub, and host agencies must provide meaningful roles and workplace support • Lack of TEVE service may reduce positive outcomes so link with outside services that support training, work and volunteering. • Workforce development function will help make links with outside organisations and overcome stigma/discrimination • The working title of CRC is confusing 	<p>We will</p> <ul style="list-style-type: none"> • Make sure there is a flexible local offer that works in partnership with existing community resources. • Provide anonymised maps showing where current service users are located to help providers make realistic proposals • Liaise with VOSCUR and BCC Employment, Skills and Learning Team to identify links with training education and employment opportunities • Ask CRCs to include open-access and low-threshold aftercare interventions • Rename to a working title of the Community Recovery Service

Stakeholder feedback	Our response
Substance Misuse (Alcohol & Drugs) Liaison	
<ul style="list-style-type: none"> • 4-6 weeks is a tight timeframe to prepare someone for alcohol detox and deliver post detox care • Specialist support will be needed to support primary care delivery • Limited amount of psychosocial interventions will be possible in alcohol detox shared care model • Can peer supporters boost capacity in GP surgeries and help support transition to aftercare etc? • Most opiate clients are poly drug users – how will this be addressed? 	<p>We will</p> <ul style="list-style-type: none"> • Make sure timeframes are linked with need and ensure clients with increased complexities are seen by the appropriate service. Post-detox support pathway to Community Recovery Service will be established at the pre-detox stage to ensure continuity of care. • Ensure the Complex Needs service will be able to offer liaison and advice to primary care • All clients will have a package of care agreed prior to detox to ensure appropriate access to psychosocial interventions from ROADS services • Make sure Peer support workers are an essential part of supporting clients through detox and into the Community Recovery Service • Set an expectation that Opiate Substitution Therapy includes the provision of interventions that reduce the harm, and increase cessation, of all substances being used (including crack, alcohol and NPS)
GP Public Health Service (Alcohol & Drugs)	
<ul style="list-style-type: none"> • Payment needs to properly cover the cost of an alcohol detox • Room Space is an issue within practices and additional clients may put strain on the system 	<p>We will</p> <ul style="list-style-type: none"> • Introduce a two tier approach to alcohol detox. Initially starting with mild to moderate dependencies in primary care followed by an enhanced approach with interested practices – including enhanced payments once primary care detoxes established • The service will operate within the capacity of the participating practices.
Pharmacy Public Health Service	
<ul style="list-style-type: none"> • Concern about large cohort on OST being maintained for years – impact on their health and future wellbeing. Model assumes 	<p>We will</p> <ul style="list-style-type: none"> • Ensure that all maintenance prescribing is reviewed (at least 3 monthly in line with guidance) and

Stakeholder feedback	Our response
<p>capacity for primary care based on maintenance clients being seen infrequently – but they still need thorough regular reviews</p>	<p>ensure the offer of a detox is regularly reviewed.</p>
Early engagement and intervention	
<ul style="list-style-type: none"> • Need to make it explicit that this is for people at all levels of need who are not already engaged in services • Little money available for staffing the service. Large non-staff costs (NSP stock, BBV tests, naloxone, clinical waste, etc.) • Very opiate focussed. Missing explicit reference to provision for people using NPS and where it fits in the model • Needs a specific focus on engaging equalities communities 	<p>We will</p> <ul style="list-style-type: none"> • Ensure the service is targeted to work with people actively using drugs and alcohol in order to increase contact with ROADS services • Increase the funding for the service to ensure it can be staffed appropriately • Include NPS, non-opiates and alcohol in service specifications • Make explicit reference to the need to address the needs of people with protected characteristics
Families and Carers Support	
<ul style="list-style-type: none"> • Most people agree joint commissioning with South Glos. and B&NES is good idea but if this is not possible the service will be underfunded. 	<p>We will</p> <ul style="list-style-type: none"> • Commission a new service with South Glos and B&NES. • If we are not able to jointly commission this service with other local authorities we will include the functions as part of Community Recovery Service to maximise efficiency.
Substance Misuse Accommodation Pathway	
<ul style="list-style-type: none"> • Agreement for increasing amount of prep housing • Complex clients may not have their needs met if substance misuse floating support is decommissioned • If abstinent housing is decommissioned there may not be enough suitable accommodation for people in early recovery • Agreement for commissioning homelessness prevention peer support together with ROADS 	<p>We will</p> <ul style="list-style-type: none"> • Review the needs of all long-term floating support clients and potentially refer some to the Complex Needs service • Allocate some appropriate low support accommodation for newly abstinent tenants. • Nb These proposals are part of a separate commissioning process: Preventing Homelessness Accommodation Pathways – families and adults (22+)
Hosted Case Management System	
<ul style="list-style-type: none"> • Avoiding disruption to ROADS services is a priority 	<p>We will</p> <ul style="list-style-type: none"> • Award new contract separately

Stakeholder feedback	Our response
<ul style="list-style-type: none"> • Need to have a system that will work across multiple sites. 	<p>from other ROADS contracts to avoid disruption</p> <ul style="list-style-type: none"> • Ensure that successful the provider has a comprehensive training and implementation plan

6 Commissioning Model

6.1 In and Out of Scope

In Scope – Competitive

The funding from the following contracts will contribute to the re-commissioning budget. The activity that each of these contracts provides has been considered and has informed the development of the future model that is being put out to the market for competitive tender.

Contract	Provider
Engage Cluster	St Mungos
Change Cluster	AWP
Completion Cluster	BDP
Support Cluster	DHI
Residential Rehabilitation	Various spot providers through a framework
Homeless Health Prescribing Service (SMART services)	Brisdoc
Child minding/support to access services	BCC
Probation – Drug Rehabilitation Requirements	CRC
Eden House dual diagnosis service	Eden House
Maternity Drug Service – Social Worker Element	BCC
Hosed Case Management System	Cybermedia Solutions Ltd
Wet Clinic	Brisdoc

In Scope – Not Competitive

The funding from the following contracts contributes to the re-commissioning budget but will not be put out for competitive tendering. The * denotes that the activity that each of these services has been considered and deemed most appropriate to re-negotiate with current contract holders given the settings. Whilst it is our intention to take this approach and re-model the services in line with the newly commissioned system this is subject to the approval of the Health and Wellbeing Board and BCC's Commissioning and Procurement Group.

Contract	Provider
Maternity Drug Service- Midwife Element*	UBHT and NBT
Hospital Based Alcohol Nurses*	UBHT and NBT
Hospital Based Drug Liaison Nurses*	UBHT and NBT
Inpatient Stabilisation and Detox Unit*	AWP

In Scope – Procurement Approach To Be Confirmed

Primary Care is an integral part of the treatment system in delivering opiate substitute prescribing, alcohol detox prescribing and supervised consumption services. We are currently exploring procurement options and are not in a position to ask the H&WBB to take a key decision on this element of the ROADS model. We will return at a later date and will update the commissioning strategy accordingly.

Contract	Provider
Pharmacy contracts	Participating pharmacies across Bristol
GP contracts	Participating GP surgeries across Bristol

In Scope – Preventing Homelessness

Funding from the following contracts is contributing to the commissioned adult homelessness prevention services.

Contract	Provider
ROADS Housing Support	ARA
Housing Solutions	BCC

Out of scope

Within the Substance Misuse budget there are a number of elements that are not directly related to service delivery and as such these are out of scope.

Contract

Contribution to Integrated Healthy Lifestyle Service

GP with special interest

West of England High Risk Offenders Floating Support

Contribution to Violence Against Womens and Girls specialist Refuge

Contribution to Drugs & Young People Project (DYPP).

Contribution to CAMHS YP service

Substance Misuse Team

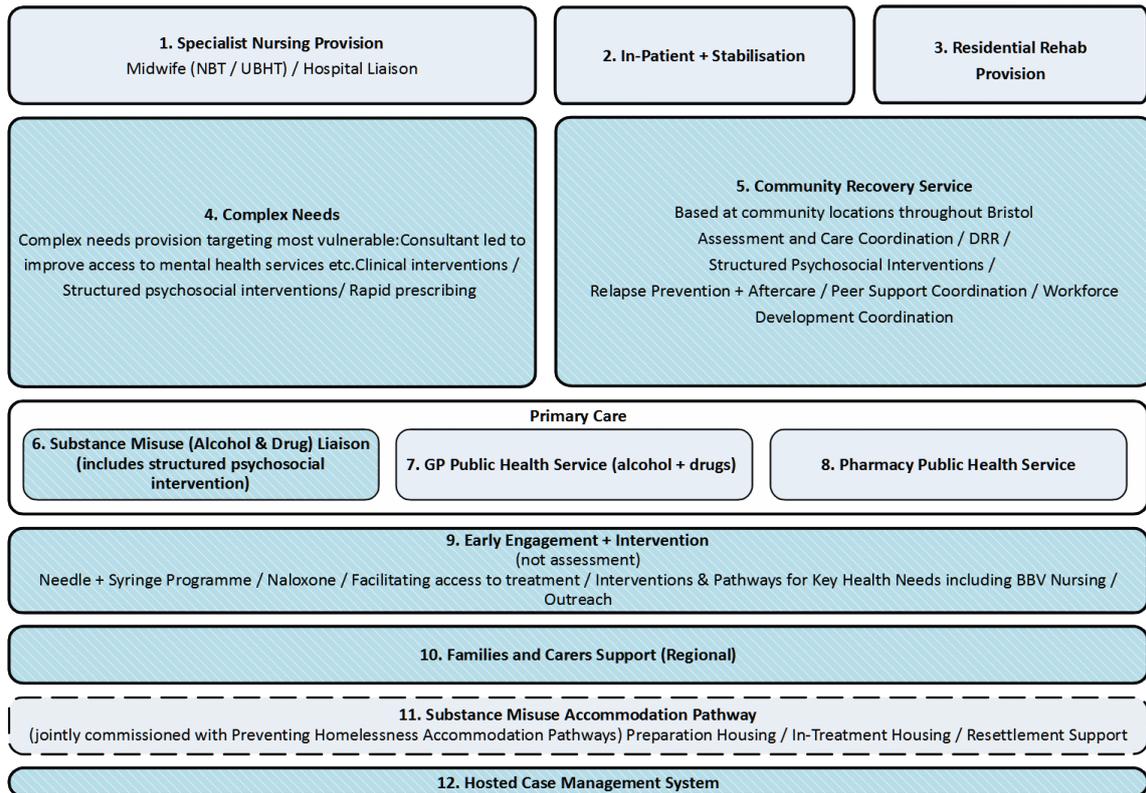
RCGP training - alcohol and drugs

Drug Testing Court Orders (CRC delivered)

6.2 Proposed treatment model - ROADS

The intention is to keep the ROADS brand for the newly commissioned treatment system. Stakeholder feedback has highlighted that this brand is now well known across the city to both service users and referrers.

The model has been designed based on the findings outlined in Sections 3,4 and 5 alongside national guidance, local policy and best practice for substance misuse treatment and support.



The new ROADS model will consist of 11 integrated elements:

1) Specialist Nursing Provision

Substance Misuse Midwife

Substance misuse specialist midwives will operate from the city's maternity units to co-ordinate the midwifery care for women who misuse substances in pregnancy or pregnant women who are in substance misuse treatment. The midwives will liaise closely with the consultant obstetricians, neonatologists and Complex Needs service when planning care for these women and their families.

Hospital Substance Misuse Liaison Nurses

A team of substance misuse specialist nurses will operate from Bristol Royal Infirmary and Southmead Hospital. The team will improve health outcomes for people admitted to hospital who use drugs and/or alcohol; reduce repeat attendance and admissions to hospital; and ensure continuity of care with community substance misuse services (including ROADS for Bristol residents) upon discharge from hospital.

2) Inpatient Detox & Stabilisation

This element will need to provide a clinically safe inpatient detoxification or stabilisation regime to the most complex individuals whose needs cannot be met in the community or through a residential rehab detox.

This provision will be required to provide a planned regime of 24-hour medically directed evaluation, care and treatment of substance related disorders in an acute care inpatient unit. This will be staffed by designated addiction accredited physicians, as well as clinicians and recovery workers.

This service will provide medically supervised prescribing, assessment, care and treatment to individuals requiring detoxification from either drugs or alcohol or stabilisation on opiate substitution therapy (OST) where abstinence is not the goal.

3) Residential Rehab(Detox, Primary and Secondary)

Residential rehabilitation is a specialised service offering accommodation, support and rehabilitation to people with complex drug and/or alcohol and other health needs. This will be provided according to a recovery plan and will include intensive and structured programmes delivered in a residential environment.

The Substance Misuse Team intend to commission a range of residential rehab across the country in order to meet individuals needs for this type of intervention. The following placements will be commissioned from residential rehab providers:

- Detox placements which will usually be provided for up to 2 weeks.
- Primary stage one placements which will usually be for 12 weeks, with a minimum of 6 weeks and a maximum of 16 weeks.
- Secondary stage two placements which will usually be for 12 weeks, with a minimum of 6 weeks and a maximum of 16 weeks.

Residential rehab providers who are placed on the dynamic purchasing system will be required to form close working relationships with the Complex Needs provider of the ROADS system to ensure prompt access in to rehab, joint care coordination during the placement and effective aftercare planning at the end of the placement.

A dynamic purchasing system (open framework) is being proposed as a way of commissioning these elements to ensure value for money and to provide a greater degree of competition and transparency in the market place. It is envisaged that a formal tender process will be carried out to establish a Res Rehab and Detox Framework of approved support providers through this process. The Substance Misuse Team will be considering both block and spot purchases on this framework to ensure we get the best value for money for this provision and propose to continue to manage the placing of clients in rehab.

4) Complex Needs

In order to reflect the increasing levels of complexity for substance misusers at both a local and national perspective, this complex needs provision will be required to identify and case hold the most vulnerable and chaotic clients across the city who are affected by substance misuse (we predict this cohort to be in the region of 10% of the overall treatment population).

This service will need to demonstrate how it can provide an enhanced offer to those most severely affected by physical and mental health needs that are unable to engage in mainstream substance misuse provision and have multiple barriers to working towards recovery. Key to this success will be how the service proactively links in with local physical and mental health services to collaborate and optimise the treatment offer for complex clients. This service will need to demonstrate how it intends to meet the needs of 'dual diagnosis' clients, particularly around trauma and post traumatic stress disorder in relation to their substance misuse.

It will need to deliver high level consultant led treatment for these clients whilst also providing clinical leadership and advice through a liaison style approach to support partners in the substance misuse system as well as primary and secondary care support across Bristol. We envisage this service to have a skills mix of professions to most effectively engage with these complex clients. This will include but not be restricted to non-medical prescribers, social workers and psychiatrists. It will also need to work closely with the 'Specialist Nursing' provision element of ROADS to care coordinate pregnant women alongside specialist midwives and hospital discharges with drug liaison nurses.

This service will be required to offer a range of specialist drug related interventions to including rapid and relapse prevention prescribing, community detoxification, BBV services and drug testing in order to engage these complex clients. This service will also need to demonstrate how it will work with homeless health services to meet the prescribing needs of this population. Furthermore intensive psychosocial interventions will be delivered in either a one to one or group setting for both service users who are receiving medically prescribed and non medically prescribed treatment as part of their recovery care plan.

Facilitating Access to Res Rehab

This element of the Complex Needs service will lead on facilitating access to residential rehab placements for clients in need of this higher intensity by utilising the newly commissioned Res Rehab and Detox Framework. They will need to demonstrate how they will deliver this element to both clients open in the Complex Needs service and those in other parts of ROADS where community relapse prevention has been unsuccessful and they require additional support in their recovery.

Transitions

The Complex Needs service will include a named worker who will work closely with young people's substance misuse services. This person will support the most vulnerable young people (from age 17) to make the transition from young people to adult services and provide for ongoing structured treatment support as required. The transitions service will be required to engage with the Bristol Young People Friendly quality standard process and to have achieved this within a year of the contract being awarded. Close working links with young people's substance misuse treatment services and other services engaging with the most vulnerable young people will be required and clear information sharing agreements will be put in place to support the transition between providers.

5) Community Recovery Service

The Community Recovery Service will deliver a range of one-to-one and group-work psychosocial interventions in line with best practice to support individuals in their recovery. Interventions will include those suitable for service users referred from criminal justice e.g. Drug Rehabilitation Requirements (DRR). The use of digital interventions should also be utilised where appropriate at all stages of an individual's recovery journey.

The Community Recovery Service will play an essential role in ensuring there is enough capacity to deliver relapse prevention support for all individuals who undertake detoxes (both opiates and alcohol) within ROADS. Facilitating access to mutual aid and linking in with wider recovery support across the local community will also be key in delivering this element successfully.

We recognise the importance of individuals accessing support around their substance misuse at locations that are easily accessible to them. We will commission a flexible service that works in partnership with existing community resources to provide a locality based Service situated across various sites in Bristol.

The Community Recovery Service will be required to comprehensively assess an individual's needs to support them in their recovery. This will include all assessments that will take place in a primary care setting. An individually tailored package of treatment and support will need to be offered to reflect their levels of need and stage of recovery. Recovery care plans will need to be collaboratively developed with individuals and reviewed periodically to ensure that they are continuing to benefit from treatment and support.

Peer Support

We recognise that peer support plays a pivotal role in supporting recovery and contributes to a wide range of positive outcomes including tackling discrimination and stigma; advocacy; providing opportunities for education training and employment etc.

We will commission a Peer Support Coordination function as part of the Community Recovery Service to support peers and facilitate a high quality training programme. The service will have strong links with all other ROADS functions to ensure that peer support is available throughout the entire recovery journey. Adult homelessness prevention services will contribute additional funding to increase the capacity of the peer support element to recruit, train and supervise people with experience of homelessness, and match them to support people in homelessness services.

To facilitate the peer support element of the Community Recovery Service we will require all ROADS providers to be accountable for facilitating placements and overcoming barriers with appropriate targets in place to ensure this happens.

Workforce Development

We are committed to ensuring that ROADS has a skilled workforce and that other organisations in Bristol have a good understanding of substance misuse and are able to work with people who use drugs and alcohol or who are in recovery. Whilst all ROADS providers will be expected to contribute to delivering internal and external workforce development to support this we plan to commission a new workforce development role. Based in the Community Recovery Service this role will co-ordinate activity and work with partners to maximise the training, development and equality good practice that is embedded within all ROADS services.

This role will facilitate collaborative working, skill-sharing and emerging good practice between ROADS agencies; coordinate substance misuse awareness training for other professionals; promote equality of opportunity and anti-discriminatory practice by establishing strong links with statutory and non-statutory organisations, local business, communities and faith based groups.

6) Substance Misuse (Alcohol and Drugs) Liaison

The substance misuse liaison service (SML) will operate out of GP practices participating in the Alcohol Detox and/or OST primary care local enhanced contracts. The SML will care coordinate primary alcohol and opiate clients attending their GP practice for pharmacological interventions, deliver appropriate psychosocial interventions commensurate to need and facilitate pathways with the Community Recovery Service.

It is intended that this will be an integrated service with practitioners' caseloads comprising primary alcohol and primary opiate clients to maximise capacity and ensure the greatest geographical coverage.

Community Alcohol Detox

The SML will be expected to enable capacity for 1,488 primary alcohol clients to undertake community alcohol detoxes per year. It is expected that the SML will prepare clients for detox, support them through the withdrawal process and offer brief post-detox support to facilitate access to the Community Recovery Service for ongoing psychosocial interventions, relapse prevention and aftercare. It is envisaged that the SML will work with clients for 4-6 weeks (although this may be longer dependent on the needs of the client).

Effective working relationships with GP practices participating in the Community Alcohol Detox GP Public Health Service will be vital for the success of this function.

Opiate Substitution Therapy

The SML will be expected to enable capacity to case manage approximately 1,600 opiate clients accessing opiate substitution therapy at any given time. Care coordination, strategic reviews and packages of psychosocial interventions will be delivered by the SML to all clients accessing primary care for OST.

Effective working with colleagues in Primary Care and the Early Engagement and Intervention service will be vital to ensure there is access to priority interventions including hepatitis B vaccinations and testing for hepatitis B, hepatitis C and HIV. Supporting clients to access healthcare to ensure early identification and treatment of conditions, such COPD and other respiratory illness, to minimise the impact of ill-health will be a key deliverable of the SML.

After undertaking a period of assessment and stabilisation commensurate with their level of need clients receiving OST will have access to maintenance and detox pathways.

Opiate detox pathway

The detox pathway will require the SML to deliver a 12 week reduction programme for clients identified as motivated and clinically appropriate to undertake withdrawal from their opiate substitute medication. This will include the delivery of higher intensity treatment and will be expected to facilitate access with the Community Recovery Service for relapse prevention and aftercare as a prerequisite of undergoing detox.

Community Maintenance Pathway

The community maintenance pathway will be available to those clients not yet appropriate for detox but who meet the agreed definition of being in medically assisted recovery. Due to clients' adherence to treatment a lower intensity and frequency of treatment would be expected to be delivered within this pathway. The SML will be expected to continuously assess the suitability for detox alongside clients' strategic care plan reviews.

7) GP Public Health Service (Alcohol and Drugs)

Primary Care Alcohol Detox – GP Public Health Service

A 'shared care' service is the preferred model to be commissioned for the delivery of community alcohol detoxes. A GP Public Health Service is being negotiated to increase the availability of prescribing for alcohol withdrawal within Primary Care. The Substance Misuse Liaison service will support the delivery of this service by delivering care coordination, psychosocial interventions and facilitating the onward pathway to other services to support the success of the detox.

Primary Care Opiate – GP Public Health Service

A GP Public Health Service is being negotiated to provide the prescribing for opiate substitution therapy in Primary Care settings for people who are opiate dependent. Access to the wider services on offer in health centres, e.g. vaccinations for HBV, will be enabled through the service. The Substance Misuse Liaison service will support the delivery of this service by delivering care coordination, psychosocial interventions and facilitating the onward pathway to other services.

8) Pharmacy Public Health Service

A Pharmacy Public Health Service is being negotiated for the supervision of opiate substitution therapy in pharmacies. It is not envisaged that this will be significantly different to the supervised consumption arrangements that are currently in place.

9) Early Engagement and Intervention

The Early Engagement and Intervention service will operate across Bristol in order to engage with active substance users, including those who are not in contact with ROADS services. As well as alcohol, opiates and crack cocaine, this will include engaging with people who use non-opiates, Novel Psychoactive Substances, and performance and image enhancing drugs.

Interventions to improve health and reduce the harms associated with drug and alcohol use will be delivered as well as supporting those furthest away from services to access treatment in a timely manner.

Outreach/early engagement and intervention

Contact with non-treatment seeking drug and alcohol users will be established to ensure early interventions can be delivered to reduce health complexities and support people to access services to improve the wellbeing of individuals not currently accessing ROADS services. This will need to include in-reach to hostels and non-commissioned dry-houses as well as effective partnership working with allied services (e.g. homelessness, mental health, etc.) and facilitate access to help meet individuals' needs.

Facilitating access to treatment

Opportunistic interventions will be delivered to increase motivation to change and, where need necessitates, assess clients to ensure speedy access to structured treatment. Early reengagement pathways for clients dropping out of opiate substitution therapy and alcohol detox treatment will be developed to ensure clients can be rapidly reengaged

Needle and Syringe Provision (NSP)

NSP will be delivered across Bristol to ensure availability of injecting paraphernalia to reduce blood borne viruses and infections in people who inject opiates/crack, non-opiate drugs (including emerging/novel psychoactive substances) and image and performance enhancing drugs (IPED). NSP will be supplied through a range of sites, including pharmacy, agency based and mobile (including outreach), all of which will be coordinated by the contract holder.

Over one million needles were supplied to people who inject drugs in Bristol in 2015/16, with an approximate 50:50 split between pharmacy and agency/outreach provision. The coverage rate of needles supplied per estimated injection stood at 66% for 2015/16 and increasing the coverage rate of needle supply will be a key deliverable of this contract.

The NSP will be expected to identify clients not accessing any form of structured treatment and ensure motivational interventions and referral pathways are effective in engaging people into ROADS. Additionally, early re-engagement pathways with providers of opiate substitution therapy for clients dropping out of treatment will need to be in place to ensure clients no longer benefitting from the protective factors of treatment can be rapidly reengaged.

Naloxone supply to individuals at risk of overdose

The supply of naloxone to opiate users and those likely to be in contact with people at risk of overdose will be coordinated through this contract. This will include, but not limited to, targeting people who inject drugs; families and carers of people using opiates; hostel/supported housing workers; and supporting providers of OST and community & inpatient detox to ensure their clients receive naloxone. Opiate clients dropping out of treatment will be a priority group.

Interventions and pathways for key health needs

Interventions to support the identification and prevention of blood borne viruses will be coordinated through the Engagement contract. Dry blood spot testing and venous blood specimens will be available for the detection and diagnosis of hepatitis B, hepatitis C and HIV for those clients identified as being at risk. Care pathways will be established for clients receiving positive results and supporting clients to engage in services. A clinical lead will be responsible for ensuring the quality and effectiveness of interventions and ensure pathways with NHS services are accessible for the client group.

Clinical support will be available for clients experiencing harms associated with drug and alcohol use. This will include wound care and injecting related infections as well as coordinating ROADS responses to emerging health needs and working with health protection colleagues in the event of an outbreak scenario.

Utilisation of peers will be critical to increase the reach of health protection and harm reduction messages to hard to engage clients.

10) Families and Carers Support (Regional)

We are keen to jointly commission a sub-regional Families and Carers service alongside neighbouring local authorities South Gloucestershire and Bath & North East Somerset. This service will work with adults³ who are affected by someone else's substance use, including significant others and close friends as well as families and carers.

³ Children in Bristol who are affected by someone else's substance misuse are currently supported by Hidden Harm services provided by Bristol Youth Links and Drugs and Young People Service.

The Family and Carers service will help affected others learn more about substance misuse and treatment, and give them new skills to better cope with problems as they arise. The service will also offer opportunities for peer support, and promote affected others' involvement in treatment services where appropriate.

A joint regional service will need to have a strong local offer with good links to community organisations and area based support. To increase accessibility we expect that the Families and Carers service will offer a wide range of support e.g. information and training, advice and signposting, support groups, one to one support, online and telephone support.

11) Substance Misuse Accommodation Pathway

Providing housing support for drug and alcohol users working towards recovery continues to be a priority and we have allocated £750,000 to redefine the substance misuse accommodation pathway as part of the commissioned adult homelessness prevention services.

Because there are already established providers of these accommodation based services, and a very limited supply of accommodation that can be used for the purpose, we plan to negotiate new contracts with the current providers. This has been approved by Cabinet.

Our proposal is to maintain the current overall number of accommodation units, increase the units of preparation accommodation to meet increased demand, and keep in-treatment accommodation. To do this we will no longer provide abstinence housing, or have a substance misuse specific floating support service.

The risks posed by stopping providing a substance misuse specific floating support service can be partly mitigated by better equipping people during the preparation and in-treatment services to maintain independent living as well as ROADS providing support in their recovery planning. There are also generic floating support services in Bristol that may be able to provide support to ROADS service users, and the Council is currently reviewing all commissioned floating support services to address a potential gap in provision for complex clients.

ROADS providers and other nominated referrers, including the Rough Sleepers Team and prisons, will be able to make a direct referral into substance misuse housing (where assessment has already taken place and been approved). Links between ROADS and other preventing homelessness provision will be improved through workforce development and integrated peer support coordination.

Full details about the proposals for new accommodation pathways can be found in a separate draft commissioning plan “Preventing Homelessness Accommodation Pathways (families and adults 22+)”

<https://www.bristol.gov.uk/housing/commissioning-homelessness-prevention-services>.

12) Hosted Case Management System

In 2010 we commissioned Cybermedia Solutions Ltd to provide an integrated, multi-agency, caseload system (‘Theseus’) for the management of substance misuse clients across the city. There are over 20 agencies / teams registered on the system including non-ROADS and housing providers, and around 200 active Theseus users.

Our case management system allows practitioners to record details of their work with substance misuse clients and share this information securely with other providers and commissioners. The software also collates provider performance information for commissioners, and facilitates the reporting of all required data to Public Health England etc.

We feel it is important to maintain these functions and for BCC to remain the Data Owner. As our contract expires in 2017 we plan to recommission our hosted case management system and this interrelated procurement process will take place to ensure that the contract starts prior to the ROADS go live date.

6.3 Proposed Tendering Approach and Allocation of Resources

Contract	Proposed Contract Value	Proposed Purchasing Option
Specialist Nurse Provision (hospital based)	£260,000	Direct Award
Inpatient	£550,000	Direct Award
Residential Rehab	£680,000	Open Framework (Dynamic Purchasing System)
Early Engagement & Intervention	£1,000,000	Competitive Tender
Substance Misuse Liaison	£1,400,000	Competitive Tender
Primary Care Costs⁴	£2,100,000	Direct Award
Community Recovery Service	£1,450,000 (Preventing Homelessness to contribute additional £50,000 for peer support)	Competitive Tender
Complex Needs	£1,120,000	Competitive Tender
Families & Carers Support	£80,000 (South Glos & B&NES to make additional contributions)	Competitive Tender (regional)
Hosted Case Management System	£30,000 ⁵	Competitive

⁴ This includes drug and alcohol public health services, pharmacy public health service and prescribing costs

		Tender
Substance Misuse Accommodation Pathway	£750,000	Co-Commission with Homelessness Team. Negotiate with current providers

For planning purposes the proposed competitive tender contract values have been calculated by considering the posts required to deliver the proposed functions and 40% on costs/management fees have been applied.

6.4 Evaluation Approach

The proposed evaluation criteria are 80% quality and 20% price. A panel will be formed to include a range of stakeholders and perspectives and the views of service users will form part of the evaluation. Details of the panel will be released in the tender documents.

Bids will be invited up to the contract ceiling, this amount is the maximum available for the contracts and bids must not exceed this figure unless the bidder brings in significant other resources.

There will be no inflationary uplift for the duration of the five year contract. Bidders are expected to factor in any increased costs into their proposals. Annual contract reviews will take place throughout the life of the contract and the financial position and changes will be considered as part of this.

⁵ Based on current hosting and admin costs and excluding perpetual software license, migration and set up costs

In line with BCCs Social Value policy⁶ providers must also consider how they can provide additional social value to Bristol. This could include, for example, tackling stigma of people who misuse substances, creating apprenticeships, using local contractors including those with social objectives. As a minimum 10% of the quality score will be related to adding social value. Bidders may wish to refer to the Social Value Toolkit⁷ to consider how they could incorporate social value into their proposals.

Furthermore BCC aims to spend at least 25% of the Council's total procurement budget with micro, small and medium size businesses, social enterprises and voluntary / community organisations (less than 250 employees). Within this commissioning process we intend to encourage that at least 25% of the funding available in the competitively tendered contracts goes to micro, small and medium size businesses, social enterprises and voluntary / community organisations. This could be achieved through collaborative bids from providers working together in, for example, lead partner collaborations or sub-contracting arrangements.

Sub-contracting arrangements are welcomed with the expectation that the majority of the activity will be carried out by the main provider as opposed to being sub contracted out which makes the contract management convoluted. Where collaborative bids or sub-contracting arrangements are proposed details will need to be provided at the Invitation to Tender stage where the role(s) of the subcontractors/collaborators will need to be provided with the approximate percentage of contractual obligations assigned to the subcontractor/collaborators.

