Adults, Children and Education Scrutiny Commission

Agenda

Date: Monday, 28 January 2019

Time: 2.00 pm

Venue: City Hall Meeting Spaces - First Floor - 1P 09 - City Hall, College Green, Bristol, BS1 5TR

Distribution:

Councillors: Claire Hiscott (Chair), Jos Clark, Eleanor Combley, Jude English, Paul Goggin, Carole Johnson, Gill Kirk, Brenda Massey, Celia Phipps, Ruth Pickersgill, Steve Smith, Judith Brown, Townend and Roger White

Copies to: Rachel Abba (DLT Support Manager), Louise deCordova (Democratic and Scrutiny Manager), Terry Dafter (Director: Adult Social Care (Interim)), Ann James (Director: Children's Services (Acting)), Dr Susan Milner (Interim Director of Public Health), Sue Rogers (Director: Educational Improvement (Interim)), Amy Cains (Senior Public Relations Officer), John Smith (Public Relations Officer), Alan Stubbersfield and Shauna Nash (Scrutiny Advisor)

Issued by: Shauna Nash, Scrutiny
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Tel: 0117 35 26151
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Date: Friday, 18 January 2019

Agenda

1. Welcome, Introduction and Safety Information

6.00 pm

(Pages 5 - 6)

2. Apologies for Absence and Substitutions

3. Declarations of Interest

To note any declarations of interest from the 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 declaration of interest made at the meeting which is not on the register of interests should be notified to the Monitoring Officer for inclusion.

4. Minutes of Previous Meeting and Action Sheet

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

(Pages 7 - 14)

5. Chair's Business

To note any announcements from the Chair

6. Public Forum

Up to 30 minutes is allowed for this item.

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

Questions - Written questions must be received 3 clear working days prior to the meeting. For this meeting, this means that your question(s) must be received in this office at the latest by **5 pm on Tuesday 22nd January.**

Petitions and Statements - Petitions and statements must be received on the working day prior to the meeting. For this meeting this means that your submission must be received in this office at the latest by **12.00 noon on Friday 25th January.**

7. Adult Social Care Budget & Supplementary extra

Allow 25 minutes for this item **(Pages 15 - 40)**

8. Mental Health Recommissioning and Supporting People Services

Allow 20 minutes for this item **(Pages 41 - 46)**

9. Winter Resilience Update

Allow 20 minutes for this item **(Pages 47 - 92)**

10. Suicide Prevention and Response Update

Allow 20 minutes for this item **(Pages 93 - 96)**

11. Thrive Mental Health

Allow 20 minutes for this item **(Pages 97 - 101)**

12. Quarterly Performance Report

Allow 20 minutes for this item **(Pages 102 - 115)**

13. Ofsted Improvement Plan

For information only **(Pages 116 - 121)**

Allow 10 minutes for this item

14. BNSSG CCG Community Services Procurement Update

For Information Only **(Pages 122 - 129)**

Allow 10 minutes for this item

Public Information Sheet

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

You can find papers for all our meetings on our website at www.bristol.gov.uk.

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

Other formats and languages and assistance For those with hearing impairment

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

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

Public Forum

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

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

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

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

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

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

Process during the meeting:

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

Webcasting/ Recording of meetings

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

Bristol City Council
Minutes of the Adults, Children & Education Scrutiny Commission

19 November 2018 at 2.00 pm

Members Present:-
Councillors: Claire Hiscott (Chair), Jos Clark, Eleanor Combley, Jude English, Paul Goggin, Carole Johnson, Gill Kirk, Brenda Massey, Celia Phipps, Ruth Pickersgill and Steve Smith

1. Welcome, Introduction and Safety Information

The Chair welcomed everyone to the meeting and explained relevant the safety information.

2. Apologies for Absence and Substitutions

Jacqui Jensen - Executive Director Adults, Children and Education

3. Declarations of Interest

Cllr Smith declared that he is a manager in a GP practice in South Gloucestershire; and a non-executive director of OneCare (BNSSG) Ltd, which is owned by and represents GP practices in Bristol who get BCC public health grants.

4. Minutes of Previous Meeting

Agreement that the draft minutes are accurate records of the previous meeting.

5. Chair's Business

- OFSTED Report – Commission members have an opportunity to attend a briefing on the outcomes. Date of the meeting to be confirmed.
- Membership of the SEND Task & Finish Group is Cllr Claire Hiscott (Chair); Cllr Ruth Pickersgill; Cllr Carole Johnson; Cllr Harriet Bradley; Cllr Brenda Massey; Cllr Eleanor Combley; and Cllr Jos Clark.
- Chair confirmed the task is to ensure the right provision is available to all children within the financial framework. Three key priorities for the SEND T&F group: Finance; Quality of provision; and Perception (building bridges with parents/families).
- There is a national concern over funding. Independent review taking place.
- Important that SEND is a cross cutting theme within Learning City Partnership, rather than a priority alongside others.

o All Members of T&F group confirmed, except Cllr Clark (not present) and Cllr Bradley (not part of the ACE commission)
o Three/four meetings planned before the end of municipal year
ACTION: Members to provide Chair with suggestions and comments about focus and content of the SEND T&F group

6. Public Forum

The following Public Forum was received:

Statements
Statement 1: Item 6 Annual Business Report and Agenda Item 8: Better Lives Programme - Julie Boston

The Chair thanked Julie Boston for her submission and the Commission Members noted the submission.

7. Female Genital Mutilation (FGM)

Anne Farmer (Service Manager, Care and Support - Children and Families), Bristol City Council delivered a presentation.
Anne Farmer chairs the FGM safeguarding and delivery group, which oversees the development of knowledge, training and services amongst professionals and communities to raise awareness and tackle the practice of FGM.

The following are some of the key discussion points:
- Anne Farmer took over the group in October 2017 and there were issues of practice that needed reviewing, in order to move the agenda of tackling FGM forward
- A need to change practice and do things differently was identified, including join up datasets. The data sets which record FGM are either the Health based or individual LA data sets. They record different information.
- Many of the families referred to Children's services by schools were done so via 'static risk factors', not necessarily caused by FGM.

- A new assessment tool (risk assessment) has been developed which is more sophisticated than previous tools, including written agreements which are no longer used. The risk assessment tool helps understand additional factors and provides increased confidence for professionals.
- There is now a group of social workers who have become specialised and have expertise regarding FGM, and will be able to officer advice to colleagues.
- Referrals to children's services dropped significantly. This reduction shows more proportionate intervention, although there needs to be more analysis of reasons, so as to ensure girls and young woman are properly protected.
- The work in Bristol is nationally recognized by Central Government and has been viewed as a model of good practice.

Layla Ishmael (Refugee Women of Bristol) delivered a presentation from the perspective of the African communities.

The following are some of the key discussion points:

- The overwhelming feedback from women is they felt unsupported.
- Refugee Woman of Bristol worked with African communities and Forward.
- 500 women being supported by Refugee woman of Bristol. Forward project lost funding but still needed to support them.
- After the criminal case collapsed women reported feeling vulnerable and being attacked on social media.
- Research shows that there are low rates of trust between local communities and professionals.
- FGM community programme to take action to stop FGM and enable community to have a voice and to be listened to. Woman are coached and trained for leadership, and provided with 1:1 support, advocacy; direct engaging in schools, and workshops delivered locally.

Cabinet Member welcomed response the Council has made. There are community members who report feeling vilified due to perceptions and policies relating to FGM. The change of approach is among other things a good recognition that FGM is not only an issue for Somalian community. Thanks to officers and wider engagement, more groups have been meeting. FGM policy is funding via Safer Bristol – this needs to be reviewed.

A Member stated that there is an understanding of safeguarding and of institutional racism, although there is less an understanding of how these relate; and so it should be recognised that institutional racism can affect statutory working. The FGM safeguarding and delivery group membership should be wider and more diverse, including gender and race.

Officer response:

- One of the Group's main objectives is to raise awareness of FGM. The challenges are wider than this, including statutory responsibilities (mandatory reporting) and multi-agency working (getting partners on board and sharing information).

The Chair asked what help is available from religious leaders to explain FGM is not a religious practice.

Officer and Layla Ismael response:

- FORWARD (Foundation for Women's Health Research and Development) is working with 500 mosques. People have different understandings which can produce some confusion. This is part of the raising awareness and education process.

A Member commented that schools, within the context of safeguarding duties, need to be supported to include FGM in pupils and teachers learning; and how primary schools can safely and appropriately include FGM.
A Member asked if women are put off accessing services, including GPs, due to concerns about disclosure or being asked questions, or perceptions about FGM.
Officer response:

- There isn't evidence of this occurring. Layla Ismael stated that she has not heard of anyone withholding information from a GP.
- There are challenging conversations in schools.

A Member asked whether the significant reduction in referrals means that there is a risk that some girls and young women are being missed and not protected.
Officer responses:

- One of the reasons for the significant reduction is due to how the data is now recorded. Some of process changes will give us opportunity to have more accurate data going forward. Out of the previously high amount of referrals, most of these did not progress and did not need intervention.

The Chair asked if, due to the focus on Somali community and upset caused, is there a risk that we are missing girls and young women at risk within other communities across Bristol.
Officer response:

- The FGM Delivery group includes representatives from across wider African communities.

The Chair asked why, within the Declaration on the Group's Terms of Reference, the signatories have stated 'Female Genital Mutilation is not a religious requirement. Causing harm and distress is not condoned by our faith' , suggesting there is only one faith across communities who have interest in the group. Is this appropriate as FGM is not linked to any faith.

Officer response:

- Somali community is a large community group, and it is the biggest group out of all African groups. There are example of Christian groups who said that they felt ignored. This will be reviewed.

The Chair thanked Layla Ismael for attending and for her good work.

ACTION: Officer to circulate link to the information about the work undertaken into tackling violence against women which includes FGM

ACTION: Officer to review the Declaration on the Terms of Reference

8. Better Lives Programme

Cllr Helen Holland thanked all those who took part in the Social Care Task Group, which was helpful for policy development, enabling cross party support.
Terry Dafter (Director of Care and Support – Adults, Bristol City Council) delivered a presentation

The following are some of the key discussion points:

- New system will be more stable and resilient – although it is not a quick solution.

- Social care is a challenge nationally . There is the demand of an aging population and budget pressures.
- Adult Care has very working relationship with housing colleagues. There is a need to work more closely with Children's services.
- We use a person centred approach, which asks, not 'what's the matter with you', but 'what matters to you?' This is a person centred approach.
- Looking to invest in technology, including voice activation, enabling people to have more control in their home.
- The Ethical Care Charter is to be signed in the new year. (A set of commitments that Councils make which fix minimum standards that will protect the dignity and quality of life for those people and the workers who care for them)

A Member asked about joint commissioning with health service.
Officer response:

- Our current progress on joint commissioning with health is limited but we are now looking to do more around mental health and learning disability services.

A Member asked what approaches are available for integrating care and health.
Officer response:

- There are various models for integrating care and health: the two principal ones are either based around and led by an acute hospital, or by collaboration between community providers in an alliance arrangement.
- The preferred arrangement is the community approach.

A Member asked if the Council can use DFG (Disabled Facilities Grants) in a more constructive way.
Officer response:

- We are looking to make sure we maximise our use of DFG.
- There is a significant amount of this grant available and we want to use it in ways that encourage greater use of accommodation in the community, either through purchasing houses or upgrading existing stock.

A Member asked why the cost of new nursing care for age group 65+ has reduced substantially from the beginning of 2018.
Officer response:

- This may reflect a higher demand in the winter months

A Member commented on the work force figures, showing a substantial reduction in turnover and average working days lost, stating that to achieve these figures is excellent and the service should be commended for this. Officer stated all staff are responsible and take credit.
The Council is looking at refurbishment of existing sheltered housing and childrens homes. The dialogue with housing colleagues has just started, including scoping out what is required, and what options and innovation are available including refurbishment, off site manufacture, new build, and assistive technology.
Member asked whether the Council is liaising with GPs.
Officer response:

- GPs are key. Achieving a common approach with GPs is a challenge. Need to try and ensure the message to GPs is this isn't a burden but will make life easier.

A Member asked whether there are robust systems in place to ensure quality does not reduce.
Officer response:

- Sharing good practice with colleagues from Manchester. Bristol is full of voluntary groups – but all are not engaged at the moment, so we need to think about how we engage.

The Chair thanked Officer, stating that the information provides confidence that the service is not silo working; and is proactively looking for solutions.

ACTION: Officer to circulate to Commission Members details of ling around the Better Lives Programme

9. Public Health Grant

Sue Milner (Interim Director of Public Health), Bristol City Council delivered a presentation.

The following are some of the key discussion points:

- Public health grant provided to Bristol City Council has reduced year on year for several years and we expect a further reduction in 19/20
- Cabinet made decisions about diverting some of the public health grant to other areas of spend across the Council.
- Some services will need to be decommissioned and proposals will be put forward for public consultation in the new year.
- There are a number of functions and services that the Council has to provide or commission (Mandatory and discretionary).
- Local authorities have been given back the local leadership role for public health, controlling the key socio-economic determinants of health such as education, housing, employment opportunities, the physical and cultural environment, transport and planning infrastructure.

Appendix: Detailed allocation of the Public Health Grant.

Meeting ended at 5.00 pm

CHAIR _____

Bristol City Council
Adults, Children and Education Scrutiny Commission
Action Tracker
19th November 2018

Adults, Children and Education Scrutiny Commission Action Tracker 2018/2019

Agenda Item	Title of Report/ Description	Action and Deadline	Responsible Officer / Member	Action taken and date completed
5	Chairs Business	Members to provide the Chair (and Scrutiny Advisor) with suggestions and comments about focus and content of the SEND T&F group	All Members	
7	Female Genital Mutilation (FGM)	Officer to circulate link to the information about the work undertaken into tackling violence against women which includes FGM The Chair asked why, within the Declaration on the Group's Terms of Reference, the signatories have stated 'Female Genital Mutilation is not a religious requirement. Causing harm and distress is not condoned by our faith', suggesting there is only one faith across communities who have interest in the group. It was asked if this was appropriate wording as FGM is not linked to any faith. Officers agreed to review the Declaration on the Terms of Reference for the FGM Delivery Group	Anne Farmer (Service Manager -Care and Support, Children and Families	
8	Better Lives Programme	A Member asked what approaches are available for integrating care and health.	Terry Dafter (Direct of Adult Social Care)	

		Officer agreed to circulate to Commission Members details of modelling around the Better Lives Programme		

Adults Children and Education Scrutiny Commission

28th January 2019

Report of: Director Adult Social Care

Title: **Adult Social Care Budget Update**

Ward: **City Wide**

Officer Presenting Report: Terry Dafter: Director Adult Social Care

Contact Telephone Number: 0117 903 7856

Recommendation:

The Scrutiny Commission are asked to note recent adjustments to the budget, the background to these changes and the plans for future service developments

The significant issues in the report are:

The budget for Adult Social Care has recently received a supplementary estimate of £11m and is now forecasting a balanced budget.

Work on older people has resulted in greater control over expenditure: more work needs to be undertaken on services for adults of working age.

The overall picture is represented in the attached presentation slides.

1. Summary

1.1 The budget for Adult Social Care has been challenged for a considerable period and a significant amount of work has been undertaken to understand the reasons for these pressures and create a way forwards that will bring the budget into balance. The presentation slides outline the reasons for the pressures and how they should be addressed.

2. Context

2.1 The budget for adult social care has been predicting an overspend throughout the financial year 2018/19. The Better Lives Programme has been working on redesigning the service for just over a year and as part of that work has created a 'trajectory' management regime that oversees and monitors the use of different services and the price being paid for them. The approach therefore is to manage demand and price and in that way manage and control overall expenditure.

2.2 Analysis of the data underpinning the work has shown that across the whole service we rely too much on residential and nursing home care and lack capacity in supporting people in their own homes. Because of the national focus on our performance around Delayed Transfers of Care, priority has been given to services for older people and there is evidence that this part of the budget is meeting requirements. With respect to adults of working age there is more work to do especially around the price paid for services, which remains relatively high.

2.3 The position is complex and the issues and underlying thinking are contained in the attached presentation. This sets out the updated position on older people and the plans for adults of working age.

3. Policy

3.1 This work relates to the strategic themes of the Corporate Plan around Empowerment and Caring and Fair and Inclusive. The challenge remains to ensure these objectives are met within available resources.

4. Consultation

a) Internal

There has been considerable help and support with the budget across the Council as given the care management element is demand led it remains a challenging area of spend.

b) External

Not applicable

5. Public Sector Equality Duties

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

regard to the need to:

i) Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010.

ii) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to:

- remove or minimise disadvantage suffered by persons who share a relevant protected characteristic;

- take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of people who do not share it (in relation to disabled people, this includes, in particular, steps to take account of disabled persons' disabilities);

- encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

iii) Foster good relations between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to:
- tackle prejudice; and
- promote understanding.

5b) Adult social care by its nature is inclusive and supports vulnerable adults and older people. The challenge is to ensure the budget meets local need within available resource

Appendices:

The presentation outlines the current position.

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

None

BETTER LIVES

ACE Scrutiny Commission

28th January 2019

BETTER LIVES

BRISTOL CITY COUNCIL

CURRENT AND FUTURE FINANCIAL POSITION

Financial position 2017/18 to forecast 2018/19

Outturn 2017/18 £'000s	Financial Year 2018/19	Revised Budget 2018/19 £'000s	2018/19 Forecast @ P7 £'000s	Forecast Variance @P7 £'000s
72,785	Older Adults 65+	68,268	71,337	3,069
63,706	Working Age Adults 18 - 64	62,031	66,276	4,245
7,637	Preparing for Adulthood 0 - 25	6,352	8,767	2,415
3,536	Social Care Support	2,972	3,470	498
28,542	Staffing & other costs	35,286	29,598	-5,688
-38,158	Income	-25,234	-29,774	-4,540
138,048	**Totals per budget report**	**149,675**	**149,674**	**-1**
	One-off funding			
7,481	iBCF net	-5,761	-2,253	
	Social Care Grant		1,268	
145,529	**adjusted totals**	**143,914**	**148,689**	**4,775**

- The in year position is a forecast spend of £150m on a revised budget of £150m resulting in a balanced financial position
- The reliance on one-off funding is important to note at there would be a £4.7m pressure without it.