Part of BCC's procurement process requires an assessment of the financial risk of individual providers. Further detail is included in Appendix 6. As part of this assessment to be designated low risk it is advised that a provider's annual turnover should be one and a half times the contract value. It is also recommended that this financial assessment is based on the total of all the contracts the provider is bidding for i.e. if an organisation applies for several contracts their risk should be assessed on the combined contract values. The Joint Commissioning Group will decide what level of risk would be acceptable prior to contract award.

⁶ <https://www.bristol.gov.uk/documents/20182/239382/Social+Value+Policy+-+approved+March+2016-1.pdf/391b817b-55fc-40c3-8ea2-d3dfb07cc2a0>

⁷ <https://www.bristol.gov.uk/documents/20182/239382/Creating+Social+Value+-+Social+Value+Toolkit+-+approved+March+2016-1.pdf/a596f490-ab73-4827-9274-5025ca5a4f1b>

6.5 Contract Duration

In line with evidence presented by the Advisory Council on the Misuse of Drugs⁸ in relation to reducing drug related deaths the intention is to provide more stability by entering into five year contracts with the option to extend for a further two periods of two years each i.e. potentially nine years in total. This has been strongly supported by professionals and service users throughout the consultation, particularly with reduced funding. Strong 'no fault' break clauses will be included and an annual review process will be established to manage funding fluctuations and changes in service users' needs during the contract period.

6.6 Performance Monitoring

The Local Authority is responsible for ensuring that appropriate quality governance is in place for commissioned services and it is measured by Public Health England on the achievement of the following national Public Health Outcomes Framework (PHOF) indicators:

- 2.15i - Successful completion of drug treatment - opiate users
- 2.15ii - Successful completion of drug treatment - non-opiate users
- 2.15iii - Successful completion of alcohol treatment
- 2.15iv - Deaths from drug misuse
- 2.16 - Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison

The newly commissioned treatment system will contribute towards meeting these outcomes, in conjunction with other partners (e.g. prisons), by providing high quality services. Key to this will be the treatment system's ability to deliver on the eight best practice outcomes outlined in the Government's current Drug Strategy (any changes to these in the upcoming Drug Strategy will be updated accordingly):

- Freedom from dependence on drugs or alcohol;
- Prevention of drug related deaths and blood borne viruses;
- A reduction in crime and re-offending;
- Sustained employment;
- The ability to access and sustain suitable accommodation;
- Improvement in mental and physical health and wellbeing;
- Improved relationships with family members, partners and friends; and

⁸ Advisory Council on the Misuse of Drugs, Reducing Opioid-Related Deaths in the UK: December 2016

- The capacity to be an effective and caring parent.

In order to ensure ROADS services are delivered to the highest standards and achieve the best outcomes the Substance Misuse Team intends to implement a performance management framework based on the domains of Safety, Accessibility & Effectiveness, and Quality. All audits, performance measures and service user feedback will focus on these three strands.

1. Safety: Assurance mechanisms to monitor the safety of service delivery will include:
 - Safe prescribing of medication
 - Appropriate prescribing and dispensing
 - Safeguarding for children, young people and vulnerable adults
 - Adverse Incidents including drug related deaths
2. Accessibility and Effectiveness: Services will be monitored to demonstrate their ability to meet the needs of the population. Measures will include:
 - Waiting times
 - Service user retention rates
 - Successful completion rates
 - Representation rates
3. Quality: A programme of quality improvement activities will include:
 - Evidence based practice
 - Clinical audit
 - Continuing professional development
 - Research and development

In times of reducing resources, we recognise the need for outcomes of the treatment system to be both achievable and realistic. Therefore we propose:

1) To increase the use of standardised PHE outcome reports and tools (e.g. DOMES, NDTMS Reports) to measure the health of the treatment system. Bespoke local reports will be utilised to enable an immediate local focus on areas of interest to mitigate the time delay in PHE reporting processes.

2) That outcomes and key performance indicators will be developed and refined with the successful providers, as both part of the implementation period and formal contract review periods, to demonstrate the effectiveness of the contract.

6.7 Case Management System

Commissioned providers will be required to use BCC's commissioned substance misuse case management system and for client records to be accessible, where appropriate, across the treatment system. Please see Section 6.2 for more information about recommissioning of this case management system.

6.8 TUPE

Current and potential providers will need to be aware of the implications of both the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) as well as the updated "Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014.

When a service activity transfers from one provider to another, the relevant employees delivering that service may transfer from the old to the new provider on the same contractual terms and conditions of employment. In these cases, the new provider/employer takes on all the liabilities arising from the original employment contracts.

Bidding providers will need to consider the cost and other implications of TUPE. The council will obtain from current providers basis information about the employees who will potentially be affected by this commissioning process. It is our intention to provide such information in advance of the 28 days (prior to contract start) required by current regulations so that bidders can develop accurate proposals and budgets. Providers must seek their own legal and employment advice on TUPE. It is the responsibility of bidders/ providers to satisfy themselves regarding TUPE requirements.

In future contracts, we intend to include requirements of the contract holder to provide workforce information at earlier stages.

7 Timeline

This is the timeline we intend to follow. Please note that dates below are subject to change through the life of the project.

- Sign off final commissioning strategy at Health & Wellbeing Board: 28th June 2017
- Publish final commissioning strategy: 6th July 2017
- Provider tender events: 14th July 2017
- Invitation to tender: 18th July 2017 – 25th August 2017
- Award decision: Week commencing 9th October 2017
- Contract award: Week commencing 23rd October 2017
- Contract start: Week commencing 1st December 2017
- Implementation period: 1st December 2017 – 1st March 2018

After contract award time is needed for implementation to enable the safe transfer of clients and for staff organisation. An implementation budget has been established to factor in an overlap between incoming and outgoing provider.

As previously stated an implementation period has also been budgeted for.

Appendix 1: Glossary

ACMD – Advisory Council on the Misuse of Drugs

ARA – Addiction Recovery Agency

B&NES – Bath and North East Somerset

BCC – Bristol City Council

BDP – Bristol Drugs Project

BSDAS – Bristol Specialist Drug and Alcohol Service

CCG – Clinical Commissioning Group

DHI – Developing Health and Independence

DOMES – Diagnostic Outcome Measurement Executive Summary

IPED – Image and Performance Enhancing Drug

NDTMS – National Drug Treatment Monitoring System

NHS – National Health Service

NICE – The National Institute for Health and Care Excellence

NSP - Needle and Syringe Provision

OST – Opiate Substitution Therapy

PHE – Public Health England

PHOF - Public Health Outcomes Framework

ROADS – Recovery Orientated Alcohol and Drug Service

SML – Substance Misuse Liaison

SMT – Substance Misuse Team

UKPDC - UK Drug Policy Commission

VCS – Voluntary and Community Sector

Appendix 2: Definitions

Substance Misuse Definition

Substance misuse is defined by the World Health Organisation as: "...the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs ... [which] can lead to dependence syndrome." Throughout this strategy where the term 'substance' is used, it is referring to both drugs and alcohol.

Recovery Definition

The Substance Misuse Team have adopted the UK Drug Policy Commission (UKDPC) definition of recovery which explains "the process of recovery from problematic substance use as characterised by voluntarily-sustained control over substance use which maximises health and wellbeing and participation in the rights, roles and responsibilities of society" (UKDPC, 2008).

Commissioning Definition

The Institute of Public Care (IPC) defines commissioning as the "process of identifying needs within the population and of developing policy directions, service models and the market, to meet those needs in the most appropriate and cost effective way". Each year Bristol City Council commissions or procures approximately £360 million (14/15) worth of goods, services and works. Commissioning and procurement are a vital area of the Council's operations.

Procurement Definition

The National Procurement Strategy for Local Government defines procurement as "the process of acquiring, goods, works and services, covering both acquisition from third parties and inhouse providers. The process spans the whole cycle from identification of needs through to the end of a services contract or the end of the useful life of an asset. It involves options appraisal and the critical 'make or buy' decision which may result in the provision of services in-house in appropriate circumstances".

Appendix 3: Legal Context and National Policy

Health and Social Care Act (2012) describes the local authorities' statutory responsibilities for public health services which conferred new duties on local authorities to improve public health. It abolished primary care trusts and transferred much of their responsibility for public health to local authorities from 1 April 2013. From this date local authorities have had a duty to take such steps as they consider appropriate to plan for improving the health of the people in their areas, including services to address drug or alcohol misuse.

The Care Act (2014) aims to improve people's quality of life, delay and reduce the need for care, ensure positive care experiences and safeguard adults from harm.

Local authorities are required to consider the physical, mental and emotional wellbeing of the individual needing care, and assess the needs of carers. They must ensure the provision of preventative services and carry out their care and support functions with the aim of integrating services with those provided by the NHS or other health-related services.

The EU Public Contracts Directive (2014) sets out the legal framework for public procurement. This directive includes the procedures which must be followed before awarding a contract to suppliers, where the contract value exceeds the thresholds set, except where specific exclusions apply. The fundamental principles of the EU Treaty are: free movement; non-discrimination; fairness; transparency and proportionality.

Public Services (Social Value) Act 2012 requires all public bodies in England and Wales to consider how the services they commission and procure might improve the economic, social and environmental wellbeing of the area. To comply with the Act commissioners must think about how what they are going to buy, or how they are going to buy it could address these benefits, and must also consider whether they should consult on these issues.

The Local Government Act (2000) provides a general duty of best value to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.

Equality Act (2010) requires that when carrying out commissioning/procurement activity public bodies have regard to the: elimination of discrimination, harassment, victimisation and other analogous conduct; advancement of equality of opportunity between those who share protected characteristics and those who do not; and fostering of good relationships between those who share protected characteristics and those who do not.

National Drug Strategy (TBC) It is anticipated that a new National Drug Strategy will be published around the end of the calendar year of 2016 by the Home Office. Early indications suggest that it will build on and strengthen the approaches taken in the National Drug Strategy 2012 to reduce demand, restrict supply and build recovery. Any guidance and recommendations included in this document will be considered alongside local need in the development of the final Commissioning Intentions document:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/98026/drug-strategy-2010.pdf

National Alcohol Strategy (2012) intended to change attitudes towards alcohol and reshape the approach towards tackling alcohol related harm. In terms of dependant drinkers, it aimed to increase the number accessing effective treatment in order to reduce the number alcohol related admissions and to reduce NHS costs.

Modern Crime Prevention Strategy (2016) sets out how to reduce drug-related crime prevention by focusing on three areas: treatment; diversion; and enforcement. It recognises that getting users into treatment is key, as being in treatment itself reduces levels of offending. It advocates for full recovery from dependence being the aim of treatment and that this is more likely to be achieved and sustained if users are given support to improve their 'recovery capital' – particularly around housing and meaningful employment. For a small cohort of entrenched, long-term opiate users who have not achieved recovery through optimised oral substitution treatment, there is evidence that heroin assisted treatment (supervised injectable heroin) reduces crime.

The National Compact (2010) is an agreement between the government and the voluntary and community sector (VCS) which sets out a way of working that improves their relationship for mutual advantage. It considers areas such as involvement in policy design, service design and delivery, funding arrangements, promoting equality and strengthening independence. Bristol City Council is fully committed to the Compact and elements of the Bristol Compact are integrated into this commissioning process.

Appendix 4: Recommendations from Substance Misuse Needs Assessment 2016

Physical Health

1. Continue to support the provision of naloxone.
2. Continue to support the police/coroner coordination to ensure that timely analysis of deaths and changes in trends inform treatment delivery.
3. Increase strategic priority for delivery of health protection and harm reduction interventions (including optimised doses and maintenance prescribing in line with PHE/ACMD advice) within structured treatment and opiate substitution therapy (OST).
4. Clear governance structures are needed to ensure auditability of key interventions (naloxone supply, optimised prescribing, etc.).
5. Request a full, public health led, health needs assessment, including matching of health/hospital records, of the opiate and crack using cohort
6. Consider the retention of primary care based provision of OST to ensure easy access to healthcare and to reduce burden on secondary health care, particularly Emergency Departments.
7. Continue to support homeless health services.
8. Retain a hospital based service to provide support to drug and alcohol users who are admitted to wards.
9. Continue to support a maternity service for pregnant substance misusing women and their partners. Investigate effectiveness and efficiency of various delivery options to maximise outcomes for both drug and alcohol users.
10. Continue to support needle and syringe provision to be delivered within NICE guidance. Investigate effectiveness and efficiency of various delivery options to maximise outcomes.
11. Ensure chemsex/slamsex participants and IPED are included in priority groups for targeting interventions.
12. Continue to support hepatitis specialist clinical leadership within treatment services.
13. Continue to support dry bloodspot testing– including HCV, HBV and HIV.

14. Explore ways of increasing opportunistic availability of HBV vaccinations throughout the treatment system.
15. Ensure HBV vaccinations are included in GP contract as a priority intervention and that data is recorded and shared appropriately.
16. Continue to work with PH colleagues to improve access to HCV treatment for clients.
17. Explore opportunity with sexual health commissioners of co-commissioning accessible services for MSM/LGBT clients with focus around chemsex/slamsex.
18. Continue to support hospital based alcohol liaison work.
19. Continue to support homeless alcohol services.
20. Ensure investment enables the provision and uptake of evidence-based specialist treatment for at least 15% of estimated dependent drinkers in line with DH guidance.
21. Ensure capacity allows comprehensive assessments for all individuals scoring 16 and over on Alcohol Use Disorders and Identification Test (AUDIT).

Mental Health

22. Explore opportunities for increased joint working with the CCG (BMH Commissioners) to develop more effective service provision for dual diagnosis clients going forward. There is a need here to focus on how to work with substance misusers with less severe MH needs.
23. Improved data monitoring is required to understand the needs of dual diagnosis in Bristol. Further work is required as to how we can demonstrate good outcomes for this cohort in order to build these in to future service specifications.
24. There needs to be further consideration regarding the offer of services for dual diagnosis clients when presenting in primary care to ensure that their needs are being best met.
25. Explore opportunities for co-location of staff to improve joint working and improve outcomes for dual diagnosis clients.
26. Explore opportunities for joint referral meetings between SM and MH services to improve joint recovery care planning.
27. Explore how feasible it is for social prescribing services to work with substance misuse clients with low level mental health needs and link with commissioners.

28. There is a need for improved workforce development for both substance misuse and mental health professionals around dual diagnosis issues. This needs to encourage confidence of when to refer between services and how to manage levels of risk appropriately.

29. Increase the strategic priority of dual diagnosis across SM and MH by holding 6 monthly dual diagnosis workshops with key stakeholders.

Housing

30. Consider the possibility of having an outreach team for engaging substance misusing people into community treatment.

31. Co-locate SM professionals in Level 1 hostels to engage potential clients

32. Deliver a training package to preventing homelessness staff/staff in frontline services receiving prison leavers, such as hostels and homeless health services, in Spice use, it's effects and treatment options.

33. Explore the potential for co-commissioning substance misuse housing with Preventing Homelessness services to benefit from economies of scale, fewer contracts and better pathways.

34. Further work with the Preventing Homelessness is required to explore the increases in homelessness in Bristol.

35. Work with BCC colleagues to understand whether substance misuse is a factor in evictions as well as whether substance misuse is a refusal reason for housing providers in the Preventing Homelessness pathway.

36. Consider increasing Preparation housing units to respond to levels of demand.

Relationships

37. Safeguarding children is paramount and remains a key priority within substance misuse services.

38. Review what happens when children who have been exposed to parental substance misuse are taken into care.

39. Continue to link with the commissioners of young people's substance misuse services and the Drugs and Young People project to meet the needs of children effected by parental substance misuse.

40. Maintain close working with young people's treatment services to ensure a smooth transition for young people moving from young peoples into adult treatment.

41. Work closely with young people's services to identify young adults coming into treatment who are unknown to young people's services. This will identify gaps and strengthen prevention and harm reduction
42. There is a continued need to support clients to be good parents and to address the stigma that parents face as this could continue to prevent vulnerable clients accessing appropriate services.
43. The Think family/Early Help overlap with substance misuse services should be reviewed. All practitioners need a clearer view of the support clients are receiving to ensure services can work together effectively.
44. Work with colleagues in Children and Family Services to ascertain whether the following challenges that have been identified in research are in issue in Bristol. For professionals working with families where substance misuse is a factor the barriers presented were: engagement, conflicting agency focus, inter-agency communication, conflicting assessment needs, children having significant needs but remaining largely invisible.
45. Review the substance misuse knowledge/skills of those practitioners who are the main contact with families to meet the parents and children's needs. This needs to consider drug and alcohol awareness.
46. Further work is needed to map out how information sharing does/does not take place when working with families who have substance misuse issues.
47. Treatment services have a relationship with over 100 suspected domestic violence perpetrators and could be well placed to address the issues that contribute to the cycle of abuse.
48. Victims of domestic violence and abuse may also benefit from targeted support.
49. The combined impact of domestic violence, substance misuse and mental health is recognized. The services offered to these vulnerable individuals need to be sufficiently resourced. Learning from the Golden Key initiative will be critical in informing the approach.
50. Peer support offers considerable benefits to both the peers and those receiving their support. This should be considered as a fundamental part of a treatment system.
51. The availability of peer supporters does need consideration to ensure plans are realistic.

52. Explore the possibility of co-commissioning peer support with other commissioners in recognition of the fact that people using drugs and alcohol are likely to experience a number of issues.

53. It is important to continue to support those who are caring for friends/family members with substance misuse issues. Commissioners could consider whether on line support would be viable for carers services and the role that peer support could play within carers and family services.

54. Explore the opportunity for joint commissioning carers and family services with substance misuse commissioners from neighbouring authorities.

Training, Education, Volunteering and Employment

55. Opportunities for training, education, volunteering and employment are a critical part of recovery and the specific challenges that substance misuse presents need to be catered for either in specific TEVE services or within wider TEVE provision.

56. Communication between all relevant agencies including commissioners, JCP and WP should be written into protocols which are acted upon and included in performance management of agencies.

57. Consider a one stop shop so that clients who are more chaotic and have more difficulty accessing training can be engaged in TEVE services and other training opportunities across the city.

58. Continue close working relationships with VOSCURs Sustain Programme.

59. Explore joint working opportunities to address the stigma faced by former drug users from potential employers, relating to previous drug use and criminal history.

Criminal Justice

60. As a result of the new licensing arrangements as directed by the Transforming Rehabilitation Act, there is a need for clear working protocols and information sharing agreements between treatment providers and the National Probation Service and the Bristol Gloucestershire Wiltshire and Somerset Community Rehabilitation Company in order to ensure that the needs of service users' substance misuse needs are met.

61. Commissioners of SM treatment within HMP Bristol to ensure that referrals to existing psychosocial services as well as substitution therapies are offered to clients. Pathways to OST are good, whereas fewer people attend psychosocial services.

62. Commissioners of AIRS and ROADS to develop a joint working protocol to better meet the needs of clients leaving the custody suites. Consider an in-reach services by ROADS or a peer led meet and greet service in custody.

63. Targeted work by ROADS for AIRS clients already in treatment.

64. There should be guaranteed and immediate ongoing substitute prescribing for people returning to Bristol from custody, including locally, regionally and nationally.

65. Further explore how Substance Misuse services and Streetwise teams can work better together.

Appendix 5: Stakeholder Engagement - Main Themes/Findings

Below is a summary of key messages from the Stakeholder Engagement feedback:

Advocacy: People need access to advocacy to help them understand and assert their rights regarding treatment and challenge referral criteria – both within ROADS and for other services e.g. mental health. Tackling stigma and discrimination should be the responsibility of all ROADS services.

Assessment: Have a single integrated assessment process which is shared with relevant professionals across the treatment system and with relevant partners to avoid duplication. Assessment should lead to clear referral pathways. Medical assessment should allow GPs to refer people to ROADS depending on their level of complexity.

Commissioning and procurement: A small number of contracts are appropriate, rather than one big contract, or many small contracts. Several ROADS functions are cross-cutting and need to be shared across more than one Lot / Provider. As the commissioning cycle will be longer, allocate funding for small grants in response to emerging trends and challenges.

Communication: We need clearer information about what ROADS services are and how to access them, including treatment pathways and referral criteria.

Community Alcohol Detox Pathway: The Local Enhanced Service has to be reworked and we need to ensure that capacity can meet demand. Community detox should only be offered with aftercare in place. We need to consider provision for people who have physical health complexities.

Community Opiate Detox Pathway: Detox needs to be supported by relapse prevention – consider a group work element alongside this service. Co-deliver with pain management service where required.

Community Opiate Maintenance Pathway: Recognise the value of medication in recovery where clinically appropriate. GPs may not have the capacity to hold maintenance clients who have increased risk. Improve the identification of potential maintenance clients to free up capacity. Proactively offer other interventions as appropriate.

Families and carer support (regional): A joint regional service will need to have a strong local offer with good links to community organisations and area based support. Having a digital component would increase accessibility.

GP Local Enhanced Contract (drug and alcohol): Use the same model for alcohol as for OST⁹ shared care and integrate where possible, but consider the feasibility and capacity of GP practices. Be aware of other key elements that may impact e.g. Rapid Prescribing. There will need to be extra support for people with complex needs. We should examine need at a locality level if not offering the alcohol service in every surgery.

Harm reduction and healthcare: Have pathways for key health needs including BBV¹⁰, pain management and liver disease. Promote the use of Naloxone. Needle and syringe provision should be accessible out of hours and in a range of ways including static, detached and via pharmacies. Make sure needle exchange service is appropriate for people who inject image and performance enhancing drugs.

Homeless substance misuse provision: GP led drop in sessions, supervised methadone and resettlement and wet clinic are highly valued. Homeless people often have complex needs and a history of trauma so the service needs to be person centred as well as addressing physical needs.

Hospital Liaison: Need to work across hospital and community. Consider if this could be done with a rapid prescribing model rather than in all hospitals. Some clients avoid hospital admission for fear of being abruptly detoxed.

Hosted Case Management System In November 2016 we asked current Theseus users in Bristol to give us their views on the existing case management software via an online survey. We had 86 responses – mostly from practitioner / client facing staff, and also from managers and administrators who use the system. 96% of respondents told us that it was ‘absolutely essential’ or ‘very important’ for all ROADS services to share the same case management system. They also told us that ‘avoiding disruption’ and ‘performance’ should be our most important priorities when recommissioning a case management system.

Maternity substance misuse provision – midwife: This should always be a high priority as the service is effective at reducing risk and keeping service users engaged and on script. It might be better to have a Bristol wide service with a midwife based at St Michael’s Hospital as a centre of excellence.

Non community detox pathway – residential and inpatient: Provides a higher level of safety for people with complex needs and can address physical health problems. Inpatient admission is needed for some people with high risk in order to access residential rehab e.g. sex workers and pregnant women. Both local and single sex provision are required.

⁹ Opiate substitute prescribing

¹⁰ Blood borne viruses e.g. Hepatitis and H.I.V.

Peer support: Peer support plays a pivotal role in supporting recovery. All providers should be accountable for facilitating peer placements and overcoming barriers. Having peer support as a separate service from treatment providers can lead to a greater emphasis on peer supporter's needs.

Pharmacy local enhanced contract: Pharmacies are the main point of contact for some people on scripts, so increase liaison with shared care workers as appropriate. Ensure supervised OST is available during all pharmacy opening hours for people with daytime commitments.

Preparation and In-Treatment Housing: More prep housing is urgently needed. If housing comes out of the ROADS contract we need to ensure good communication across agencies including training and information sharing. Can non-ROADS floating support services support tenants using drugs and alcohol to maintain their tenancy?

Psychiatric led complex needs provision: This would deliver improvements to joint working with mental health services. A consultant led service is important for diagnosis and mental health reviews to support treatment and referrals. Requires a community presence and links into outreach and street based working. There may be a gap in provision for people with 'medium level' mental health needs because of rising thresholds to accessing mental health services.

Rapid access to prescribing for vulnerable groups: The service is working well, but needs to be very accessible and flexible as many people with complex needs struggle with appointments. There should be a service for street sex workers with links to One25.

Recovery planning: We need more joined-up care planning with an aftercare plan that includes relevant services outside ROADS.

Relapse Prevention / Aftercare: There needs to be capacity to offer relapse prevention support for every detox. Providers can promote training, education, volunteering and employment opportunities by having strong links with community organisations. All services are responsible for facilitating access to mutual aid e.g. SMART Recovery/12 step fellowships.

Residential Rehab: We should have a quick and straightforward process for accessing residential rehab for those that need it. Preparation sessions are beneficial when they focus on increasing motivation and commitment. People leaving residential rehab require a clear aftercare plan including appropriate housing.

Social value: Providers can demonstrate added value through having strong links with local community organisations. Providers are likely to have a preventative role reducing the citywide need for social care, policing etc. Social value can be direct and indirect - influencing emotional wellbeing, reducing social isolation etc.

Structured psychosocial interventions (including clinically led interventions):

One-to-one support is needed because not everyone is group-ready. Interventions should be linked to level of need and there should be a wide range of evidence based interventions offered e.g. CBT, Contingency Management, Behavioural Couples Therapy, DBT and Motivational Interviewing. Appoint clinical leads to deliver / supervise interventions. Encourage the use of technology e.g. web-chat to deliver interventions.

Substance Misuse (Alcohol and Drug) Liaison: Workers need to have realistic caseloads, with client complexity and levels of need linked to intensity and duration of treatment. This includes structured psychosocial interventions.

Workforce development: Have a workforce development and training function within ROADS to share skills and increase understanding of substance misuse for outside organisations including generic ETE¹¹, volunteering and Floating Support services.

¹¹ Education, Training and Employment

Appendix 6: Financial Standing Appraisal

The Financial Information provided will be used by the Authority to assess whether the bidders possess the necessary economic and financial capacity to perform the contract.

When undertaking the assessment the Authority looks at the bidders most recent financial statements along with those of any ultimate parent company (if appropriate). These would be checked for general audit issues and then analysed to give an indication of profitability, net worth, liquidity, capacity and general stability.

The Authority reserves the right to use a variety of indicators as it considers appropriate including those from credit agencies. The Authority will also consider any additional information submitted by the applicant should the applicant consider this necessary for the Authority to have a fuller understanding of its financial position. This may be appropriate, for example, to obtain a fuller understanding of an applicant's financial structure or funding arrangements. The Authority would expect any such information to be verified by an independent source, for example, the applicant's auditors. Furthermore the Authority may (but is under no obligation) request further information or explanation from a bidder

Initially basic checks are made on a bidder's name and any relevant registration details (e.g. registered number at Companies House). The Authority would check whether the bidder is trading or dormant and whether it has a parent company. The status of the financial statements is also determined to check whether information submitted is for the last accounting period.

When considering profitability the Authority looks at whether the organisation has made a profit or a loss in the year, which indicates the efficiency of the organisation. A loss in the year would be looked at in conjunction with the balance sheet resources available to cover this loss.

The Authority would look at the bidder's balance sheet and determine the net worth of the organisation and that element that can be mobilised in a financial crisis. To do this the Authority looks at net assets and also at the net tangible worth (excluding intangible assets) of the organisation.

When looking at liquidity the Authority uses the current ratio and the acid test ratio. The current ratio is a measure of financial strength and addresses the question of whether the bidder has enough current assets to meet the payment schedule of its current debts with a margin of safety for possible losses in current assets. The Acid Test ratio measures liquidity and excludes stock to just really include liquid assets. Generally the Authority would expect a bidder to have a current ratio of at least 1:1.

Contract limit is the size of contract that is considered 'safe' to award to a bidder, based on a simple comparison of the estimated annual contract value to the annual turnover of the organisation. This gives an idea of financial strength to ensure that the bidder can cope financially with this size of contract. The Authority assesses the capacity issue of whether the bidder has the resources to carry out the work and also considers whether the bidder will become over-dependant on the contract in question. Generally the Authority would expect a bidder to have a turnover of 1.5 times the annual contract value. It is also acknowledged that the Authority may use its discretion in the application of the contract to turnover ratio.

The Authority would consider all of the above in relation to the bidder and that of any ultimate parent company and then a judgement would be made as to the risk that the organisation would represent to the Authority. If the Authority decides that the financial and economic standing of the bidder represents an unacceptable risk to the Authority then the bidder will be excluded from further consideration in this process.

Appendix 7: Equalities Impact Assessment

Step 1: What is the proposal?

1.1 What is the proposal?

The substance misuse team is currently developing the commissioning strategy for the tendering opportunity for adult substance misuse services (ROADS).

The budget for ROADS contracts is £8.7million and a further £750k has been allocated to the Preventing Homelessness commissioning exercise (for which a separate EqIA is being conducted). This is a 10% reduction on the 2016/17 budget, which itself contained a 10% reduction from the 2014/15 allocation received from Public Health.

Following a series of stakeholder engagement events, a proposed model for the new treatment system has been developed to enable BCC to procure the necessary services. 11 contracts are proposed to be awarded to respond to the recommendations from the Substance Misuse Needs Assessment [BCC, 2016]:

- Specialist Nursing Provision
- Inpatient detox
- Residential rehab provision
- Complex Needs
- Community Recovery Service
- Substance Misuse Liaison (shared care)
- GP Public Health Service contract for opiate substitution therapy
- GP Public Health Service contract for community alcohol detox
- GP Public Health Service contract for supervised consumption
- Early Engagement & Intervention
- Regional Families and Carers Support (co-commissioned with B&NES and South Glos Councils)

The newly configured ROADS system will be aimed at engaging people with support needs around the use of alcohol, opiates and non-opiate drug groups. The current government Drug Strategy sets out 8 best practice outcomes which all substance misuse treatment services should work towards achieving:

- Freedom from dependence on drugs or alcohol;
- Prevention of drug related deaths and blood borne viruses;
- A reduction in crime and re-offending;
- Sustained employment;
- The ability to access and sustain suitable accommodation;
- Improvement in mental and physical health and wellbeing;
- Improved relationships with family members, partners and friends; and
- The capacity to be an effective and caring parent

The government are due to publish a new drug strategy in early 2017 and we await to see if there is a change in the outcomes which are expected to be met, although information received thus far points towards the new strategy being broadly in line with that currently in place.

Step 2: What information do we have?

2.1 What data or evidence is there which tells us who is, or could be affected?

According to the Public Health England Value for Money calculation every £1 spent on substance misuse in Bristol will derive £2.50 of benefit in terms of crime reduction and increased health and wellbeing. This benefit is above the national average of £2.

The reduction in funds available to procure substance misuse services has potential to lead to additional costs for criminal justice and the health system as there is the potential for less effective mitigation of offending behaviours and harms associated with drug and alcohol use.

The “Bristol ROADS Workforce Diversity –Training Needs Analysis 2015-16” [Diversity Trust, May 2016] identified that ROADS providers have approximately 200 members of staff working as part of individual contracts or across lots (excluding volunteers).

As the largest proportion of spend within ROADS contracts is staffing costs, the reduction in budget is likely to result in either decreased pay rates to sustain current employee levels or a smaller workforce.

The needs analysis identified the following demographics of the workforce:

Gender

- 72% (n=99) Female
- 25.5% (n=35) Male

Sexual orientation:

- 6.5% (n=9) staff were Lesbian, Gay or Bisexual (LGB).
- 84.7% (n=116) staff identified as Heterosexual.
- 8.8% (n=12) answered ‘prefer not to say’.

Ethnicity

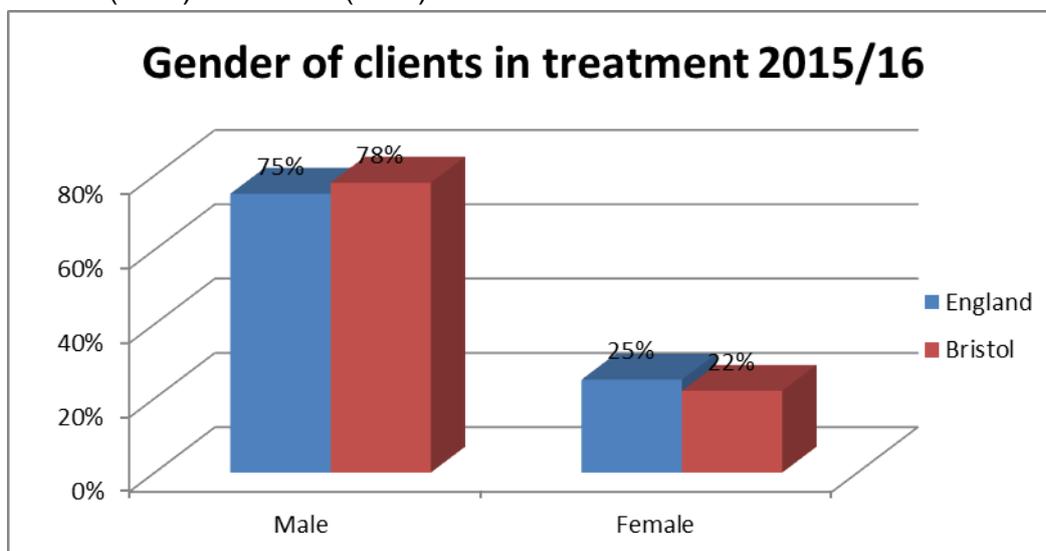
- 18% BME
- 78% White British
- 4% Prefer not to say

Disability

- 76% (n=108) individuals do not identify as being a disabled person
- 22% (n=32) individuals identified as disabled people
- 2% (n=3) of individuals prefer not to say

The recently published National Drug Treatment Monitoring System (NDTMS) Treatment Bulls Eye Data for England reports on demographics and key characteristics (such as proportion of people injecting) of people accessing treatment in 2015/16.

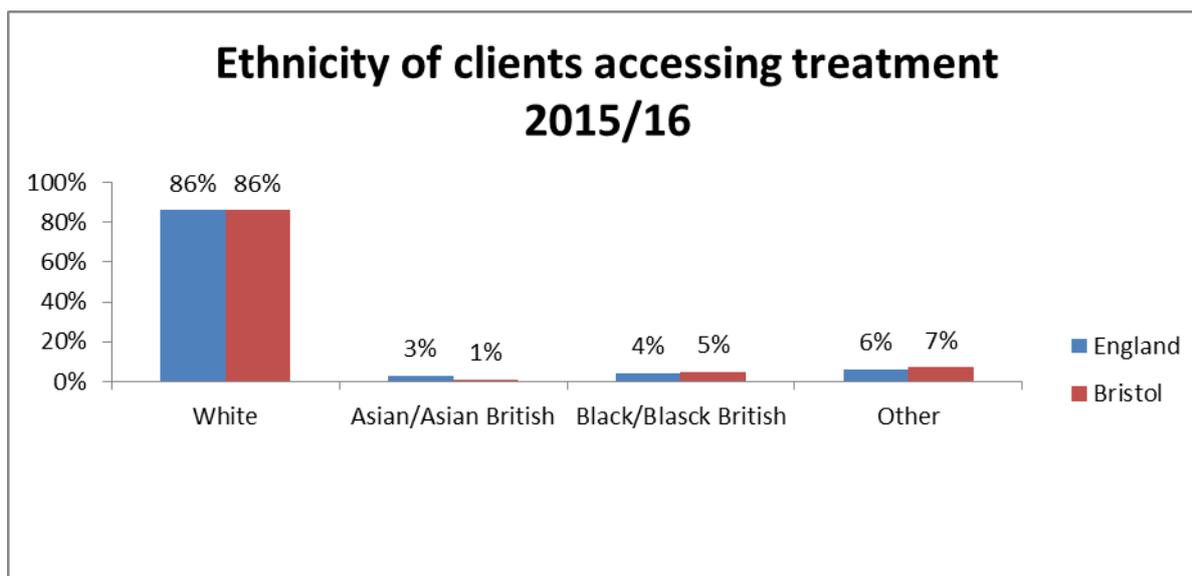
The gender split for people accessing treatment in England is reported as being 75% Male and 25% female. Bulls Eye data for Bristol shows a greater proportion of male clients (78%) to female (22%).



Bristol's gender proportions may indicate that currently treatment is not perceived as accessible for females in Bristol.

86% of clients in treatment in England in 2015/16 identified as White; 3% Asian or Asian British; 4% Black or Black British; and 6% Other.

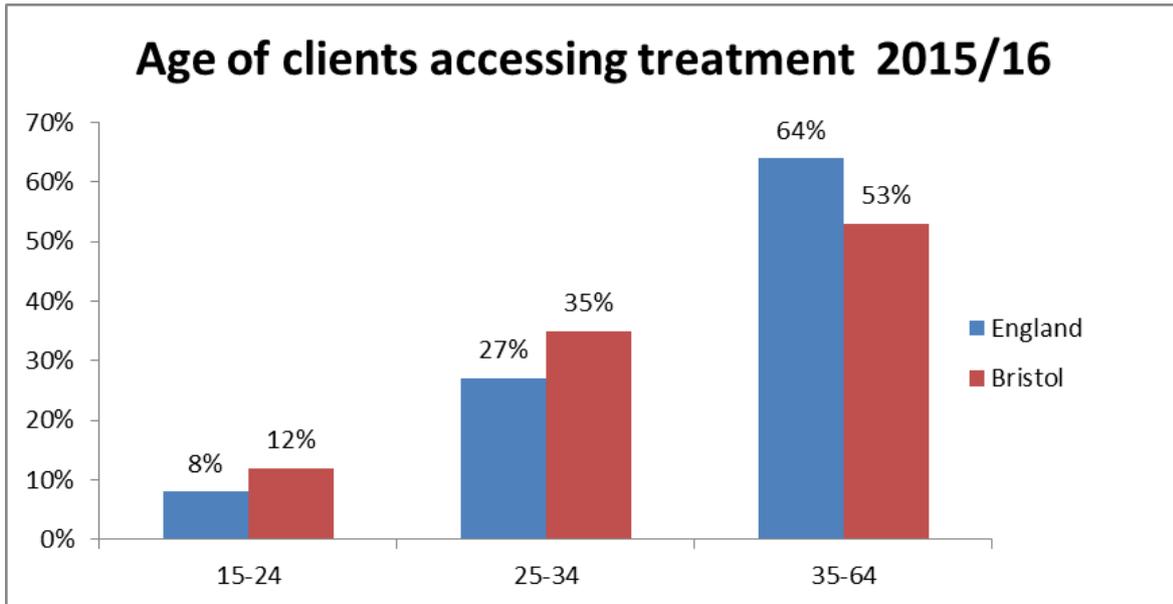
In Bristol 86% identified as White; 1% as Asian or Asian British; 5% as Black or Black British; and 7% as Other. Whilst this is broadly in line with the England representation this is significantly below the BME proportion of Bristol's population of 16% (2011 census data).



Substance misuse levels are not estimated as equal within differing ethnic groups, with White British and people of dual heritage (reported within “Other” above) suffering the highest levels. The “Prevalence of Drug Use Among BME Communities in Bristol” report [Safer Bristol, 2012] identified the following real and perceived barriers to treatment:

- Lack of trust in the cultural competence of drug services
- Low level of confidence in drug service from the BME communities
- Stigma surrounding drug use if the users from these groups attempt to access drug services
- Taboo on discussing drug use
- Fear that disclosing drug use would negatively affect immigration status. (It was a commonly held belief that drug services work with law enforcement and immigration agencies, and that contact with drug services would lead to deportation, suggesting a high level of discomfort at the thought of using statutory services.)
- Waiting time is often reported as a key barrier to accessing services.

In England 8% of people in treatment were aged 15-24; 27% 25-34 and 64% 35-64. Bristol’s proportions were 12% were aged 15-24; 35% were 24-34; and 53% 35+. The smaller representation of younger clients in Bristol is primarily due to the focus on engaging opiate and alcohol users in treatment. These groups have an older profile compared to non-opiate drug users who tend to be younger.

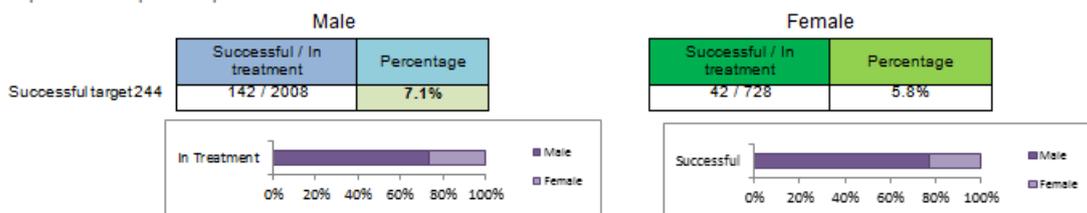


Due to the historic collection of the data we are able to produce performance reports on the successful completion of treatment by gender and ethnicity to identify whether there is equality of outcomes for the relevant groups.

Male opiate clients have significantly better outcomes, measured against 2.15i of the PHOF Outcome Framework, than their female counterparts (7.1% and 5.8% respectively).

2.15 Number of users of opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of opiate users in treatment.

Completion period: 01-Apr-2015 to 31-Mar-2016
 Representations up to: 30-Sep-2016



Female non-opiate clients have significantly better outcomes, measured against 2.15ii of the PHOF Outcome Framework, than their male counterparts (42.9% and 28.1% respectively).

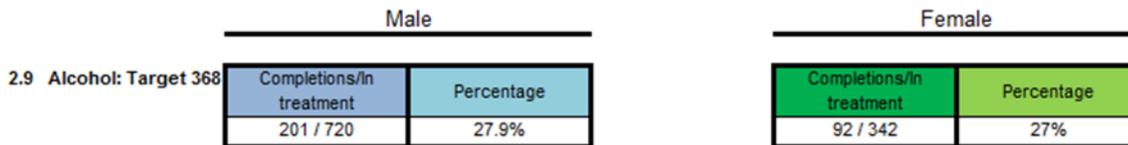
2.151 Number of users of non-opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of non-opiate users in treatment.



Female and male alcohol clients have similar outcomes (27% and 27.9% respectively) for the proportion of clients in treatment who successfully complete alcohol treatment.

Successful Completions as a proportion of all in treatment (rolling 12 months)

Latest completion period: 01-Apr-2015 to 31-Mar-2016

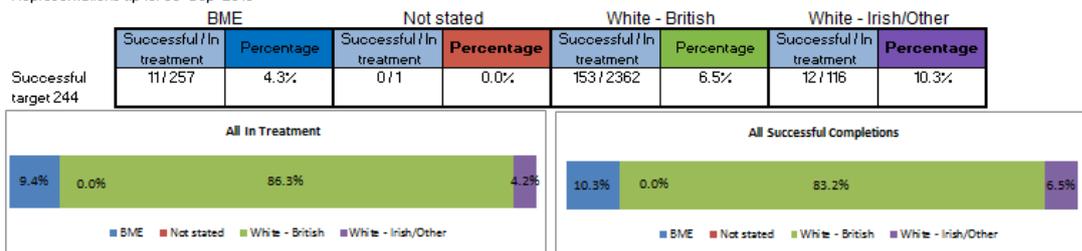


BME clients have significantly poorer outcomes across all drug groups compared to their White British and White Irish counterparts. BME opiate clients are 2.2% and 6% below the outcomes for White British and White Irish/Other respectively; 15.7% and 22% poorer for non-opiate clients; and 5.6% and 9.6% poorer for alcohol.

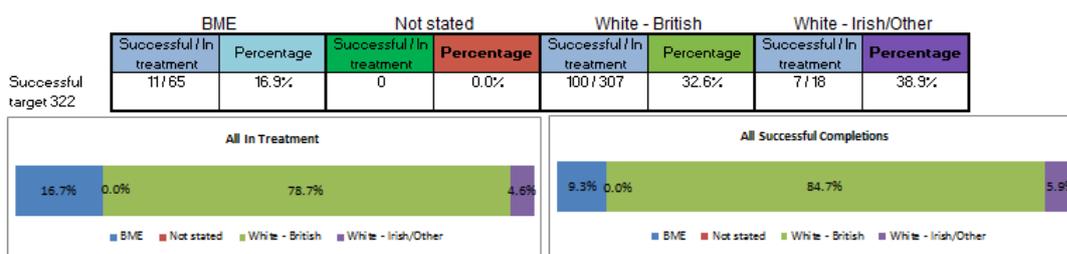
Public Health Outcome Framework

2.151 Number of users of opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of opiate users in treatment.

Completion period: 01-Apr-2015 to 31-Mar-2016
Representations up to: 30-Sep-2016



2.15) Number of users of non-opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of non-opiate users in treatment.



Alcohol: Target 368	Completions/ In treatment	Percentage						
		19 / 85	22.4%	1 / 3	33%	245 / 886	28%	28 / 88

2.2 Who is missing? Are there any gaps in the data?

ROADS providers are mandated to complete monthly returns to NDTMS which collects, collates and analyses information from and for those involved in the drug treatment sector. Public Health England and Local Authorities use this data to monitor the performance of the treatment systems against local and national targets.

Much of the data collected around client demographics/protected characteristics by treatment services are part of the dataset and so is collected in the fields stipulated by NDTMS.

Data on gender, age and ethnicity have been a consistent part of the dataset for many years but reliable information for sexuality, gender reassignment, disability and religion have only been collected since changes to the dataset were introduced in April 2016. This significantly impacts on our ability to understand the treatment profile and successful completion rate for these groups, either due the data not containing enough entries due to clients preferring not to answer given the nomenclature of options (e.g. sexuality recorded as being homosexual rather than lesbian, gay or bisexual) or the to the data not being collected at all (e.g. religion).

Work is currently underway nationally to update the treatment records of all clients in treatment in England to ensure their data is in line with the newly introduced nomenclature although this will not be completed in time to inform this EqIA.

Recognising the absence of reliable data the Diversity Trust was commissioned by ROADS providers in 2015 to publish the “Lesbian, Gay, Bisexual and Trans Research Report”. The report included the following key findings:

- Higher levels of health risk behaviours, such as alcohol misuse, substance misuse and smoking.
- LGB and Trans people are less likely to engage with generic interventions and services.
- LGB and Trans communities have higher levels of need for interventions and targeted support.

- LGB and Trans communities are more likely to experience health inequalities in relation to public health areas and preventing premature mortality.
- LGB people demonstrate a higher likelihood of being substance dependent, dependence is highest amongst gay men and bisexual men and women.
- 24% of Trans people have used drugs within the last 12 months.
- 10% of trans people indicated signs of severe drug abuse using the Drug Abuse Screening Test.
- LGB and Trans people may have different patterns of substance use.
- LGB and Trans substance users may use a wider range of illicit drugs not recorded in the British Crime Survey.

The report states that a lack of cultural competence of support agencies means LGB and Trans people believe generic services aren't appropriate for them and concludes:

- Many LGB and / or Trans people report feeling 'invisible', therefore access to services is often framed by a general lack of awareness or understanding either about gender identity and / or sexual orientation.
- Depending on issues such as attachment to LGB and Trans communities, being "out" in the environment, being resilient when accessing services will all depend on how LGB and / or Trans people feel when accessing support.
- *"The most disadvantaged sections of the LGBT community will always need LGBT-specific services that link them to the LGBT community. The more affluent, self-assured, LGBT people may not require LGBT services at all."*
- (Joe Lavelle, Projects Coordinator, OUTreach Liverpool / North Liverpool CAB)

The report goes on to make following recommendations for commissioners:

- The Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy should include the specific health needs of gay, bisexual and other men having sex with men (MSM); lesbian and bisexual women; Trans women and Trans men; including the specific substance misuse needs of these populations;
- Collection of sensitive gender identity and sexual orientation monitoring data should be consistent;
- Further research is required with Trans communities and substance misuse to better understand the prevalence amongst Trans communities;
- Service specifications should address LGB and Trans specific needs and outcomes;
- Carry out an LGB and Trans. audit of providers.

2.3 How have we involved, or will we involve, communities and groups that could be affected?

A formal consultation period was held with stakeholders between January and April 2017. A number of events were held, including one specifically focussed on the impact on equalities communities and protected characteristics, as well as an online survey.

We asked Stakeholders attending events and completing an online survey to tell us about themselves to ensure our consultation was fair and accessible. 77% said they worked or had worked in substance misuse services and 19% said they worked for another type of service. 24% had used substance misuse services themselves and 22% were carers of someone who had experienced drug/alcohol problems. 14% of participants told us they had experienced problems with drugs/alcohol but not accessed ROADS services.

Participant demographics: Gender was split evenly between male and female. 90% were aged 18-64 with no responses from children. 13% were BME. 32% told us they held a religion or belief. 7% were disabled. 14% said they were lesbian, gay or bisexual. No participants told us they were transgendered.

Stakeholders	Method	Number of participants
All stakeholders	Online survey	82
All stakeholders	4x locality consultation events	96
Service users including peer supporters and family/carers	11 x focus groups and interviews	109
Staff / workforce of commissioned services	3 x Staff Meetings	113
GPs and primary care liaison workers	Events and meetings	35
Residential rehab providers	Event	19
Written responses from agencies and individuals	Email	18
Relevant professionals	Equalities Impact Assessment Workshop	12
Relevant professionals	VOSCUR hosted Event	7

Step 3: Who might the proposal impact?

3.1 Does the proposal have any potentially adverse impacts on people with protected characteristics and can these impacts be mitigated or justified?

Feedback from commissioning consultation events held between January and April 2017

General equalities issues

<p>What are different needs? Any discrimination or disadvantage?</p> <ul style="list-style-type: none"> ▪ Lack of advocacy service may impact on all protected characteristics ▪ Risks of hubs turning people off as buildings could be stigmatising ▪ Inequality of access in having GP only services if they don't have a GP 	<p>How can we best meet these needs? / How to mitigate discrimination or disadvantage?</p> <ul style="list-style-type: none"> ▪ Outreach is essential to engaging marginalised groups ▪ Services are able to ambassador for D&A clients with community services to overcome discrimination ▪ Balance between EE&I and CRC ▪ Look at the partnership between ROADS and community services (AA, children's centres, community health schemes, etc.) to increase outreach offer ▪ Holistic approach needed to ensure all needs are considered ▪ Link with community public health teams
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Age

<p>What are different needs? / Any discrimination or disadvantage?</p> <ul style="list-style-type: none"> ▪ need to make sure offer is for people using NPS/other drugs not just heroin/crack/alcohol ▪ Reduction in funding means EE&I will not be able to engage as readily with older adults ▪ Older alcohol users will be disadvantaged if home visits not available (Isolation) ▪ More difficult for older people to travel further 	<p>How can we best meet these needs? How to mitigate discrimination or disadvantage?</p> <ul style="list-style-type: none"> ▪ Expanding the alcohol provision will help with the physical health of older people ▪ YP/older people friendly approach ▪ Local services more accessible ▪ Connecting people to local social networks ▪ Link with local community provision (Fellowship, SMART etc.) ▪ Work out how to share client details, with consent, more easily ▪ Online presence
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Disability

<p>What are different needs? / Any discrimination or disadvantage?</p> <ul style="list-style-type: none"> ▪ Complex Needs service might be less flexible than primary care ▪ Reduction in in-patient detox will be worse for people with additional health needs ▪ Reduction in life expectancy for people with MH problem (lack of advocacy) ▪ Learning disability – struggle to engage/understand services 	<p>How can we best meet these needs? / How to mitigate discrimination or disadvantage?</p> <ul style="list-style-type: none"> ▪ Services need to be suitable for service users with brain damage and memory impairment ▪ Ensure hidden disabilities are considered (e.g. dyslexia and paperwork expectations) ▪ Linking in with existing support – referral pathways between ▪ Escalation of adult social care cases and increase/support understanding of roles and responsibilities within both ASC and SM teams ▪ Rely on community services to offer with access support (lifts etc). ▪ Ensure services compliant with access legislation
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Gender reassignment

<p>What are different needs? Any discrimination or disadvantage?</p> <ul style="list-style-type: none"> ▪ None identified 	<p>How can we best meet these needs? How to mitigate discrimination or disadvantage?</p> <ul style="list-style-type: none"> ▪ Trans community, THT closing in old market, need out of hours services e.g. prism ▪ AA/ARA run a LGBT meeting, publicise availability ▪ Ensure services accessible in relation to gender identity (e.g. unisex toilets) ▪ Increase/improve education/training around gender reassignment issues
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Pregnancy and maternity

<p>What are different needs? Any discrimination or disadvantage?</p> <ul style="list-style-type: none"> ▪ Delay in agreeing adult and child funds for rehab – consider framework 	<p>How can we best meet these needs? / How to mitigate discrimination or disadvantage?</p> <ul style="list-style-type: none"> ▪ Ensure training is a component of the maternity drug service – e.g. Day to day challenging peers attitudes/conduct towards D&A clients ▪ Ensure priority access to pregnant ▪ Provide sexual health advice to women who have had a child recently removed. Provide choices. ▪ Development of Pause project ▪ Make services accessible to parents (school times etc.)
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Race

<p>What are different needs? Any discrimination or disadvantage?</p> <ul style="list-style-type: none"> ▪ Stigma around accessing services on your 'doorstep' ▪ Reduction in funding means EE&I will not be able to engage as readily with Somali community ▪ Lack of specific provision for drugs that affect BME clients e.g. Khat ▪ Some clients do not have recourse to public fund ▪ Stigma of D&A use within BME communities prevents access 	<p>How can we best meet these needs? How to mitigate discrimination or disadvantage?</p> <ul style="list-style-type: none"> ▪ Services need to be accessible for people for whom English isn't their first language ▪ Education across all providers re recruitment and retention of BME/LGBT workforce ▪ Check criteria/requirements for accessing rehab/housing funds ▪ Develop links with organisations remitted to work with clients with no recourse to public funds ▪ Publicise services are free (yet quality)
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Religion or belief

<p>What are different needs? Any discrimination or disadvantage?</p> <ul style="list-style-type: none"> ▪ Stigma with communities 	<p>How can we best meet these needs? How to mitigate discrimination or disadvantage?</p> <ul style="list-style-type: none"> ▪ Engage with community leaders (i.e. Imams) ▪ 12 step programme being developed along the pillars of Islam/Sikhism ▪ Ensure choice within CRCs ▪ Primary care opens access ▪ Develop links with faith based services
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Sex

<p>What are different needs? Any discrimination or disadvantage?</p> <ul style="list-style-type: none"> ▪ Men – additional barriers to accessing MH, increased suicide ▪ CCA process does not support women with complex needs 	<p>How can we best meet these needs? How to mitigate discrimination or disadvantage?</p> <ul style="list-style-type: none"> ▪ Link with suicide prevention strategy ▪ Need for female only services to increase engagement ▪ Primary care services likely to increase attendance for women ▪ Strong links needed with DV provision and good education about issues ▪ Considerations about childcare ▪ Consider women who suffer day to day trauma (e.g. FSWs and PTSD) ▪ Rehab for female trauma/PTSD ▪ Keyworker led CCA process (stop referring to new worker to complete)
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Sexual orientation

<p>What are different needs? Any discrimination or disadvantage?</p> <ul style="list-style-type: none"> ▪ Stigma if sexuality within religions can lead to greater prevalence of substance misuse ▪ Reduction in funding means EE&I will not be able to engage as readily with equalities communities (e.g. Prism for LGBT, older adults, Somali community) ▪ Chem sex, trans community, THT closing in old market, men who sell sex need out of hours services e.g. prism 	<p>How can we best meet these needs? How to mitigate discrimination or disadvantage?</p> <ul style="list-style-type: none"> ▪ LGBT specific services needed ▪ Make services LGBT friendly
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Street Homeless

<p>What are different needs? Any discrimination or disadvantage?</p> <ul style="list-style-type: none"> ▪ None identified 	<p>How can we best meet these needs? How to mitigate discrimination or disadvantage?</p> <ul style="list-style-type: none"> ▪ Needs to be flexible to meet people at a location that is accessible ▪ Homeless Health Service ▪ CCA process needs to consider accommodation
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Prison leavers

<p>What are different needs? Any discrimination or disadvantage?</p> <ul style="list-style-type: none"> ▪ Remand prisoners and those with short sentences – less planned releases = higher risk 	<p>How can we best meet these needs? How to mitigate discrimination or disadvantage?</p> <ul style="list-style-type: none"> ▪ Ensure continuity – Through the Gate ▪ Sheltered provision
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3.2 Does the proposal create any benefits for people with protected characteristics?

1) Ensuring ongoing compliance with the new NDTMS dataset will ensure that robust and relevant information is collected and collated to monitor the representation of the workforce as well as engagement, retention and successful completion of equalities groups in contact with ROADS.

2) By situating alcohol detox and opiate substitution therapy in primary care we envisage making the entry point into ROADS services more accessible for clients in need of services for whom the stigma associated with substance misuse is a continuing barrier to access support. This is particularly relevant for increasing the proportion of females and BME clients accessing ROADS.

3) Developing a locality based Community Recovery Service has the potential to make the recovery community in each locality more representative of the ethnic diversity of each area and increase BME representation with ROADS

4) Following the Social Value policy of ensuring 25% of procured services are awarded to SME organisations allows the opportunity for community organisations, including equalities groups, to be involved in the commissioning process in a consortia or sub-contractual basis.

3.3 Can they be maximised? If so, how?

Building an equalities performance monitoring framework will aid the focus on ensuring equality of outcome across equalities groups and enable us to highlight areas of inequality early to ensure improvement measure can be implemented to improve the situation.

Additional feedback from the public as part of the BCC Financial Strategy budget proposals

Black South West Network

Major concerns were expressed regarding the inter-related nature of the issues that individuals and families experiencing crisis have:

The stress caused by prolonged crisis can cause mental health issues, if undiagnosed, individuals won't get the necessary support under the Mental Health Act. Drug dependency can result for people experiencing crisis and mental health issues, which often leads to criminality and custodial sentences.

Whilst in prison, people either continue to use drugs, or begin to due to high levels of stress and the ease of availability. There is little support for people leaving prison with drug additions, and no 'half-way house' type accommodation available. This means that ex-offenders tend to be housed in hostels where many of the other residents are drug users. This often leads to ex-offenders continuing to use, or relapsing into use, and subsequently leading them back into criminality.

Young homeless people, and young people leaving care at 18 with nowhere to live are also often housed in hostels where drug and alcohol use is prevalent. This creates a significantly increased risk of these young people using, particularly if experiencing stress and crisis about the homelessness.

There needs to be an integrated prevention and early intervention service that combines housing support with mental health service, drug dependency services, ex-offender resettlement and support services, and care leavers services to seek to break these multiple cycles of crisis.

Step 4: So what?

4.1 How has the equality impact assessment informed or changed the proposal?

Anecdotal reports received by the Substance Misuse Team suggest that some equalities groups are reluctant to access mainstream substance misuse services due to the perception that services are not culturally competent or due to the stigma associated with substance misuse. Situating alcohol detox alongside OST in primary care and the development of locality based community recovery service are a response to calls to develop more accessible services.

The feedback from the Black South West Network reinforces the identified need to improve the pathway between substance misuse services and the mental health system to ensure people experiencing crisis are able to have their needs met.

Issues raised by the Black South West Network relating to combining housing support with mental health service, drug dependency services, ex-offender resettlement and support services, and care leavers services to seek to break these multiple cycles of crisis will be considered alongside the Preventing Homelessness Accommodation Pathways Families and Adults commissioning process.

Care leavers will be included as a priority group in the risk assessment process for clients accessing ROADS as they are already identified as a population with elevated prevalence of substance misuse.

4.2 What actions have been identified going forward?

Ensure monitoring of engagement with equalities communities will need to be an important part of developing the performance management framework for the new ROADS services

4.3 How will the impact of your proposal and actions be measured moving forward?

Monitoring of the levels of engagement ROADS has with equalities groups through NDTMS published reports

Development of equalities focussed performance reports to mirror the headline performance reporting mechanisms.

Engagement with service user groups to gain qualitative feedback from equalities groups' representatives

Title: The Environmental Offences (Fixed Penalties) (England) Regulations 2017 Changes to Fixed Penalty Rates – retention of early payment rates.	
Ward: Citywide	
Author: Kurt James	Job title: Clean Streets Campaign Project Manager
Cabinet lead: Kye Dudd	Director Lead: Peter Mann, Transport
Decision Maker: Cabinet Member Decision Forum: Cabinet	

Summary of issue / proposal:

The Environmental Offences (Fixed Penalties) (England) Regulations 2017 came into effect on 1 April 2018 increasing rates for fixed penalties payable in respect of certain offences relating to the environment. They replace the Environmental Offences (Fixed Penalties) (Miscellaneous Provisions) Regulations 2007 (“the EOR 2007”) (except for regulation 2(2) (b) and 3(2) (b) of the EOR 2007).

- The change in legislation automatically increases the rates of some fixed penalty notices from 1 April 2018 to a default level set by the legislation. This proposal recommends that the City Council continues these default rates for fixed penalty notices.
- The further proposal is to retain the early fixed penalty payment rate tier littering, distribution of printed matter, graffiti and flyposting, where the principle of this was agreed 11 November 2014. This was originally introduced as an inducement for people to pay their fines. For the period beginning 4 April 2018 and ending with 31 March 2019, the early payment rate for these offences is recommended to be set at the lowest rate of £50.00, and from 1 April 2019, the early payment rate for these offences is recommended to be set at the lowest rate of £65.00 (regulation 5).
- Fixed penalty notices not affected by the change in legislation will remain at the existing rates, with the exception of commercial waste receptacles Fixed Penalty Notice for which we are recommending the removal of the early payment rate of £60.00, bringing it in line with other offences such as repairing vehicles on the road and selling cars on the road.

These recommendations will support our robust enforcement approach designed to bring behaviour change and make Bristol measurably cleaner by 2020.

Summary of proposal and options appraisal:

- The Mayor has made a pledge that Bristol will be measurably cleaner by 2020 and the Clean Streets Plan which underpins the pledge is designed to change the behaviour of people in Bristol in order to reduce litter, dog fouling, fly tipping, graffiti and other environmental crimes. This will be done through the following interventions:
 - Sending a clear message
 - Cleaning up the city, and
 - A robust, zero tolerance approach to enforcement.
- The enforcement approach involved establishing a partnership with a third party provider at no financial cost to the council which will increase on-street enforcement significantly. The council’s enforcement resources would then be focussed on the larger scale, more serious environmental crimes such as large scale fly tipping.
- A 9-12 month pilot project to deliver Environmental Enforcement started on 6 November 2017. This service is being delivered at zero cost to the local authority by Kingdom Environmental Services.
- Between 6 November and 31 December this new enforcement service issued 1,966 fixed penalties notices to people committing environmental crimes.
- The Environmental Offences (Fixed Penalties) (England) Regulations 2017 came into effect on 1 April 2018 and prescribe the ranges within which the amounts of certain fixed penalties that are capable of being specified by a local authority are required to fall (regulations 2 to 5).
- The ranges for littering, free distribution of printed matter on designated land and graffiti and fly-posting (see regulations 4 and 5) are different to those under the EOR 2007.
- For the period beginning with 1 April 2018 and ending with 31 March 2019, the range is not less than £50 and not more than £150 (regulation 4). From 1 April 2019, the range is not less than £65 and not more than £150 (regulation 5).
- Regulations 6 and 7 amend the Environmental Protection Act 1990 and the Anti-Social Behaviour Act 2003 in relation to England to increase the amount of the penalties for littering, free distribution of printed matter on designated land and graffiti and fly-posting where a local authority does not specify an amount. The penalty

for each is increased from £75 to £100.