Activity levels 2018/19

- As snap shot of activity across ASC there are some 5,322 service users with services across a range of support reasons
- There is a real risk that those with greater needs in the younger age groups will be supported for a longer period than is currently being experienced

Primary Support Reason	Age Band			Grand Total
	PFA	25-64	65+	
Learning Disability Support	127	720	169	1,016
Mental Health Support	22	445	254	721
Physical Support - Access and Mobility Only	30	335	522	887
Physical Support - Personal Care Support	8	281	1,555	1,844
Sensory Support - Support for Dual Impairment	1	4	21	26
Sensory Support - Support for Hearing Impairment	1	8	19	28
Sensory Support - Support for Visual Impairment	2	40	57	99
Social Support - Substance Misuse Support		14	8	22
Social Support - Support for Social Isolation / Other	5	30	30	65
Social Support - Support to Carer	2	113	83	198
Support with Memory and Cognition	1	34	381	416
Grand Total	**199**	**2,024**	**3,099**	**5,322**

- Bristol continues to support a disproportionate number of service users for all age groups in a residential setting compared to comparator councils
- Where possible tier 1 and 2 services should be made available and supporting an individual to live in their own home

Forecast Savings 2018/19 onwards

OP Residential & Nursing	Gross Cost Reductions £'000s				
	2018/19	2019/20	2020/21	2021/22	Total
Better Lives Forecast Programme Delivery					
Demand	2,000	1,664	2,194	2,457	8,315
Price	679	2,015	2,360	693	5,747
Total Target Delivery	**2,679**	**3,679**	**4,554**	**3,150**	**14,062**
Demand	2,000	2,080	2,743	3,071	9,894
Price	679	2,519	2,950	866	7,014
Total Stretch Delivery	**2,679**	**4,599**	**5,693**	**3,937**	**16,908**

Working Age Adults & PFA		Gross cost reductions £'000s				
		2018/19	2019/20	2020/21	2021/22	Total
LD/MH/PI	**Cost reductions to be verified**		**552**	**1,976**	**542**	**3,070**
Other Planned Savings through price controls						
LD			**165**	**165**		**330**
MH			**124**	**124**		**249**
PD			**68**	**68**		**135**
PFA			**135**	**135**		**269**
sub-total			**491**	**491**		**983**
Total cost reductions		**0**	**1,043**	**2,467**	**542**	**4,053**

- Forecast cost gross reductions of between £15.4m and £18.3m over the next three years, any reductions would reduce service user charges but all subject varying levels of risk
- Discovery work on working age adults will confirm deliverability of £3m cost reductions and determine whether target can be stretched
- Proposed price controls standardises placements costs covering those groups not included in the discovery work.

OLDER PEOPLE (65+)

PROGRESS UPDATE AND SAMPLE MONITORING REPORTS

BETTER LIVES

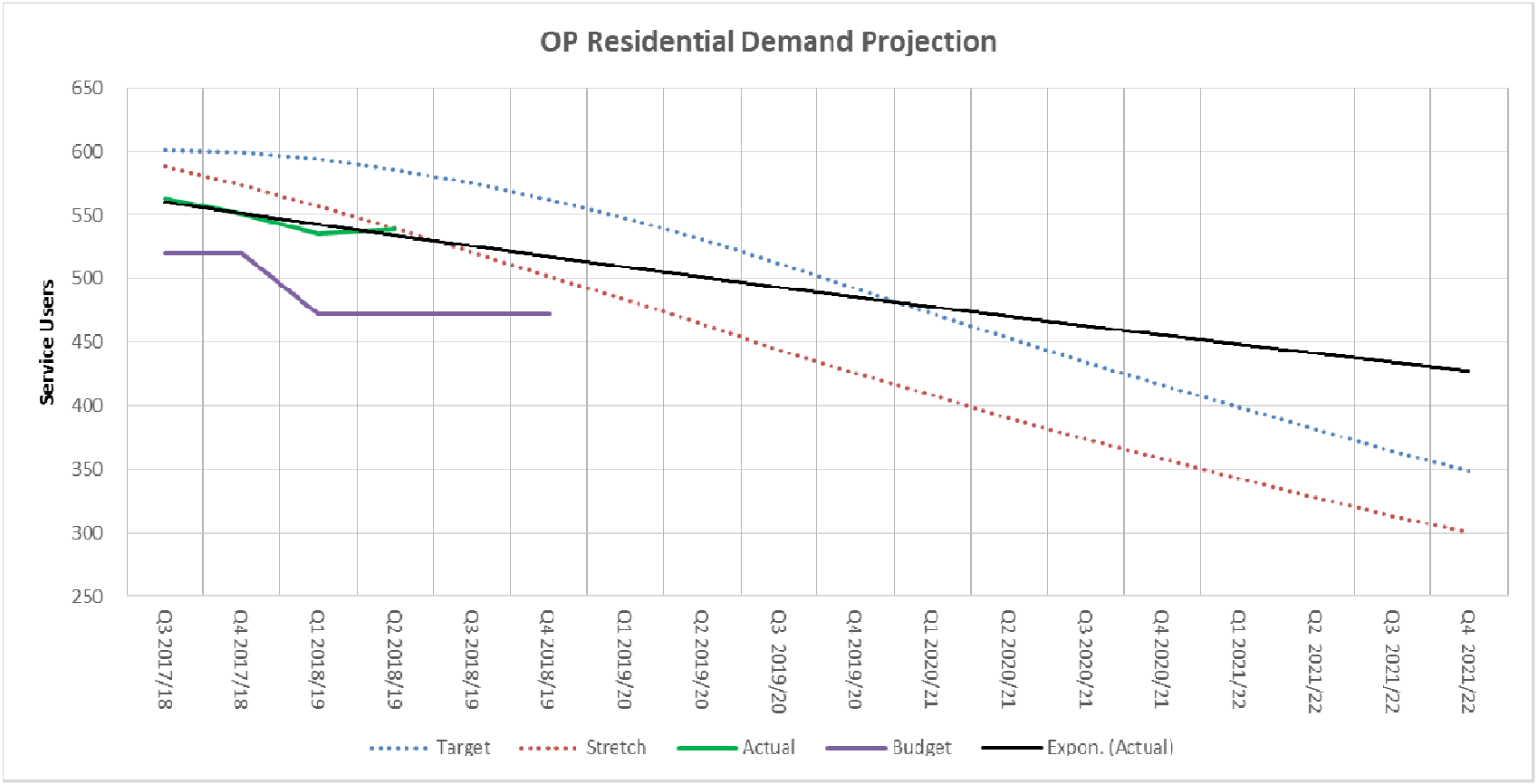
BRISTOL CITY COUNCIL

Older People Financial Pressure

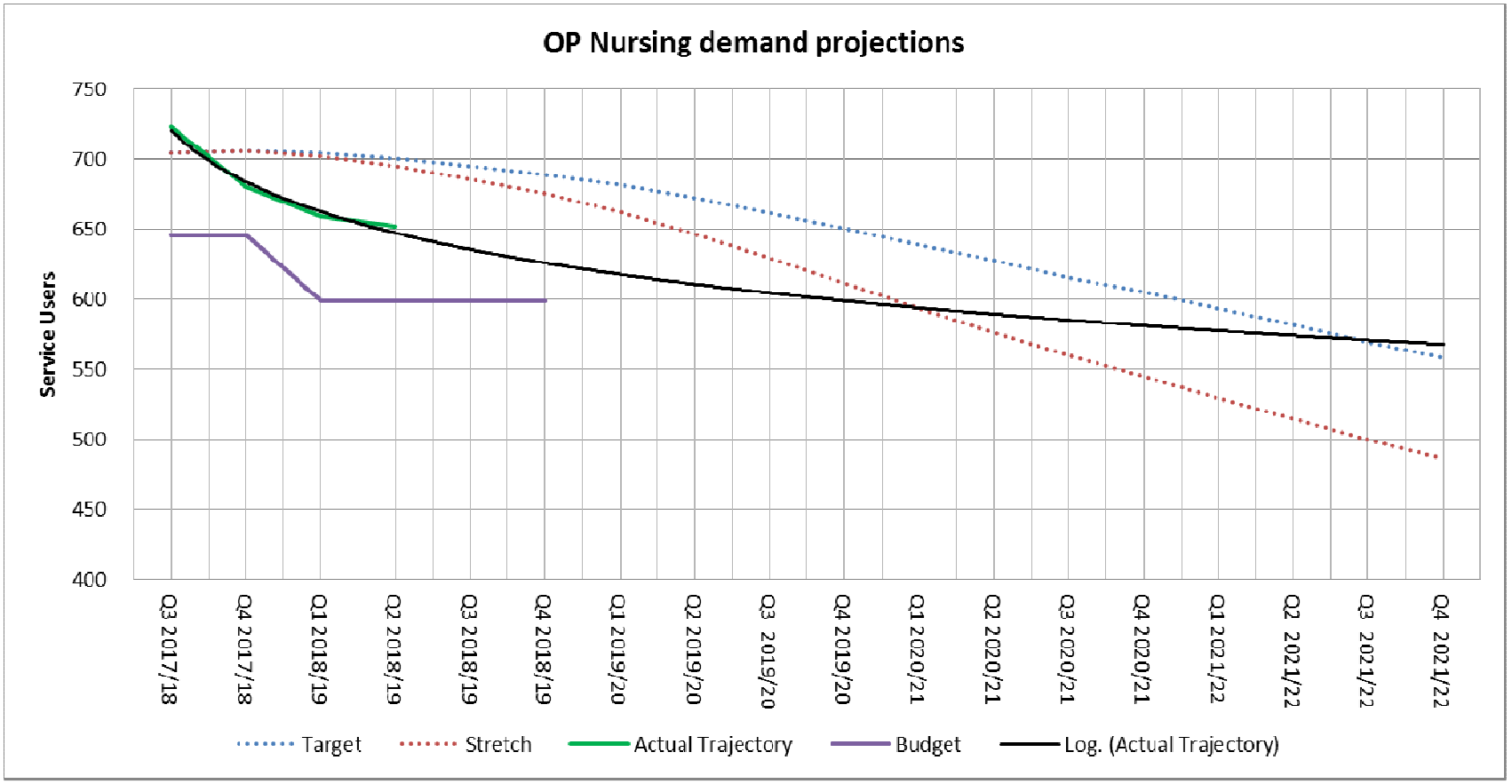
Adult Social Care - Summary P7 - 2018/19					P7 Position	
Outturn 2017/18 £'000s	Financial Year 2018/19	Revised Budget £'000s	P7 Forecast £'000s	Variance @ P7 £'000s	No of Service Users	Average cost per week £
	Gross Expenditure					
	Older People 65+					
21,712	Residential	18,700	22,434	3,734	532.15	808.54
29,196	Nursing	22,848	28,083	5,235	659.33	816.90
10,320	Home Care	11,380	11,055	-325	954.49	222.13
3,853	Extra Care Housing	4,699	4,129	-570	339.34	233.37
458	Outreach	342	512	170	69.51	141.27
342	Day Care	478	446	-32	92.68	92.29
1,307	Accommodation based support	667	1,514	847	58.24	498.58
64	Adult Placement	75	101	26	6.92	279.93
5,422	Direct Payment	4,089	5,272	1,183	311.72	324.37
72,674	**Subtotal**	**63,278**	**73,546**	**10,268**	**3,024.38**	

- Significant cost pressure of £10m+ prior to budget rebase
- 1.2% increase in cost year on year with 1.9% reduction in service users

Current Better Lives delivery continuing to have an impact



Current Better Lives delivery continuing to have an impact



HOW CAN WE DELIVER FURTHER COST REDUCTIONS?

ADULTS OF WORKING AGE (18 TO 64)

Approach

Desktop / discovery work undertaken supported by an external resource will identify and develop opportunities and help us deliver a strategy to:

- Focus on LD/MH/PD
- Implement a consistent pricing approach for all cohorts
- Maximise CHC funding
- Maximising use of Supported Living
- Approach to reviews of agreed cohorts including methods for moving to alternative provision
- Increase use of AT
- Reduce spend of Preparing for Adulthood packages
- Use of Individual Service Funds / DPs
- Examine opportunities for improved joint commissioning (CCG and BNSSG LAs)

FACTS

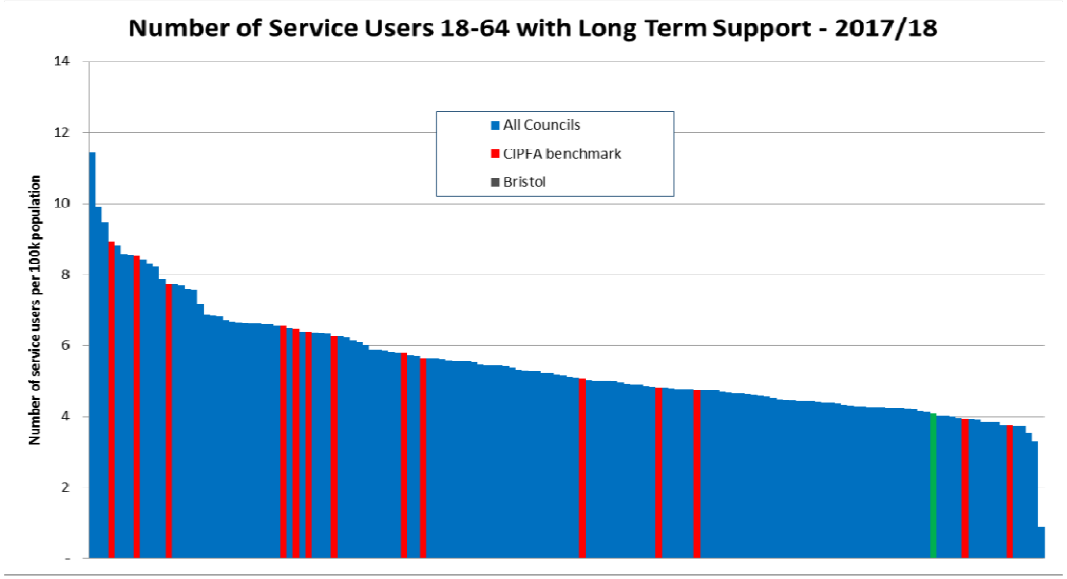
The Context for Adults of Working Age

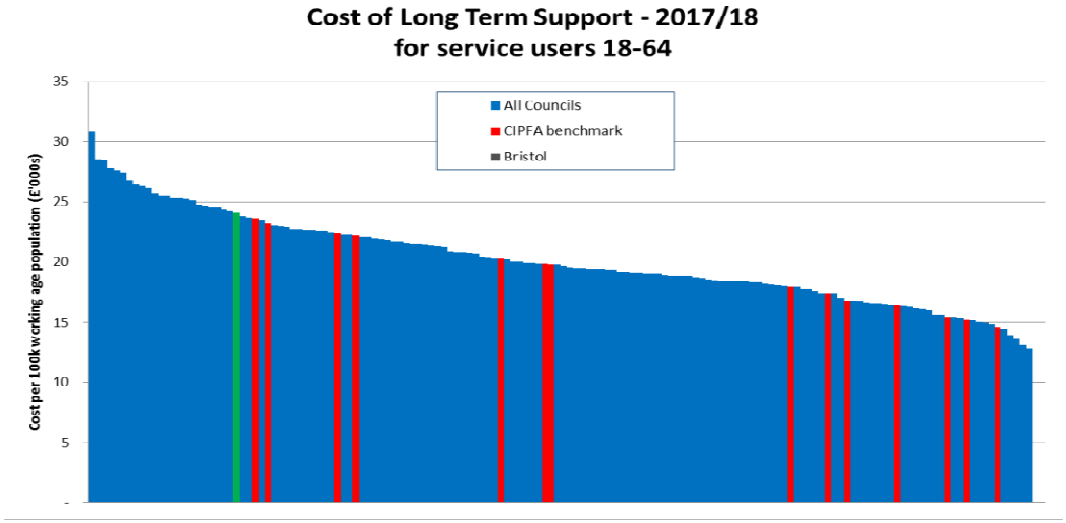
	Adult Social Care - Summary P7 - 2018/19				P7 Position	
Outturn 2017/18 £'000s	Financial Year 2018/19	Revised Budget £'000s	P7 Forecast £'000s	Variance @ P7 £'000s	No of Service Users	Average cost per week £
	Gross Expenditure					
	Working Age Adults 18-64					
27,327	Residential	24,472	27,915	3,443	375.01	1,427.66
3,724	Nursing	3,038	3,678	640	69.84	1,010.04
2,714	Home Care	3,151	2,681	-470	260.94	197.05
660	Extra Care Housing	364	405	41	43.58	178.24
4,946	Outreach	4,257	5,508	1,251	388.10	272.19
753	Day Care	994	1,055	61	171.88	117.72
12,156	Accommodation based support	8,621	13,870	5,249	450.03	591.10
452	Adult Placement	720	470	-250	38.42	234.62
10,894	Direct Payment	10,820	10,548	-272	574.19	352.33
63,626	**Subtotal**	**56,437**	**66,130**	**9,693**	**2,371.99**	

- Significant cost pressure of nearly £10m prior to budget rebase
- 4% increase year on year with 2% increase in service users
- Partially offset by health funding, where health funding is reducing

BETTER LIVES

The Context for Adults of Working Age





Headlines

- Average cost is highest of Cipfa benchmarking group and in the top quartile for the whole country
- The number of service users supported in long term care is the third lowest of the benchmarking group and in the bottom decile
- The combination clearly highlights that the care cost per service user is significantly higher than most other councils

BETTER LIVES

The Context for Adults of Working Age

	Age Band									
Price Band	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Grand Total
< 1000	3		3	3	4	1	17	14	7	52
1000 to 1199	1	2	3	1	2	5	7	8	5	34
1200 to 1399			2	2	2	3	13	3	3	28
1400 to 1599			4	3	2	5	11	12	6	43
1600 to 1799		1	4	5	1	3	4	3	1	22
1800 to 1999		1	1	1	1	3	2	2		11
2000 to 2199		1	2				2	3	1	9
2200 to 2399		1	1	1	1		2			6
2400 to 2599		2		1	3	1	1	1		9
2600 to 2799	4		1							5
2800 to 2999		2		1	1					4
3000 to 3199		1	1					2		4
3200 to 3399		2	1	1				1		5
3400 to 3599		1	1							2
3800 to 3999		1								1
4200 to 4399	1									1
4400 to 4599						1				1
4800 to 4999	1									1
5200 to 5399	1									1
Grand Total	**11**	**15**	**24**	**19**	**17**	**22**	**59**	**49**	**23**	**239**

Learning Difficulties

- Disproportionate numbers aged 50+
- Younger age group with high cost
- Linked to pathways from childhood
- Major cost differences for similar placements