- The Regulations also state a minimum lesser amount which an authority may treat as payment of the full amount if paid before the end of a period specified by the authority in relation to certain fixed penalties (regulations 8 to 11).
- Regulation 13 partially revokes the Environmental Offences (Fixed Penalties) (Miscellaneous Provisions) Regulations 2007. Regulation 13 also revokes the Environmental Offences (Fixed Penalties) (Miscellaneous Provisions) (Amendment) Regulations 2012.
- A full regulatory impact assessment has not been produced for this instrument as no impact on the private or voluntary sectors is foreseen.
- Regulation changes will increase the rate of fixed penalty notices to be issued by both the BCC Neighbourhood Enforcement Team and Kingdom Environmental Services.

Recommendation:

1. To continue the Environmental Offences (Fixed Penalties) (England) Regulations 2017 default rates.
2. To retain the early fixed penalty payment rate tier for littering, distribution of printed matter, graffiti and flyposting. For the period beginning 4 April 2018 and ending with 31 March 2019, the early payment rate for these offences is recommended to be set at the lowest rate of £50.00, and from 1 April 2019, the early payment rate for these offences is recommended to be set at the lowest rate of £65.00 (regulation 5).
3. To remove the early payment rate of £60.00 for commercial waste receptacles, bringing it in line with other offences such as repairing vehicles on the road and selling cars on the road.

Default Fixed Penalty Notice Rates from 1.04.2018 to 31.03.2019

Offence	Section/Act	Early	Full
Littering	S.87/88EPA'90	£ 50.00	£ 100.00
Fly-posting	S.43ASB'03	£ 50.00	£ 100.00
Graffiti	S.44ASB'03	£ 50.00	£ 100.00
Distribution of printed matter	S.3AEPA'90	£ 50.00	£ 100.00

Default Fixed Penalty Notice Rates from 1.04.2019

Offence	Section/Act	Early	Full
Littering	S.87/88EPA'90	£ 65.00	£ 100.00
Fly-posting	S.43ASB'03	£ 65.00	£ 100.00
Graffiti	S.44ASB'03	£ 65.00	£ 100.00
Distribution of printed matter	S.3AEPA'90	£ 65.00	£ 100.00

Removal of Commercial Waste Receptacle Early Payment

Offence	Section/Act	Early	Full
Commercial waste receptacles	S.47EPA'90	-	£ 100.00

Revenue Cost: £ 0	Source of Revenue Funding: n/a
Capital Cost: £ 0	Source of Capital Funding: n/a
One off <input type="checkbox"/>	Saving <input type="checkbox"/>
Ongoing <input type="checkbox"/>	Income generation <input type="checkbox"/>

Finance narrative:

This report requests that BCC increase its fixed penalties relating to the environment from 4 April 2018. These revised penalties will be within the range set out in Environmental Offences (Fixed Penalties) (England) Regulations 2017. In addition, this report proposes the retention of the fixed penalty early payment rates which are currently offered.

This environmental enforcement supports the Mayoral Clean Streets Campaign and will continue to be delivered with no financial cost impact to the Council.

Finance Officer: Jemma Prince (Finance Business Partner) 15/2/18

City Outcome:

- Making the streets of Bristol cleaner is one of the key objectives of the 2017-2022 Corporate Strategy.
- The strategy says that we will put Bristol on course to be run entirely on clean energy by 2050 and introduce a safe, clean streets campaign.
- The Clean Streets Campaign will be a main focus to help us improve the cleanliness of the city and focus our resources on the areas of highest need.
- To support the Mayoral Clean Streets Campaign working with Bristol Waste Company, community

- organisations and schools to promote behaviour change.
- Support the Mayoral Clean Streets Campaign and develop community enforcement teams which will be integral to supporting it.
- Bristol Waste Company will lead on encouraging people to change their behaviour for example stop dropping litter.
- Residents will be supported with their identified priorities in Neighbourhood Partnerships of tackling litter and fly tipping. Support communities to do things for themselves through targeted investment.

Health Outcome summary:

Improving the environment contributes to improving the mental health and wellbeing of residents reducing demand for mental health services and increase emotional wellbeing.

Sustainability Outcome summary:

The significant impacts of this proposal are:

This proposal is part of a plan to make Bristol's streets measurably cleaner by 2020 through measures taken to encourage behaviour change. The measures include education and community engagement, targeted action on particular street scene hotspots in the city and increased enforcement action. The realisation of the proposals outlined in this plan would significantly reduce environmental impact across a range of areas, in particular, the appearance of the city, pollution to land and water and wildlife and habitats. Whilst it is not possible to calculate the scale of reduction, it's likely that it would be significant in the citywide context.

The proposals include the following measures to mitigate the impacts:

The proposals are an overall positive in terms of their eco impact.

The net effects of the proposals are

Positive

Equalities Outcome summary: This proposal will be implemented as part of the Mayoral Clean Streets Plan for which a full Equalities Impact Assessment has been undertaken to identify and mitigate any potential negative impact on people with protected characteristics. The proposal does not introduce any new impacts which have not been addressed as part of the Clean Streets Plan Equalities Impact Assessment. In order to mitigate any negative impact for groups that may potentially be disadvantaged by changes proposed in the plan and related measures, promotional and educational campaigns and engagement with communities will be undertaken in advance. For example, it will be important to ensure that communities are aware of the increase in enforcement proposed and that they have access to information in an accessible format to help them to change any behaviour that would otherwise result in enforcement action.

Impact / Involvement of partners: Partners such as the Police, Bristol Waste Company, community groups and a variety of others are key to delivering the plan and supporting residents to take responsibility for improving the city themselves. All interventions have been developed with the involvement of appropriate partners through the clean streets campaign.

Consultation carried out: Consultation within the council has been undertaken with technical officers from various professional disciplines, the Bristol Waste Company, the Cabinet Member for Waste, the Senior Leadership Team and the Executive Board. External consultation has not been undertaken on this proposal.

Legal Issues: The Environmental Offences (Fixed Penalties) (England) Regulations 2017 enable the Council to specify the amount of a fixed penalty subject to prescribed minimum and maximum amounts in respect of a number of environmental offences. In the event of the Council not so specifying the amount of the fixed penalty the default penalty of £100 is automatically applied as from 1 April 2018 in respect of the following offences: -

- Littering, distribution of printed matter, graffiti and flyposting.

The Council also has a discretion to make provision for a lesser (or discounted) penalty in the event of early repayment which must not be less than the prescribed amounts

Legal Officer: Sarah Sharland 14.03.2018

EDM/DLT Sign-off	Patsy Mellor	21/02/18
CLB Sign-off	Patsy Mellor	06/03/18
Cabinet Member sign-off	Councillor Kye Dudd	02/03/18
For Key Decisions - Mayor's Office sign-off	Kevin Slocombe	26/02/18

Appendix A – Further essential background / detail on the proposal	YES
Appendix B – Details of consultation carried out - internal and external	NO
Appendix C – Summary of any engagement with scrutiny	NO
Appendix D – Risk assessment	NO
Appendix E – Equalities screening / impact assessment of proposal	YES
Appendix F – Eco-impact screening/ impact assessment of proposal	YES
Appendix G – Exempt Information	NO

STATUTORY INSTRUMENTS

2017 No. 1050

ENVIRONMENTAL PROTECTION, ENGLAND

The Environmental Offences (Fixed Penalties) (England) Regulations 2017

Made - - - - 30th October 2017

Laid before Parliament 1st November 2017

Coming into force in accordance with regulation 1

The Secretary of State makes these Regulations in exercise of the powers—

- (a) in sections 2A(11) and 2C(2)(d) and (3) of the Refuse Disposal (Amenity) Act 1978 (and for those sections, the Secretary of State is, for England, the appropriate person as defined in section 11(1) of that Act)(1),
- (b) in sections 5B(12) and 5C(3)(b) and (4) of the Control of Pollution (Amendment) Act 1989 (and for those sections, the Secretary of State is, for England, the appropriate person as defined in section 9(1) of that Act)(2),
- (c) in sections 34A(12), 47ZB(4) and (5) and 73A(2)(b), (3) and (8) of the Environmental Protection Act 1990 (and for those sections, the Secretary of State is, for England, the appropriate person as defined in section 29(1A)(a) of that Act)(3),
- (d) in sections 88(11) and 97A(1) to (3) of the Environmental Protection Act 1990 (and for those sections, the Secretary of State is, for England, the appropriate person as defined in section 98(1A)(a) of that Act)(4),
- (e) in sections 8A(4) and (5) and 9(4A)(b) and (4B) of the Noise Act 1996 (and for those sections, the Secretary of State is, for England, the appropriate person as defined in section 11(2A)(a) of that Act)(5),

-
- (1) 1978 c.3. Sections 2A and 2C were inserted by section 10 of the Clean Neighbourhoods and Environment Act 2005 (c.16) (“the CNEA 2005”). The definition of “appropriate person” was inserted by section 14(3) of that Act.
 - (2) 1989 c.14. Sections 5B and 5C were inserted by section 38 of the CNEA 2005. The definition of “appropriate person” was inserted by section 39(2) of that Act.
 - (3) 1990 c.43. Sections 34A, 47ZB and 73A were inserted by sections 45, 48 and 52 of the CNEA 2005 respectively. Section 73A(2) was amended by S.I. 2016/334. The definition of “appropriate person” was inserted by section 51 of that Act.
 - (4) Sections 88(11) and 97A were inserted by sections 19(6) and 24 of the CNEA 2005 respectively. The definition of “appropriate person” was inserted by section 26 of that Act.
 - (5) 1996 c.37. Section 8A was inserted by section 82(2) of the CNEA 2005, and amended by paragraph 11 of Schedule 1 to the CNEA 2005. Section 9(4A) and (4B) was substituted by section 42(5) of the Anti-social Behaviour Act 2003 (c.38) and was amended by section 83(2) of the CNEA 2005. Section 9(4A)(b) was amended by paragraph 12(4) of Schedule 1 to the CNEA 2005. The definition of “appropriate person” in section 11(2A)(a) was inserted by section 85(2) of the CNEA 2005.

- (f) in sections 43A(4) to (6) and 47(4) of the Anti-social Behaviour Act 2003 (and for those sections, the Secretary of State is, for England, the appropriate person as defined in section 47(1) of that Act)(6),
- (g) in sections 6(11) and 8(2)(d) and (3) of the Clean Neighbourhoods and Environment Act 2005 (and for those sections, the Secretary of State is, for England, the appropriate person as defined in section 9(2) of that Act)(7), and
- (h) in sections 74(4) and (5) and 75(2)(d) and (3) of the Clean Neighbourhoods and Environment Act 2005 (and for those sections, the Secretary of State is, for England, the appropriate person as defined in section 81(1) of that Act).

Citation, commencement and expiry

1.—(1) These Regulations may be cited as the Environmental Offences (Fixed Penalties) (England) Regulations 2017.

(2) These Regulations (except regulation 5) come into force on 1st April 2018.

(3) Regulation 5 comes into force on 1st April 2019.

(4) Regulation 4 ceases to have effect at the end of 31st March 2019.

Penalty range: audible intruder alarms

2. The amount of a fixed penalty capable of being specified by a local authority under section 74(2)(a) of the Clean Neighbourhoods and Environment Act 2005 is not less than £50 and not more than £80.

Penalty range: commercial etc. waste receptacles and noise

3. The amount of a fixed penalty capable of being specified by any of the following under the corresponding section is not less than £75 and not more than £110—

- (a) a waste collection authority under section 47ZB(2)(a) of the Environmental Protection Act 1990 in respect of an offence under section 47 of that Act;
- (b) a local authority under section 8A(2)(a) of the Noise Act 1996.

Penalty range: litter, distribution of printed matter, and graffiti and fly-posting: 1st April 2018 to 31st March 2019

4. The amount of a fixed penalty capable of being specified by any of the following under the corresponding section is not less than £50 and not more than £150—

- (a) a principal litter authority under section 88(6A)(a) of the Environmental Protection Act 1990(8);
- (b) a principal litter authority under paragraph 7(4)(a) of Schedule 3A to the Environmental Protection Act 1990(9);
- (c) a relevant local authority under section 43A(1)(a) of the Anti-social Behaviour Act 2003.

(6) 2003 c.38. Sections 43A and 47(4) were inserted by sections 28(2) and 30(2) of the CNEA 2005.

(7) 2005 c.16.

(8) Section 88(6A) was substituted by section 19(2) of the CNEA 2005.

(9) Schedule 3A was inserted by section 23(2) of the CNEA 2005.

Penalty range: litter, distribution of printed matter, and graffiti and fly-posting: 1st April 2019 onwards

5. The amount of a fixed penalty capable of being specified by any of the following under the corresponding section is not less than £65 and not more than £150—

- (a) a principal litter authority under section 88(6A)(a) of the Environmental Protection Act 1990;
- (b) a principal litter authority under paragraph 7(4)(a) of Schedule 3A to the Environmental Protection Act 1990;
- (c) a relevant local authority under section 43A(1)(a) of the Anti-social Behaviour Act 2003.

Default penalty: litter and distribution of printed matter

6.—(1) For subsection (6A)(b) of section 88 (fixed penalty notices for leaving litter) of the Environmental Protection Act 1990 substitute—

- “(b) if no amount is so specified, is—
- (i) in England, £100, or
 - (ii) in Wales, £75.”.

(2) For paragraph 7(4)(b) of Schedule 3A (free distribution of printed matter on designated land) of that Act substitute—

- “(b) if no amount is so specified, is—
- (i) in England, £100, or
 - (ii) in Wales, £75.”.

Default penalty: graffiti and fly-posting

7. For subsection (1)(b) of section 43A (amount of penalty for graffiti and fly-posting)(10) of the Anti-social Behaviour Act 2003 substitute—

- “(b) if no amount is so specified, is—
- (i) in England, £100, or
 - (ii) in Wales, £75.”.

Lesser penalty: litter, distribution of printed matter, graffiti and fly-posting, and audible intruder alarms

8. Where any of the following makes provision for treating a fixed penalty as having been paid if a lesser amount is paid within a specified period, that amount must not be less than £50—

- (a) a litter authority acting under section 88(7) of the Environmental Protection Act 1990(11);
- (b) a principal litter authority acting under paragraph 7(5) of Schedule 3A to the Environmental Protection Act 1990;
- (c) a relevant local authority acting under section 43A(3) of the Anti-social Behaviour Act 2003;
- (d) a local authority acting under section 74(3) of the Clean Neighbourhoods and Environment Act 2005.

(10) Section 43A was inserted by section 28(2) of the CNEA 2005.

(11) Section 88(7) was substituted by section 19(2) of the CNEA 2005.

Lesser penalty: commercial etc. waste receptacles, noise, and exposing for sale etc. vehicles on roads

9. Where any of the following makes provision for treating a fixed penalty as having been paid if a lesser amount is paid within a specified period, that amount must not be less than £60—

- (a) a waste collection authority acting under section 47ZB(3) of the Environmental Protection Act 1990 in respect of an offence under section 47 of that Act;
- (b) a local authority acting under section 8A(3) of the Noise Act 1996;
- (c) a local authority acting under section 6(10) of the Clean Neighbourhoods and Environment Act 2005.

Lesser penalty: abandoning vehicles

10. Where a local authority acting under section 2A(10) of the Refuse Disposal (Amenity) Act 1978 makes provision for treating a fixed penalty as having been paid if a lesser amount is paid within a specified period, that amount must not be less than £120.

Lesser penalty: transporting controlled waste and duty of care for waste

11. Where any of the following makes provision for treating a fixed penalty as having been paid if a lesser amount is paid within a specified period, that amount must not be less than £180—

- (a) a regulation authority acting under section 5B(11) of the Control of Pollution (Amendment) Act 1989;
- (b) an enforcement authority acting under section 34A(11) of the Environmental Protection Act 1990.

Authorising notice-giving: condition: parish or community councils

12. Before a parish or community council may authorise a person to give notices under any of the following sections the person must successfully complete a course of training suitable for equipping the person to give notices under those sections—

- (a) section 88(1) of the Environmental Protection Act 1990;
- (b) section 43(1) of the Anti-social Behaviour Act 2003.

Revocations

13.—(1) The Environmental Offences (Fixed Penalties) (Miscellaneous Provisions) Regulations 2007(12) are revoked except for—

- (a) regulation 1 (title, application and commencement);
- (b) regulation 2(2)(b) (which specifies the range for fixed penalties for offences in respect of litter clearing and street litter control notices);
- (c) regulation 3(2)(b) (which specifies the lesser amount for fixed penalties for offences in respect of litter clearing and street litter control notices).

(2) The Environmental Offences (Fixed Penalties) (Miscellaneous Provisions) (Amendment) Regulations 2012(13) are revoked.

(12) [S.I. 2007/175](#), as amended by [S.I. 2012/1151](#). Regulations 2(1)(d) and 3(1)(d) of [S.I. 2007/175](#) were impliedly revoked by the repeal of section 60 of the CNEA 2005 by section 181(1) of, and paragraph 42 of Schedule 11 to, the Anti-social Behaviour, Crime and Policing Act 2014. Regulations 2(2A) and 3(2A) of [S.I. 2007/175](#) were impliedly revoked by the amendment to section 46(6) of the Environmental Protection Act 1990 by section 58(2) of the Deregulation Act 2015 (c.20).

(13) [S.I. 2012/1151](#).

30th October 2017

Thérèse Coffey
Parliamentary Under Secretary of State
Department for Environment, Food and Rural
Affairs

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations supplement provisions in Acts for fixed penalties payable in respect of offences relating to the environment. They replace the Environmental Offences (Fixed Penalties) (Miscellaneous Provisions) Regulations 2007 (“the EOR 2007”) (except for regulation 2(2)(b) and 3(2)(b) of the EOR 2007).

The Regulations prescribe the ranges within which the amounts of certain fixed penalties that are capable of being specified by a local authority are required to fall (regulations 2 to 5). The ranges for littering, free distribution of printed matter on designated land and graffiti and fly-posting (see regulations 4 and 5) are different to those under the EOR 2007. For the period beginning with 1st April 2018 and ending with 31st March 2019, the range is not less than £50 and not more than £150 (regulation 4). From 1st April 2019, the range is not less than £65 and not more than £150 (regulation 5).

Regulations 6 and 7 amend the Environmental Protection Act 1990 and the Anti-social Behaviour Act 2003 in relation to England to increase the amount of the penalties for littering, free distribution of printed matter on designated land and graffiti and fly-posting where a local authority does not specify an amount. The penalty for each is increased from £75 to £100.

The Regulations also state a minimum lesser amount which an authority may treat as payment of the full amount if paid before the end of a period specified by the authority in relation to certain fixed penalties (regulations 8 to 11).

The Regulations provide that before a person may be authorised by a parish or community council to give notices of certain fixed penalties, the person must successfully complete a course of training on the giving of those notices (regulation 12).

Regulation 13 partially revokes the Environmental Offences (Fixed Penalties) (Miscellaneous Provisions) Regulations 2007. Regulation 13 also revokes the Environmental Offences (Fixed Penalties) (Miscellaneous Provisions) (Amendment) Regulations 2012.

A full regulatory impact assessment has not been produced for this instrument as no impact on the private or voluntary sectors is foreseen.

Bristol City Council Equality Impact Relevance Check

This tool will identify the equalities relevance of a proposal, and establish whether a full Equality Impact Assessment will be required. Please read the guidance prior to completing this relevance check.



What is the proposal?	
Name of proposal	The Environmental Offences (Fixed Penalties) (England) Regulations 2017 Changes to Fixed Penalty Rates
Please outline the proposal.	<p>The Environmental Offences (Fixed Penalties) (England) Regulations 2017 come into effect on 1 April 2018 increasing rates for fixed penalties payable in respect of certain offences relating to the environment.</p> <p>The proposal is to increase Bristol City Council fixed penalties payable in respect of offences relating to the environment to the default rates as suggested by government from 1 April 2018.</p> <p>The further proposal is to retain the early fixed penalty payment rate tier for littering, PSPO, graffiti, and flyposting set at a discount of 25%.</p> <p>This proposal is in response to Government increases, and Bristol City Council does not propose to charge the maximum amount allowed.</p>
What savings will this proposal achieve?	This proposal will be implemented as part of the Mayoral Clean Streets Plan which will continue to be delivered with no financial cost impact to the Council.
Name of Lead Officer	

Could your proposal impact citizens with protected characteristics? (This includes service users and the wider community)
Please outline where there may be significant opportunities or positive impacts, and for whom.
The proposal does not introduce any new impacts which have not been addressed as part of the Clean Streets Plan EqIA.
Please outline where there may be significant negative impacts, and for whom.
This proposal will be implemented as part of the Mayoral Clean Streets Plan for which a full EqIA has been undertaken to identify and mitigate any potential negative impact on people with protected characteristics.
 <p>Appendix Clean Streets EqIA revised.</p>

Could your proposal impact staff with protected characteristics? (i.e. reduction in posts, changes to working hours or locations, changes in pay)
Please outline where there may be significant opportunities or positive impacts, and for whom.
See Clean Streets EqIA
Please outline where there may be negative impacts, and for whom.
See Clean Streets EqIA

Is a full Equality Impact Assessment required?	
Does the proposal have the potential to impact on people with protected characteristics in the following ways: <ul style="list-style-type: none"> • access to or participation in a service, • levels of representation in our workforce, or • reducing quality of life (i.e. health, education, standard of living) ? 	
Please indicate yes or no. If the answer is yes then a full impact assessment must be carried out. If the answer is no, please provide a justification.	No. The potential negative impacts of using fixed penalty fines are addressed in the Clean Streets Plan EqIA.
Service Director sign-off and date:	Equalities Officer sign-off and date:  Duncan Fleming - 20 March 2018

Eco Impact Checklist

Title of report: Clean Streets Plan				
Report author: Dave Clarke, Kurt James				
Anticipated date of key decision: August 2017				
Summary of proposals: The Clean Streets Plan to tackle litter, flytipping and other forms of environmental crime through a mix of education, community engagement and a more robust approach to enforcement.				
Will the proposal impact on...	Yes/No	+ive or -ive	If Yes...	
			Briefly describe impact	Briefly describe Mitigation measures
Emission of Climate Changing Gases?	Y	+ive	Less litter, flytipping etc has potential to reduce waste going to landfill and reduce emissions	See summary
Bristol's resilience to the effects of climate change?	Y	+ive	Behaviour change on issues such as littering, flytipping etc has potential to increase Bristol's resilience to climate change	
Consumption of non-renewable resources?	Y	+ive	Less litter, flytipping and more waste put into recycling will help reduce the consumption of resources	
Production, recycling or disposal of waste	Y	+ive	More education, community campaigns and enforcement on litter, flytipping etc has potential to increase materials that are recycled	
The appearance of the city?	Y	+ive	Less littering, flytipping, dog fouling and graffiti will improve the appearance of the city	
Pollution to land, water, or air?	Y	+ive	Less littering, flytipping and dog	

			fouling will reduce pollution to land and water
Wildlife and habitats?	Y	+ive	Less littering, flytipping and dog fouling will improve the environment for wildlife.

Consulted with: Steve Ransom, Environmental Programme Manager

Summary of impacts and Mitigation - to go into the main Cabinet/ Council Report

The significant impacts of this proposal are:

This proposal is a plan to make Bristol's streets measurably cleaner by 2020 through measures taken to encourage behaviour change, The measures include education and community engagement, targeted action on particular streetscene hotspots in the city and increased enforcement action. The realisation of the proposals outlined in this plan would significantly reduce environmental impact across a range of areas, in particular, the appearance of the city, pollution to land and water and wildlife and habitats. Whilst it is not possible to calculate the scale of reduction, it's likely that it would be significant in the citywide context.

The proposals include the following measures to mitigate the impacts...

The proposals are an overall positive in terms of their eco impact.

The net effects of the proposals are

Positive

Checklist completed by:

Name:	Dave Clarke
Dept.:	Business Change, Strategy and Policy
Extension:	22734
Date:	30/6/17
Verified by Environmental Performance Team	

Title: Delivery of energy efficiency and renewable energy measures to reduce fuel poverty, household expenditure and carbon emissions	
Ward(s):	<i>City-wide</i>
Author: David White	Job title: Service Manager, Energy Service
Cabinet lead: Cllr Dudd	Director lead: William Edrich
Proposal origin: <i>BCC Staff</i>	
Decision maker: Cabinet Member Decision forum: <i>Cabinet</i>	
<p>Purpose of Report: This report seeks permission for the council to deliver energy efficiency, smart energy-related technology and renewable energy measures to homeowners and rented homes across the City and beyond, formalising the role that the council has been undertaking since the administration of its former managing agent in 2015. Delivering these measures is one of the most cost-effective ways of reducing the city's energy demand, reduce fuel and food poverty, improve physical and mental wellbeing, generate jobs, improve home insulation and putting Bristol on course to be run entirely on clean energy by 2050.</p> <p>The programme aims to deliver these measures either directly to householders or as part of other initiatives and projects, for example the EU-funded REPLICATE project, in partnership with both Universities and Bristol is Open amongst others, which must be delivered by January 2019. The programme will be revenue neutral, does not require any capital investment by the council and with all revenue costs covered by management fees and measures introduced paid for by customers and / or grant funding.</p> <p>This report also seeks approval for delegated authority to the Executive Director for Communities, in consultation with the Chief Finance Officer and the Cabinet Member for Energy, Waste and Regulatory Services, to procure subcontractors to install these initiatives through a measured term contract or framework agreement, procure an ECO grant funding partner and submit bids for additional grant funding that may be available in the future to support the objectives of the programme. Note that ECO grant funding is secured on a measure-by-measure basis and will be based on realistic delivery profiles, therefore minimising the risk to which any party is exposed.</p>	
<p>Evidence Base: 1 in 8 residents in Bristol are in fuel poverty (12.9%, 2015 figures). The Business Plan at Appendix A sets out the background to the proposed scheme and the pipeline of work that will cover the costs of the staff, who are already in post and can be redirected to deliver the scheme.</p> <p>Strategic working partnerships have been developed with organisations and initiatives in the city, e.g. Bristol Energy, Talking Money, the Centre for Sustainable Energy, No Cold Homes and the Joint Strategic Needs Assessment, to help ensure that the council's efforts are effectively targeted at those most in need. The Clean Growth Strategy, published by Central Government in October 2017, confirmed ECO grant funding will be available until 2028 as well as outlining the Government's intention to support energy efficiency in houses, with a particular focus on Private Rented Sector households. Bristol City Council has recently published its ECO Flex Statement of Intent which sets out a wide range of criteria under which residents can access grant funding to help pay for energy efficiency measures.</p> <p>By formalising the current arrangements, BCC will be ready to partake in further schemes or funding released by Government to maximise the benefits for the residents of Bristol.</p>	
<p>Recommendations:</p> <ol style="list-style-type: none"> 1. To continue to deliver energy efficiency, smart energy-related technology and renewable energy measures directly to private households in BS postcodes. 	

2. To continue to work in partnership with and to develop new partnerships with organisations within the city to further meet the objectives of the programme.
3. Delegate authority to the Executive Director for Communities, in consultation with the Chief Finance Officer and the Cabinet Member for Energy, Waste and Regulatory Services, to:
 - Procure and conclude contracts relating to the delivery of this programme up to an annual value of £1.0 million each, including any ECO funding agreement, measured term contract or framework agreement.
 - Submit funding bids that directly support the objectives of the programme to Central Government and other funding bodies.

Revenue Cost: an average of £2.2mp.a. (gross cost), Net cost £0.	Source of Revenue Funding: Income from the initiatives implemented will cover the associated revenue costs.
Capital Cost: nil	Source of Capital Funding: n/a
One off cost <input type="checkbox"/> Ongoing cost <input checked="" type="checkbox"/>	Saving Proposal <input type="checkbox"/> Income generation proposal <input checked="" type="checkbox"/>
<p>Finance Advice: Implementing the proposal outlined above is intended to be cost neutral to the Council. The initial calculations anticipate that c1,200 installations could be implemented per year, predominantly loft and cavity wall installations. The installations are primarily funded from households, with a contribution from ECO grants (as outlined in the business plan).</p> <p>Average gross annual income is forecast to be £2.2m, with c£1.6m of variable costs (based on estimated demand) and £0.6m of fixed costs (primarily staffing and overheads). Sensitivity analysis shows that in order to cover the fixed costs on staffing, based on an average margin per installation, demand cannot drop by more than 5% of estimated. Otherwise, staffing levels will need to be reduced or other income generating alternatives need to be explored to ensure the service remains cost neutral to the Council. This has been included in the risk assessment contained in the report.</p> <p>Whilst delegated authority is sought to submit grant EOI and Bids, acceptance of grant awards will be subject to the governance procedures outlined in the decision pathway and scheme of delegation, and robust evaluation and monitoring process will be in place and in line with best practice, this will be for not only the award but also periodic reviews during the contract term.</p>	
<p>Finance Business Partner: Tian Ze Hao Date: 22/02/2018</p>	

<p>Corporate Strategy alignment: This aligns directly with many of the key commitments within the Wellbeing strategic theme in the draft Corporate Strategy, including:</p> <ul style="list-style-type: none"> • Tackle food and fuel poverty • Embed health in all our policies to improve physical and mental health and wellbeing • Keep Bristol on course to be run entirely on clean energy by 2050
<p>Legal Advice: All contracts for works or services required to deliver the programme will need to comply with the Procurement Regulations and the Council's own Procurement Rules. Contractual commitments should not be concluded unless the necessary funds exist. Third party funding may also impose conditions which will need to be complied with. Certain information set out in Business Plan (included in Appendix J) is information relating to the financial or business affairs of the Council which should not be made public at this time. Care should be taken to ensure that trading activities comply with appropriate legal requirements.</p>
<p>Legal Team Leader: Eric Andrews, Team Leader, Legal Services, 21 March 2018</p>

Implications on ICT: There are no direct ICT implications apparent in this paper. However, should these arise during the course of the initiative, early engagement with ICT via the Business Change Partners will help ensure successful delivery.

ICT Team Leader: Ian Gale, Acting Head of ICT

City Benefits:

Reduce fuel and food poverty, improve physical and mental wellbeing, increase disposable incomes, generate jobs, improve home insulation and put Bristol on course to be run entirely on clean energy by 2050.

Consultation Details:

11th January 2018 – Cllr Dudd briefing
 14th February 2018 – Communities DLT
 15th February 2018 – Cllr Dudd sign off
 20th February 2018 – CLB

DLT Sign-off	Patsy Mellor, Executive Director, Communities (Acting)	14.2.18
SLT Sign-off	Jacqui Jenson, Head of Paid Service (Acting)	20.2.18
Cabinet Member sign-off	Cllr Kye Dudd, Cabinet Member for Energy	15.2.18
For Key Decisions - Mayor's Office sign-off	Mayor's Office	5.3.18

- You can include further details in appendices as set out below if required.
- Draft Cabinet papers must include these appendices.
- Each appendix must be labelled and formatted to enable conversion to pdf for use in Modern.Gov.
- Please do not embed documents within appendices.
- Please delete all grey text for the final document

Appendix A – Further essential background / detail on the proposal	YES
Appendix B – Details of consultation carried out - internal and external	NO
Appendix C – Summary of any engagement with scrutiny	NO
Appendix D – Risk assessment	YES
Appendix E – Equalities screening / impact assessment of proposal -	YES
Appendix F – Eco-impact screening/ impact assessment of proposal -	YES
Appendix G – Financial Advice	NO
Appendix H – Legal Advice	NO
Appendix I – Combined Background papers	NONE
Appendix J – Exempt Information	YES

Business Plan – Energy Service Housing

1. Executive Summary

It is proposed that the council deliver energy efficiency, smart technology and renewable energy measures to domestic households and commercial properties in BS postcodes, managed by the Energy Service. This is in support a number of Mayoral priorities including the commercialisation agenda, putting Bristol on course to be run entirely on clean energy by 2050, reducing fuel poverty and therefore food poverty and addressing social inequality as well as improving health and wellbeing.

By undertaking these activities, the council will enable citizens to access appropriate and affordable energy efficiency, smart technology and renewable energy measures, supported by the limited grant funding (ECO) currently available and any funding that may become available. The Clean Growth Strategy, published by Central Government in October 2017, confirmed ECO grant funding will be available until 2028 as well as outlining the Government’s intention to support energy efficiency in houses, with a particular focus on the Private Rented Sector households. This programme will put the council in a position to move quickly when the Government outlines its future policy and support for domestic energy efficiency, which it is currently consulting on following the publication of the Clean Growth Strategy.

Energy Service Housing has identified a number of revenue streams which will generate a pipeline of work that will cover the costs of the staff, who are already in post, needed to deliver the programme. Various partnerships have been developed across the city to ensure that people have access to the most appropriate support available. By formalising the current arrangements, BCC will be ready to take advantage of further schemes or funding released by Government to maximise the benefits for the residents of Bristol.

The key areas in the medium term business plan are:

1. REPLICATE
2. Housing Delivery – Direct Marketing
3. Bristol Energy – Partnership Marketing
4. Private Rented Sector
5. Funding and Partnership
6. Commercial Offers Energy Service

To maximise the impact of the department and ensure ongoing support and access to funding for those in need in the city, the proposal is to delivery all of the above with the resource already in place. This option would be cost neutral to the council and has the potential to generate revenue.

Looking ahead, the introduction and commercialisation of smart and assistive technologies, battery storage and electric vehicle infrastructure offer the potential for additional revenue generation, the commercial viability of which will be tested as part of the REPLICATE project. The department is also able to operationally support other areas of the energy service when necessary.

2. Background

On 16th January 2014, Cabinet approved the report, 'Green Deal and Energy Company Obligation' for a period of four years. This allowed for the appointment of a Green Deal Provider (GDP), essentially acting as a managing agent, and an ECO funding partner and led to the creation of the Warm Up Bristol scheme (WUB).

During the procurement period, WUB was awarded £7.3million from the Department for Energy and Climate Change (DECC) via two pilot energy efficiency schemes; £5.3 via the Green Deal Communities (GDC) project, and £2m via the Private Rental Sector (PRS) pilot project. The GDC project requirements were to adopt a 'street-by-street' approach to targeting 'hard to treat' properties to owner occupiers. The PRS scheme was a pilot designed to test different ways of engaging private landlords and tenants in the benefits of energy efficiency improvements.

WUB launched in October 2014 by Mayor George Ferguson and Secretary of State for Climate Change, Amber Rudd MP and the procured delivery partner, Climate Energy Services (CES) was immediately inundated with enquiries to the scheme. However after just a year of operation, CES suddenly went into administration. At this point, Bristol City Council (BCC) opted to 'step in' to the contractual arrangements that CES had in place with customers and installers and complete the installations that it had committed to.

Energy Service's Housing had to expand and become the managing agent to enable delivery of the energy efficiency measures as promised. It is this arrangement that is looking to be formalised at April's cabinet. See Section 3.3 for more detail on structure.

2.1. What has been achieved to date

Warm Up Bristol Delivery

Since Warm Up Bristol launched in October 2014 the following measures have been delivered. This has been separated between pre and post CES administration:

TABLE 1: WUB DELIVERY STATISTICS

Delivery area	Delivered by CES (Oct 2014 > Oct 2015)	Delivered by BCC (October 2017 >)	Total
No. enquiries received	6,122	706 ¹	6,828
No. installations completed	724	507	1,231
£ value of installations completed	£1.98m	£2.6m	£4.58m

In addition to the delivery statistics above, the Housing team has managed the ECO funding contract directly with the procured and appointed Supplier Partner. The team have defrayed funding for

¹ New enquiries received since BCC stepped in have been saved on a 'registered interest'

private residents in WUB and on behalf of the major energy efficiency projects undertaken by Housing Delivery and Energy Infrastructure teams.

‘The Bristolian’s guide to Solid Wall Insulation’ was written using funding provided by the DECC Green Deal Communities grant. BCC was able to contract UK experts in building science and traditional construction (STBA) to develop a best practice guide for installation of solid wall insulation (SWI) on traditional solid wall constructed properties. The guide illustrates best practice, rather than current industry practice and has received a lot of positive attention from DECC and the wider industry and appears to be forming the basis for the new approach being developed in the Bonfield Review².

The housing team is part of the successful REPLICATE funding bid which is a European funded project with three lead partners (San Sebastien (admin lead), Bristol and Florence), and additional follower cities. Approximately £3million of the funding awarded will be dedicated to work in Bristol. The housing team has approximately £300k to support energy efficiency installations across approximately 240 homes within a specified area. This is a five year programme, with installations due to take place in the first 3 years, and monitoring for 2 years thereafter. The installations are due to commence in early 2018.

² <https://www.gov.uk/government/publications/bonfield-review-terms-of-reference>

3. Vision – What is the opportunity?

3.1.Aims and objectives

The purpose of Energy Service - Housing is to support BCC towards meeting its carbon reduction and fuel poverty ambitions and whilst providing a reputable and reliable vehicle for residents in the private domestic sector to access in order to install energy efficiency measures to their property. Fuel Poverty is a key risk for the city of Bristol and is cited as one of the priorities in the 'More than a roof' housing strategy³, One City Plan and Bristol's Clean Energy and Climate Roadmap.

By delivering the technology directly from a BCC operational team sat within Energy Service – Housing, BCC will be able to access any central government or European grants as well as commercially available funding such as ECO. BCC will be able to direct funding to those most in need and couple this with the Wessex loan offer where possible. Partnerships with key local stakeholders that have been nurtured over the years mean that BCC can help to drive and pioneer the fuel poverty agenda in the city. Bringing together these key stakeholders can affect greater change across the city and help to meet key Mayoral objectives in tackling inequality, fuel poverty and commercialisation. Being able to adapt to changes in policy quickly by having direct links with Private and Public sector will provide the team with a relatively unique advantage in the industry. The different sectors and revenue streams identified will generate a pipeline that will cover the departmental costs meaning zero direct costs to BCC.

Within the wider Energy Service, there are expertise and relationships with potential clients already in place that will support the commercial aims of the project. One of which is to work on the delivery of energy efficiency measures in schools under the Energy Saving Partnerships scheme with Salix funding.

The Housing division of the Energy Service are also in a position to respond quickly when the government announces its future support for domestic energy efficiency following the consultation on the recently announced Clean Growth Strategy.

The Clean Growth Strategy confirmed that ECO funding would continue until 2028 and that £3.6bn would be available to support the installation of energy efficiency measures. In addition, the Government's Clean Growth Strategy also outlined the following actions that all relate to the continued delivery of a programme of energy efficiency, smart technology and renewable energy measures in domestic households:

- Working with mortgage lenders to develop green mortgage products that take account of the lower lending risk and enhanced repayment associated with more energy efficient properties
- Support innovative energy technologies and processes with £14 million of further investment through the Energy Entrepreneurs Fund

³<https://www.bristol.gov.uk/documents/20182/361915/Bristol+Housing+Strategy+2016+to+2020+executive+summary/3e620161-8395-43de-896c-2d00a0309eb8>

- For all fuel poor homes to be upgraded to Energy Performance Certificate (EPC) Band C by 2030 and an aspiration that as many homes as possible are to be EPC Band C by 2035 where practical, cost-effective and affordable
- Develop a long term trajectory to improve the energy performance standards of privately rented homes, with the aim of upgrading as many as possible to EPC Band C by 2030 where practical, cost-effective and affordable
- Phase out the installation of high carbon fossil fuel heating in new and existing homes currently off the gas grid during the 2020s, starting with new homes
- Improve standards on the 1.2 million new boilers installed every year in England and require installations of control devices to help people save energy
- Invest in low carbon heating by reforming the Renewable Heat Incentive, spending £4.5 billion to support innovative low carbon heat technologies in homes and businesses between 2016 and 2021
- Invest around £184 million of public funds, including two new £10 million innovation programmes to develop new energy efficiency and heating technologies to enable lower cost low carbon homes
- Implementing the smart systems plan, which will help consumers to use energy more flexibly and could unlock savings of up to £40 billion to 2050
- £265 million in smart systems to reduce the cost of electricity storage, advance innovative demand response technologies and develop new ways of balancing the grid

3.1.1. Co-benefits

Aside from the activities above the Energy Service Housing bring a number of additional benefits to the city. By providing a department specifically looking at fuel poverty and energy efficiency BCC can pioneer real change within the city, building relationships with partner organisations and achieve ambitious targets. The Energy Service's Housing is working on funding bids into BEIS and Warmer Homes Fund with partner organisations such as Centre for Sustainable Energy, Talking Money, Shelter and We Care and Repair. The department also supports other services within the council such as Private Housing Sector and Social Housing.

Energy Service's Housing are in the process of writing the JSNA Chapter on fuel poverty which will guide and influence policy to help alleviate the health impacts of living in a cold home. In writing this chapter the Energy Service is bring together key players in both the health sector and fuel poverty sector in Bristol and facilitating greater dialog. Once the chapter has been written the aspiration is to help implementation.

The department is also representing BCC on a Steering Group that was borne out of the "No Cold Homes" event launched in 2017 by CSE, Bristol Energy and the Mayor. This group aims to bring together all the organisations in Bristol to share knowledge and increase our reach.

3.2.Narrative for Business Plan

The financial business plan has been based on a number of revenue streams which are outlined below. Each avenue of lead generation has been calculated conservatively based on existing information of conversion rates and potential reach.

Alongside the key areas below the Energy Service are able to offer two key methods of financial support to eligible customers. These are

- ECO Funding
- Wessex Loans

ECO Funding

The Energy Companies Obligation (ECO) requires energy companies to assist in the installation of energy efficiency measures in Great Britain to low income and vulnerable households or those living in hard-to-treat (HTT) properties. Under the ECO scheme, energy companies can spend up to a maximum of 10% of their full obligation on funding domestic energy efficiency measures for eligible households. The 'ECO Flexible Eligibility Statement of Intent' (commonly known as the 'ECO Flex Statement of Intent') details the assessment criteria that identifies if a household is eligible for ECO funding. This statement is produced by the LA with criteria set out by the LA allowing greater control on a local level.

If eligible ECO funding may pay for, or reduce the cost of, installing energy efficiency improvement works, such as boiler replacement, loft insulation, cavity wall insulation or external wall insulation.

Wessex Loan

Wessex Loan is available to all customers who want to purchase energy efficiency measures through the scheme. Wessex Resolutions are a not for profit organisation who offer loans to all people on an individual assessment basis. They offer only through Local Authorities for home improvements. There are two types of loan that can be offered

- 4.2% for "able to pay"
- 0% for those deemed "fuel poor"

The ethical loan option makes home improvements more accessible to all and Wessex's flexible repayment scheme and assessment mean that customers are not signed up to something beyond their means.

3.2.1. Short to Medium Term

The business plan for the Housing strand of the Energy Service comprises of six key areas:

1. REPLICATE
2. Housing Delivery – Direct Marketing
3. Bristol Energy – Partnership Marketing
4. Private Rented Sector
5. Funding and Partnership
6. Commercial Offers Energy Service

The first three areas have a more secure associated delivery and income attached to them. It is these areas that have been detailed in the Business Plan. The generated revenue for these streams is driven by the delivery profile and assumptions tabs within the business plan spreadsheet. All assumptions have been (where applicable) built around a typical three bed terraced property.⁴

‘Measures’ being delivered whilst predominantly energy efficiency based also take into consideration the ancillary works required to ensure that the relevant measure will perform in the way in best possible way, e.g. where solid wall insulation is installed, there may be requirements (depending on the circumstances of the property) to install additional ventilation.

The last two key areas, “Funding and Partnership” and “Commercial Offers Energy Service” are two areas that are currently being developed but without a costed income. As such they have been left out of the financials for the business plan.

The business plan has been designed around the principle that the team will be deliver a reputable and reliable scheme – therefore ensuring a quality customer journey and quality works is imperative. A thorough procurement exercise has been undertaken in collaboration with procurement and legal to ensure that we source, vet and engage our subcontractors correctly. It also ensures that we monitor and manage performance to deliver the best service. The procurement for the installers will be carried out alongside the cabinet approval process. This means that as soon as cabinet approval is granted Housing can appoint subcontractors and initiate the delivery of Replicate which is the most time critical.

Where used assumptions for conversion rates have been conservative and staffing costs have been calculated to include all contributions even if the current employees is not receiving pension or works part time, for example.

3.2.1.1. REPLICATE

REPLICATE is an EU Horizon 2020 project delivering energy efficiency measures in the Ashley, Easton and Lawrence Hill wards. The aim is to meet a kilowatt hour (kWh) reduction target; it is this that will govern the number of homes that need to be installed. The applied funding for each measure varies depending on the kWh achieved by that measure.

The homes need to be delivered by January 2019. A predicted delivery profile is included in the

⁴ Having analysed the Housing Stock Model, developed by the Energy Service three bed terraced properties are the most common within the city of Bristol.

business plan calculations. Energy Service – Housing has been working with the REPLICATE team to roll out the scheme and will be the delivery partner. To enable the success of the REPLICATE scheme the housing team must be able to deliver and therefore cabinet approval and permission to procure is essential.

3.2.1.2. Housing - Direct Marketing

The aspiration has always been to improve the energy efficiency of the housing stock in Bristol for those in fuel poverty and those who are able to pay. To achieve this aim there are a number of direct marketing activities planned. These are detailed in the Energy Service – Housing Marketing plan. The figures for delivery have been calculated using industry standards on lead generation and then typical figures for conversion rates (nominally 10% conversion rate).

The marketing plan has been designed to be scaled up or down depending on demand from other key areas. The will enable the department to manage work load and prevent peaks that may affect service delivery.

Delivery has been spread across the technologies based on industry experience and historical delivery data.

3.2.1.3. Bristol Energy

Bristol Energy and BCC are keen to work on partnerships and one of these is to offer energy efficiency measures to their customers in Bristol. They are also keen to include energy efficiency measures as part of their offers to fuel poor customers and combining this with the potential funding that housing can bring through ECO and Wessex Loans means that more people could be helped.

The delivery figures for Bristol Energy have been based on their customer base in Bristol and the potential to deliver to a minimum % of these people.

Table 3 - Financial Breakdown for the addition of Bristol Energy to WUB Marketing

3.2.1.4. Private Rented Sector

The Government's minimum standard requirement on landlords requires that all rented properties reaches an EPC rating of level E or above unless they register as exempt on the grounds of cost. The Energy Service and Private Housing Sector are developing a scheme to ensure that landlords carry out necessary energy efficiency improvements. With funding provided by PHS, BCC will offer grants that will need to be administered and delivered through the Energy Service, to landlords to cover and potential cost to them. This will mean that there will be no possibility to register as exempt. The importance of this is significant in tackling fuel poverty as a number of those considered fuel poor are in rented accommodation.

This project is in its initial stages of discussion and may involve bringing in funding from other sources as well as involving other partners. The extent and uptake of this project has not yet been developed however it is something that will be initiated in 2017. There is a funding pot of £250k to be dispersed on energy efficiency measures.

3.2.1.5. Funding and Partnership

The Energy Service – Housing are continually looking at potential funding and partnership opportunities. To enable BCC to have an impact on fuel poverty within Bristol it needs to build and maintain relationships with other organisations who are working tirelessly to the same cause. As a Local Authority BCC is also able to access funding which local organisations cannot. As such it is important that the Housing department have a function to develop relationships and pursue funding opportunities.

There are currently two funding applications being developed at the moment. These are in collaboration with local partners Talking Money, Centre for Sustainable Energy, Shelter, We care and

Repair and CHAS. The two bids are with the Warmer Homes Fund and BEIS. Both are in their early stages of development and as such have not been included in the business plan.

3.2.1.6. Commercial Installations Energy Service

Across the Energy Service a need has been identified to support other services with delivery and project management. The structure of the Energy Service's Housing team is designed to delivery operations and other services within the department can utilise this to deliver projects. Currently Housing is working with the Energy Service Investment team to deliver the SALIX Schools project. There is also potential for Housing to becoming involved in installing electric vehicle points, assisted technology, solar PV or more depending on demand.

3.2.2. Long Term

The business plan has been prepared over a 5 year financial period simply due to the fact the domestic energy efficiency sector is extremely unpredictable. Attempting to profile delivery forecasts and business plans for a longer period is not possible until there is a long term commitment with clear policy requirements from government.

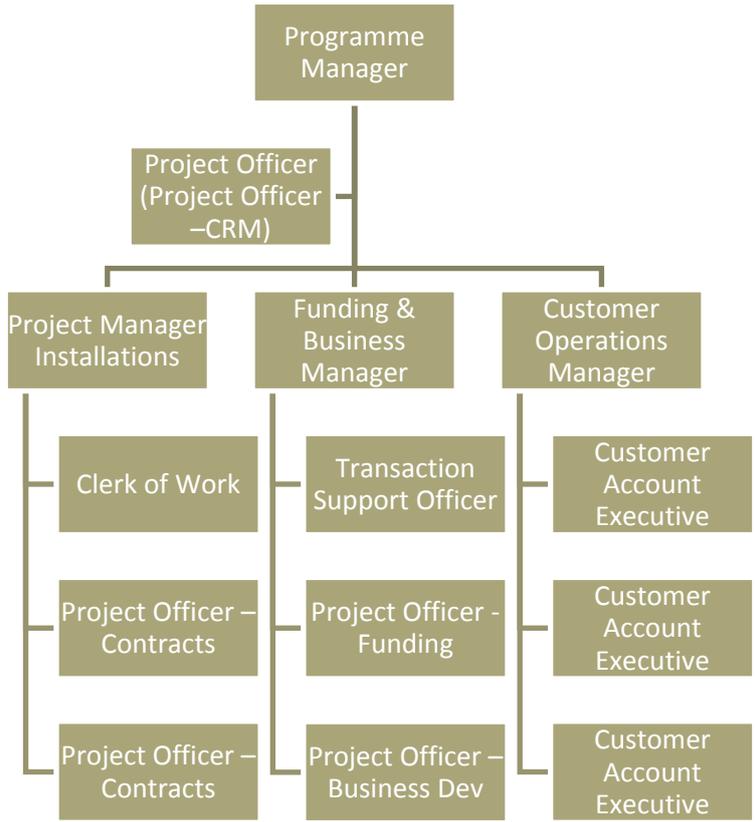
Longer term plans will include

- Delivering on policy that the government are expected to publish on domestic energy efficiency.
- Continued management and delivery of ECO to the city.
- Supporting and delivering Commercial Energy technology for the wider across the department. Such as, EV Charging stations, Solar PV
- Using research from REPLICATE to assess the market for Smart Technology and apply to the benefit of Bristol
- Developing relationships within Bristol City to combine efforts in tackling fuel poverty
- Prospectus – bringing funding to provide a revolving loan for energy efficiency measures
- Social landlord

3.3. Staffing & Organisation

The department was re-structured in 2017 to streamline the service it offers with a great focus on customer care, quality management and financial control. The re-structure also saw the introductions of a new CRM system which will assist in delivery, reporting and managing customer accounts.

Below is the current organisational chart.



4. Financial Analysis & Projections

The financial analysis has been done as an Options Appraisal based on four options. Note that all options are zero cost to BCC with the exception of Option 1.

1. Close the department
2. Deliver REPLICATE and administration of ECO
3. Deliver REPLICATE and minimum energy efficiency measures
4. Deliver REPLICATE, marketed energy efficiency and Bristol Energy partnership

NOTE: All costed Options are costed to achieve zero cost to BCC or minimal profit. This has been achieved by reducing the staffing levels to match the delivery profiles. Any cost to BCC would be in relocating or making redundant existing employees. As such, Option 1 would cost the most in employee costs to shut down the whole team.

4.1.Option 1 – Do nothing

This option has not been costed as it will involve no delivery. The time and cost for redeploying or making redundant team members has not been costed but of the four options this would involve the largest cost to implement.

4.2.Option 2 – Deliver Replicate and Administration of ECO

This Option would involve delivering the Replicate Project, 240 retrofit energy efficiency measures and 150 smart white goods in households across Bristol before January 2019. It would also provide an administrative function to service the delivery of ECO funding across Bristol up to 2019 and beyond.

Initially, a team of at least 6 would be needed to deliver Replicate and remain cost neutral to the council. In January 2019 the team would be reduced to one BG8.

4.3.Option 3 – Deliver Replicate and minimum energy efficiency measures

This option would reduce the existing head count to 11 in the first year to enable delivery of REPLICATE and then from Year 2 there would be further reduction to a team of seven. The minimum amount of delivery would come from a low level of marketing activity and some anticipated sales that will come off the back of the REPLICATE scheme.

4.4.Option 4 Deliver REPLICATE, marketed energy efficiency and Bristol Energy partnership

This Option would keep the existing team and deliver the maximum benefit to the city of Bristol. This would enable the department to have a fully operational team who could support other departments, ensure full uncompromised delivery of ECO in Bristol and develop strong business and community partnerships across the city. There is also potential for this Option to generate a strong revenue stream for the council if required, however for the purposes of assessment the a minimum delivery profile has been considered.

4.4.1. Summary

By continuing to deliver energy efficiency measures to domestic households in Bristol and beyond, the council will enable:

- An estimated 5500 properties to benefit from energy efficiency and renewable energy installations by 2023, saving the city the equivalent of c100,000 tonnes of carbon and £35m of energy bill savings over the lifetime of the energy efficiency improvements installed.
- Delivery of ECO grant or alternative grants to homes in Bristol considered by the council to be fuel poor, enabling them to reduce their energy bills.
- Provide a 0% financing option to those that are most in need through Wessex Loans.
- Opportunities arising from the Joint Strategic Needs Assessment (JSNA) chapter on fuel poverty to improve the health and wellbeing of citizens in fuel poverty.
- Delivery of the EU Horizon 2020 project, REPLICATE project in the Ashley, Easton and Lawrence Hill wards, which will result in 240 homes benefitting from an energy efficiency retrofit, 150 of which will benefit from some the installation of cutting-edge smart white goods.
- Revenue generated by delivering energy efficiency measures will be used to offset any revenue costs incurred by the council, mainly staff costs, with any surplus being returned to the council to support frontline services.

Options Appraisal Matrix

OPTIONS EVALUATION MATRIX	Pros (Will achieve outcomes/objectives?)				Risk Level (Cons)	Savings (net of any ongoing costs) (£'000s)					Confidence Level in Savings Delivery*
	<i>Delivery of Replicate</i>	<i>Delivery of ECO Flex</i>	<i>Tackling issues of Fuel Poverty</i>	<i>Reducing CO2 emissions across the city</i>		17/18	18/19	19/20	20/21	21/22	
Option Title <i>(Please indicate Preferred Options with an "X" in the relevant box, alongside option title)</i>											
1 Do Nothing	N	N	N	N	H	0	0	0	0	0	0%
2 Delivery Replicate Project and administration of ECO within the city	Y	Y	N	N	H	£18k	£18k	£18k	£18k	£18k	50%
3 Delivery Replicate Project and minimum energy efficiency measures	Y	Y	Partial	Partial	M	0	0	0	0	0	50%
4 Deliver Replicate and marketed energy efficiency measures as well as Bristol Energy	Y	Y	Y	Y	L	0	0	0	0	0	50%

* Below is an example set of confidence levels as a guide:

0% = an approximate calculation based mainly or entirely on guess work

25% = a small amount of investigative work has been carried out to establish ball-park figures/estimates

50% = estimates based on previous experience and/or extrapolated data from other good and comparable sources

75% = A strong evidence base has been gathered from reliable sources to back up assumptions.

90% = A strong evidence base has been gathered from prototyping and testing efficacy of solutions with the intended users.

Recommendation:

The recommendation is for Option 4. This option utilises all the resources available and will have the maximum impact on fuel poor and increasing the energy efficiency of housing in Bristol. It will also utilise all the revenue streams available and allow for a structure that would grow and support the wider Energy Service and it's operation objectives. This would allow for wider social projects that would benefit a greater number of people whilst generating the most revenue and having the largest impact. As this option is Revenue neutral there is no cost to the council.

5. Assumptions

ID	Assumption Type	Assumption description (including source)	Confidence level %	Further work required to increase confidence
ASS001	E/F	BCC retains it's political aspirations to be carbon neutral by 2050	75%	N/A
ASS002	E/F	Costs included in the financials of the business plan have been developed based on industry experience and input for a 3 bed semi property	75%	<i>Cost should be revised following data collected from delivery</i>
ASS003	S/C	Delivery profile has been based on industry experience and possible uptake of measures on past delivery and industry experience	75%	<i>Delivery profile will be updated following roll out depending on uptake and interest in particular technology following marketing</i>
ASS004	E/F	Lead generation and sale conversion rates have been assumed from industry figures	75%	<i>Lead generation and sale conversion rates can be updated with actual rates following a good sample of delivery</i>
ASS005	E/F	Operational margins have been based on industry experience from other schemes and are deemed to keep the scheme competitive	50%	<i>Margin analysis has been undertaken however feedback will be collected from the sales process to continually evaluate where we stand on cost compared to competitors</i>
ASS006	E/F	BCC will provide capital to support a low interest loan via the land charge mechanism so that energy efficiency improvements are available to all	25%	<i>There are limited volumes of work that can be done on the zero % loan. Once the popularity and uptake of this offer can be established a new input of funds will be investigated via a funding bid, Prospectus, Private Housing fund or another avenue.</i>

6. Risk Assessment

ID	Type	Category	Description	Likelihood	Impact	Priority	Date identified	Countermeasure or response	Residual		
									Likelihood	Impact	Priority
RK001	Risk	S/C	Delivery profiles not being met will mean that the overheads of the delivery team will not be covered.	4	2	8		Several sources of revenue streams have been identified with plans to increase or decrease to respond to demand. Contingency plans have been devised to share resource across the service if overheads are not being met. This would alleviate the issue temporarily to allow for growth.	2	2	4
RK002	Risk	S/C	Too much demand and the team cannot respond to the influx of work	4	2	8		Marketing is being staggered to avoid bottlenecks as work comes in. Contingency planning has been carried out and areas where additional resource may be needed have been identified including where the resource could be found. Training plans are being developed for each department to bring temporary staff or new starters up to speed as quickly as possible.	1	2	2
RK003	Risk	S/C	ECO (or equivalent) funding not being available will impact the delivery profile and also competitive edge when seeking new partnerships	3	3	9		New procurement for ECO is being carried out alongside the cabinet report to ensure that a new ECO contract is in place post June 2018.	2	3	6
RK004	Risk	O/M	Council processes delay project programme and delivery cannot start as scheduled in April 2018.	4	3	12		Possible delays have been factored into the schedule.	3	3	9
RK005	Risk	T/O	Procurement and legal have advised to use a Measured Term Contract. This means using one contractor per energy efficiency measure. Risk that this contractor does not perform or goes into administration.	3	3	9		Strict contract management needs to be adhered to and regular meetings with contractor need to be carried out. All contractors have to adhere to council requirements (i.e. financial, insurances etc) to bid for work.	2	3	6

Category - 'E/F' Economic/Financial'; 'E' Environmental; 'L' Legal/Regulatory; 'O/M' Organisational/management; 'P' Political; 'S/C' Strategic/Commercial; 'T/O' Technical/Operational

Likelihood - 6 = Almost certain, 5 = Likely, 4 = Probable, 3 = Possible, 2 = Unlikely, 1 = Almost impossible **Impact**: 4 = Catastrophic, 3 = Critical, 2 = Significant, 1 = Marginal

Priority Score - **Purple** (18-24: Catastrophic Risk); **Red** (10-16: Critical Risk); **Amber** (9-8: Significant Risk); **Green** (1-6: Marginal Risk)

RISK LOG

PROJECT NAME:	Warm up Bristol Apendix D Cabinet Report	PROJECT ID	
PROJECT MANAGER:	Hannah Spungin	DATE LAST AMENDED	19/12/2017

KEY: Category - 'E/F' Economic/Financial'; 'E' Environmental; 'L' Legal/Regulatory; 'O/M' Organisational/management; 'P' Political; 'S/C' Strategic/Commercial; 'T/O' Technical/Operational
Likelihood - 6 = Almost certain, 5 = Likely, 4 = Probable, 3 = Possible, 2 = Unlikely, 1 = Almost impossible **Impact:** 4 = Catastrophic, 3 = Critical, 2 = Significant, 1 = Marginal
Priority Score - Purple (18-24: Catastrophic Risk); Red (10-16: Critical Risk); Amber (9-8: Significant Risk); Green (1-6: Marginal Risk)

ID	Type	Category	Description	Likelihood	Impact	Priority	Date identified	Countermeasure or response	Residual			Owner / Actioner	Notes	Date of last update	Status	Related RAID ID	
									Likelihood	Impact	Priority						
RK001	Risk	S/C	Delivery profiles not being met will mean that the overheads of the delivery team will not be covered.	4	2	8		Several sources of revenue streams have been identified with plans to increase or decrease to respond to demand. Contingency plans have been devised to share resource across the service if overheads are not being met. This would alleviatet he issue temporarily to allow for growth.	2	2	4						
RK002	Risk	S/C	Too much demand and the team cannot respond to the influx of work	4	2	8		Marketing is being staggered to avoid bottlenecks as work comes in. Contingency planning has been carried out and areas where additional resource may be needed have been identified including where the resource could be found. Training plans are being developed for each department to bring temporary staff or new starters up to speed as quickly as possible.	1	2	2						
RK003	Risk	S/C	ECO (or equivalent) funding not being available will impact the delivery profile and also competitive edge when seeking new partnerships	3	3	9		New porcurement for ECO is being carried out alongside the cabinet report to ensure that a new ECO contract is in place post June 2018.	2	3	6						
RK004	Risk	O/M	Council processes delay project programme and delivery cannot start as scheduled in April 2018.	4	3	12		Possible delays have been factored into the shcedule.	3	3	9						
RK005	Risk	T/O	Procurement and legal have advised to use a Measured Term Contract. This means using one contractor per energy efficiency measure. Risk that this contractor does not perform or goes into administration.	3	3	9		Strict contract management needs to be adhered to and regular meetings with contractor need to be carried out. All contractors have to adhere to council requirements (i.e. financial, insurances etc) to bid for work.	2	3	6						
RK006	Risk	S/C	Insufficient volume of jobs causing under-delivery on measure term contract. Financial or reputational implications	4	2	8		The tender is clear that we are selling to private home owners and volumes depend on uptake. Contract states an approximate value of works and gives no guarantee as to what will be delivered. No financial compensation is applicable if volumes are not met. Good relationship with contractors is essential to ensure expectations are managed and relationship and reputation is maintained. If delivery volumes are not met the contractor is at liberty to terminate the contract after 12 months, as is BCC.	1	2	2						
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Bristol City Council Equality Impact Relevance Check

This tool will identify the equalities relevance of a proposal, and establish whether a full Equality Impact Assessment will be required. Please read the guidance prior to completing this relevance check.