	Age Band									
Price Band	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Grand Total
< 1000			4	2	4	3	2	16	20	51
1000 to 1199		1	2		1	4	4	1	3	16
1200 to 1399						1	3	1	1	6
1400 to 1599		1	2	1	1	1	2		1	9
1600 to 1799	2	1	1	2		1	1		1	9
1800 to 1999	3	1	1	2		1				8
2000 to 2199		1	1							2
2200 to 2399			2				1	1		4
2400 to 2599			2	1					1	4
2600 to 2799			2							2
3200 to 3399					1					1
Grand Total	**6**	**4**	**17**	**8**	**7**	**11**	**13**	**19**	**27**	**112**

Mental Health

- Greater proportion of numbers aged 50+
- No obvious pattern to cost
- Major cost differences for similar placements

BETTER LIVES

Preparing For Adulthood (PFA)

	Adult Social Care - Summary P7 - 2018/19				P7 Position	
Outturn 2017/18 £'000s	Financial Year 2018/19	Revised Budget £'000s	P7 Forecast £'000s	Variance @ P7 £'000s	No of Service Users	Average cost per week £
	Gross Expenditure					
	Preparing for Adulthood - 0 to 25					
2,909	Residential	1,872	3,706	1,834	30.01	2,368.47
1	Nursing	71	0	-71	-	-
5	Homecare	13	6	-7	2.00	57.54
82	Daycare	45	145	100	33.11	83.99
2,206	ABS	1,796	2,542	746	46.67	1,044.64
1,362	Outreach	1,081	1,581	500	65.36	463.93
69	Adult Place	56	85	29	8.08	201.76
964	DP Long	902	732	-170	65.06	215.79
7,598	**Subtotal**	**5,836**	**8,797**	**2,961**	**250.29**	

- Significant in year cost pressure of nearly £3m before rebasing budget
- 16% increase year on year for the similar number of service users
- Known up stream high cost placements for those in currently in full time education creating further pressures

BETTER LIVES

Hypotheses to be tested for Adults of working Age

1. Effective Market Management
2. Current Practise
3. Other considerations

Forecast Savings 2019/20 onwards

Working Age Adults & PFA		Gross cost reductions £'000s				
		2018/19	2019/20	2020/21	2021/22	Total
LD/MH/PI	Cost reductions to be verified		552	1,976	542	3,070
Other Planned Savings through price controls						
LD			165	165		330
MH			124	124		249
PD			68	68		135
PFA			135	135		269
sub-total			491	491		983
Total cost reductions		0	1,043	2,467	542	4,053

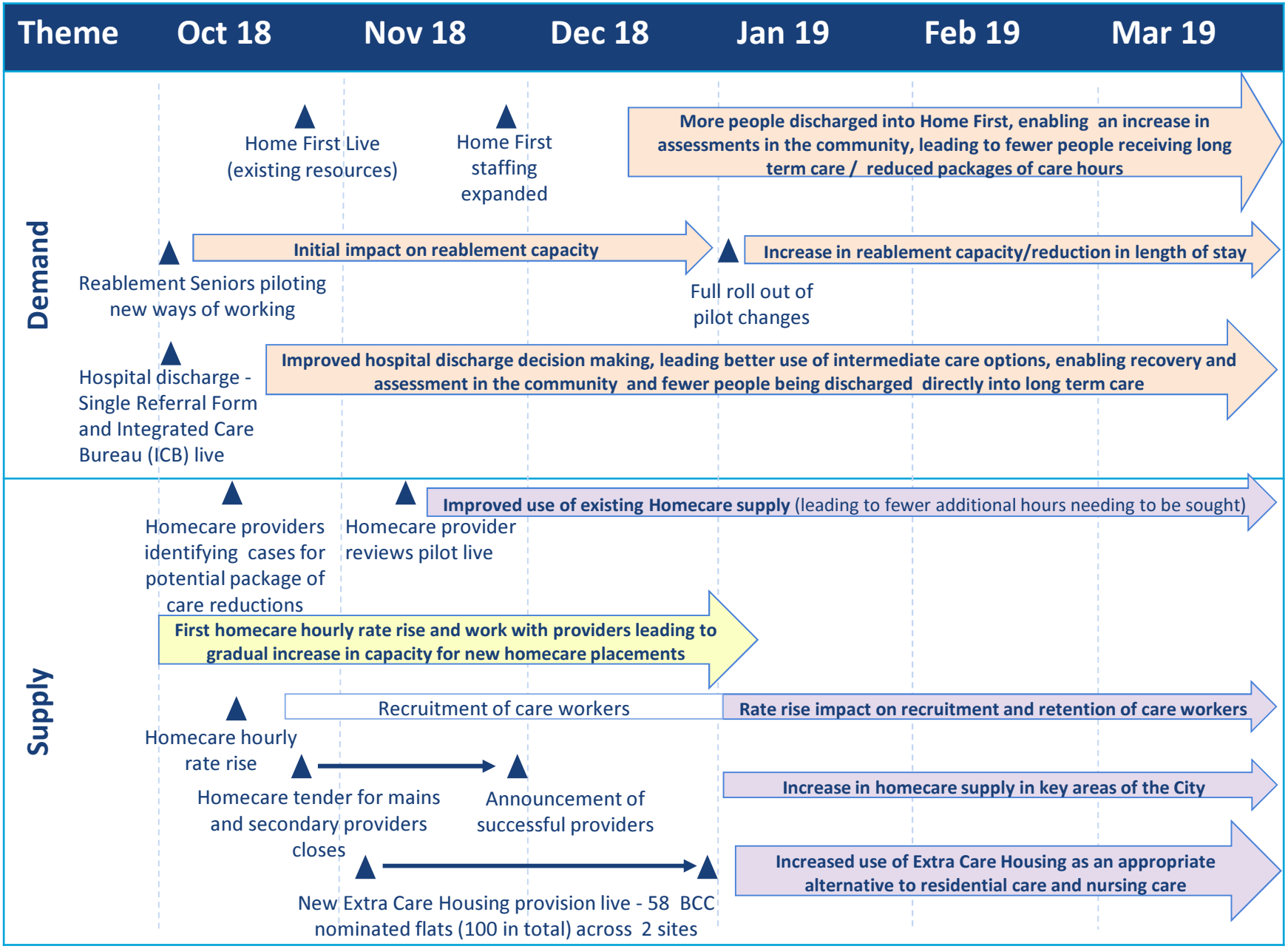
- Discovery work on working age adults will confirm deliverability of £3m cost reductions and determine whether target can be stretched
- Price controls standardises placements costs and covers those groups not included in the discovery work.

OTHER PROGRAMME WORK

Better Lives programmes continuing to have an impact

Initiated	Embedding	Delivered
Assistive Technology	Continued monitoring of Trajectories (inc identifying actions to bring trajectories back on target)	Bristol Price (Older people care homes)
Mobile Technology	Reviews work	
Better Lives at Home (inc ECH increase)	Front Door demand management	
Community Offer/ Tier 2 investment	On going Leadership	
	Practitioner tools	
	Home care supply and investment	
	Home First/ investment in Reablement/ ICB	
	Ongoing partnership development (inc links to Healthier Together)	

Planned activity and impact – Health Interface



Adults Children and Education Scrutiny Commission

28th January 2019

Report of: Director Adult Social Care

Title: **Commissioning Mental Health and Supporting People Services Update**

Ward: **City Wide**

Officer Presenting Report: Terry Dafter: Director Adult Social Care

Contact Telephone Number: 0117 903 7856

Recommendation:

The Scrutiny Commission are asked to note the progress to date on the recommissioning of Supporting People services generally and with a specific update on mental health provision.

The significant issues in the report are:

The work on Supporting People is ongoing and we are trying to reshape provision in line with our Better Lives Programme 'Tier 1 and Tier 2' model of care.

Work on the recommissioning of mental health services is still at a very early stage but the direction of travel is emerging.

1. Summary

This report outlines the work being undertaken on the Supporting People budget as part of meeting the budget reductions and reconfiguring the service in line with the Better Lives Programme. It also outlines recent developments in mental health commissioning and the work that is proposed in this area.

2. Context

The Supporting People budget stands currently at £6.296m and is a historic one based on Housing Benefit income for vulnerable adults in Bristol and is intended to provide a range of accommodation based support. The budget for these services was reduced by £1.8 million in 2017 and this has been achieved through the use of a recurring underspend of £634,000 and an across the board reduction of 15% on all the current contracts.

Most services (not all) have worked with us to agree the implementation of 15% reduction to their current contract value, as opposed to last year's spend. We have also written to all providers of accommodation services to freeze Supporting People referrals – all new referrals will be for people who have Community Support services and will be accessed through Care Direct or the brokerage teams. Contracts for 2019/20 will reflect this change of approach and the actual use for 2018/19 will form the contract value for 2019/20.

Alongside the budget reductions made to Supporting People it was felt that strategically it should be realigned to the Better Lives at Home Programme (where services are accommodation based) and as part of the Tier 2 "Help when you need it" menu: it was felt important that it should still address issues around housing and tenancy problems, but the emphasis should be on co-producing with providers to broaden available approaches.

A report was taken to Cabinet in October 2018 and a decision was taken to:

- Align accommodation based tier 3 services with Better lives at home work
- Remove funding for the alarm only element of sheltered housing while the support element remains
- Waiver contracts to April 2020 to support a programme of co-production work

In terms of co-production a series of events has been held throughout the year with providers, overseen by a co-production steering group. The events have been underpinned by a set of principles:

1. **To be honest, open and transparent:** We will be open minded to ideas with everything put forward to be considered as an option with transparency and honesty.

2. **To include service user involvement at all times and be accessible**: Service user involvement throughout, which is accessible to all - not all online, but based on direct meetings using a strength based approach both in terms of an organisation and an individual.

3. **To be responsive**: make sure there is an easy flow of information for everyone, be flexible with person-centred outcomes, and make sure we include stakeholders that link with services and listen to others.

4. **To be collaborative**: make use of joined up funding where possible, share good

practice, do not waste time reinventing the wheel and encourage self-evaluation of services that are flexible to change. We also need to work together and design together using a holistic approach with agreement made between stakeholders in a way that is non-competitive and collaborative.

5. **To be positive**: ensure we are demonstrating a can do approach and are being innovative.

The message to providers is that we want services that:

- will align with other support for adults in the city to ensure that they form part of a network and agreed pathways of support available to vulnerable adults in the City
- will align with the 3 tier model and Better Lives programme
- are inclusive and accessible making reasonable adjustments to enable diverse people to access them
- are flexible in the support that they offer – people can get the right service for them when they need it and are supported to increased independence
- work with people in a positive way - people are asked about what they can do and what they want to achieve in life
- are time bound and focussed in the support they offer
- If people need to get support again in the future, this is easy for them to do
- People who need both accommodation and support have clear pathways to get the right accommodation for them and support they need.

The outcomes for individuals we expect will be:

- People are living in housing that is well maintained and suitable for their needs
- People can look after themselves on a day to day basis and have the help that they need to do this independently
- People are able to look after their health and wellbeing and remain well
- People feel that they are treated with dignity and respect
- People have the opportunity to be involved in work, training or activity that suits their skills and interests
- People are connected socially with their community and have the social life they want
- People are able to manage their money and financial affairs

For older people, these services are City wide and will support them to continue to remain living independently in their own homes for as long as possible. These services will support the Council's 3 tier model by offering support "when people need it", that is time limited and targeted. Older people who might not yet need care services but do need support to help them to improve their health and wellbeing will also be eligible and will be offered help to access health care, maximise their finances, budget successfully and be included in their community. The service will work with people who are in either "sheltered" accommodation for people 55+ and people living in the community in their own tenancies or private housing.

For adults of working age these services are Citywide for people who have additional support needs that relate to their mental health, physical health, autism or learning difficulties to continue to remain independent where they live. These services will support the Council's 3 tier model of support by offering support "when people need it", that is time limited and targeted to their needs. People who might not yet need care services but do need support to help them to improve their health and wellbeing, access health care,

maximise their finances, budget successfully and access their community.

In summary the revised Supporting People services will:
- Focus on outcomes
- Be time limited
- Be easily accessible if people need to come back to the service
- Work in an integrated way with other providers and parts of the social care system eg GP services/hospitals
- Maximise independence, finance, health and well being

It is intended that the new contracts will be offered for a reasonable length of time: three years with a 2 year option to extend, break out clauses will be included. There will be a one stage tender process based on quality and price using the current CSS framework.
In terms of next steps the Steering Group will continue work on engagement and co-production with an expectation that the stakeholder events will continue. A commissioning plan will be produced based on a published model for the "overall help when you need it" offer. Ultimately a set of specifications will be produced with further work on the different models of procuring and contracting being considered.

In terms of mental health we have recently appointed a strategic joint commissioning manager as part of the Council commissioning team on a 2 year contract.

The initial focus has been drawing up an agreed work plan which will:
- Develop collaborative health and social care provision
- Concentrate primarily on people who have a severe mental illness and have a care package that involves additional support, ie support with their accommodation which the local authority will be involved in funding.

To provide some scale, our data shows that we have 802 people with a mental health support need, 51% of those are eligible for section 117 after care. We also currently have 126 people with mental health support needs placed out of area; we want to explore this further and develop the market locally to meet people's needs.

There is a financial aspect to the work:
- We are building on the current review of people who are entitled to section 117 aftercare
- We want to reduce costly hospital admissions and delayed transfers of care
- We want to reduce unnecessary spend on highly specified packages of care and long term residential care
- Whilst there is not a separate budget for commissioning mental health support we anticipate that savings will be realised from re-profiling how we spend, ie less long term residential care and more supported living.

The anticipated deliverables from the work include:
- To establish appropriate governance structures and decision making pathways to underpin this work
- To produce a focussed needs analysis that provides a true sense of what the needs of people with mental ill health in Bristol are from a health and social care perspective
- To map out the current service provision and capacity and purchasing arrangements, establish how risk is managed and consider people's experiences to identify and

quantify the gaps between provision and need
- To produce a commissioning strategy and options appraisal to scope solutions to the quantified issues, including funding considerations and provide appropriate strategic commissioning responses. This could include establishing commissioning intentions, realigning budgets to invest in community services, stimulating the market to respond to requirements, developing the use of assisted technology etc
- To provide support and evidence of need to inform capital projects, this work will provide the care and support model to inform the capital investment by Better Lives at Home.

The initial timescales are to have ascertained governance arrangements and to have completed the needs assessment by the end of March 2019.

3. Policy

This work relates to the strategic themes of the Corporate Plan around Empowerment and Caring and Fair and Inclusive.

4. Consultation

a) Internal
Not applicable

b) External
Extensive consultation has been outlined with individual stakeholders and organisations.

5. Public Sector Equality Duties

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

i) Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010.

ii) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to:
- remove or minimise disadvantage suffered by persons who share a relevant protected characteristic;
- take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of people who do not share it (in relation to disabled people, this includes, in particular, steps to take account of disabled persons' disabilities);
- encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

iii) Foster good relations between persons who share a relevant protected

characteristic and those who do not share it. This involves having due regard, in particular, to the need to:

- tackle prejudice; and
- promote understanding.

(b) This work is inclusive and reaches out to vulnerable adults and older people. The whole ethos of the programme is to co-produce services that are user designed, inclusive and empowering.

Appendices:

None

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

None

Adults Children and Education Scrutiny Commission

28th January 2019

Report of: Director Adult Social Care

Title: **Winter Resilience**

Ward: **City Wide**

Officer Presenting Report: Terry Dafter: Director Adult Social Care

Contact Telephone Number: 0117 903 7856

Recommendation:

The Scrutiny Commission are asked to note the work undertaken during 2018 to prepare for pressures on the two local acute hospitals over the winter period.

The significant issues in the report are:

Last year the pressures on the acute hospitals in Bristol in terms of Delayed Transfers of Care were considerable and Bristol was one of the poorest performing Local Authorities in the country.

Following interventions by NHS England work has been undertaken on a number of key areas of concern, including reablement, social work capacity and the creation of an Integrated Care Bureau and a Home First service.

The impact of these measures is outlined in the report in terms of performance data over the Christmas and New Year period.

1. Summary

1.1 Work has been ongoing over the last ten months to improve and create new services to address the winter pressures around Delayed Transfers of Care. This report outlines the actions taken and the impact so far on performance.

2. Context

2.1 In terms of definition a 'delayed transfer of care' occurs when a patient is ready to leave hospital or similar care provider, but is still occupying their bed. Delays can occur when patients are being discharged home or to a supported care facility such as a residential or nursing home. Delayed transfers, or DTOC, can cause considerable distress to a patient and their families and affect waiting times for NHS care as ultimately the number of beds available for other patients is reduced.

2.2 NHS England defines a patient as being ready for transfer when:

- a clinical decision has been made that the patient is ready for transfer
- a multi-disciplinary team has decided the patient is ready to transfer and
- the patient is safe to discharge/transfer

2.3 The proportion of delayed transfers of care due to social care has risen steeply since 2015, but the majority of delays are still attributed to the NHS. While the system requires that delays are attributed to either social care or NHS this can often be too simplistic when applied to the real world. Patients can be delayed waiting for onwards 'step down' care for example, such as intermediate care, which is often jointly commissioned and provided. There may be delays waiting for support for equipment such as hand rails to be fitted at home or there may be disagreements with families concerning where a patient should be transferred or waiting for a residential home of choice. This results in national data on the reasons for delays being collected in several categories: The largest numbers of delays nationally in 2016/17 were attributed to people awaiting a care package in their own home, with people awaiting completion of an assessment of their needs also figuring highly.

2.4 Reducing delayed transfers of care has been a key focus of recent national policies, especially in relation to the Better Care Fund (BCF), which is a pooled budget aimed to help Councils and the NHS plan together to deliver local services, aimed at keeping patients out of hospital and improving integration. The conditions for spending the BCF are straightforward:

1. Plans must be jointly agreed
2. NHS contribution to adult social care must be maintained in line with inflation
3. Agreement to invest in NHS commissioned out of hospital service which may include 7 day services and adult social care
4. Managing transfers of care ensuring people's care transfers smoothly

2.5 The BCF in Bristol amounts to £32.437m with the amount dedicated to social care coming to £18.248m. On top of this, the government introduced an Improved Better Care Fund (iBCF) in the 2015 spending review which is a grant paid direct to local government with a condition it is pooled into the BCF plan. The iBCF is paid directly to the Council as a grant with three purposes:

1. Meeting adult social care needs
2. Reducing pressures on the NHS
3. Ensuring the local social care provider market is supported

2.6 There is no requirement to spend across all three purposes or to spend a set proportion on each.

2.7 It is through use of the BCF and iBCF that investment in services to address the problems in Bristol has been maintained.

2.8 Last winter the number of delays in Bristol was relatively high, to the point where in some months the Council was among the third worst performing authorities in England. Delays attributed to social care were mainly due to awaiting packages of care, though waiting for social care assessments was also problematic. The position was so challenging that an intervention by NHS England was required: this was through the commissioning of a short term piece of consultancy work by Newton Europe who undertook a 'deep dive' review of some of the background data around DTOC and made a number of recommendations. These recommendations mainly focused on the capacity of our reablement service and the flexibility of the social work teams to undertake the required assessments of need. General availability of home care support was also a contributing factor.

2.9 On the back of this poor performance and making use of iBCF and BCF funding, the following initiatives have been introduced.

2.10 <u>An Integrated Care Bureau</u>

There has been significant improvement since October 2018 with the launch of the Phase 1 virtual Integrated Care Bureau (ICB) across Bristol, North Somerset and South Gloucestershire. This offers a single point of referral for people leaving hospital and so offers a much more streamlined process for patients and for hospital staff. The bureau has focused on hospital discharges and a move to a single referral form across health and social care. The single referral form has proved particularly helpful in providing the basic information required to make an informed decision on how best to facilitate discharge.

Performance information to date has shown reductions in duplicate referrals and, whilst not fully quantifiable, indicates a significant reduction in the length of time to discharge patients who need additional support to leave hospital.

2.11 <u>Increased capacity in Reablement</u>

Reablement is a key element in helping people leave hospital. A short term period of intensive support for up to six weeks can ensure someone is successfully placed back at home, often without need for further involvement. The view from Newton Europe was that there was insufficient capacity in the service to meet the level of demand so what was required was both an increase in the number of staff and a review of the length of engagement with each particular individual. In other words a more intensive, but shorter reablement offer could be just as effective as a more protracted episode. Moreover there was an over-reliance on paper and traditional office files underpinning the administration of the service.

The outcome of this has been an expansion of the reablement team by just under 20 full time posts and an ongoing recruitment campaign has been launched. Work has also commenced reviewing the level of involvement around each referral and staff teams have been engaged in looking at their operational practices and their offer as a service. Alongside this there is a move towards equipping staff with more mobile technology and a computerised rostering system linked to the client database.

Another challenge for the service has been that once someone has been successfully reabled, a lack of capacity in the home care market has meant it has proved difficult to close a case if ongoing home support is required from the independent sector. Efforts have been made to remedy this situation but it is still proving challenging in some parts of the city.

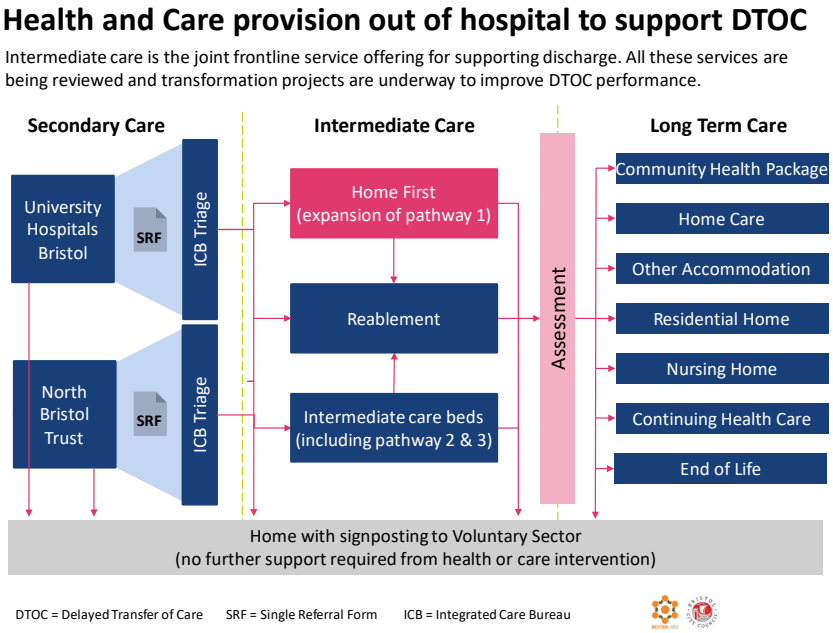
Overall, however, there is evidence that the reablement teams are now more able to meet demand and have become more efficient in their processes and administration. This whole approach is a key workstream within the Better Lives Programme.

2.12 Social Work Capacity

Data from the Newton Europe exercise demonstrated that while there was sufficient availability of social workers for most of the year, at times of peak demand the service was not able to cope and delays in assessments quickly mounted. To address this issue a small team of social workers was created to work across both hospital sites depending on need. Interestingly the Newton Europe exercise also showed that social workers spent on average just over a day a week chasing inappropriate referrals made by hospital staff incorrectly judging that a social worker was needed to facilitate someone's discharge. The creation of the Integrated Care Bureau has gone a long way to address this issue.

Despite the creation of this team the problem of people waiting for a social work assessment remains a challenge in terms of the DTOC data. Bristol still seems to be an outlier with respect to this indicator and work is being undertaken to understand why this is happening, given the overall improvement in performance over the recent period. It is felt that this may be due to the way certain circumstances are categorised and recorded but more work is required.

2.13 Home First Service



The other major exercise undertaken this year has been the creation of a Home First service. The diagram above outlines its position within the system: fundamentally it means that when someone is deemed fit to leave hospital they are sent home where the assessment for any future services is undertaken. This reduces the demand on the hospital and also means the assessment is undertaken in a much more relaxed environment outside of the ward setting. The model, which continues to evolve in Bristol, looks to maximise a patient's rehabilitation and reablement potential and delivers positive outcomes through targeted short-term interventions. This approach allows for a more complete discharge to access model to be applied right across health and care reducing social care's overreliance on undertaking assessments in an acute setting and waiting for long-term care packages straight from a hospital bed.

While the service has only recently started and is still not fully staffed, early evidence indicates that the model has huge potential to make a positive difference to the system. Around 226 service users have started with Home First (around 28 a week) and it is slowly expanding. Interestingly, and surprisingly, only 2% of people referred have required a Tier 3 package of Home care in the medium term, an indicator we will be closely monitoring over the next few months.

2.14 Performance through the winter so far

Adult Social Care, in collaboration with the CCG, have committed the BCF and iBCF to create the services outlined above. We have also used the funding to increase the price paid for independently provided home care, which has helped increase availability over the last 12 months. So far the outcome has proved very positive and the performance compared to last and previous years is set out below in the two slides from a recent presentation to the Urgent Care Oversight Board.

NBT Christmas 2016 - 2018

	2016	2017	2018
(NBT) 4 hour performance	78.1%	68.6%	86.5%
(NBT) Number of Attendances	222.2	234.7	245.9
(NBT) Number of Emergency Admissions	117.7	128.0	157.4
(NBT) Number of Discharges - Emergency	114.5	123.1	156.8
(NBT) LOS > 14 Days 2018	274.2	302.7	192.2
(NBT) G&A bed occupancy for acute hospital / community beds at 1000	no data	98.0	91.8

- Table is conditionally formatted to show comparison of numbers between each year rather than against a static target.
- Data refers to an average of the Christmas period only. This is a 4 week period from early Dec to early Jan.

UHB Christmas 2016-2018

	2016	2017	2018
4 Hour Performance Trust %	81.8%	83.3%	84.5%
4 hour performance BRI %	75.6%	73.2%	75.2%
(UHB) Number of Attendances BRI	175.8	189.9	191.7
(UHB) Number of Emergency Admissions BRI	73.5	80.4	79.6
(UHB) Number of Emergency Discharges	76.5	74.0	91.4
(UHB) BRI LOS > 14 Days	127.6	111.2	101.1
(UHB) G&A bed occupancy for acute hospital / community beds at 1000	n/a	91.9	88.0

- Table is conditionally formatted to show comparison of numbers between each year rather than against a static target.
- Data refers to an average of the Christmas period only. This is a 4 week period from early Dec to early Jan.

The above slides show that while in general activity around the number of admissions to the two hospitals has remained high, performance in terms of length of stay and bed occupancy has improved. This shows that there is little sign of the hospitals being blocked by people not being able to leave. It should also be noted that hospitals operate

at what are called OPEL levels, with Opel 4 being the one that is called when the hospital is extremely challenged with respect to attendances and discharges. When at Opel 4, daily calls are required between key stakeholders and all services are escalated to try and deal with the situation. So far through the winter neither of the hospitals have hit Opel 4 and most of the time they are at Opel 1 and 2 with the occasional blip towards Opel 3. This is in stark contrast to last year when Opel 4 was happening frequently and awaiting packages of care was seen as one of the prime reasons for the problem.

Bristol is not alone in having improved figures as it would appear that nationally and regionally the picture around DTOC is much better. However it is reassuring to see the measures introduced have made a difference and it is to be hoped that the improving picture will continue through the remaining months of winter.

3. Policy

3.1 This work relates to the strategic themes of the Corporate Plan around Empowerment and Caring. The recent corporate peer review also tasked the council with improving its DTOC performance.

4. Consultation

a) Internal
Not applicable

b) External
Extensive consultation has been outlined with the CCG and other stakeholders across the health system.

5. Public Sector Equality Duties

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

i) Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010.

ii) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to:

- remove or minimise disadvantage suffered by persons who share a relevant protected characteristic;

- take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of people who do not share it (in relation to disabled people, this includes, in particular, steps to take account of disabled persons' disabilities);

- encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

iii) Foster good relations between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to:
- tackle prejudice; and
- promote understanding.

b) This work is inclusive and reaches out to vulnerable adults and older people ensuring they are able to return home from a period in hospital safely and with appropriate levels of support based on their needs.

Appendices:

Appendix A - Newton Europe Report

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

None

BRISTOL REVIEW

AGENDA

- 2:00pm Refresh High Level Summary of Diagnostic
- 2:30pm Your Questions
  - Would be helpful hear what progress has been made on the key themes you have identified - for example taking risk averse behaviours, rehab / reablement capacity and model, delays in decision making and location of person whilst decisions being reached etc.
  - Across all the LAs you have worked with - what are the themes that NE have identified and how across the system we can support delivery on the learning and thus improve outcomes for patients.
  - For the individual LAs in the South West NE worked with under this programme – what was their learning, and how are they following through, how can we as external advisers help and support any ongoing developments that systems are putting in place.
  - Also what needs to happen now, if anything, on engagement of system partners and any discussion on what support others can offer (ADASS, LGA etc)
  - How the improvement agenda for post-acute pathways has developed over the past few months for the Bristol system, and both learning and good practice that is relevant for other systems going forward.
- 3:30pm What next?

FLOW AND DELAYS DIAGNOSTIC

BRISTOL SYSTEM

SUMMIT #1 SUMMARY SLIDES

Theses are not intended to be read as a stand-alone document

27th April 2018

North Bristol NHS Trust

Bristol Community Health

NHS Bristol Clinical Commissioning Group

Bristol City Council

University Hospitals Bristol NHS Foundation Trust

NEWTON

CONTEXT

- Genuine commitment to the cause from top to bottom
- Bits of data are excellent – ahead of the game nationally
- A strong patient & service user focussed culture
- Passion from the front line
- Significant transformation resource
- A less complex CCG geography

- Community provision market is both constrained and expensive
- Increasing pressures at the front door – both ED and community
- Recruitment issues across the system
- Bits of data need to be more consistent and agreed at a system level

DIAGNOSTIC ACTIVITIES

147 individual cases reviewed with over

25 MDT staff

Millions of lines of Acute and

Local Authority **data analysed**

Over **70 responses** to

various surveys

Over **20 hours** of meetings

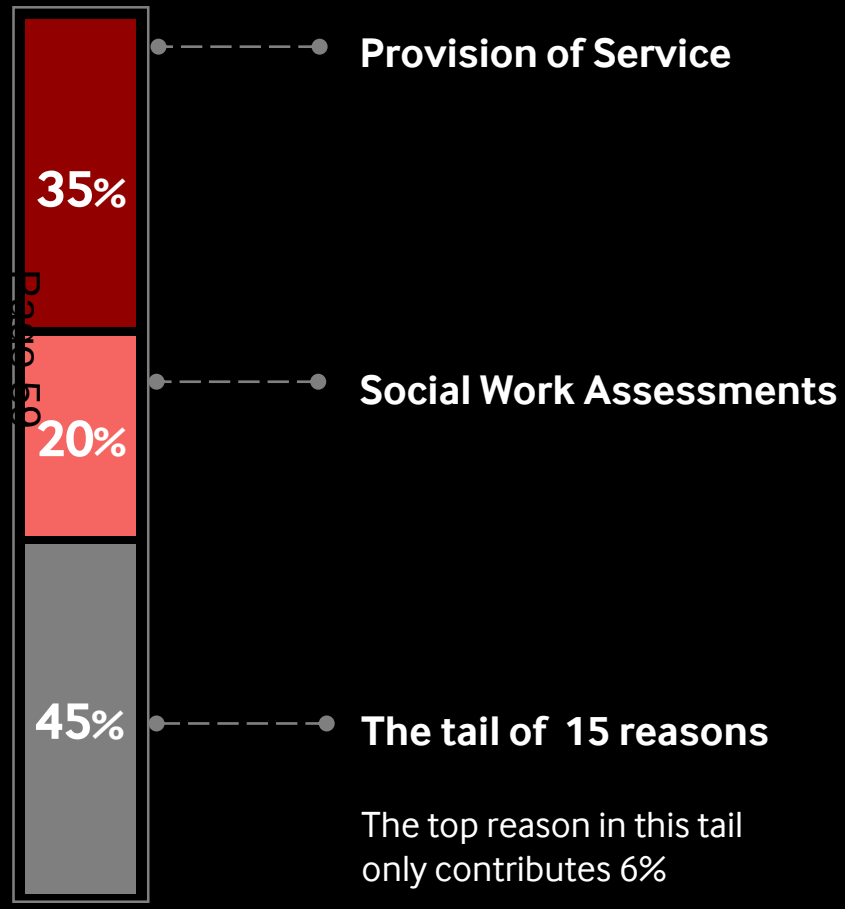
attended and analysed

Over 200 front-line members of

staff engaged

THE APPROACH

There is a long list of reasons for a delay. The **top 2** grouped reasons account for **55%** of all delays



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1) **Is the demand correct?**

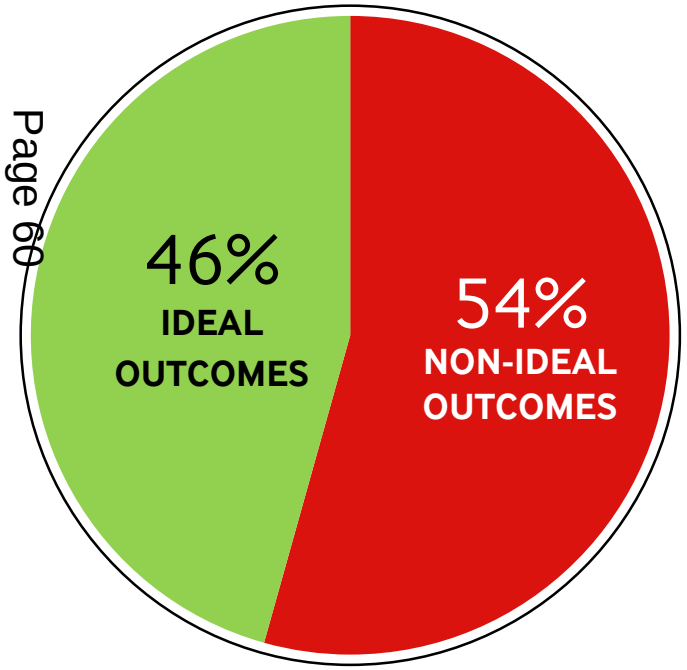
2) **What would happen if we corrected the demand right now?**

3) **How do we match capacity and demand and what is the benefit?**

ARE PATIENTS BEING GIVEN THEIR IDEAL OUTCOMES?

Combined output from two workshops at Southmead and BRI Hospital. Data collected from practitioner led, multi-disciplinary reviews of 46 Complex BCC cases from the two Hospitals.

We asked 25 Health and Social Care Professionals what the **ideal outcomes** were for a group of patients – and what the reason was if they were not given those outcomes...