What is the proposal?	
Name of proposal	Delivery of energy efficiency and renewable energy measures to reduce fuel poverty, household expenditure and carbon emissions
Please outline the proposal.	It is proposed that the council deliver energy efficiency, smart technology and renewable energy measures to domestic homes across BS postcodes. The aim of the programme is to reduce the incidence of fuel poverty, increase disposable income and reduce carbon emissions. The programme will deliver these measures either directly to householders or as part of other initiatives and projects for example the EU funded Horizon 2020 REPLICATE project.
What savings will this proposal achieve?	This proposal does not represent a saving but is revenue neutral and therefore not a direct cost to the council.
Name of Lead Officer	Hannah Spungin

Could your proposal impact citizens with protected characteristics? (This includes service users and the wider community)	
Please outline where there may be significant opportunities or positive impacts, and for whom.	
<p>Significant opportunity for positive reputational gains as part of the organisation meeting its aspirations to tackle fuel poverty, improve social equality and reduce carbon emissions in the city. This will improved the quality of life for the Elderly, Disabled and fuel poor citizens not only in Bristol but surrounding BS postcodes.</p> <p>The scheme will provide residents of Bristol with access to government funding that they otherwise may not receive. The scheme includes a 0% finance product for the most vulnerable and fuel poor households in conjunction with other grant funding, enabling these homes to be insulated and heated at reduce cost. The Energy Service works closely with the Private Housing service, Revenues and Benefits service to identify those in most need of this support.</p>	
Please outline where there may be significant negative impacts, and for whom.	
It is not anticipated that there are any negative impacts.	

Could your proposal impact staff with protected characteristics?

(i.e. reduction in posts, changes to working hours or locations, changes in pay)

Please outline where there may be significant opportunities or positive impacts, and for whom.

It is anticipated that the scheme will make a difference to those in fuel poverty, delivering the Mayor's priorities or reducing fuel poverty and putting Bristol on course to be Carbon neutral. By directly helping those who are fuel poor and vulnerable to improve the energy efficiency of their homes we would hope to see an increase in motivation, health and a positive contribution to local economy in Bristol and surrounding area.

Please outline where there may be negative impacts, and for whom.

It is not anticipated that there are any negative impacts.

Is a full Equality Impact Assessment required?

Does the proposal have the potential to impact on people with protected characteristics in the following ways:

- access to or participation in a service,
- levels of representation in our workforce, or
- Reducing quality of life (i.e. health, education, standard of living) ?

Please indicate yes or no. If the answer is yes then a full impact assessment must be carried out. If the answer is no, please provide a justification.

No. The proposal does not have any anticipated negative impacts on equalities groups.

Service Director sign-off and date:

Equalities Officer sign-off and date:



Duncan Fleming - 21 March 2018

Eco Impact Checklist

Title of report: Delivery of energy efficiency and renewable energy measures to reduce fuel poverty, household expenditure and carbon emissions				
Report author: Hannah Spungin				
Anticipated date of key decision 3rd April 2018				
Summary of proposals: This cabinet report seeks permission for the council to deliver energy efficiency, smart energy-related technology and renewable energy measures to homeowners and rented homes across the City and beyond, formalising the role that the council has been undertaking since the administration of its managing agent in 2015. The aim of the programme is to reduce fuel poverty, improve physical and mental wellbeing, generate jobs and reduce carbon emissions.				
Will the proposal impact on...	Yes/ No	+ive or -ive	If Yes...	
			Briefly describe impact	Briefly describe Mitigation measures
Emission of Climate Changing Gases?	Y	+ve	Measures will reduce the production of climate changing gases. It is estimated that c.99,000 tonnes CO ₂ will be saved over the lifetime of the proposed measures	
		-ve	Some emissions will be produced by contractor travel and works	Impacts significantly outweighed by benefits Works will be planned to minimise travel
Bristol's resilience to the effects of climate change?	Y	+ve	Insulation improves resilience to extreme temperatures	
Consumption of non-renewable resources?	Y	+ve	Measures will reduce consumption of fossil fuels	
		-ve	Resources are consumed to manufacture materials and goods	Impacts of manufacture are outweighed from savings during use Selection of materials and goods will be considered as part of

				procurement
Production, recycling or disposal of waste	Y	-ve	Waste will be generated from measures – e.g. old boilers and white goods	Contractors will be required to provide a waste management plan and evidence of legal compliance for their waste disposal
The appearance of the city?	Y	+/-ve	Some measures (e.g. external wall insulation) will alter the appearance of houses	Insulation is rendered and painted Significant alterations would be subject to planning controls
Pollution to land, water, or air?	Y	-ve	Risk of pollution from installation e.g. spillage of paint or creation of dust.	Contractors will be required to provide details of how they will minimise the impacts of works Works will be monitored by BCC staff
Wildlife and habitats?	N			

Consulted with:

Summary of impacts and Mitigation - to go into the main Cabinet/ Council Report

The significant impacts of this proposal are...

- Carbon Dioxide reduction of c. 99,000 tonnes over the lifetime of the measures
- Reduced consumption of fossil fuels
- Creation of waste and consumption of resources to produce and install materials and goods

The proposals include the following measures to mitigate the impacts...

- Contractor controls to include waste management, material selection, travel and monitoring of works

The net effects of the proposals are positive

Checklist completed by:

Name:	Steve Ransom
Dept.:	Energy Infrastructure and Development
Extension:	
Date:	17/12/17
Verified by Environmental Performance Team	Steve Ransom

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is Restricted

MEETING: Cabinet DATE: 03/04/2018

Title: HR & Payroll System – procurement, implementation and integration of other systems	
Ward(s):	This is an internal system and will not impact directly on any ward
Author: John Walsh	Job title: Interim Director: HR, Workforce and Organisational Design
Cabinet lead: Cllr Craig Cheney	Director lead: Denise Murray: Acting Executive Director of Resources
Proposal origin: BCC Staff	
Decision maker: Cabinet Member Decision forum: Cabinet	
<p>Purpose of Report:</p> <ol style="list-style-type: none"> 1. To provide an update on the project progress to date 2. To request delegated approval of up to £2.8m capital allocation for the project (to include implementation, decommissioning and archiving costs of a HR and Payroll solution) and integration of other back office systems. 3. To request delegated authority to the Interim Director of HR, Workforce and Organisational Design to award a contract for a HR & Payroll system, in consultation with Deputy Mayor – Finance, Governance and Performance and Section 151 Officer. 	
<p>Evidence Base:</p> <p>The council's current HR & Payroll solution consists of five different software systems with limited integration. This means that we are not operating as efficiently or as cost effectively as we could be. This coupled with the potential risk of not being able to easily meet future legislation changes means that we have no viable option but to replace the current solution.</p> <p>Soft market testing and an options analysis have been undertaken and the results were considered by the Resources Directorate Leadership Team in July 2017. They approved the approach of:</p> <ul style="list-style-type: none"> • A tactical solution to extend the existing contract for two years until June 2019 whilst new platform is procured and implemented • A strategic solution to secure a new HR & Payroll system from April 2019 <p>The Outline Business Case (which has been scrutinised and approved by Delivery Working Group) assessed the strategic options and provided a recommended approach to the delivery of a secure future platform which will provide:</p> <ul style="list-style-type: none"> • Consolidated systems into a single platform • Revenue savings • Fully integrated HR and Payroll solution with integration to finance and other back office systems • More timely and better quality Management Information • Enhanced user experience <p>Procurement is currently underway. Initial Invitation To Tender (ITT) responses have been received and evaluation is underway. A shortlist of suppliers will proceed to negotiation stage before final ITT responses are received and evaluated. A contract can then be awarded following the obligatory standstill period and finalisation process.</p> <p>Owing to the current stage of procurement, the final bidders and their exact costs are not yet known, however the estimated costs of the contract have been based on the upper end of soft market testing with a +/- 10% tolerance. These costs have been validated against the initial ITT submissions.</p> <p>The contract cost is estimated to be lower than the current revenue spend and will generate overall savings of around £0.45m over eight years. There will also be additional efficiency benefits from having a single integrated system.</p>	

The implementation of a new HR and Payroll system will include integration with other systems; improved management information; improved efficiency of back office processes; and improved information to help with decision making.

Recommendations:

1. To note the project progress to date
2. To allocate £2.8m from the Capital Programme for the project (to include implementation, decommissioning and archiving costs of a HR and Payroll solution) and integration of back office systems.
3. To delegate authority to the Interim Director of HR, Workforce and Organisational Design to award a contract for a HR & Payroll system for eight years (with the option for two extensions of two years each), in consultation with Deputy Mayor – Finance, Governance and Performance and Section 151 Officer. This will be paid for by revenue budget allocated for the existing contract

Revenue Cost: Exempt – see appendix J1	Source of Revenue Funding: 11726
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Capital Cost: up to £2.8m	Source of Capital Funding: RE02
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One off cost <input checked="" type="checkbox"/> Ongoing cost <input checked="" type="checkbox"/>	Saving Proposal <input checked="" type="checkbox"/> Income generation proposal <input type="checkbox"/>
----------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------

Finance Advice: The projected £2.8m capital spend is an estimate at this stage based on early soft market testing and initial estimates of decommissioning/archive and associated support costs. These will be refined in the full business case but this is within the current allocation in the capital programme. There are also costs within this envelope to develop integration of back office systems, including HR, Payroll and Finance.

The on-going revenue costs of the system for the life of the contract (again based on early soft market testing) will be funded by the saving from replacing the current system.

Provision exists within the revenue budget for the costs of the current system. Early analysis indicates there should be efficiency savings in replacing the current systems with the new solution but this will be further refined following submission of tender responses and developed in the Full Business Case.

On current estimates there is likely to be a period of parallel running costs which will mean additional one-off costs in the short term. These are currently being assessed, but will be an essential component of this transformation programme and can be funded from within the capital estimate, as part of the Flexible use of Capital Receipts.

Finance Business Partner: Mike Pilcher, Finance Business Partner. 21 March 2018

Corporate Strategy alignment:

The Corporate Strategy describes the aspirations for the future organisation, one where we innovate and improve, ensuring the council is one that people are proud of and which delivers its priorities to high standards.

This project is an enabler for this priority and will help the council’s systems become more efficient and improve the quality of its workforce data.

Legal Advice:

The procurement process being followed is the ‘competitive procedure with negotiation’, in accordance with the rules described in The Public Contracts Regulations 2015 (PCR 2015) and Crown Commercial Service guidance. This is a new approach for the council, but legal advice has been given in respect of its appropriateness for this procurement process. The procurement timescales are very tight, and in that sense less than optimal in terms of the development of documents and the period for negotiation with tenderers, but are otherwise compliant with the requirements of PCR 2015 and are achievable. There are no legal impediments preventing the council from awarding a contract in due course. Certain information

in the business plan (set out in Appendix J1 and J2) is information relating to the financial or business affairs of the Council which should not be made public at this time.
Legal Team Leader: Eric Andrews. Team Leader 21 March 2018
Implications on ICT: There are a number of IT implications for this initiative, including use of Software as a Service or cloud based hosting, integration with other applications, use on mobile devices, ongoing support requirements and GDPR and data protection compliance. These have been addressed within the functional and non-functional requirements. The project has already engaged with Business Change and IT services and will continue to do so
ICT Team Leader: Ian Gale, Head of IT. 19 February 2018
City Benefits: A new HR and Payroll system will not directly impact the citizens of Bristol. However it will provide more accurate data on the workforce and help us identify the gaps in our demographics and help inform our workforce planning process to ensure the workforce reflects the city it serves. Managers will also be able to do more self-serve and keep a more up to date record of their welfare and performance conversations with their teams.
Consultation Details: Resources Directorate Leadership Team; Corporate Leadership Board; Cabinet Member Cllr Cheney; Delivery Working Group; peer review by PWC who are undertaking a future state review of ICT

DLT Sign-off	Denise Murray	16 February 2018
SLT Sign-off	Corporate Leadership Board	20 February 2018
Cabinet Member sign-off	Cllr Craig Cheney	19 February 2018
For Key Decisions - Mayor's Office sign-off	Mayor	5 March 2018

Appendix A – Further essential background from the Business Case	YES
Appendix B – Details of consultation carried out - internal and external	NO
Appendix C – Summary of any engagement with scrutiny	NO
Appendix D – Risk assessment – Exempt Appendix J2	YES
Appendix E – Equalities screening / impact assessment of proposal -	YES
Appendix F – Eco-impact screening/ impact assessment of proposal -	NO
Appendix G – Financial Advice	
Appendix H – Legal Advice	NO
Appendix J – Exempt Information - for reasons of commercial sensitivity J1 Estimated costs of delivery and contract J2 Risk log	YES

Appendix A – HR and Payroll Project - Background Information

Current system

The current HR and Payroll solution consists of different software systems from three suppliers. These include:

- Selima VisionHR for HR
- Selima Payroll for Payroll
- Selima Envoy for Expenses
- Selima Hummingbird for HR Reporting
- Simitive for Performance Management
- Unit4 Hireserve for Recruitment

Whilst the existing HR and Payroll solution provides a satisfactory payroll and other standalone HR functions, there is limited integration between the systems which means it is not as cost effective or efficient as it could be. The challenges include:

- Manual integration between systems – resulting in double data entry
- Limited Management Information - such as lack of real-time reporting and inconsistency in delivery of ad hoc requests
- Limited self-serve options for managers – reliance on back office support
- Lack of flexibility to make changes to organisation structure

Options appraisal

The Selima contract was due to expire in 2017, with a number of the other contracts due to expire in 2019. This necessitated a decision on the future strategy.

Soft market testing and an options appraisal were undertaken to explore the benefits, challenges, timescales and costs of each of the following options:

Option	Solution
1	Continue with Vison HR and Payroll <ul style="list-style-type: none"> • Tactical 'Do Nothing' option for an interim period of 24 months • Strategic 'Do Nothing' option post the interim 24 month period and ongoing for the foreseeable future
2	New HR and Payroll systems
3	New HR system integrated with a Payroll Bureau service provider
4	Out-source HR and Payroll operational functions
5	Bristol City Council partnering with a Local Authority to form a shared service managed by Bristol City Council
6	HR and Payroll operational functions by an Local Authority-led fully shared service
7	HR and Payroll operational functions provided by a public sector-led fully shared service

Resources Directorate Leadership Team considered the options appraisal in July 2017 and approved the recommendation for:

- A tactical solution to extend the existing contract for two years until June 2019 whilst new platform is procured and implemented
- A strategic solution to secure a new HR & Payroll system from April 2019

This will ensure the council has a cost effective and secure future platform which will provide:

- Consolidated systems into a single platform
- Revenue savings
- Fully integrated HR and Payroll solution with integration to finance and other back office systems
- More timely and better quality Management Information
- Enhanced user experience
- Compliance with legislation
- Automated processes and controls, with greater flexibility for users
- Operational and process efficiencies
- More control, flexibility and agility towards future business change
- More certainty on the costs of functionality
- Continuous improvement of system to respond to business needs.
- Provision of realistic, robust and measurable SLAs to all business users
- Compliance with ICT strategy

Costs

The estimated costs of the contract and project delivery have been based on the results of the soft market testing. These have been validated against the initial Invitation to Tender submissions. A breakdown of these estimated costs from the Outline Business Case are in exempt Appendix J1.

Project progress to date

- December 2017- Route to market approved by Commissioning and Procurement Group
- December 2017- Resource costs to develop Full Business Case approved by Delivery Working Group
- January 2018 - OJEU Notice issued
- February 2018- Outline Business Case approved by Delivery Working Group
- February 2018 - Internal consultation on proposal considered by Corporate Leadership Board
- February 2018 - Selection Questionnaire evaluated. Selected suppliers have been taken through to the Invitation To Tender stage
- March 2018- Initial Invitation to Tender issued, received and undergoing evaluation

Project governance

A robust and collaborative project delivery methodology is in place to oversee the procurement, implementation, integration, decommissioning and archiving of the new system. This includes careful transition to a business-as-usual environment and support and training for end users.

The following methodology and high level controls will be used to ensure a successful outcome:

- A fair and transparent procurement process with a robust specification of functional, non-functional, project delivery and service transition requirements

- Strong project governance with a clear definition of roles and responsibilities and detailed project plan
- Milestone payment controls to ensure payments are made on the evidence of 'fit for purpose' functionality
- Keeping the timeline on track by preparing key documents in advance of contract being awarded. Such as testing strategy, employee lifecycle and stakeholder analysis.
- A collaborative, iterative supplier specification process that ensures that there is a fully integrated end-to-end solution that is constantly validated
- A robust supplier build process that ensures products are evidenced as fit for purpose prior to testing, and knowledge is transferred to in-house teams
- A robust testing process that will be managed by the council with the supplier's advice and guidance
- A structured release process which will deploy fit-for-purpose functionality in an agreed sequence and at a pace that will have minimal impact on business as usual activities
- A dynamic change and transformation work stream that supports end users to adopt and embrace the new system



Bristol City Council Equality Impact Relevance Check

This tool will identify the equalities relevance of a proposal, and establish whether a full Equality Impact Assessment will be required. Please read the guidance prior to completing this relevance check.

What is the proposal?	
Name of proposal	HR & Payroll System – procurement, implementation and integration of other systems
Please outline the proposal.	<p>The council's current HR & Payroll solution consists of five different software systems with limited integration. This means that we are not operating as efficiently or as cost effectively as we could be. This coupled with the potential risk of not being able to easily meet future legislation changes means that we have no viable option but to replace the current system.</p> <p>The implementation of a new HR & payroll system will include integration with other systems; improved management information; improved efficiency of back office processes; and improved information to help with decision making.</p>
What savings will this proposal achieve?	The contract cost is estimated to be lower than the current revenue spend and will generate overall savings of around £0.45m over eight years.
Name of Lead Officer	John Walsh, HR Director

Could your proposal impact citizens with protected characteristics? (This includes service users and the wider community)
Please outline where there may be significant opportunities or positive impacts, and for whom.
No, the proposal does not affect any external users of BCC systems at this stage. Procurement will ensure that our successful Supplier adhere's to the Public Sector Equality duty through the process. This is not a public facing system.
Please outline where there may be significant negative impacts, and for whom.
n/a

Could your proposal impact staff with protected characteristics?

(i.e. reduction in posts, changes to working hours or locations, changes in pay)

Please outline where there may be significant opportunities or positive impacts, and for whom.

The solution should be compatible with assistive technology e.g. Dragon, Naturally Speaking and JAWS screen reader software etc. On completion of build and prior to implementation the new system will be tested by the ShawTrust as part of the Equality sign off.

Please outline where there may be negative impacts, and for whom.

None known

Is a full Equality Impact Assessment required?

Does the proposal have the potential to impact on people with protected characteristics in the following ways:

- access to or participation in a service,
- levels of representation in our workforce, or
- reducing quality of life (i.e. health, education, standard of living) ?

Please indicate yes or no. If the answer is yes then a full impact assessment must be carried out. If the answer is no, please provide a justification.

No, as the current provision meets these requirements, and there are not any identified reductions in workforce at this stage. Our procurement exercises will ensure the accessibility requirements are met to the highest standard.

Service Director sign-off and date:

Equalities Officer:



Duncan Fleming 22/03/2018

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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Title: Bristol - becoming an Age Friendly City	
Ward(s):	All of Bristol
Author: Katie Currie and Geraldine Summers	Job title: Public Health Principal, Planning & Development Manager
Cabinet lead: Cllr Helen Holland and Cllr Asher Craig	Director lead: Terry Dafter
Proposal origin: <i>City Partner</i>	
Decision maker: Cabinet Member Decision forum: <i>Cabinet</i>	
Purpose of Report: The purpose of this report is to seek support of the Mayor for Bristol to become a World Health Organisation (WHO) Age-friendly City and that this would lead to joining the Global Network for Age-friendly Cities and Communities.	
<p>Evidence Base: Bristol has an ageing population, there are projected to be 7,700 more people 65 & over by 2024, a 13% rise and potentially a 44% rise by 2039 (JSNA, 2016).</p> <ul style="list-style-type: none"> • Older people in Bristol contribute significantly to community life, and increasingly people are working to an older age. • Over four million (or 40 per cent) of people in the UK over the age of 65 have a limiting long-term health condition, such as diabetes, arthritis and dementia. • There are estimated to be between 6,300 and 11,400 older people who are socially isolated in Bristol(JSNA, 2016). • Our positive relationship with Bristol Ageing Better (BAB) reflects the future model for the council of working with partners to achieve shared priorities. The Council has been committed to the idea of becoming an Age Friendly City for a number of years, but has been unable to resource this work directly. BAB have appointed an Age Friendly Officer and allocated £1.6m to community development work over the next 3 years, which will also support the AFB work. This approach means council officers are involved in relevant work areas and work with partners and communities to contribute to the achievement of many of the Council's existing priorities • Bristol: A City for All Ages' is a collaboration, led by BAB, between partners across the city, working to make Bristol a great place for everyone at every age, focussing particularly on children and older people. • The Global Network for Age-Friendly Cities and Communities acts as a network of cities and communities working together towards the common goal of creating age-friendly environments. Formal accreditation is not provided and membership designation is given to cities that demonstrate current political commitment to the network and active engagement with the network. <p>Detail of the work conducted so far and the AFB charter (bristolageingbetter.org.uk/news/bristol-ageing-better-launches-charter-for-an-age-friendly-bristol) "I've made the commitment on behalf of the Mayor to become an Age Friendly City now we need to get on and make it a reality." – Cllr Asher Craig (following her speech at the launch of the AFB charter, quote used with consent).</p>	
Recommendations:	
<ol style="list-style-type: none"> 1. That the Mayor supports the work to become an Age Friendly City. 2. That the Mayor agrees to write a letter to support the application for Bristol to join the World Health Organisation (WHO) Global Network for Age Friendly Cities and Communities. 	

Revenue Cost: £ 0	Source of Revenue Funding: N/A
Capital Cost: £0	Source of Capital Funding: N/A
One off cost <input type="checkbox"/> Ongoing cost <input type="checkbox"/>	Saving Proposal <input type="checkbox"/> Income generation proposal <input type="checkbox"/>
Finance Advice: This project is led by BAB (financed by the Big Lottery) as a result there are no direct financial consequences for BCC. The ask of BCC is that we adopt an age friendly approach to our work, this may mean doing things differently, but the approach is expected to be cost neutral.	
Finance Business Partner: Neil Sinclair, 5 th December 2017	

Corporate Strategy alignment: Please see appendix A, which shows the links between the WHO age friendly domains, and the 2017-22 Corporate Strategy. The AFB model supports the Mayor’s vision for the Council to work with partners across Bristol and beyond to create a city where everyone can share in its success.

Legal Advice: The project is being led by BAB and, at this stage does not have any specific legal implications for BCC. Adopting an age friendly approach will accord with BCCs duties under the Equalities Act 2010.

Legal Team Leader: Sarah Sharland 6.12.2017

Implications on ICT: There are no direct IT implications identifiable in this initiative. However, any intentions to data share with partners must be within Council guidelines and GDPR requirements. Similarly, any intentions to provide access to Council systems will need to ensure early IT engagement to address any technical issues.

ICT Team Leader: Ian Gale 21.2.18

City Benefits: Health Outcome: Taken from WHO Age Friendly Cities:

- People stay healthy and active even at the oldest ages
- And it is a place that helps those who can no longer look after themselves live with dignity and enjoyment.

Sustainability Outcome: AFB is a City wide partnership. The significant impacts of this proposal are the positive contribution to the development of resilient communities, building local support networks and improvements to the appearance of the city.

Equalities Outcome: AFB will work to identify and catalyse improvements to enable older people to access, enjoy, and contribute to city life. AFB is also working as part of Bristol- A City for All Ages Network, collaborating with Dementia Friendly Communities and Child Friendly City.

Consultation Details: In October 2015 an Age Friendly Conference (link below) took place bringing together older people and professionals to consider how age-friendly Bristol is already and to start to develop the vision for Bristol as an AFC. In autumn 2015 there were discussions with all BCC directorates about the Council’s role in becoming an Age Friendly City.

BAB conducted a significant consultation process to develop the AFB Charter. This included interviews with 116 older citizens, 11 focus groups, and 11 consultation events held through specific organisations. The charter launch was attended by 45 organisations and was used as an opportunity to consult on the focus of the work.

DLT Sign-off	John Readman	29.11.17
SLT Sign-off	SLT	12.12.17
Cabinet Member sign-off	Helen Holland	18.12.17
For Key Decisions - Mayor’s Office sign-off	Marvin Rees	18.12.17

Appendix A – Linkages between Age Friendly City Domains and the Bristol City Council 2018-2023 Corporate Strategy.	YES
Appendix F – Eco-Impact Screening/Impact Assessment of Proposal	YES
Background Documents http://bristolageingbetter.org.uk/news/age-friendly-city-conference-feedback/ http://bristolageingbetter.org.uk/news/bristol-ageing-better-launches-charter-for-an-age-friendly-bristol/	YES

Age friendly City domains	Outdoor spaces and buildings	Transport	Housing	Social participation	Respect and social inclusion	Civic participation and employment	Communication and information	Community support and health
Corporate Strategy theme: Empowering and Caring								
Reduce the overall level of homelessness and rough sleeping, with no-one needing to spend a 'second night out'.			✓					✓
Provide 'help to help yourself' and 'help when you need it' through a sustainable, safe and diverse system of social care and safeguarding provision, with a focus on early help and intervention.		✓	✓	✓	✓	✓	✓	✓
Prioritise community development and enable people to support their community.				✓	✓	✓	✓	
Corporate Strategy theme: Fair and Inclusive								

Age friendly City domains	Outdoor spaces and buildings	Transport	Housing	Social participation	Respect and social inclusion	Civic participation and employment	Communication and information	Community support and health
Make sure that 2,000 new homes – 800 affordable – are built in Bristol each year by 2020.			✓					
Develop a diverse economy that offers opportunity to all and makes quality work experience and apprenticeships available to every young person.						✓		✓
Help develop balanced communities which are inclusive and avoid negative impacts from gentrification.	✓		✓		✓	✓		
Corporate Strategy theme: Well Connected								
Improve physical and geographical connectivity; tackling congestion and progressing towards a mass transit system.		✓						

Age friendly City domains	Outdoor spaces and buildings	Transport	Housing	Social participation	Respect and social inclusion	Civic participation and employment	Communication and information	Community support and health
Make progress towards being the UK's best digitally connected city.						✓	✓	
Reduce social and economic isolation and help connect people to people, people to jobs and people to opportunity.	✓	✓		✓	✓	✓	✓	✓
Work with cultural partners to involve citizens in the 'Bristol' story, giving everyone in the city a stake in our long-term strategies and sense of connection.				✓	✓	✓		
Corporate Strategy theme: Wellbeing								
Embed health in all our policies to improve physical & mental health and wellbeing, reducing inequalities and the demand for acute services.	✓	✓	✓	✓	✓	✓	✓	✓

Age friendly City domains	Outdoor spaces and buildings	Transport	Housing	Social participation	Respect and social inclusion	Civic participation and employment	Communication and information	Community support and health
Tackle food and fuel poverty.			✓		✓		✓	✓
Keep Bristol a leading cultural city, helping make culture, sport and play accessible to all.	✓			✓	✓	✓	✓	✓

Eco Impact Checklist

Appendix F

Title of report: Bristol – becoming an age friendly city				
Report author: Katie Currie and Geraldine Summers				
Anticipated date of key decision: 3rd April 2018				
Summary of proposals: The purpose of this report is to seek support of the Mayor for Bristol to become a World Health Organisation (WHO) Age-friendly City and that this would lead to joining the Global Network for Age-friendly Cities and Communities.				
Will the proposal impact on...	Yes/ No	+ive or -ive	If Yes...	
			Briefly describe impact	Briefly describe Mitigation measures
Emission of Climate Changing Gases?	Yes	+tive	Included within the Bristol Age Friendly Charter is transport and housing.	Promote sustainable transport ie bus/ train/ BCT use or car sharing. Housing – Continue to sign post to Warm up Bristol and other energy efficiency projects.
Bristol's resilience to the effects of climate change?	Yes	+ive	An age friendly community promotes opportunities for older people to continue to contribute to their communities, take part in social activities and build social support networks. This will result in improved community resilience and development of local support networks.	
Consumption of non-renewable resources?	No			
Production, recycling or disposal of waste	No			
The appearance of the city?	Yes	+ive	The outside environment and public buildings have a major impact on the mobility, independence and quality of life of older adults, and affect their ability to 'age in	

			place'. Improvements made as part of the Age Friendly City work e.g. additional benches, will improve the appearance of the city and be beneficial for the whole population.	Ensure when procuring materials such as benches that materials are made sustainable (eg benches are made from FSC timber)
Pollution to land, water, or air?	No			
Wildlife and habitats?	No			
Consulted with:				
Summary of impacts and Mitigation - <u>to go into the main Cabinet/ Council Report</u>				
<p>The significant impacts of this proposal are the positive contribution to the development of resilient communities, building local support networks and improvements to the appearance of the city.</p> <p>The proposals include the following measures to mitigate the impact: <i>not applicable</i>.</p> <p>The net effects of the proposals are positive.</p>				
Checklist completed by:				
Name:	Katie Currie and Geraldine Summers*			
Dept.:	Public Health/ Care & Safeguarding			
Extension:	*37331			
Date:	01/03/18			
Verified by Environmental Performance Team	Nicola Hares			

Title: 2017/18 Budget Monitoring report – Period 10	
Ward(s):	All
Author: Chris Holme	Job title: Acting Director, Finance
Cabinet lead: Councillor Cheney	Director lead: Denise Murray
Proposal origin: Other	
Decision maker: Cabinet Member Decision forum: Cabinet	
<p>Purpose of Report: This report sets out for Mayor and Cabinet an update of the Council’s financial position as at the end of January 2018 (period 10), including:</p> <ul style="list-style-type: none"> • Projections of potential revenue and capital spending during 2017/18 against approved Directorate and ring-fenced budget allocations • Progress on agreed savings and confidence of delivery • The reviews of risks and the mitigating actions which have been undertaken to ensure that we do not overspend against our 2017/18 budgets. 	
<p>Evidence Base: The General Fund revenue forecast outturn (as provided in Appendix A) shows a potential underspend of (£0.4m) (0.1%) against an approved budget of £365.0m, which is as per the P9 forecast.</p> <p>The position for the ring fenced budgets is as follows:</p> <p>Dedicated School Grant (DSG) – an overspend of £5.1m an improvement of (£0.2m) from the P9 forecast position, Housing Revenue Account (HRA) – a increase in forecast underspend of (£0.5m) since P9, and Public Health, (PH), (£0.1m) increase in forecast underspends from the P9 forecast.</p> <p>The forecast spend against the capital budget of £146.1m is £135.5m hence an underspend of £10.6m which is an improvement on the P9 position due to re-phasing of budgets.</p> <p>Progress against savings propositions indicate £3.1m remain at risk, as per the P9 position.</p> <p>Further details are shown in the appendices which highlight areas of concern compiled using forecast information as at P10.</p>	
<p>Recommendations: Cabinet to note:</p> <ol style="list-style-type: none"> 1. To note the extent of forecast revenue underspend at period 10 of (£0.4m) 2. To note the current forecast capital expenditure of £135.5m, which is £10.6m below the budgeted capital programme for the year. 	