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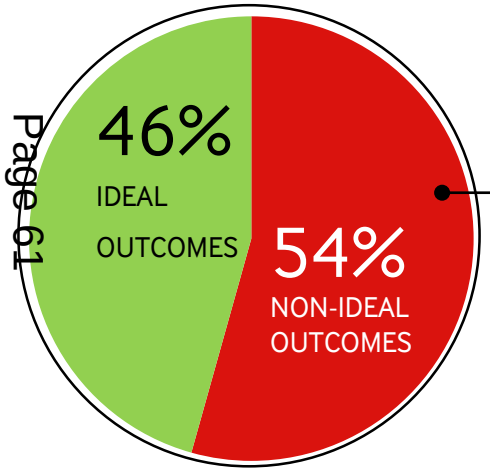

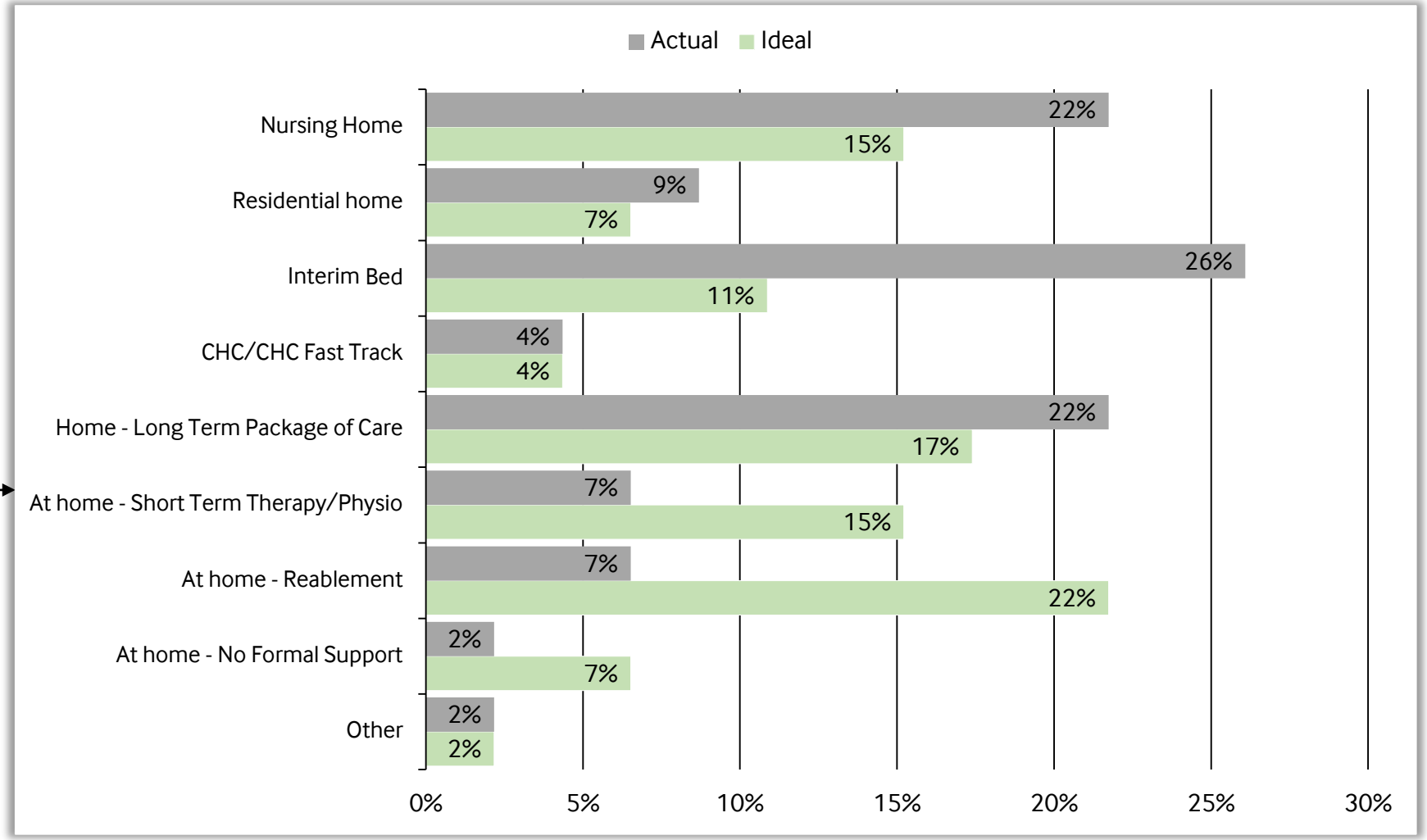

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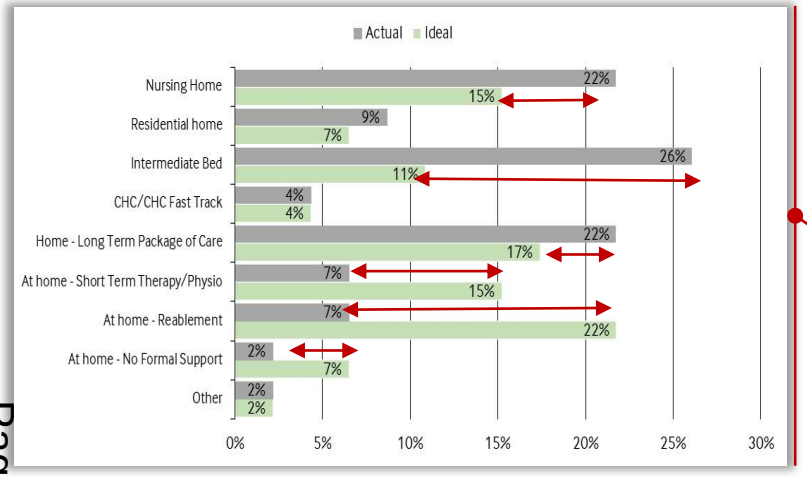
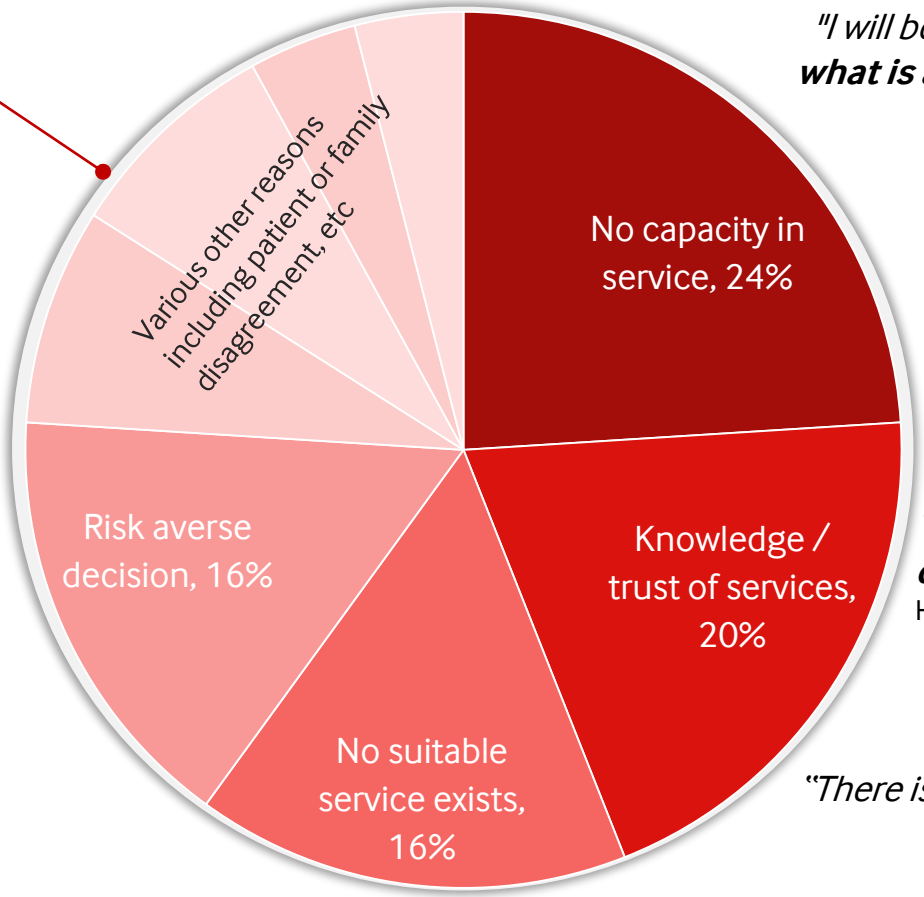


What stopped us making the right decision first time?



*"I will be honest – it is always about **what is available, not what is best**"*
Discharge Pathways Manager

*"Reablement **don't accept** people with **dementia**"*
Hospital Social Worker

*"There is a **dedicated dementia team** that sits in reablement."*
Reablement Team Manager

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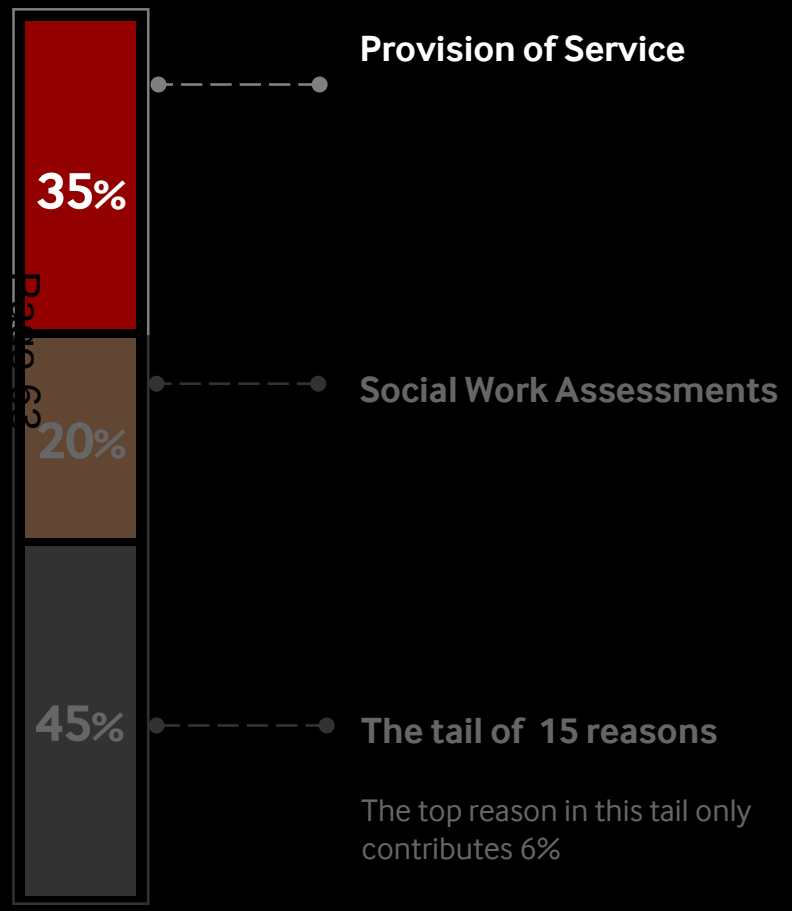

What would happen if all decisions put demand on patients' ideal pathways?

We want to ask **three fundamental** questions to understand the opportunity to reduce delays from the top areas

1) Is the demand correct?

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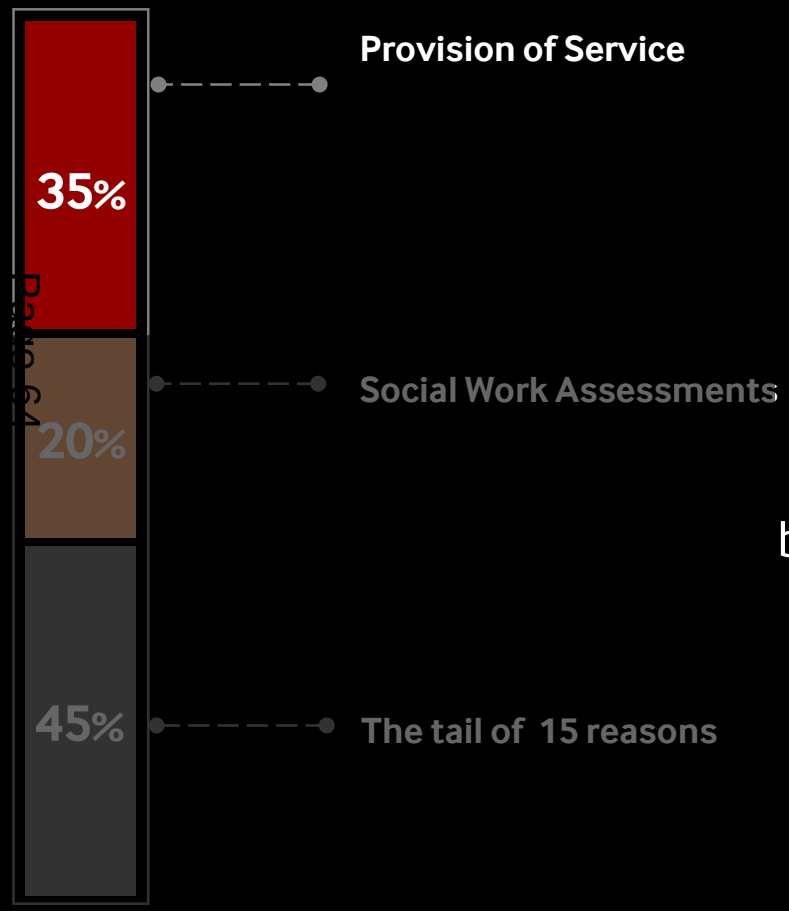

How can we remove the blockers to ideal outcomes?

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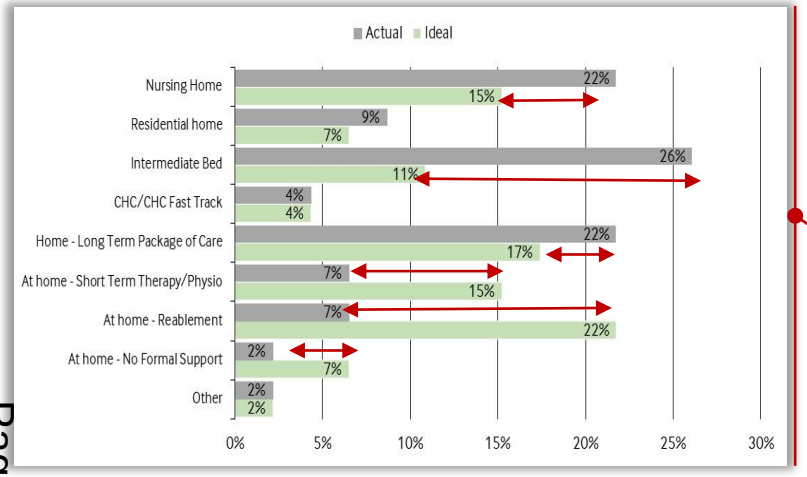

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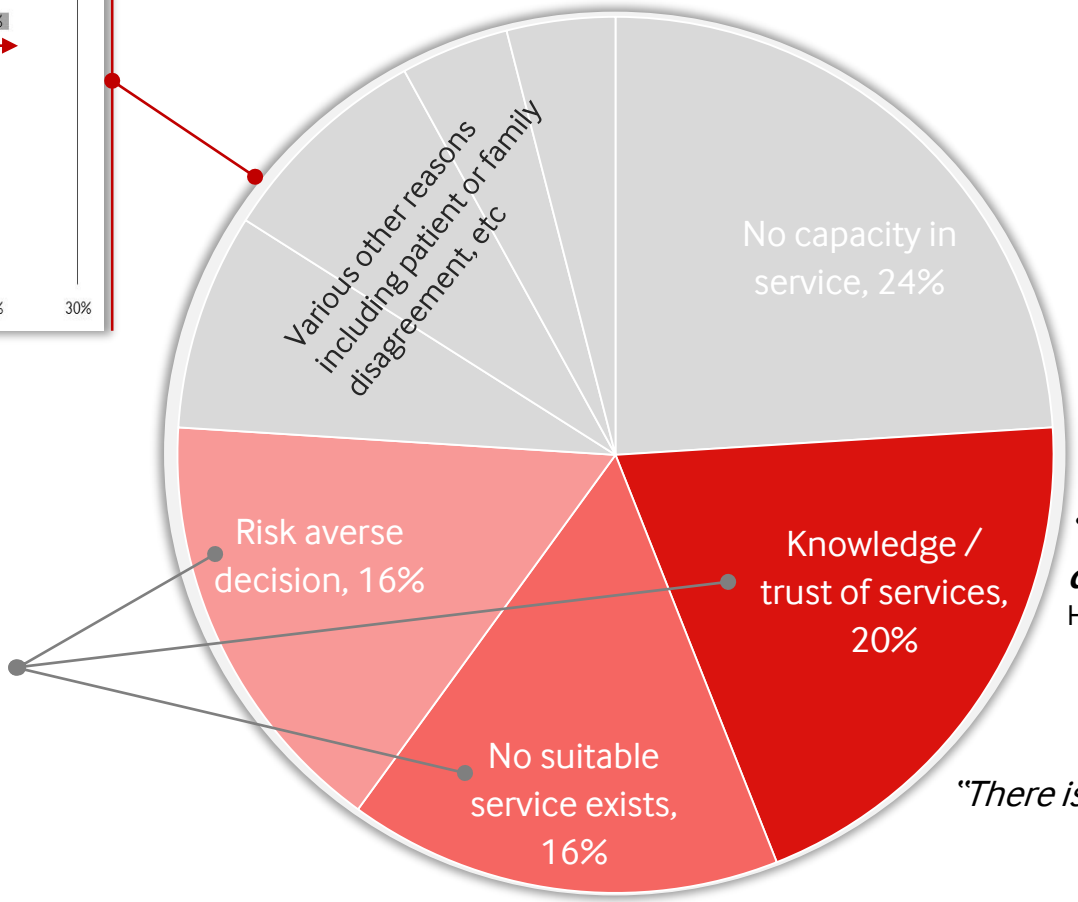

What don't we know or trust?