Revenue Cost: £365.0m	Source of Revenue Funding: Total approved revenue budget
Capital Cost: £146.1m	Source of Capital Funding: Total capital programme
One off cost <input type="checkbox"/> Ongoing cost <input checked="" type="checkbox"/>	Saving Proposal <input type="checkbox"/> Income generation proposal <input type="checkbox"/>
<p>Finance Advice:</p> <p>Revenue Forecast The latest revenue forecast outturn (as provided in Appendix A) shows a potential underspend of (£0.4m) (0.1%) against an approved budget of £365.0m. The overall position remains as per the P9 forecast outturn.</p> <p>It was reported to Cabinet in P9 that the People Directorate were unable to contain their expenditure</p>	

within the approved budget. This was due to a combination of historic pressures not having been fully addressed with the additional budgets for 2017/18, slippage on agreed savings proposals, and a continued high level of demand, particularly for adults and children's social care. Therefore approval for a supplementary estimate was sought to be funded primarily as one off virements from funds held in abeyance and underspends identified elsewhere in the monitoring report across other services. Cabinet agreed the adjustments at its meeting of the 6th March. The 2018/19 budget for these services acknowledges the need to have a system-wide approach to the three main service areas: adults social care, children's social care and education.

Housing Revenue Account

The forecast HRA position is a £9.4m underspend as at P10 as a result of reduced planned programme spend – the increased surplus is due to the slippage on the capital programme and subsequent reduction in capital financing, which is primarily funded by revenue. There is also an expected draw down from reserves of £1.9m to offset the costs of implementing the replacement housing management system.

Dedicated Schools Grant

Whilst any under/overspend against the Dedicated Schools grant can be carried forward at the end of the financial year, there are a number of pressures emerging which if not successfully managed it could have an impact on the Council's general fund. The current risks, before mitigations total £5.1m, which includes £1.6m cumulative deficit brought forward this is a decrease of (£0.2m) since P9. The main pressures are in High Needs Budgets (Special Educational Needs, Alternative Learning Provision and Specialist Support), offset by some underspends, and mainly in funds set aside for growing schools. An action plan to address the underlying pressures in High Needs is in development, which will include measures to reduce costs in alternative learning placements and top up allocations in particular though significant savings may not be realised until 2018/19. The actual deficit at the year-end will have to be underwritten against the general fund reserves due to the low level of school balances held.

Public Health

There is a forecast underspend of (£0.7m) on Public Health. This has moved by (£0.1m) from P9 due to a forecast saving on GP contracts in relation to health checks.

Capital Spending

The delivery of a number of projects has now been re-phased as part of the budget process, resulting in a reduced capital budget of £146.1m for 2017/18. The forecast slippage on these projects is now (£10.6m) which is approximately 7% of the 2017/18 budget. The main areas of slippage are:

- Schools Organisation (£4m) due to delays in signing contracts.
- Sustainable Transport (£3.4m) delays in Arena project have led to delays in procurement on both the Low Emissions grant and Cycling Ambition Fund grant.
- and Colston Hall (£2m).

Major areas of financial pressure or risks in the current five year capital programme continue to be Bristol Arena, the Housing Delivery Programme and Colston Hall. The funding of the capital programme and reassessment of priorities is currently under review, to be reported to Council as part of the budget process and capital strategy development.

Progress against Savings / Efficiency propositions

Of the agreed 2017/18 savings of £33.1m, £3.1m (9%) are currently deemed at risk to delivery as per P9. This position is included in the forecast outturn where appropriate or outlined on the risk and opportunities where mitigations are being explored.

Work is underway to develop plans for future years and early indication for 2018/19 is that of the £25.9m approved in the budget, £2.4m has a plan that is considered under developed for this stage in the process.

Risk and Opportunities Implications

A range of risks and opportunities are being reviewed within Directorate Leadership Teams and new governance provides the opportunity to manage these risks in a more fundamental and sustainable way. Regular reporting and budget scrutiny through officer and Member groups are helping to ensure the necessary actions to address spending pressures are identified and implemented; and supplementary estimates only recommended when all other options have been explored.

A range of risks are provided for within our Risk Reserve and some of this may need to be utilised during this financial year.

Reserves

The 2017/18 opening balance on reserves of £20.0m general balance, £65.4m earmarked reserve (£20.0m and £106m 2016/17 respectively). Projected net drawdowns for the current year are now anticipated to be some £12m with a further £12m net drawdown currently estimated for 2018/19, as reflected in the budget report as agreed by Full Council on the 20th February, following detailed review of all earmarked reserves.

Debt Management

The level of aged debt that has been outstanding for 30 days or more has decreased by (£1.2m), from £31.8m in P9 to £30.6m in P10. Appendix A provides an analysis of this debt between departments, and client types as at P10.

Finance Business Partner: Chris Holme 08/03/17

Corporate Strategy alignment: Cross priority report that covers whole of Council's business.

Legal Advice: This monitoring report is an important component in assisting the Council to comply with its legal obligation to deliver a balanced budget. It is also a requirement of the Councils Financial Regulations that Cabinet receives quarterly monitoring reports, (in respect of both capital and revenue) and which shall include any proposed virements between directorates, which require cabinet approval.

Legal Team Leader: Eric Andrews 15/03/18

Implications on ICT: N/A

ICT Team Leader: Ian Gale 21/12/17

City Benefits: Cross priority report that covers whole of Council's business.

Consultation Details: N/A

DLT Sign-off	Denise Murray	21/02/18
SLT Sign-off	Denise Murray	27/02/18
Cabinet Member sign-off	Councillor Cheney	05/03/18

Appendix A – Further essential background / detail on the proposal	YES
Appendix B – Details of consultation carried out - internal and external	NO
Appendix C – Summary of any engagement with scrutiny	NO
Appendix D – Risk assessment	NO
Appendix E – Equalities screening / impact assessment of proposal -	NO
Appendix F – Eco-impact screening/ impact assessment of proposal -	NO
Appendix G – Financial Advice	NO
Appendix H – Legal Advice	NO
Appendix I – Combined Background papers	NO
Appendix J – Exempt Information	NO

Appendix A-1 Bristol City Council – Summary 2017/18 – Budget Monitor Report

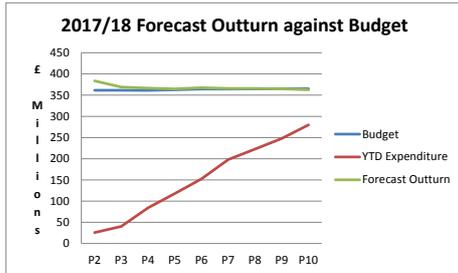


a: 2017/18 Summary Headlines

Revised Budget £364.7m in P9 P10 £365.0m ↑	Forecast Outturn £364.3m in P9 £364.6m ↑	Outturn Variance (£0.4)m in P9 (£0.4m) ⇒	Movement from P9 £0.0m
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b: Budget Monitor

1. Overall Position and Movement



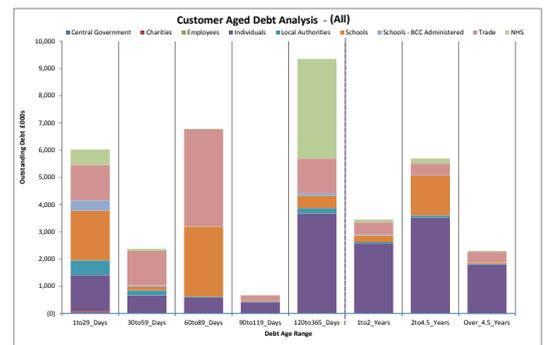
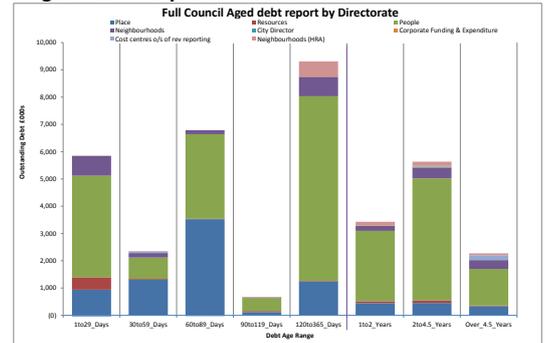
2. Revenue Position by Division

Budget Area	P10 Over/(under) spend £m	P9 Over/(under) spend £m	Movement in variance since P9	Element due to Budget virement
People	0.0	3.8	(3.8)	(3.8)
Corporate	0.0	(1.3)	1.3	1.3
Resources & City Director	0.0	(1.4)	1.3	1.4
Place	(0.1)	(0.5)	0.4	0.0
Neighbourhoods	(0.3)	(1.0)	0.7	1.1
Total	(0.4)	(0.4)	0.0	0.0

Key messages

- Due to the forecast overspend for People Directorate of £3.8m at P9, the supplementary estimate process was activated and budget virements were actioned for 2017/18 only - as detailed in the P9 budget monitoring report to Cabinet. Hence the People Directorate is now forecast to remain within its overall budget allocation for 2017/18.
- Overall the forecast outturn underspend for the Council has remained at (£0.4m) underspend as per the P9 position.
- The overall level of aged debt that has been outstanding for over 30 days has decreased from £31.8m in P9 to £30.6m in P10, of which, £11.4m has been outstanding for over a year which remains unchanged from the P9 position. The provision for bad debt will be reviewed as part of the final accounts process but will need to be increased if the amount of aged debt does not improve by the year end.

3. Aged Debt Analysis



c: Risks and Opportunities

4. Savings Delivery RAG Status

17/18	Total value of savings (€m)	Value at risk (€m)	Risk (%)
R - No - savings are at risk	6.5	3.1	48%
G - Yes - savings are safe	13.0	0.0	0%
C - Saving has been secured and guaranteed	13.5	0.0	0%
Grand Total	33.1	3.1	9%

Top 5 largest savings at risk in 17/18 (ordered by size of saving at risk)

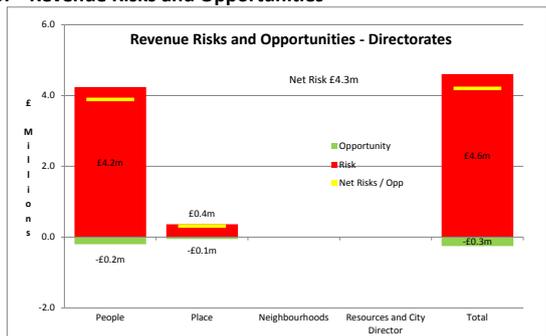
ID - Name of Proposal	Value at Risk in 17/18 (£'000s)
FP04 Recommision community support services	1,300
BE2 Review our property services	750
FP10 Increase council foster carers	360
FP18 More efficient home to school travel	225
FP22 Increase supported living provision	188

18/19	Total value of savings (€m)	Value at risk (€m)	Risk (%)
R - No - no plan in place	3.3	2.4	74%
A - Yes - plan in place but still to deliver	11.7	0.7	6%
G - Yes - savings can be taken from budget	11.0	0.0	0%
Grand Total	25.9	3.1	12%

Top 5 largest savings at risk in 17/18 (ordered by size of saving at risk)

ID - Name of Proposal	Value at Risk in 17/18 (£'000s)
RS04 Reduce the number of library buildings and redesign the service	740
FP05 Reduced education services grant	497
BE3-g Restructure admin and business support teams	360
FP14 - 1 in-house enforcement	347

5. Revenue Risks and Opportunities



Key Messages

- The savings tracker shows that £3.1m of savings are still at risk of not being delivered which is as per the P9 position.
- There are additional risks of £4.6m identified in People and Place which are not reflected in the forecast outturn position. The main risks are the Clinical Commissioning Group turnaround plans of £3m and the potential costs associated with reshaping the provision of Children Centre services.
- The amount of opportunities that have been identified as potential mitigating action has reduced to £0.3m. Hence the net risk, not currently included in the forecast outturn position for 2017/18 is £4.3m - which is a reduction of £2.4m from P9.

d: Capital

Revised Budget £146.1m	Expenditure to Date £85.4m 58% of budget	Forecast Outturn £135.5m 93% of budget	Outturn Variance (£10.6m)
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Key Messages

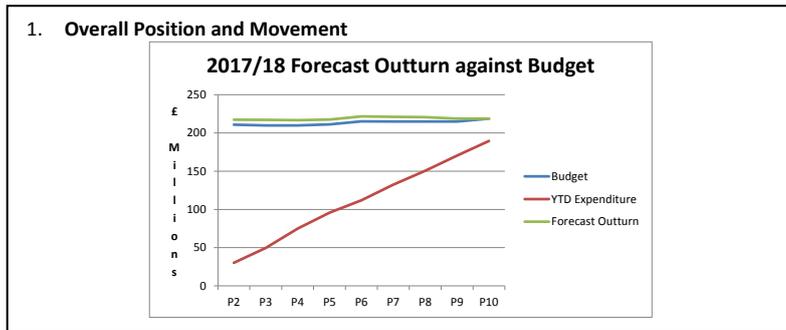
- The delivery of a number of projects has now been rephrased, resulting in a reduced capital budget of £146m for 2017/18. The forecast slippage on these projects is now (£10.6m) which is approximately 7% of the 2017/18 budget.
- The main areas of slippage are:
 - Schools Organisation (£4m) due to delays in signing contracts.
 - Sustainable Transport (£3.4m) delays in Arena project have led to delays in procurement on both the Low Emissions grant and Cycling Ambition Fund grant.
 - Colston Hall (£2m).
- Further details are provided in the Directorate dashboards.

Gross expenditure by Programme	Current Year (FY2017)				Performance to budget		Scheme Total for Current Timeframe (FY2016 : FY2021)						Performance to budget		
	Budget	Expenditure to Date	Forecast	Variance	Expenditure to date	Forecast	Budget	Total Expenditure to Date	Commitments	Variance - Total budget vs actual + commitments	Forecast (including prior years actuals)	Variance Total scheme budget vs total scheme forecast	Expenditure to date	Expenditure + Committed to date	Forecast
	£000s				%		£000s						%		
People	28,511	14,762	24,548	(3,963)	52%	86%	139,702	49,157	3,181	(87,364)	139,648	(53)	35%	37%	100%
Resources	2,926	937	2,760	(166)	32%	94%	30,717	12,928	1,129	(16,660)	29,546	(1,171)	42%	46%	96%
Neighbourhoods	8,337	3,063	6,591	(1,746)	37%	79%	43,586	11,244	1,337	(31,005)	39,307	(4,279)	26%	29%	90%
Place	71,256	46,111	68,037	(3,219)	65%	95%	590,263	121,526	22,976	(445,762)	593,252	2,989	21%	24%	101%
Neighbourhoods (HRA)	34,350	20,549	33,541	(809)	60%	98%	304,118	69,317	5,391	(229,410)	303,309	(809)	23%	25%	100%
Corporate Funding & Expenditure	705	0	0	(705)	0%	0%	48,150	5,145	0	(43,005)	48,150	0	11%	11%	100%
Total Capital Expenditure	146,085	85,422	135,477	(10,608)	58%	93%	1,156,536	269,316	34,014	(853,206)	1,153,212	(3,324)	23%	26%	100%

a: 2017/18 Summary Headlines

Revised Budget £214.8m in P9 P10 £218.6m ↑	Forecast Outturn £218.6m in P9 £218.6m ↓	Outturn Variance £3.8m in P9 £0.0m ↓	Movement from P9 (£3.8m)
----------------------------------------------------------------	--------------------------------------------------------------	----------------------------------------------------------	-------------------------------------------

b: Budget Monitor

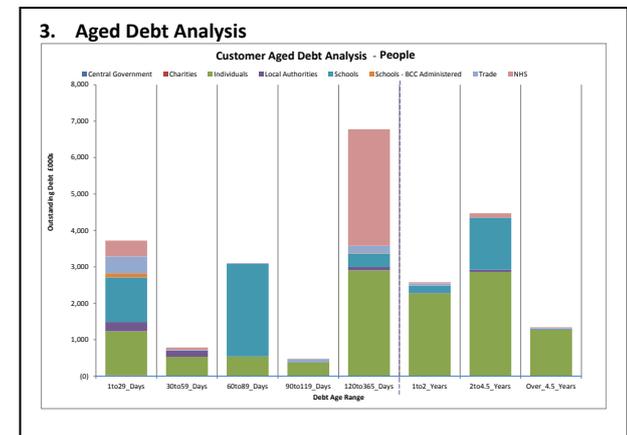


2. Revenue Position by Division

Budget Area	P10 Over/ (under) spend £m	P9 Over/ (under) spend £m	Movement in forecast since P9
Care & Support - Adults	0.0	2.4	(2.4)
Education & Skills	0.0	0.8	(0.8)
Care & Support – Children & Families	0.0	0.5	(0.5)
Management - People	0.0	0.1	(0.1)
Strategic Commissioning & Commercial Relations	0.0	0.1	(0.1)
Early Intervention & Targeted Support	0.0	0.0	0.0
Total	0.0	3.8	(3.8)

Key messages

- At P9, the forecast outturn variance for People was an overspend of £3.8m. Following the application of the supplementary estimate process, the 2017/18 budget for People has now been increased by £3.8m by way of temporary virements from other services. Hence the People Directorate is now forecast to remain within the 2017/18 budget allocation.
- The Preparing for Adulthood Service, now within Adults, is the area with the largest underlying overspend £1.7m which will need action during 2018/19 as there is no acknowledgement of this pressure in 2018/19.



c: Risks and Opportunities

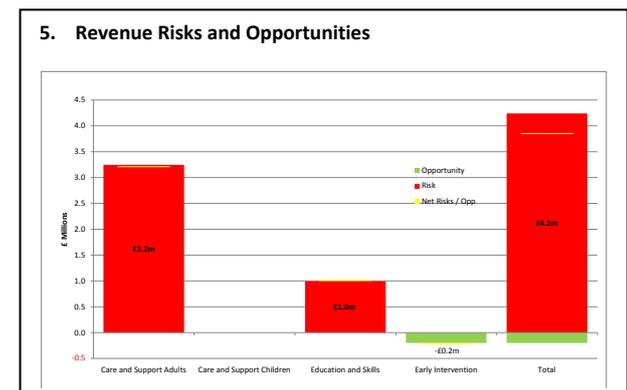
4. Savings Delivery RAG Status

17/18	Total value of savings (£m)	Value at risk (£m)	Risk (%)
R No - savings are at risk	3.9	2.3	60%
G Yes - savings are safe	7.9	0.0	0%
O Savings have been measured and delivered	0.2	0.0	0%
Grand Total	11.9	2.3	19%

18/19	Total value of savings (£m)	Value at risk (£m)	Risk (%)
R No - no plan in place	0.9	0.9	100%
A Yes - plan in place but still to deliver	2.2	0.0	0%
G Yes - savings can be taken from budget	1.1	0.0	0%
Grand Total	4.2	0.9	21%

Top 5 largest savings at risk in 17/18 (ordered by size of saving at risk)	
ID - Name of Proposal	Value at Risk in 17/18 (£'000s)
FP04 Recommision community support services	1,350
FP10 Increase council foster carers	360
FP18 More efficient home to school travel	221
FP22 Increase supported living provision	198
BE8 Best value contracts	100

Top 5 largest savings at risk in 18/19 (ordered by size of saving at risk)	
ID - Name of Proposal	Value at Risk in 17/18 (£'000s)
FP05 Reduced education services grant	497
BE3-g Restructure admin and business support teams	366



6. Mitigating Actions

In the medium-term, the services within People will converge into three divisions and the underlying budget issues will be addressed in the following ways

Division	Approach
Adults Social Care	Implementation of three-tier model for care and support through the Better Lives programme, working with partners to invest the Improved Better Care fund to address demand pressures and to deliver savings to the Council's budget.
Children's Services	Implementation of the Strengthening Families programme using early investment to support families, to improve social work practice and get better outcomes for young people, all to address existing pressures and to deliver savings to the Council's budget.
Education	A bottom-up service redesign for Education, recognising the lower level of funding available with the loss of the Education Services Grant, but using DSG and other funding streams to best effect in meeting statutory responsibilities and local service aspirations.

d: Capital

Revised Budget	Expenditure to Date	Forecast Outturn	Outturn Variance
£28.5m	£14.8m 52% of budget	£24.5m 86% of budget	(£4.0m)

Key Messages

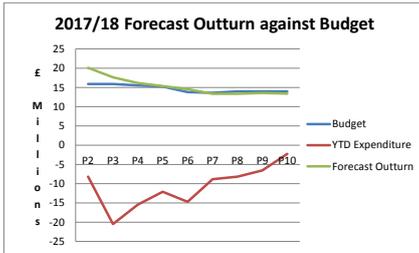
There is slippage of -£4.0m on the overall capital programme, compared to the revised budgets for 2017/18. £5.1m of the slippage is slippage in spend in the education capital programme is mainly a result of some delayed contract signatures. Briarwood Nexus, Cotham and St Bede's have all suffered delays at contract close. In addition, progress at Chester Park Infant School has been slower than anticipated by the Building Practice. All new places required for 2018 are on programme so there has been no impact on the councils statutory obligations. There are further underspends on Aids and Adaptations in Children's Services. This is offset by forecast overspends of £1.3m (using 2018/19 capital funding in advance) for Care Management Services in Adults.

a: 2017/18 Summary Headlines

Revised Budget £14.0m in P9 P10 £14.0m ⇒	Forecast Outturn £13.5m in P9 £13.9m ↓	Outturn Variance (£0.5m) in P9 (£0.1m) ↓	Movement from P9 £0.4m
--------------------------------------------------------------	------------------------------------------------------------	--------------------------------------------------------------	-----------------------------------------

b: Budget Monitor

1. Overall Position and Movement



Note YTD Expenditure is net of income received.

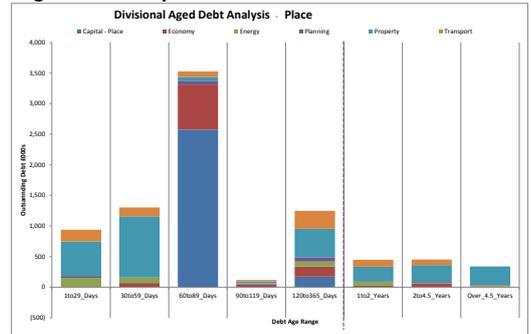
Key messages

- Place Directorate is forecasting an overall underspend position of (£0.1m) for 17/18.
- Property forecast remained at £2.1m overspend mainly due to underdelivered savings. These are offset by underspend / surplus in other divisions due to in year additional income and one-off in year staff / vacancy savings
- The adverse movement in Energy between P9 and P10 is due to an income deferral to 18/19 to match the proportion of costs expected in relation to the administration of Climate Energy next financial year.
- The movement in transport mainly relates to grant funding carried forward to 18/19.
- The movement in Planning is for expenditure on digitisation.
- The majority of the aged debt is within property.

2. Revenue Position by Division

Budget Area	P10 Over/ (under) spend £m	P9 Over/ (under) spend £m	Movement in forecast since P9
Property	2.1	2.1	(0.1)
Economy	(0.4)	(0.4)	0.0
Energy	(0.5)	(0.6)	0.1
Planning	(0.3)	(0.6)	0.3
Transport	(0.9)	(1.1)	0.1
Total	(0.1)	(0.5)	0.4

3. Aged Debt Analysis



c: Risks and Opportunities

4. Savings Delivery RAG Status

17/18	Total value of savings (£m)	Value at risk (£m)	Risk (%)
R No - savings are at risk	2.5	0.8	30%
A Yes - savings are safe	2.1	0.0	0%
G Saving has been secured and delivered	5.1	0.0	0%
Grand Total	9.7	0.8	8%

Top 5 largest savings at risk in 17/18 (ordered by size of saving at risk)

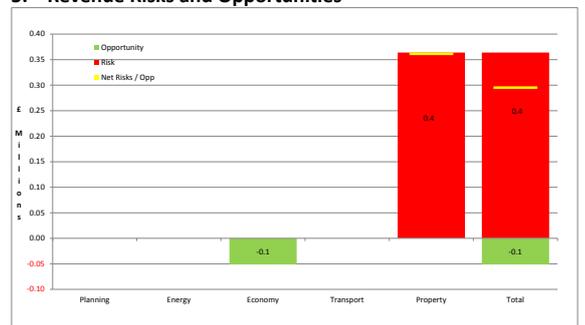
ID - Name of Proposal	Value at Risk in 17/18 (£'000s)
822 Review our property services	750

18/19	Total value of savings (£m)	Value at risk (£m)	Risk (%)
R No - no plan in place	0.0	0.3	100%
A Yes - plan in place but still to deliver	0.5	0.0	0%
G Yes - savings can be taken from budget	1.5	0.3	17%
Grand Total	2.0	0.5	25%

Top 5 largest savings at risk in 18/19 (ordered by size of saving at risk)

ID - Name of Proposal	Value at Risk in 18/19 (£'000s)
602 Reduce road maintenance budgets	250

5. Revenue Risks and Opportunities



6. Mitigating Actions – Facilities Management

FM Cumulative Mitigations	2017/18 £	2018/19 £	2019/2020 £
Stationery	22,250	22,500	22,500
Reduced Window Cleaning	2,250	4,500	4,500
R&M Spending Freeze	220,000		
Workwear/PPE Efficiencies	1,000	1,000	1,000
Fleet - Procurement		340,000	370,000
Post Efficiencies	22,172	22,172	22,172
M&E/Building F Tender		170,000	250,000
Print & Mail Outsourcing		112,500	150,000
Docks Restructure			250,000
Harbour Review (Income)			50,000
Markets Charter (Income)			35,000
Cleaning	29,750	60,000	60,000
Security	17,150	50,000	50,000
Total	314,572	782,672	1,265,172

Key Message

- Analysis of additional risks and opportunities for Place Directorate shows that the net risk for mitigation against the overall forecast underspend is £0.3m, which is not currently reflected in the forecast.

d: Capital

Revised Budget £71.3m	Expenditure to Date £46.1m 65% of budget	Forecast Outturn £68.0m 95% of budget	Outturn Variance (£3.2m)
----------------------------------------	--------------------------------------------------------------	-----------------------------------------------------------	-------------------------------------------

Key Messages

- The forecast outturn variance for capital expenditure is £3.2m underspend at P10, bearing in mind the budget has been re-phased in P10 for projects slippages to future years.
- Main element of underspend is still reported under strategic transport.

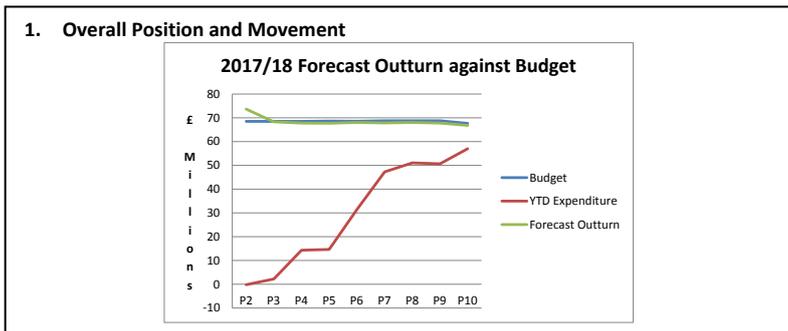
Capital Budget Monitor Report for Period 201710 - Gross Expenditure per Service & Scheme