*"Reablement **don't accept** people with **dementia**"*
Hospital Social Worker

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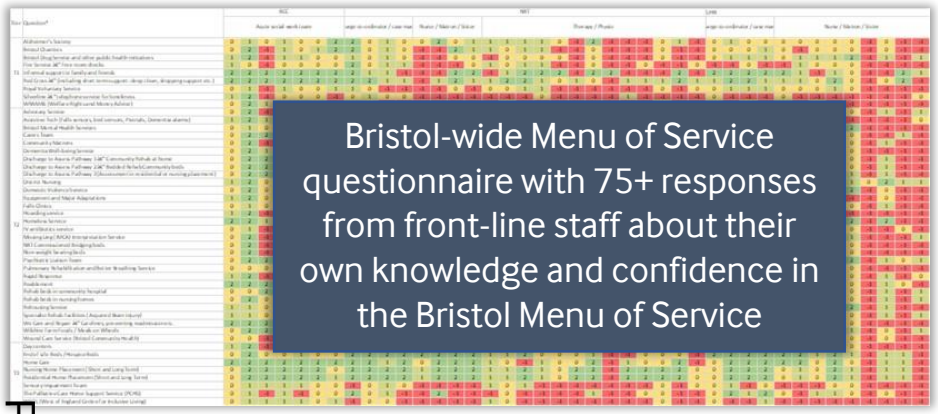
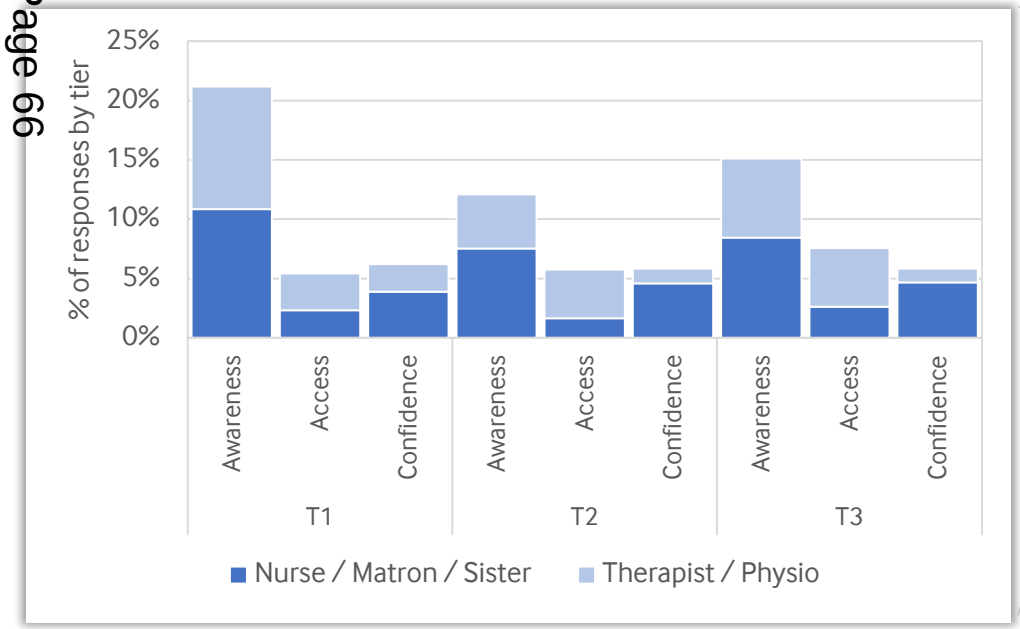
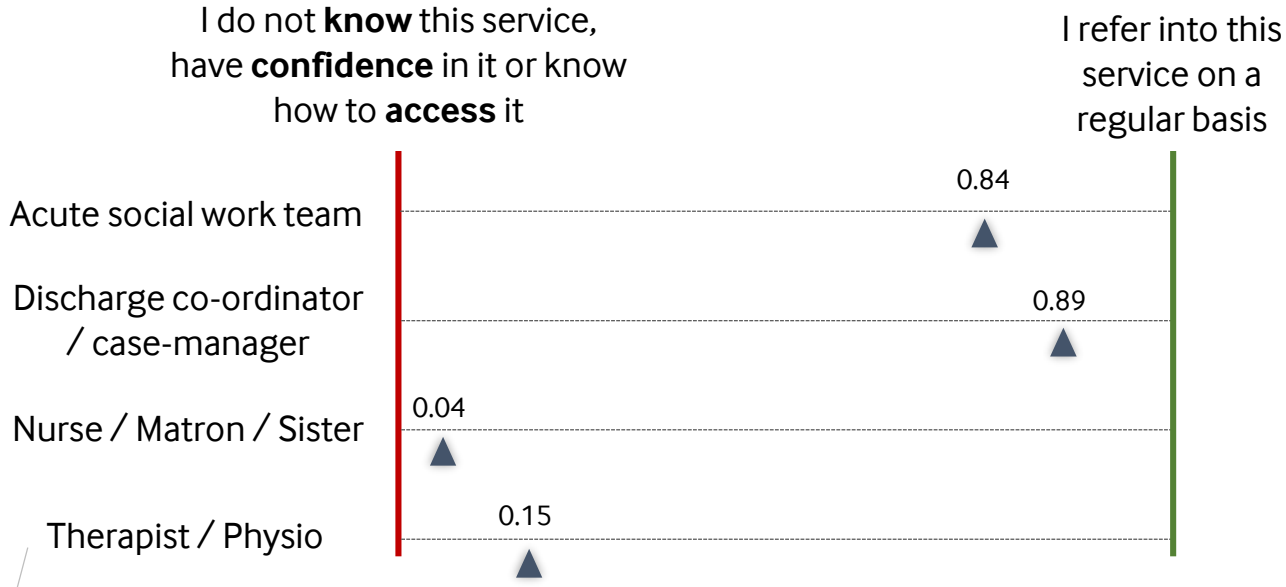
Reablement Team Manager

HOW CAN WE REMOVE THE BLOCKERS TO IDEAL OUTCOMES?



Bristol-wide Menu of Service questionnaire with 75+ responses from front-line staff about their own knowledge and confidence in the Bristol Menu of Service





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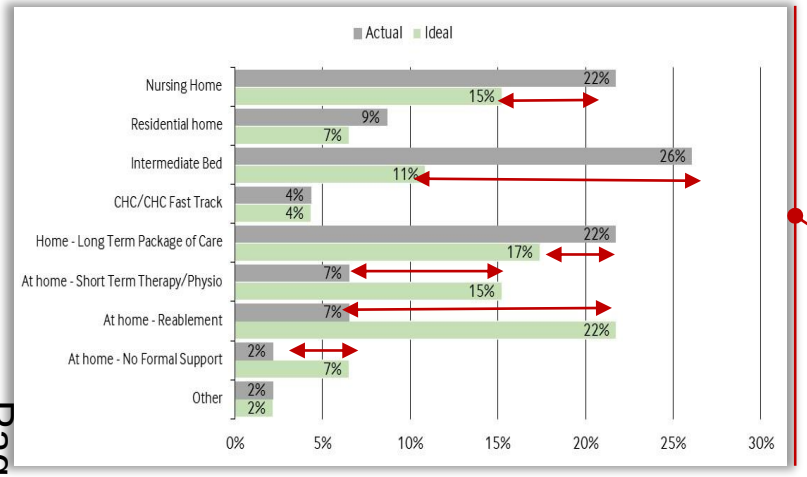

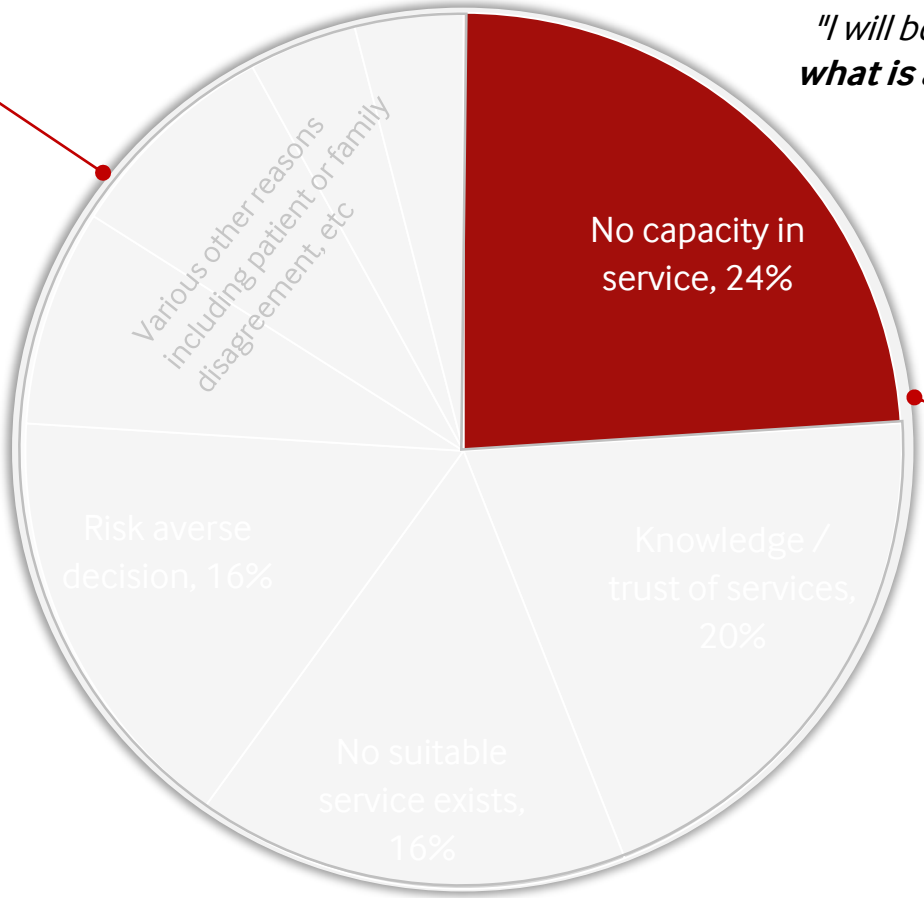

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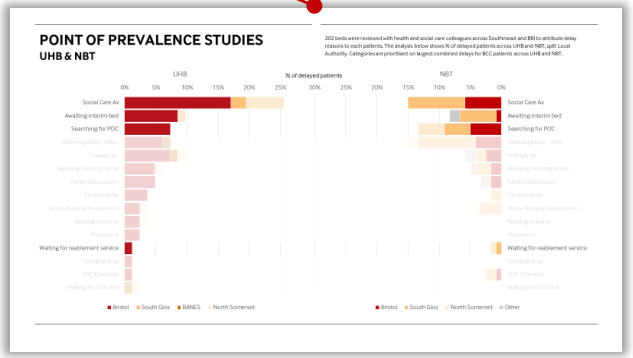
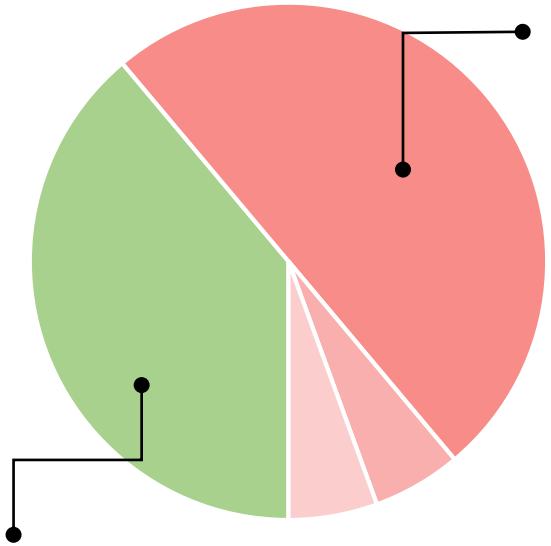


HOMECARE CAPACITY



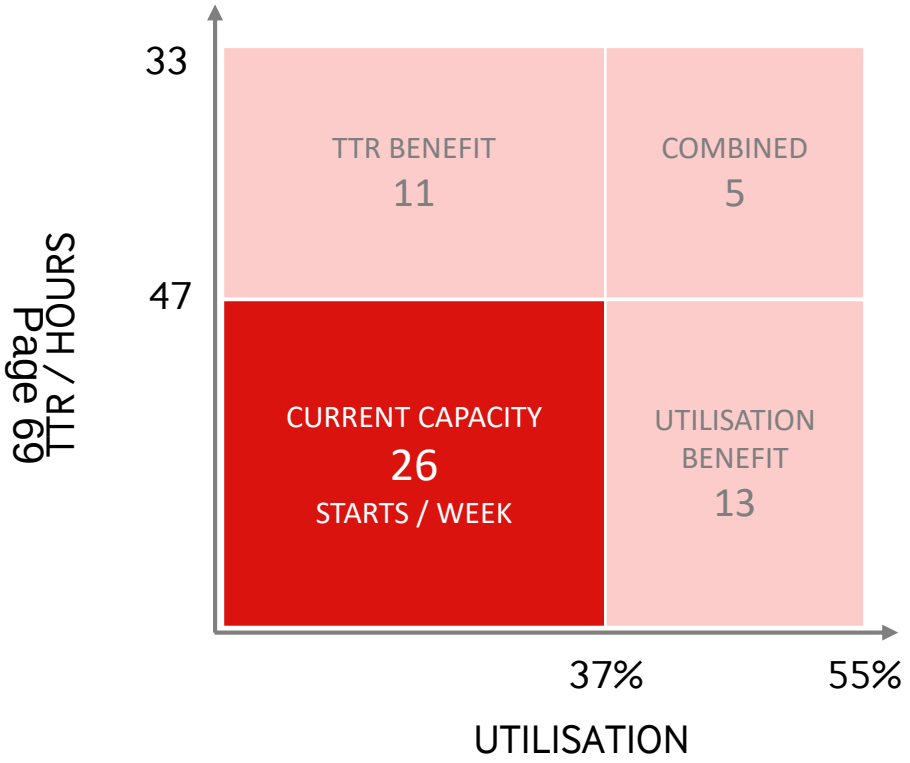
61% Service Users who should have been discharged onto a different service

82% Of these patients **should have received reablement**. Why didn't they?

1. Lack of reablement capacity
2. Lack of knowledge of Reablement / Risk Aversion
3. The assessor did not recognise the reablement potential

39% Service Users who were correctly discharged onto homecare

IMPROVING UTILISATION AND TTR



REABLEMENT CAPACITY COULD BE DOUBLED

26 → 55

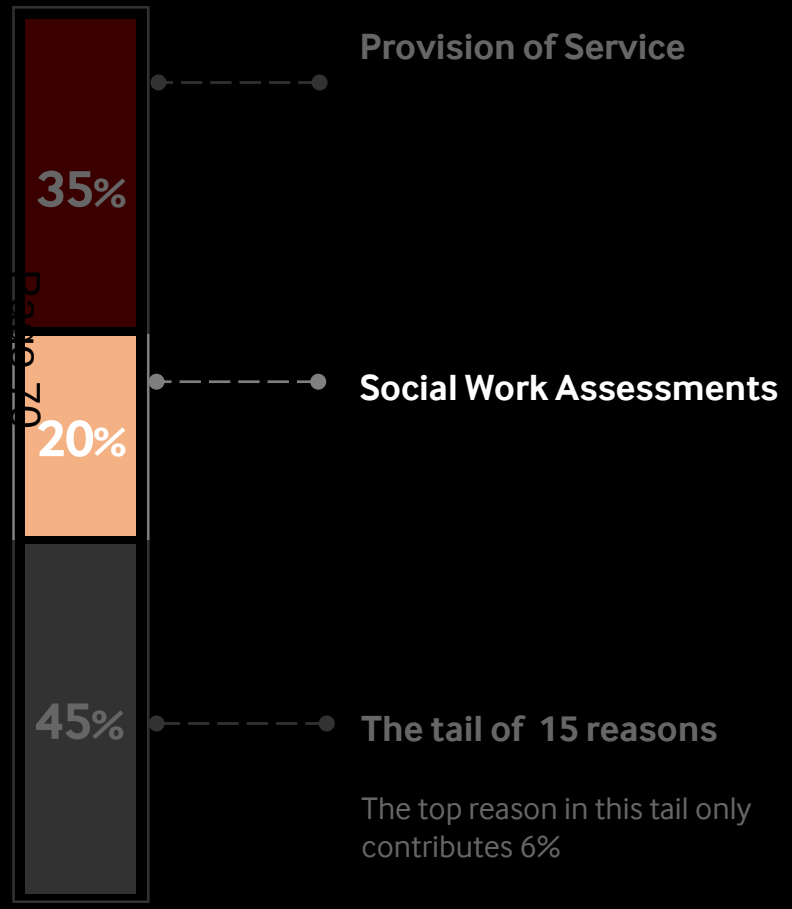
STARTS / WEEK

TO ACHIEVE THIS LEVEL OF PERFORMANCE, OUR EXPERIENCE IN SIMILAR SIZED COUNCILS, SUGGESTS IMPROVEMENT OF THIS SIZE REQUIRES

TRANSFORMATION FOCUS FOR 6 TO 9 MONTHS

THE APPROACH

There is a long list of reasons for a delay. The **top 2** grouped reasons account for **55%** of all delays



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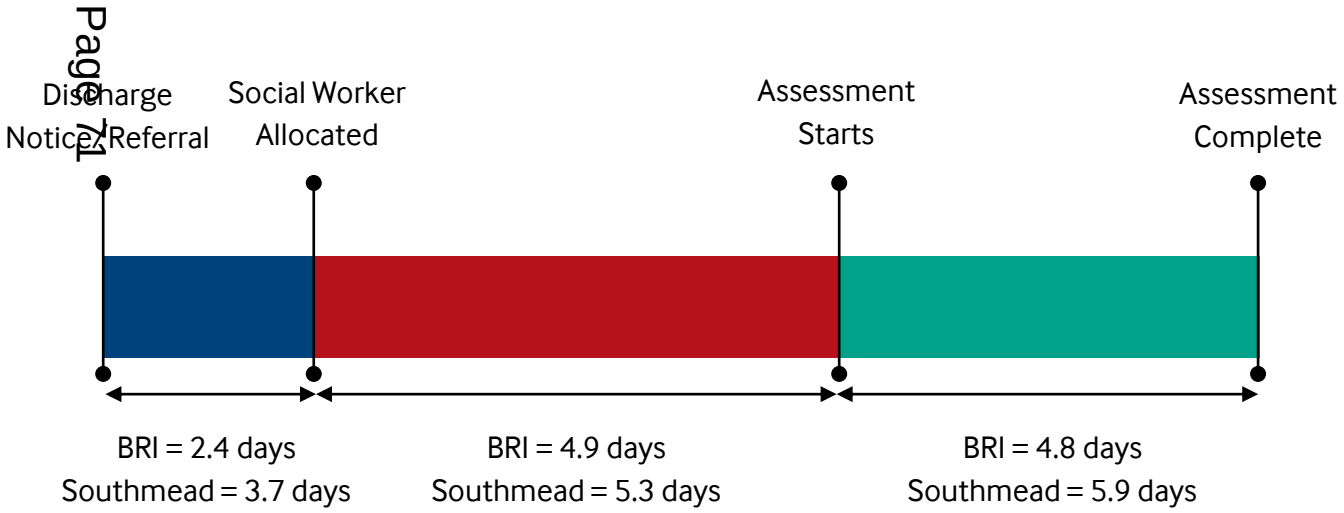
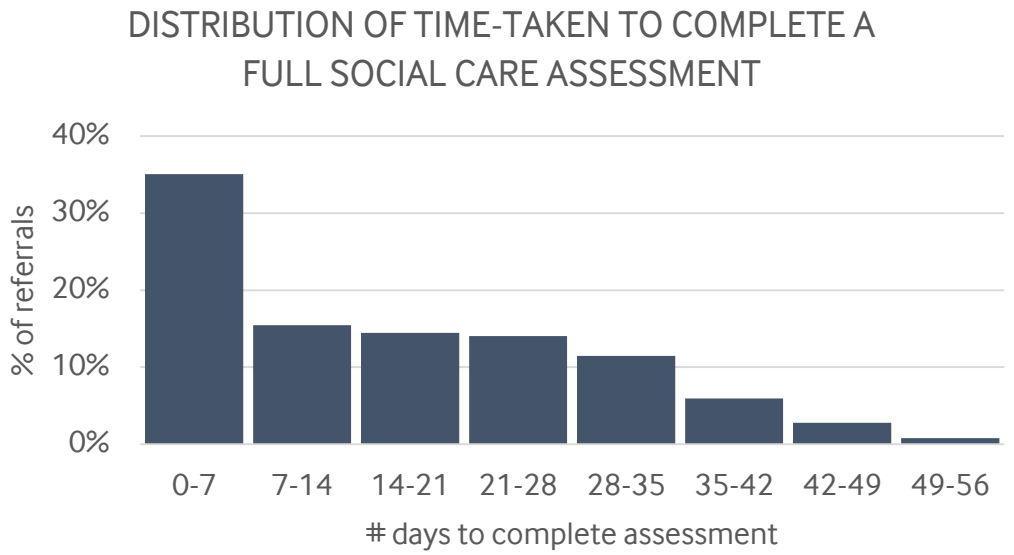
SETTING THE SCENE: HOW LONG DOES IT TAKE TO COMPLETE A FULL SOCIAL CARE ASSESSMENT?

Data taken from 'Hospital Performance Data' provided by BCC. Data ignored any timeframes >20 days for each step of the process. Between Referral and Allocation –includes 92% of data points, SW allocation to Assessment- includes 76% of data points , Assessment start – assessment complete – includes 71% data points.

In a Bristol hospital, any patient that requires a social work assessment and support plan will experience an **average wait of 14 days** between referral and completion.

Most frequently, assessments will be completed within 7 days – but due to a range of factors, some can take much longer





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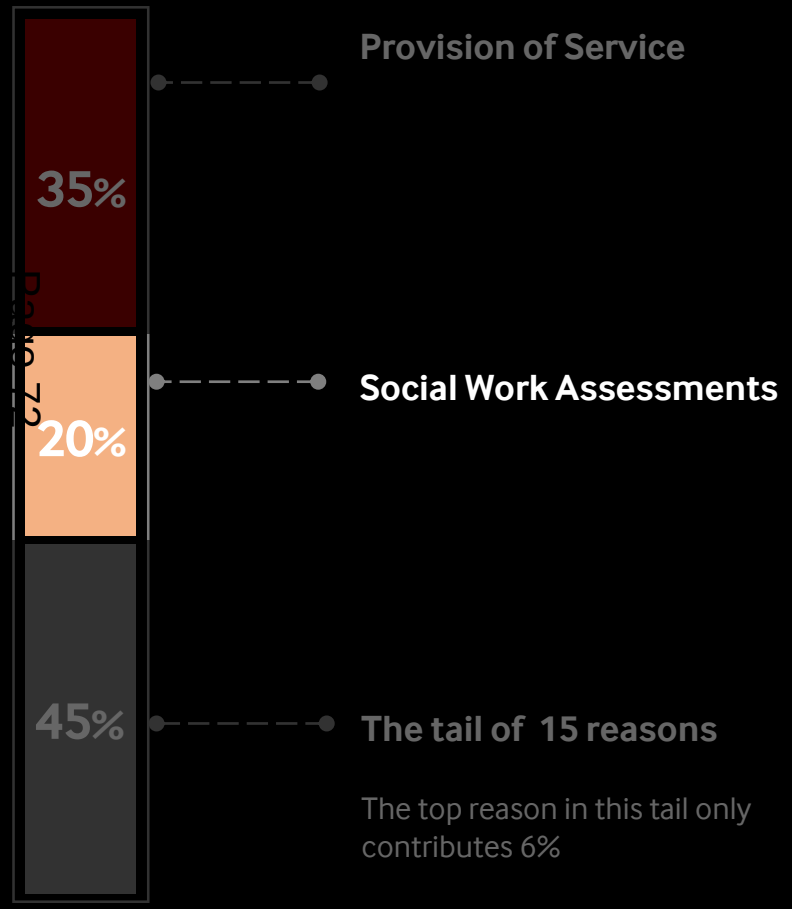

Are the referrals into the Acute Social Care teams appropriate?

We want to ask **three fundamental** questions to understand the opportunity to reduce delays from the top areas

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DEMAND ANALYSIS

CASE STUDY OF ONE WEEK'S REFERRALS IN SOUTHMEAD HOSPITAL

All Referrals received by the Southmead Acute Social Work Team between the1st to the 8th of March

21 Referrals sent to the Southmead Social Work Team in one week

- **2** Of which are lost transferring from Health referral systems (ICE) to Local Authority System (LAS)

19 Are received by the Social Work Team

- **6** Of which are closed on first contact due to inappropriate referral. No SW input needed for discharge.
  1. Patients needed housing
  2. Patients had been CHC Fast Tracked
  3. Patients did not want/need SW Input

13 Are allocated out to a Social Work Team Member

- **8** Of which do not result in any Social Work Assessment or Support Plan.
  1. Patient did not want Social Work Input
  2. Patient was referred to a different service
  3. Patient was a Self-Funder or just needed a POC re-start

5 Result in an Assessment, Support Plan, or Referral to Reablement

- **1** Of which was a Reablement Referral

In the week studied, **less than 25%** of referrals resulted in completely necessary Social Work Input. Historical Data shows this figure to be closer to **~40%**

THE APPROACH

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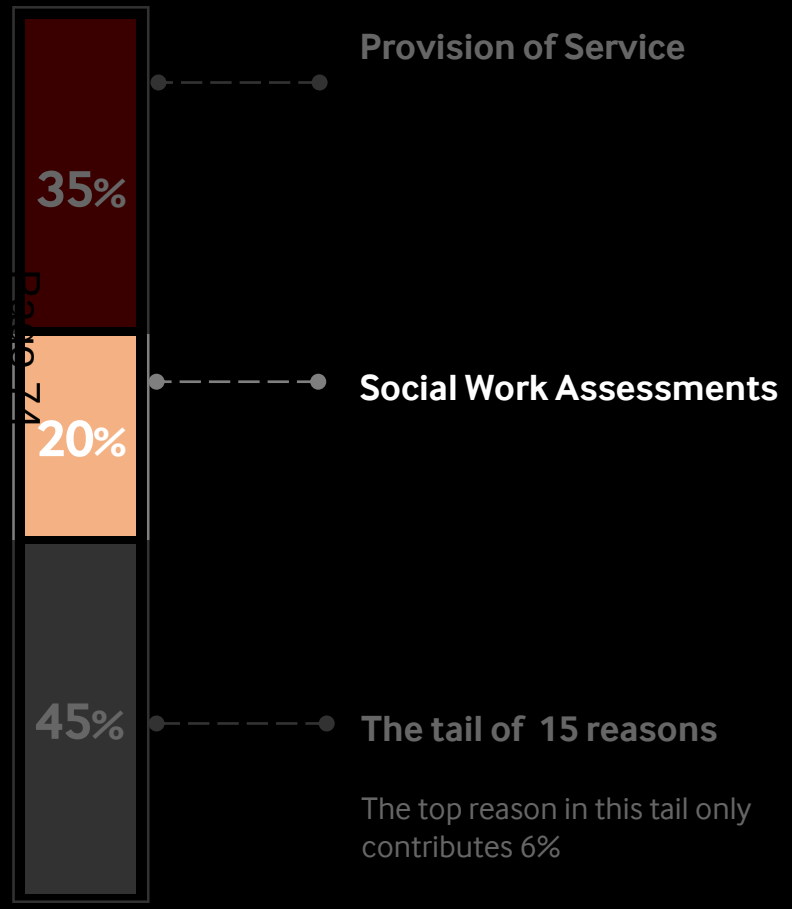

What would happen if inappropriate referrals were reduced?

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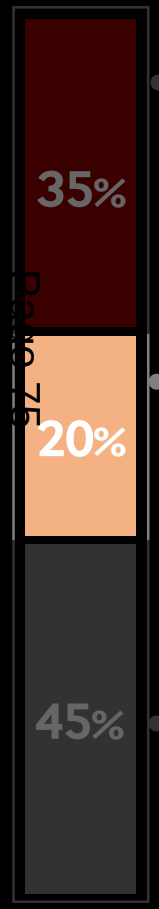

Provision of Service

Social Work Assessments

The tail of 15 reasons

The top reason in this tail only contributes 6%

What can be done to increase capacity and reduce inappropriate demand?

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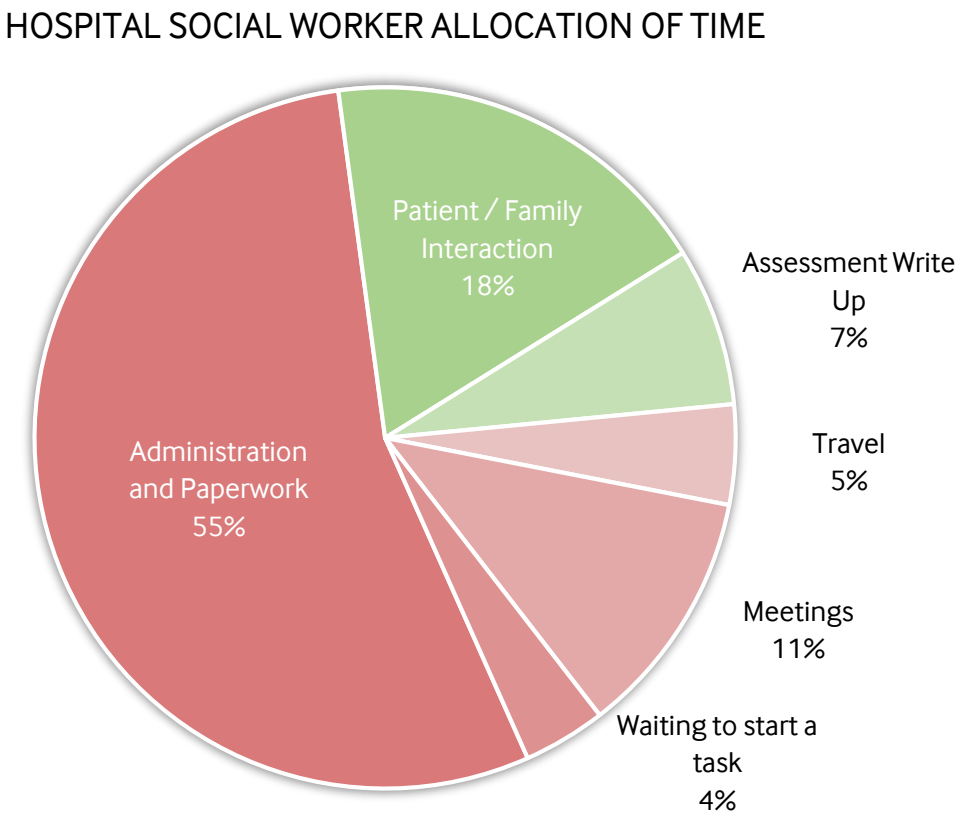
SOCIAL WORK ASSESSMENT
BRI PRACTITIONER ALLOCATIONS

This data was collected from the BRI Hospital SW team's allocation spreadsheet. It comprised a list of every referral that was made to the team for SW assessment from 1/1/18, as well as who that was allocated to.
The tick sheet was conducted over 4 working days and includes 19 practitioners in SMH.



SOCIAL WORK TEAM ASSESSMENT DELAY
SUMMARY FOR NBT SOCIAL WORK TEAM

1. *Scaled up from Assessment Forms Completed/Practitioner due to lack of Allocation tracking in NBT*
2. *Opportunities identified have been weighted at 50% confidence due to implementation process*
3. *As referrals are now more complex on average this is moderated to take this into account.*

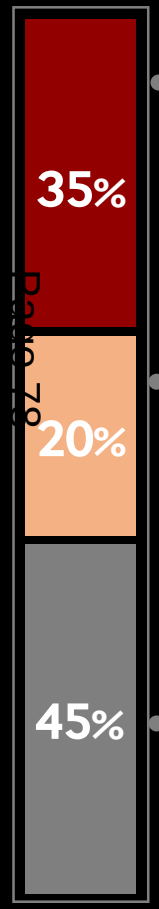
NBT	FTE (SCP and SW)	Availability (sickness/training)	FTE Available in work	Cases Per Practitioner	Team Capacity	Peak Referrals Per Week	Surplus Capacity / Referrals per week
Current Situation	14	73%	10.2	2.5[1]	25.1	32	-6.9
Recruit to Establishment (2 FTE)	↑ 16.0			-	↑ 28.7	-	↑ -3.3
Reduce Inappropriate Referrals by 50%[2]	-	-	-	-	-	↓ 28.6[3]	↑ +0.1
Increase Productivity to meet average[2]	-	-	-	↑ 2.6	↑ 30.4	-	↑ +1.8

Whilst NBT here is used an example, almost identical results have been found for UHB

With the improvements above, there is capacity in the team to meet the demand of a peak week. NBT sees a high fluctuation of demand of referrals, with an average of 23 per week. Therefore there would frequently be weeks with excess capacity in the team
If peak demand can be met in each week then robust management and allocation should eliminate any Social Work delays.

THE APPROACH

When we played back the results during the operational element of the diagnostic, lots of the findings were accepted quickly and many already have initiatives against them. We noted down some quotes as we did the feedback -



Provision of Service

21,800 days in total, of which 16,000 are attributed to care in the home, and 5,800 to interim beds

Social Work Assessments

12,800 days on average are delayed

The tail of 15 reasons

The top reason in this tail only contributes 6%

"What is stopping us from quickly fixing this"

"My job is mainly meetings"

"We have a counting industry"

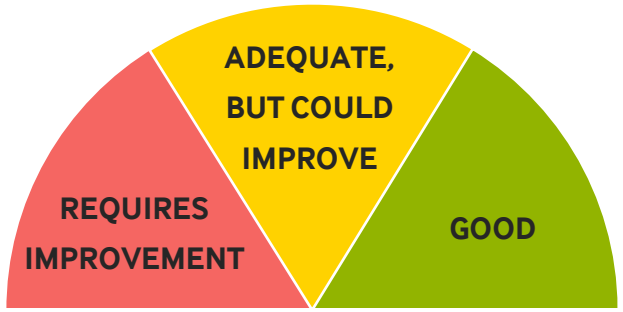
"It feels like we need a project on everything to show and demonstrate we care"

"There is intervention after intervention"

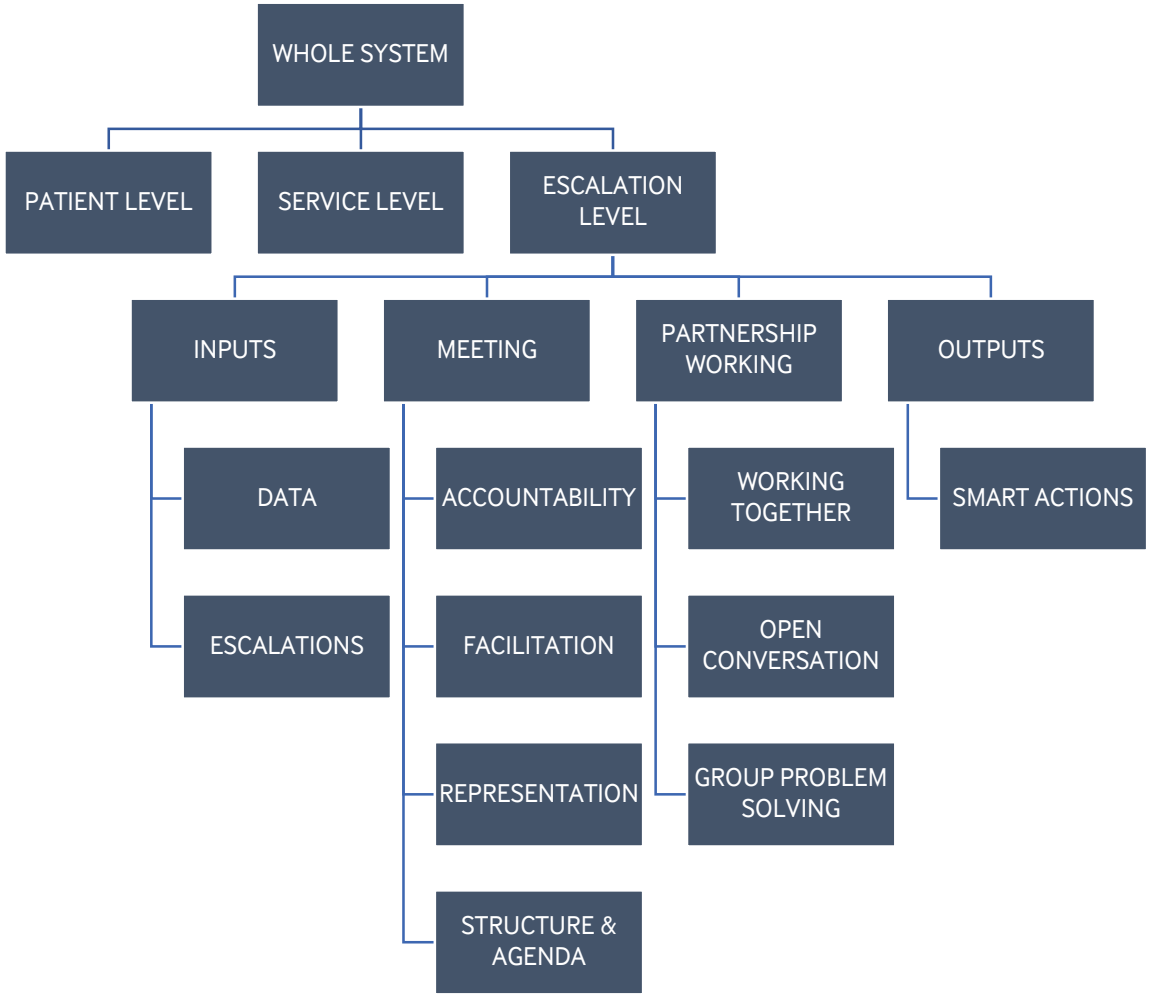
IMPROVEMENT CYCLE ASSESSMENT

- An assessment tool has been used to capture information about the effectiveness of governance structures across the system

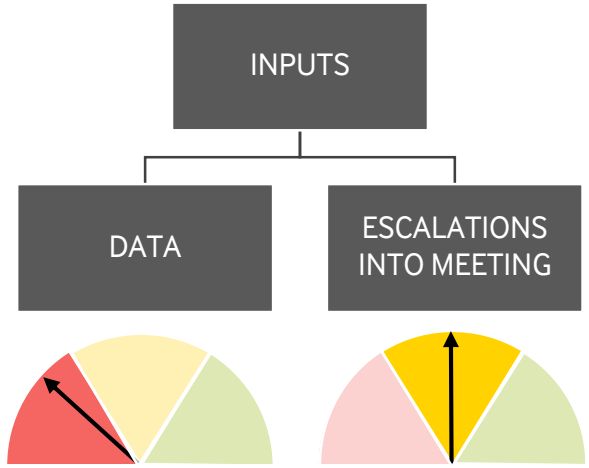
- A coding system has been used to indicate levels of performance across the survey
- The scales are objectively measured based on key criteria. E.g. for an A&E Board, "good" for "Representation" would mean attendance from all organisations at COO-level