Place		Current Year (2017)						Performance to budget		Scheme Total for Current Timeframe (FY2016 : FY2021)						Performance to budget		
14/03/2018		Budget	Expenditure to Date	Forecast	Variance	Expenditure to Date	Forecast	Budget	Total Expenditure to Date	Commitments	Variance Total scheme budget vs actual + commitments	Forecast (including prior or years actuals)	Variance Total scheme budget vs total scheme forecast	Expenditure to date	Expenditure Commitment to date	Forecast		
		£000s						£000s						%				
Gross expenditure by *Programme & Scheme																		
<i>* Programmes may cross division. The data below relates to the named division only</i>																		
PL20	Strate g c Property	902	771	1,890	988	86%	210%	7,022	4,523	354	(2,144)	8,512	1,490	64%	69%	121%		
PL21	Strate g c Property - Essential H&LS	500	76	406	(94)	15%	81%	11,591	76	60	(11,456)	11,550	(41)	1%	1%	100%		
PL22	Strate g c Property - Investment in existing waste facilities	0	0	0	0			1,500	0	0	(1,500)	1,500	0	0%	0%	100%		
PL23	Strate g c Property - Temple St	3,300	2,728	3,300	0	83%	100%	3,900	2,728	81	(1,091)	3,900	0	70%	72%	100%		
PL25	Strate g c Property - Community Capacity Building	0	0	0	0			4,000	0	0	(4,000)	4,000	0	0%	0%	100%		
PL27	Strate g c Property - vehicle replacement	0	0	0	0			6,077	0	0	(6,077)	6,077	0	0%	0%	100%		
PL34	Strate g c Property - Community investment scheme	0	0	0	0			4,000	0	0	(4,000)	4,000	0	0%	0%	100%		
PL35	Harbourside operational infrastructure	0	0	0	0			1,200	0	0	(1,200)	1,200	0	0%	0%	100%		
PL36	Investment in Markets infrastructure & buildings	0	0	0	0			1,200	0	0	(1,200)	1,200	0	0%	0%	100%		
Total Property division		4,702	3,575	5,596	895	76%	119%	40,491	7,327	495	(32,698)	41,959	1,448	18%	19%	104%		
PL11	Bristol Arena & Temple Meads East Regeneration	2,000	1,759	2,000	0	88%	100%	12,847	5,696	1,067	(116,084)	12,847	(1,000)	5%	6%	98%		
PL11A	Cattle Market Road Development	1,000	588	2,050	1,030	59%	205%	11,250	588	245	(10,417)	13,690	2,440	5%	7%	122%		
PL12	Rilwood Broadway	0	0	0	0			1,365	3	0	(1,365)	1,365	(0)	0%	0%	100%		
PL13	Rilwood Green Business Park	200	0	0	(200)	0%	0%	680	480	12	(188)	571	(108)	71%	72%	84%		
PL16	Economy Development	495	253	389	(106)	51%	79%	818	576	0	(242)	830	12	70%	70%	101%		
PL17	Resilience Fund (Eam of the £30m Port Sale)	179	0	94	(79)	0%	54%	1,000	0	0	(1,000)	1,000	0	0%	0%	100%		
PL24	Colston Hall	4,557	1,508	2,531	(2,026)	33%	56%	48,900	2,835	751	(45,214)	48,348	(452)	6%	7%	98%		
PL26	Old Vic & St George's	1,200	750	1,200	0	63%	100%	1,548	750	0	(798)	1,548	0	48%	48%	100%		
PL28	Botteryard Studios	671	368	368	(303)	55%	55%	700	397	8	(295)	700	0	57%	58%	100%		
PL29	Hengrove Park	0	0	0	0			15	15	0	(0)	15	(0)	100%	100%	100%		
PL30	Housing Strategy and Commissioning	0	4	9	9			674	411	0	(263)	674	0	61%	61%	100%		
PL31	Kingswear & Torpoint Flats	50	0	0	(50)	0%	0%	390	340	0	(50)	722	331	87%	87%	185%		
PL32	Cumberland Basin Design Development	0	0	0	0			500	0	0	(500)	500	0	0%	0%	100%		
Total Economy division		10,346	5,230	8,620	(1,726)	51%	83%	190,567	12,091	2,062	(176,414)	191,810	1,223	8%	7%	101%		
CD1	Bristol Futures	0	0	0	0			(65)	(65)	0	0	(65)	0	100%	100%	100%		
PL14	Planning & Sustainable Development	683	253	530	(153)	37%	78%	1,444	397	54	(999)	1,432	(13)	27%	31%	98%		
PL15	Planning & Sustainable Development - Environmental Improvement	0	0	0	0			350	0	0	(350)	350	0	0%	0%	100%		
Total Planning division		683	254	530	(153)	37%	78%	1,729	392	54	(1,343)	1,716	(13)	19%	22%	98%		
PL01	Metrobus	15,677	16,725	15,677	0	107%	100%	55,425	56,473	4,968	6,017	55,425	0	102%	111%	100%		
PL02	Passenger Transport	1,482	720	1,483	1	46%	100%	3,403	1,650	265	(1,488)	3,405	1	48%	56%	100%		
PL03	Residents Parking Schemes	564	504	693	129	89%	123%	3,392	2,122	271	(999)	3,542	150	63%	71%	104%		
PL04	Strate g c City Transport	8,944	5,400	8,956	13	60%	100%	20,051	7,436	8,451	(4,163)	20,272	221	37%	79%	101%		
PL05	Sustainable Transport	10,140	4,302	6,705	(3,435)	42%	66%	30,011	13,185	2,772	(14,054)	30,629	618	44%	53%	102%		
PL06	Portway Park & Ride Rail Platform	0	0	0	0			2,225	0	0	(2,225)	2,225	0	0%	0%	100%		
PL07	Rail Stations Improvement Programme	0	0	0	0			1,600	0	0	(1,600)	1,600	0	0%	0%	100%		
PL08	Highways & Drainage Enhancements	1,202	107	1,202	(9)	9%	100%	6,608	3,004	200	(3,405)	6,608	(0)	45%	48%	100%		
PL09	Highways Infrastructure - bridge investment	50	0	50	0	0%	100%	3,300	0	0	(3,300)	3,300	0	0%	0%	100%		
PL09A	Highways Infrastructure - Chocolate Path	50	0	50	0	0%	100%	5,050	0	0	(5,050)	5,050	0	0%	0%	100%		
PL10	Highways & Traffic Infrastructure - General	7,183	4,490	7,109	(74)	63%	99%	16,988	10,795	1,781	(4,411)	17,260	273	64%	74%	102%		
PL10A	Highways & Traffic Infrastructure - WECA	0	0	0	0			6,500	0	0	(6,500)	6,500	0	0%	0%	100%		
Total Transport division		45,290	32,249	41,924	(3,366)	71%	93%	154,553	94,666	18,709	(41,178)	155,815	1,262	61%	73%	101%		
PL30	Housing Strategy and Commissioning	7,465	4,157	9,210	1,745	56%	123%	17,718	4,157	942	(172,619)	176,563	(1,152)	2%	3%	98%		
Total Housing Delivery division		7,465	4,157	9,210	1,745	56%	123%	17,718	4,157	942	(172,619)	176,563	(1,152)	2%	3%	98%		
PL18	Energy services - Renewable energy investment scheme	2,770	646	2,156	(614)	23%	78%	11,186	2,952	694	(7,540)	11,406	221	26%	33%	102%		
PL18	Energy Services - workstream 2	0	0	0	0			14,000	0	0	(14,000)	14,000	0	0%	0%	100%		
Total Energy division		2,770	646	2,156	(614)	23%	78%	25,186	2,952	694	(21,540)	25,406	221	12%	14%	101%		
Total Capital Expenditure		71,256	46,111	68,097	(3,219)	65%	95%	590,263	121,526	22,976	(445,762)	593,252	2,989	21%	24%	101%		

a: 2017/18 Summary Headlines

Revised Budget £68.8m in P9 P10 £67.7m ↓	Forecast Outturn £67.8 in P9 £67.4m ↓	Outturn Variance (£1.0m) in P9 (£0.3m) ↑	Movement from P9 £0.7m
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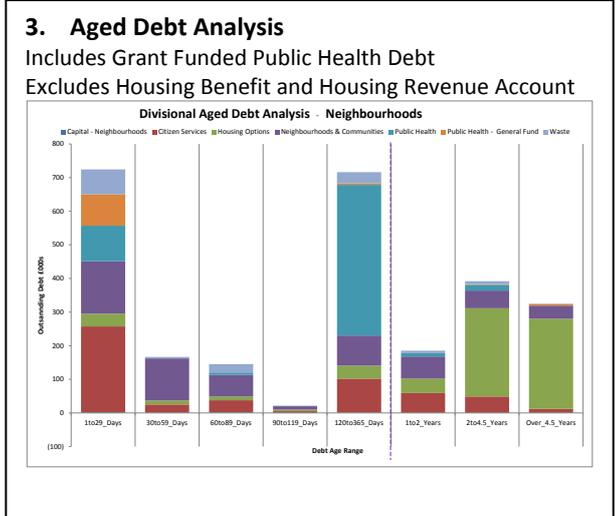
b: Budget Monitor



2. Revenue Position by Division

Budget Area	P10 Over/(under) spend £m	P9 Over/(under) spend £m	Movement in variance since P9	Element due to Budget Virement
Women's Commission	0.0	0.0	0.0	0.0
Waste	0.0	0.0	0.0	0.0
Citizen Services	0.0	0.5	(0.5)	0.0
Neighbourhoods & Communities	(0.2)	(0.2)	0.0	0.1
Public Health - General Fund	0.0	(0.4)	0.4	0.4
Housing Options	(0.1)	(0.9)	0.8	0.6
Total	(0.3)	(1.0)	0.7	1.1

- Key messages**
- As part of the supplementary estimate process, £1.1m of previously identified budget underspend for Neighbourhoods has been transferred to the People Directorate for 2017/18 only. There has been a further increase in the forecast underspend of (£0.4m) since P9.
 - Regarding **Aged Debt management**, at the end of P10 Neighbourhoods is reporting £2.6m of aged debt compared to £3.7m in P9. This improvement is due to the payments of significant outstanding invoices in Waste debtors by £0.5m and Public Health debtors (grant funded element) by £0.5m
 - Savings Delivery** – refinancing of the Hengrove PFI contract (initiative FP26) was concluded mid-January thereby enabling the delivery of the 17/18 £12k savings target.
 - Risks and Opportunities** – latest report assesses no significant risks or opportunities.



c: Risks and Opportunities

4. Savings Delivery RAG Status

17/18	Total value of savings (£m)	Value at risk (£m)	Risk (%)
R - No - savings are at risk	0.0	0.0	100%
G - Yes - savings are safe	0.0	0.0	0%
G - Saving has been secured and delivered	5.8	0.0	0%
Grand Total	5.8	0.0	0%

Top 5 largest savings at risk in 17/18 (ordered by size of saving at risk)

ID - Name of Proposal	Value at Risk in 17/18 (£'000s)
FP26 Hengrove Leisure Centre refinancing	12

18/19	Total value of savings (£m)	Value at risk (£m)	Risk (%)
R - No - no plan in place	1.3	1.2	90%
A - Yes - plan in place but still to deliver	2.7	0.3	9%
G - Yes - savings can be taken from budget	3.0	0.0	0%
Grand Total	7.1	1.4	20%

Top 5 largest savings at risk in 17/18 (ordered by size of saving at risk)

ID - Name of Proposal	Value at Risk in 17/18 (£'000s)
RS04 Reduce the number of library buildings & redesign the service	740
FP14 - In-house enforcement	347
FP11 Single city-wide Information, Advice and Guidance Service	250

5. Revenue Risks and Opportunities

There are no outstanding significant risks or opportunities to the year end forecast.

d: Capital

Revised Budget £8.3m	Expenditure to Date £3.1m 37% of budget	Forecast Outturn £6.6m 79% of budget	Outturn Variance (£1.7m)
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Key Messages

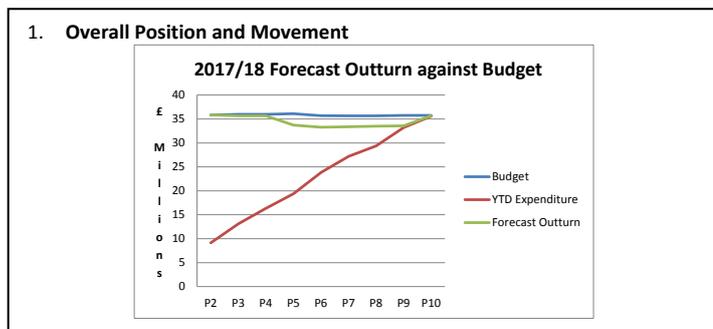
- The improved outturn variance position is due to a re-profiling of the budgeted expenditure to future years, the overall forecast outturn expenditure for 2017/18 has reduced by (£0.7m) since P9.

Gross expenditure by Programme	Current Year (FY2017)				Performance to budget		Scheme Total for Current Timeframe (FY2016 : FY2021)						Performance to budget			
	Budget	Expenditure to Date	Forecast	Variance	Expenditure to date	Forecast	Budget	Total Expenditure to Date	Commitments	Variance - Total budget vs actual + commitments	Forecast (including prior years actuals)	Variance Total scheme budget vs total scheme forecast	Expenditure to date	Expenditure + Committed to date	Forecast	
	£000s				%		£000s						%			
Neighbourhoods																
NH01 Libraries for the Future	153	114	114	(40)	74%	74%	906	477	3	(426)	906	0	53%	53%	100%	
NH02 Investment in parks and green spaces	799	312	499	(300)	39%	62%	5,395	1,443	169	(3,783)	4,570	(825)	27%	30%	85%	
NH03 Cemeteries & Crematoria	0	0	0	0			1,000	0	0	(1,000)	1,000	0	0%	0%	100%	
NH04 Third Household Waste Recycling and Re-use Centre	0	0	0	0			4,000	0	0	(4,000)	4,000	0	0%	0%	100%	
NH05 Sports provision	0	0	0	0			4,500	0	0	(4,500)	4,500	0	0%	0%	100%	
NH06 Bristol Operations Centre	3,939	1,227	2,984	(954)	31%	76%	10,816	5,354	1,132	(4,330)	7,362	(3,454)	50%	60%	68%	
NH07 Housing Solutions	3,167	1,273	2,715	(452)	40%	86%	16,325	3,831	18	(12,475)	16,325	0	23%	24%	100%	
NH08 Omni Channel Contact Centre (ICT System development).	279	139	279	0	50%	100%	644	139	14	(491)	644	0	22%	24%	100%	
Total Neighbourhoods	8,337	3,063	6,591	(1,746)	37%	79%	43,586	11,244	1,337	(31,005)	39,307	(4,279)	26%	29%	90%	

a: 2017/18 Summary Headlines

Revised Budget £35.7m in P9 P10 £35.7m ⇒	Forecast Outturn £34.4m in P9 £34.3m ↓	Outturn Variance (£1.4m) in P9 £0.0m ↑	Movement from P9 £1.3m
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b: Budget Monitor

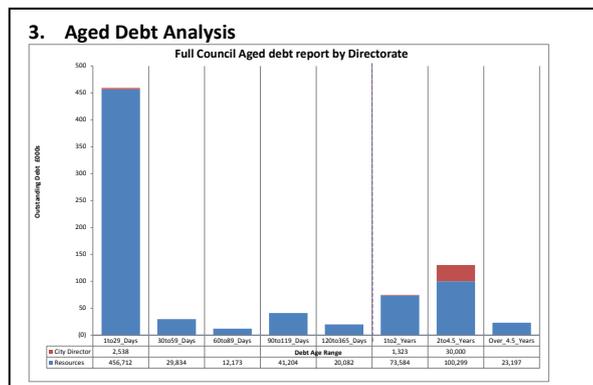


2. Revenue Position by Division

Budget Area	P10 Over/ (under) spend £m	P9 Over/ (under) spend £m	Movement in forecast since P9	Element Due to Budget Virement
Legal and Democratic Services	0.2	0.2	0.0	0.0
ICT	0.0	0.0	0.0	0.0
Resource Transformation	0.0	0.0	0.0	0.0
Finance	0.0	(0.4)	0.4	0.4
HR & Workplace	0.0	(0.9)	0.9	0.9
Executive Office Division a	(0.1)	(0.1)	0.0	0.0
Policy, Strategy & Communications	(0.1)	(0.2)	0.1	0.1
Total	0.0	(1.4)	1.3	1.4

Key messages

- As part of the supplementary estimate process, £1.4m of previously identified budget underspend for Resources and City Director has been transferred to the People Directorate for 2017/18 only. This accounts for the majority of the movement in forecast outturn variance with a slight reduction of £0.1m on forecast outturn expenditure.
- The YTD expenditure line in the chart above is showing above forecast but will come in to line with forecast in P12 when prepayments in ICT and income for Legal are taken into account
- Aged debt reflects the quarter three invoices issued through the Legal and Coroners service
- All risks and opportunities for 2017/18 have been challenged and built into forecast



c: Risks and Opportunities

4. Savings Delivery RAG Status

17/18				18/19			
	Total value of savings (£m)	Value at risk (£m)	Risk (%)		Total value of savings (£m)	Value at risk (£m)	Risk (%)
R No - savings are at risk	0.1	0.0	40%	R No - no plan in place	1.1	0.4	34%
G Yes - savings are safe	3.1	0.0	0%	A Yes - plan in place but still to deliver	6.2	0.2	3%
C - Saving has been secured and delivered	2.5	0.0	0%	G Yes - savings can be taken from budget	5.3	0.0	0%
Grand Total	5.7	0.0	1%	Grand Total	12.6	0.5	4%

Top 5 largest savings at risk in 17/18 (ordered by size of saving at risk)		Top 5 largest savings at risk in 18/19 (ordered by size of saving at risk)	
ID - Name of Proposal	Value at Risk in 17/18 (£'000s)	ID - Name of Proposal	Value at Risk in 17/18 (£'000s)
IN10 Increase external income from design services	40	R1 Reduce spending on telecoms	200
		BE23 Registrar's Office - improvements	130
		IN06 Increase bookings for Lord Mayor's Mansion House & Chapel	100
		TEMP1824 More income from commercial opportunities	50

d: Capital

Revised Budget £2.9m	Expenditure to Date £0.9m 32% of budget	Forecast Outturn £2.8m 94% of budget	Outturn Variance (£0.2m)
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Key Messages

- The capital budget now shows the re-profiled position

SUMMARY HEADLINES

1. Overall Position and Movement

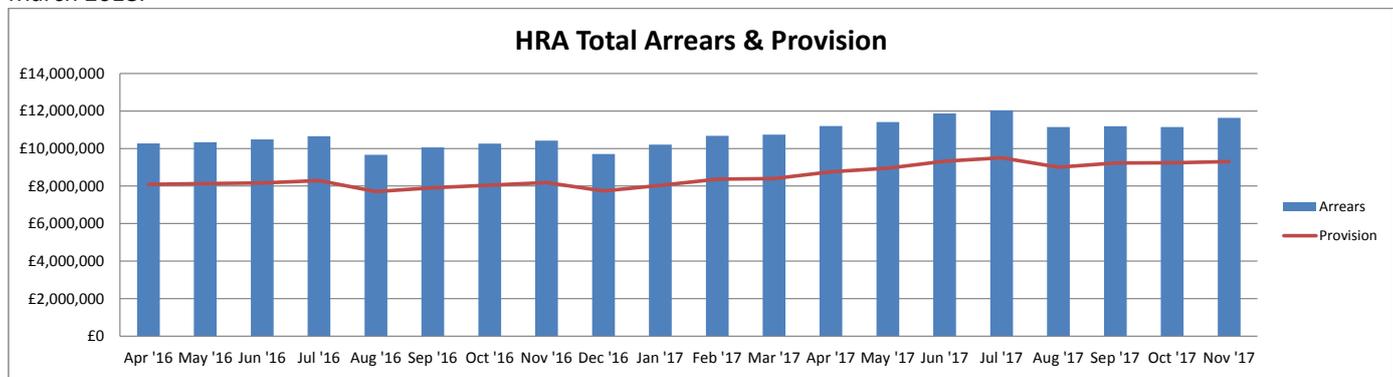
Forecast 2017 / 18 - Underspend -£9.4m											
Revised Budget £0m	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	-0.9	-1.2	-1.3	-1.3	-8.9	-8.4	-8.5	-8.9	-9.4		
	▼	▼	▼	▲	▼	▲	▼	▼	▼		

2. HRA Income & Expenditure Position

	2017/18 Budget £'m	Forecast Outturn P10 £'m	Variance £'m
Income	-121.3	-121.6	-0.3
Repairs & Maintenance	31.7	30.2	-1.5
Supervision & Management	25.9	27	1.1
Special Services (Rechargeable)	8.4	8.8	0.4
Rents, Rates & Taxes	1.9	1.9	0
Interest, Depn & Capital Charges	53.9	46.3	-7.6
Funding from Reserves	-0.4	-1.9	-1.5
Total Surplus on the HRA	0.1	-9.3	-9.4

The **Housing Revenue Account** is forecasting a surplus for the year of £9.3m at P10 an increase of £0.5m on P9. The forecast financial position is mostly as a consequence of slippage in the capital programme funded from revenue (£7.6m), details below in the capital section, and a forecast underspend in Repairs & Maintenance (£1.3m). The underspend in R&M is mostly due to the change of life cycle for the paint programme from 7 to 10 years, and saving in repairs work due to regular servicing of items such as lifts. There is an expected draw down from reserves of £1.9m to offset the forecast in year costs of implementing the replacement housing management system. The £0.5m change from month 9 is mainly due to an increase in the forecast for rent.

3. Debt The HRA currently has rental arrears of £11.6m and a provision of £9.3m (80%). The arrears have increased throughout the year as a result of various factors relating to welfare reform. The rent arrears policy is being reviewed to support a clear RENT FIRST message to tenants and a further impact assessment is underway for Universal Credit roll out from March 2018.



Capital Budget Monitor Report for Period 201710 - Gross Expenditure per Service & Scheme
Division: Housing Services Capital - Housing Revenue Account

Gross expenditure by *Programme & Scheme	Current Year (2017)						Scheme Total for Current Timeframe (FY2016 : FY2021)						Performance to budget		
	Budget	Expenditure to Date	Forecast	Variance	Expenditure to date	Forecast	Budget	Total Expenditure to Date	Commitments	Variance Total scheme budget vs actual + commitments	Forecast (including prior years actuals)	Variance Total scheme budget vs total scheme forecast	Expenditure to date	Expenditure + Committed to date	Forecast
	£000s						£000s						%		
13612 Capital - Professional Charges - Planned	1,541	0	1,541	0	0%	100%	2,294	752	0	(1,541)	2,294	0	33%	33%	100%
13613 Capital - Professional Charges - SP&G	1,025	0	1,025	(0)	0%	100%	1,374	349	0	(1,025)	1,374	(0)	25%	25%	100%
13614 Capital - Capitalised Works	3,985	2,356	3,985	0	59%	100%	4,570	2,941	1	(1,629)	4,570	(0)	64%	64%	100%
13615 Capital - Disabled Adaptations	2,530	1,855	2,530	(0)	73%	100%	5,286	4,611	11	(664)	5,286	(0)	87%	87%	100%
13616 Capital - Investment in Blocks - Planned	5,307	2,980	5,017	(289)	56%	95%	25,275	22,948	33	(2,293)	24,986	(289)	91%	91%	95%
13617 Capital - Investment in Blocks - SP&G	0	0	0	0	0	0	22	22	0	0	22	0	100%	100%	100%
13618 Capital - Miscellaneous Schemes	306	34	306	0	11%	100%	475	203	1	(271)	475	0	43%	43%	100%
13619 Capital - Neighbourhood Investment Projects	600	107	600	0	18%	100%	1,231	738	0	(493)	1,231	0	60%	60%	100%
13620 Capital - New Build / Land Enabling Works	7,225	4,596	6,725	(500)	64%	93%	16,297	13,669	4,685	2,056	15,797	(500)	84%	113%	97%
13621 Capital - Planned Programme	11,831	8,621	11,811	(20)	73%	100%	247,250	23,040	660	(223,550)	205,930	(41,320)	9%	10%	83%
13622 Capital - Priority Stock	0	0	0	0	0	0	44	44	0	0	44	0	100%	100%	100%
HRA1 Housing Revenue Account (HRA)	34,350	20,549	33,541	(809)	60%	98%	304,118	69,317	5,391	(229,410)	262,009	(42,109)	23%	25%	86%

The HRA Capital Programme is forecasting a £0.8m underspend based on the revised budget of £35.4m due to: an £0.2m slippage in this year on replacement of lifts due to contractual issues, and a further reduction of £0.5m in New Build programme due to delays in procurement.

SUMMARY HEADLINES

1. Overall Position and Movement

Fore cast 2017 / 18 - Over spend £3.5m (in-year), £5.1m cumulative											
Revised Budget £ 325.4m	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	4.4	4.4	4.4	4.9	4.6	3.7	3.5	3.7	3.5		
	▲	▲	▲	▲	▼	▼	▼	▲	▼		

2. Revenue Position by Division

	Brought forward position April 2017 £m	In-year Over/ (under) spend 2017/18 £m	Forecast Carry Forward position March 2018 £m
Retained DSG			
Maintained Schools	0.0	0.0	0.0
Academy Recoupment	0.0	0.0	0.0
Early Years Block	-0.4	0.3	-0.1
High Needs Block	2.3	4.0	6.3
Schools Block (Central)	-0.3	-0.8	-1.1
Total	1.6	3.5	5.1

3. Latest Financial Position

There is still an overall cumulative forecast overspend of £5.1m for P10 which includes £1.6m brought forward from previous year.

Schools Forum considered the financial position at its meeting on 16th January 2018. The High Needs Budget continues to be the main concern, with offsetting underspends in the Growth Fund.

The overspend in the retained DSG coincides with decreasing balances in individual schools. Officers estimate that around 18 individual schools will be in deficit by the end of the financial year, with net school balances across the maintained sector running at £3m surplus by March 2018, rather than the £5m surplus at the end of 2016/17. The retained and devolved DSG overall will be in deficit and will need to be under-written by the General Fund under the position is regularised. Processes for monitoring, challenging and supporting schools in deficit are being strengthened. A reintroduction of Licenced Deficits will assist to provide formal acknowledgement of governing bodies' plans. Some deficits in schools with very large historic deficits or which have become academies, leaving the LA with the deficit, may need to be considered for write-off. The Service Director: Education and Skills is preparing an analysis of the status of deficits in schools.

4. Risks and Opportunities

The underlying position on the High Needs Budget in particular remains a great concern. The measures set out in Table 5 are starting to be delivered with £0.750m already reflected in this month's 2017/18 forecast, but full and swift delivery will not be straightforward for all components. For instance, discussions with Special Schools about a revised model for funding them are at an early stage. The savings measures on their own are only going to address the in-year position, rather than the historic deficit, too. Cabinet agreed to make available £2.7m more to the High Needs Block than the allocation in the DSG itself for 2018/19. Combined with the savings measures in Table 5, this is part of a three year recovery plan for the service.

5. Savings measures and mitigations being developed in the High Needs Block.

Category	Proposal	Savings measures 2017/18 £'000	Savings measures 2018/19 £'000	Savings measures 2019/20 £'000	Total £'000	Status
1. Places only	1.1 Revise agreed places, based on occupancy, including FE		-761	-95	-856	On track
2. SEN Top-ups	2.1 Negotiate lower contributions to FE Element 2s and to standardised FE top-ups	-500	-466		-966	On track
	2.2 Review how we fund Bands 2 and 3 without EHC plans and process for allocating top-ups.	-250	-1,151		-1,401	On track
	2.3 Develop revised models for special schools		-1,166	-834	-2,000	Early Stages
3. AP Top-ups	3.1 Develop revised models for PRUs		-150		-150	Planned
4. Other SEN provision	4.1 Use Capital Strategy to re-provide local, less expensive provision		0		0	Early Stages
5. Other AP provision	5.1 Share funding for Early Intervention Bases with schools		-450		-450	Planned
	5.2 Target saving for Hospital Education Service		-200		-200	Planned
	5.3 Restrict external AP provision to budget		-350	-150	-500	Planned
6. Services	6.1 Target saving for services		-408	-242	-650	Planned
Total full-year impact		-750	-5,102	-1,321	-7,173	

SUMMARY HEADLINES

1. Overall Position and Movement Since Previous Period

Forecast 2017 / 18 - Underspend -£0.7m											
Revised Budget £0m	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	-0.4	-0.4	-0.5	-0.5	-0.2	-0.5	-0.4	-0.6	-0.7		
	▼	▼	▼	▲	▲	▼	▲	▼	▼		

2. Revenue Position by Area

Budget Area	Over/ (under) spend £m
Third Party Payments	0.7
Support Services	0.2
Premises	0.0
Employees	(0.1)
Supplies & Services	(0.5)
Income	(1.0)
Total	(0.7)

Latest Financial Position:

The (£0.1m) movement in the month is due to a further forecast saving of £43k on GP contracts in relation to healthchecks (where take-up is lower than planned), £40k saving on staff costs for community health teams. Any unspent balance at the financial year end is expected to be transferred to the Public Health reserve for use in future years (in line with Department of Health guidance).

Debt Management:

£432k of historical outstanding income has now been settled and payment has been agreed.

Appendix A-9 Period 10 Budget Monitoring - Summary Table

	2017/18 - Year to date			2017/18 - Full Year				Period 9 Forecast	
	Revised Budget	Net Expenditure	Variance	Approved Budget	Revised Budget	Forecast Outturn	Outturn Variance	Movement in Forecast	Forecast Outturn
	£000s			£000s				£000s	
People									
Strategic Commissioning & Commercial Relations	591	1,513	922	735	780	767	(13)	(13)	780
Care & Support - Adults	113,164	128,449	15,285	135,971	138,206	138,206	(1)	(0)	138,206
Care & Support – Children & Families	50,949	47,035	(3,913)	61,352	61,626	61,626	(0)	(0)	61,626
Education & Skills	12,215	9,285	(2,930)	10,318	15,441	15,470	29	29	15,441
Management - People	2,057	3,227	1,171	2,497	2,526	2,524	(1)	(2)	2,526
Early Intervention & Targeted Support	0	0	0	0	0	0	0	0	0
Capital - People	0	0	0	0	0	0	0	0	0
Total People	178,976	189,510	10,534	210,873	218,580	218,593	14	14	218,579
Resources and City Director									
ICT	10,092	12,780	2,689	12,437	12,110	12,110	0	0	12,110
Legal and Democratic Services	5,542	5,966	423	6,651	6,651	6,890	239	(8)	6,898
Finance	2,892	4,660	1,769	3,957	3,100	3,100	(0)	(0)	3,100
HR & Workplace	3,368	3,523	155	5,275	3,190	3,180	(10)	35	3,145
Resource Transformation	3,578	4,630	1,052	585	4,294	4,294	(0)	(0)	4,294
Policy, Strategy & Communications	2,237	2,171	(66)	2,833	2,613	2,506	(107)	(94)	2,600
Executive Office Division a	1,950	1,856	(94)	2,225	2,340	2,217	(122)	(8)	2,225
Total Resources and City Director	29,659	35,586	5,927	33,963	34,298	34,297	(0)	(75)	34,372
Neighbourhoods									
Citizen Services	11,335	7,695	(3,640)	13,436	13,102	13,102	(0)	(480)	13,582
Waste	26,233	26,591	359	26,607	27,479	27,479	(0)	0	27,479
Neighbourhoods & Communities	11,209	12,026	817	12,068	13,351	13,122	(229)	(127)	13,249
Women's Commission	4	(168)	(172)	5	5	5	0	0	5
Public Health - General Fund	1,478	666	(812)	2,084	1,425	1,424	(0)	28	1,396
Housing Options	12,808	10,219	(2,589)	13,202	12,332	12,268	(64)	204	12,064
Capital - Neighbourhoods	0	(0)	(0)	0	0	0	0	0	0
Total Neighbourhoods	63,067	57,028	(6,039)	67,402	67,694	67,401	(293)	(374)	67,775
Place									
Property	(2,678)	2,831	5,509	(2,713)	(3,141)	(1,079)	2,062	(78)	(1,001)
Planning	540	(833)	(1,373)	1,256	933	599	(334)	250	349
Transport	6,284	(11,791)	(18,076)	9,031	7,011	6,072	(939)	143	5,929
Economy	5,617	6,651	1,034	5,925	6,741	6,327	(414)	0	6,327
Economy - ABS Team	0	0	0	1,369	0	0	0	0	0
Capital - Place	0	(2)	(2)	0	0	0	0	0	0
Energy	2,021	883	(1,138)	3,478	2,425	1,946	(479)	85	1,861
Total Place	11,784	(2,262)	(14,046)	18,346	13,969	13,865	(104)	400	13,465
SERVICE NET EXPENDITURE	283,485	279,862	(3,623)	330,583	334,540	334,157	(383)	(34)	334,191
Levies									
Levies	933	931	(2)	1,119	1,119	1,119	0	0	1,119
Corporate Expenditure	24,726	52,870	28,143	33,010	18,459	18,279	(180)	33	18,246
Capital Financing	436	523	87	0	2,013	2,188	175	0	2,188
Insurance Fund	0	1,252	1,252	0	0	0	0	0	0
Year-end Transactions	7,328	8,850	1,522	0	8,854	8,854	0	0	8,854
Corporate Revenue Funding	(303,951)	22,321	326,272	(364,741)	(365,015)	(365,015)	0	0	(365,015)
RELEASED FROM RESERVES	0	0	0	0	0	0	0	0	0
TOTAL REVENUE NET EXPENDITURE	12,957	366,608	353,651	(29)	(30)	(418)	(388)	(1)	(417)

HOUSING REVENUE ACCOUNT SUMMARY

	2017/18 - Year to date			2017/18 - Full Year				Period 9 Forecast	
	Revised Budget	Net Expenditure	Variance	Approved Budget	Revised Budget	Forecast Outturn	Outturn Variance	Movement in Forecast	Forecast Outturn
	£000s			£000s				£000s	
Housing Revenue Account									
Strategy, Planning & Governance	(90,137)	(113,443)	(23,306)	(111,159)	(111,161)	(111,289)	(128)	(2,328)	(108,961)
Responsive Repairs	19,749	18,497	(1,252)	25,467	25,833	27,256	1,422	1,894	25,362
Planned Programmes	14,096	11,284	(2,812)	18,231	17,730	15,642	(2,088)	(89)	15,731
Estate Management	9,353	8,163	(1,190)	15,576	15,711	16,117	405	(0)	16,117
HRA - Funding & Expenditure	(209)	0	209	12,210	12,210	10,768	(1,442)	(0)	10,768
HRA - Capital Financing	0	0	0	14,958	14,958	7,374	(7,584)	0	7,374
HRA - Year-end transactions	0	0	0	24,718	24,718	24,718	0	0	24,718
Total Housing Revenue Account	(47,149)	(75,498)	(28,350)	(0)	(0)	(9,415)	(9,414)	(523)	(8,892)

RING FENCED PUBLIC HEALTH and DSG

	2017/18 - Year to date			2017/18 - Full Year				Period 9 Forecast	
	Revised Budget	Net Expenditure	Variance	Approved Budget	Revised Budget	Forecast Outturn	Outturn Variance	Movement in Forecast	Forecast Outturn
	£000s			£000s				£000s	
Public Health	(4,973)	450	5,423	29	29	(718)	(747)	(185)	(533)
Dedicated Schools Grant	(0)	(3,254)	(3,254)	(0)	(0)	5,055	5,055	(190)	5,245
Total Ring Fenced Budgets	(4,973)	(2,804)	2,169	29	29	4,337	4,307	(374)	4,711