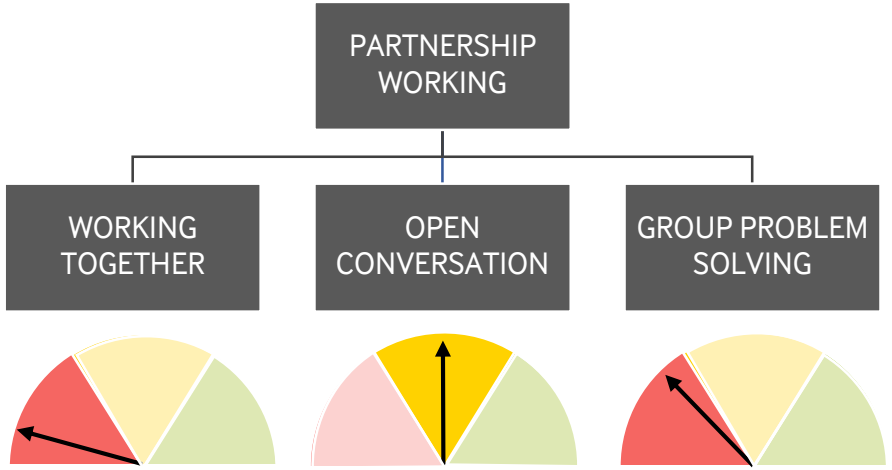


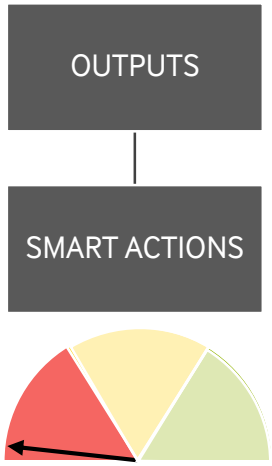
- Performance can be measured from a whole-system level down to patient level, by criteria and by meeting

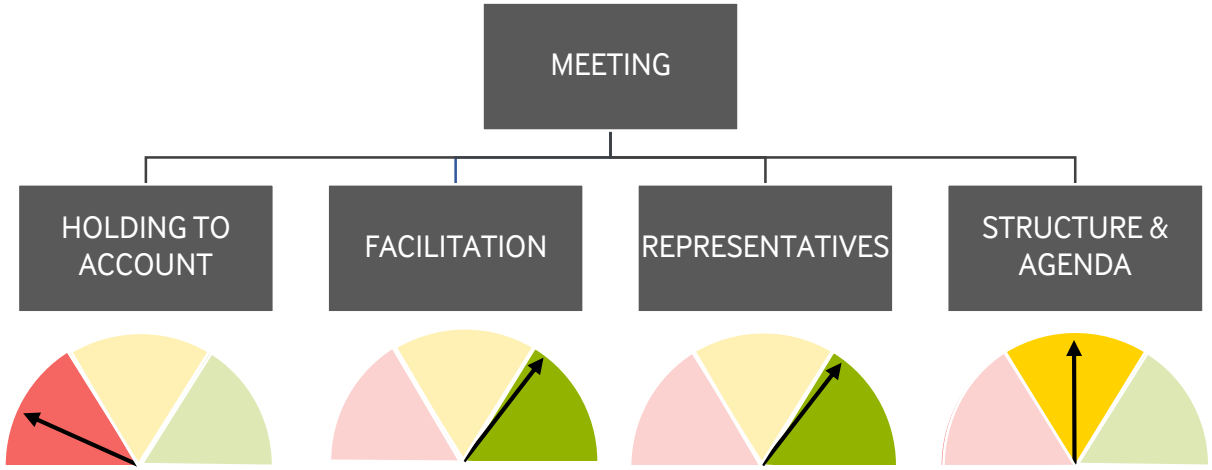


IMPROVEMENT CYCLE ASSESSMENT – EXAMPLE: ESCALATION LEVEL





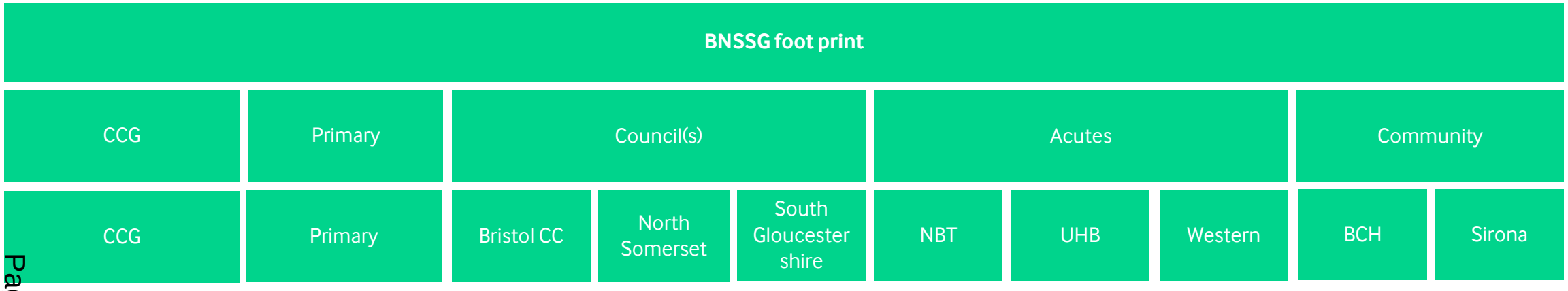




BRISTOL IMPLEMENTATION

URGENT CARE MAP

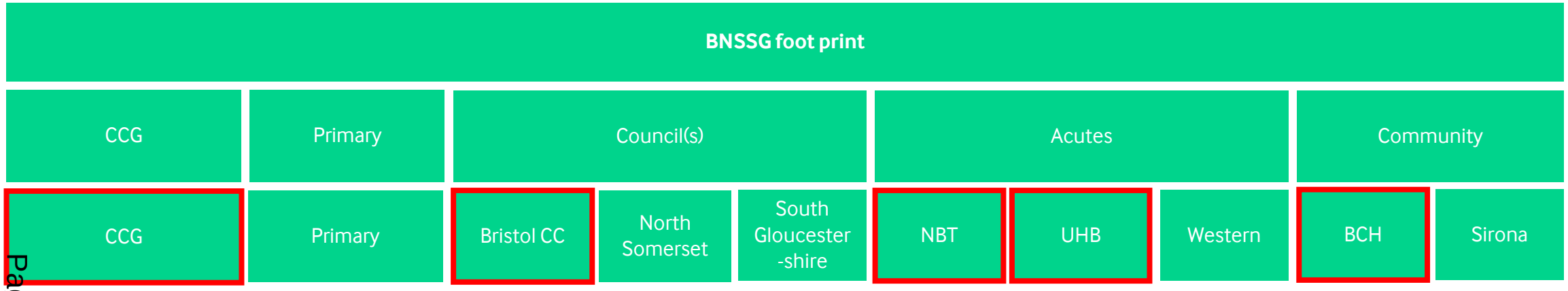
Organisational Split



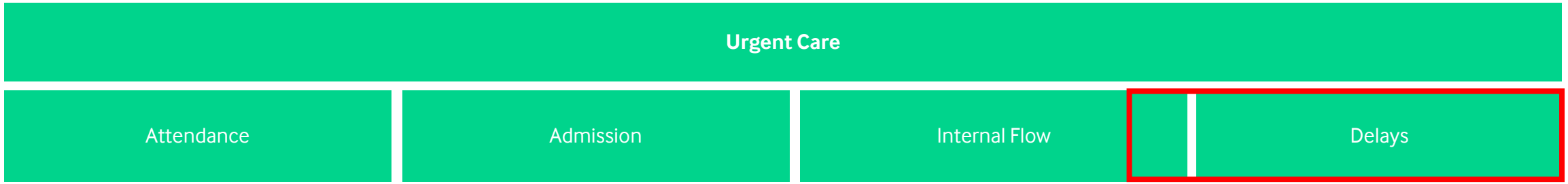
Functional Split

URGENT CARE MAP – SCOPE OF DIAGNOSTIC

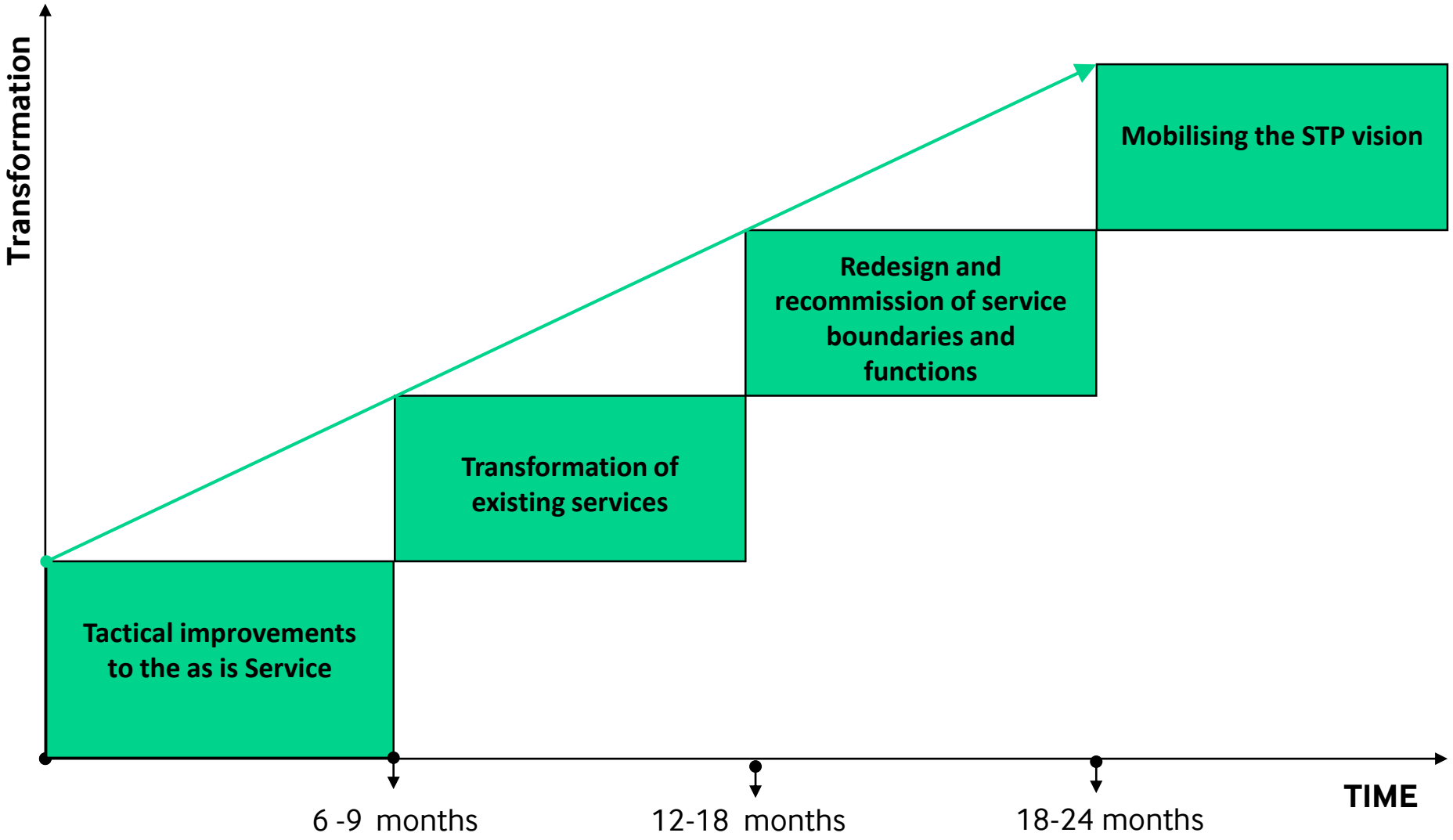
Organisational Split



Functional Split

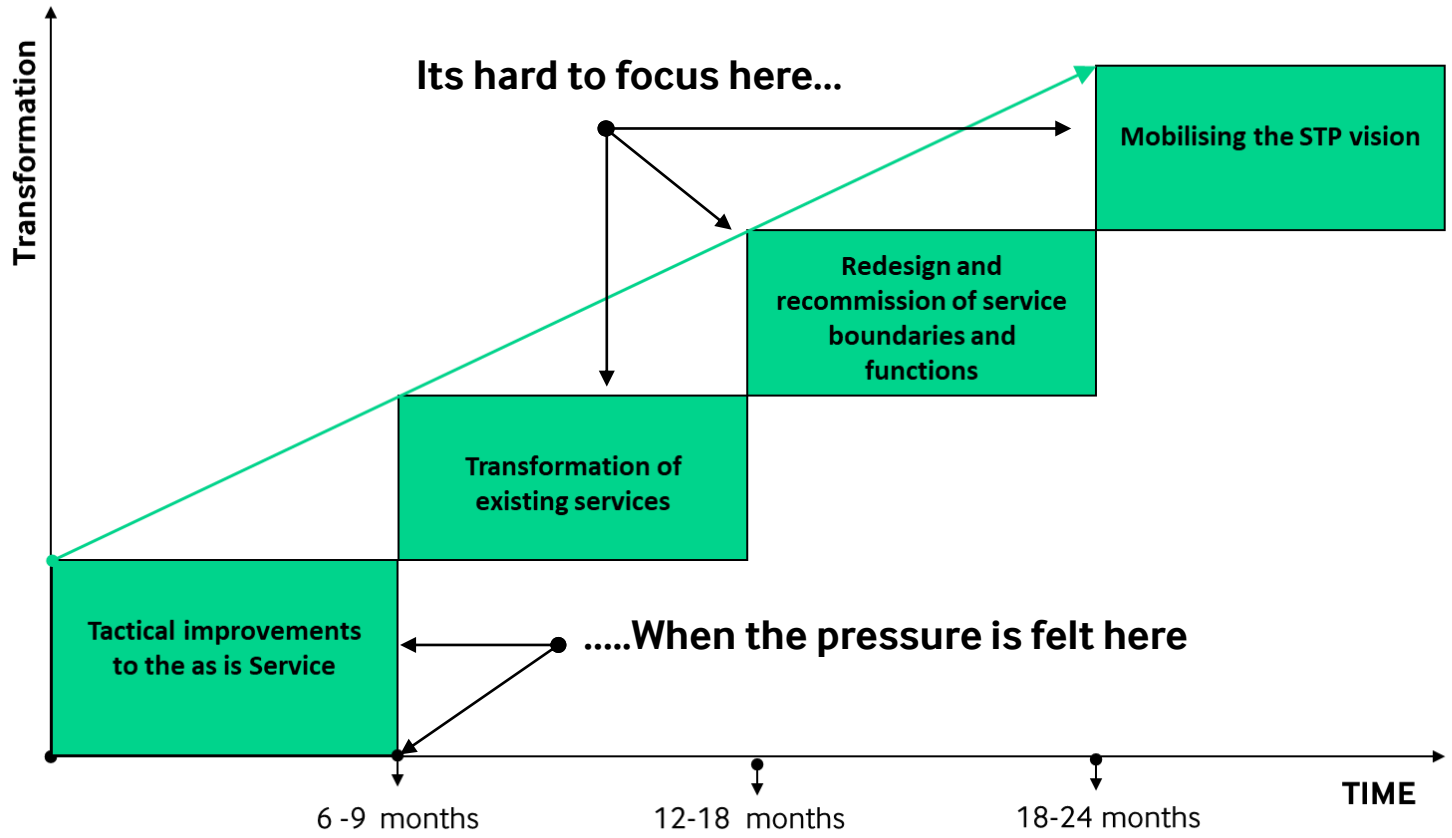


TRANSFORMATION TIME LINE



CHALLENGES IN A PRESSURED SYSTEM

- A pressured system – particularly with regulators nearby - can easily lead to the majority of projects and funding being in the 'quick tactical improvements' box
- Senior resource can be sucked into 'crisis management', preventing time and effort being spent on boxes 2,3
- Due to lack of resource (as per above) The STP becomes 'a strategy thing' without the necessary practical translation to make it real for operational leaders
- Projects in box 1 tend to be isolated to one provider / partner, and can run into blockers when they interface with other partners
- We may only get 10-20% of the potential improvement



POTENTIAL OPTION – BACK A FEW KEY PROJECTS WITH THE RIGHT RESOURCE, PROGRAMME METHODOLOGY, GOVERNANCE AND SENIOR SUPPORT AS A PACE SETTING EXAMPLE

Programme Elements:

Flow				Leadership, Governance and Grip		
Reablement	D2A & SW Assessments (Specifically discharge home to assess)	Short- Term Beds (Community Hospital flow, and all CCG / BCC beds flow and outcomes)	Front Door diagnostic	Patient level forums and governance	Service Level	System Level
Opportunity £ and days						
£~6m	£~2m	£~3m	£tba	Enabler	Enabler	Enabler
Benefits Realisation in the short-term						
Medium (6-10 months to hit full run rate)	High (dependant on ability to commission)	Medium (4-7 months to hit full run rate)	£tba	High	High	High

Programme Core Components

Frontline Co-design impacting all elements of process and practice	Analytics / Evidence Based approach	KPIs driving performance and good practice	Live dashboards for all levels of the organisation	BAU governance based on the improvement cycle	6-10 weeks per team of engagement, training, practice, coaching and refinement to drive the best outcomes at the best efficiency	Sustainability tests to ensure teams can 'stand alone'

Strong PMO Function ensuring project success and a whole system focus

Flow				Governance and Grip		
Reablement	D2A & SW Assessments (Specifically discharge home to assess)	Short- Term Beds (Community Hospital flow, and all CCG / BCC beds flow and outcomes)	Front Door diagnostic	Patient level forums and governance	Service Level	Leadership Level & Strategic Commissioning

Aim(s):

- To increase capacity of service, within the As-Is staffing envelope. Objective to double the number of completions
- To increase numbers of service users going to the service through increasing the breadth of complexity the service can work with, and by reducing rejections due to capacity / flow
- To increase outcomes (change in package pre and post reablement) to promote independence reduce reliance of traditional packages of care.
- To generate evidence and data to inform design of an integrated service.

Opportunity

- £6m financial opportunity, largely benefitting the local authority through reducing spend on residential and long term home care. Bed delay days benefit will be significant, but there is overlap with Homefirst which needs to be considered.

Timeframe:

- Project to hit full run rate at 10 months.

Flow				Governance and Grip		
Reablement	D2A & SW Assessments (Specifically discharge home to assess)	Short- Term Beds (Community Hospital flow, and all CCG / BCC beds flow and outcomes)	Front Door diagnostic	Patient level forums and governance	Service Level	Leadership Level & Strategic Commissioning

Aim(s):

- To implement 'Home first' out of hospital services with supporting D2A pathways
- Significantly reduce the number of 'in acute' social work assessments
- Implement a trusted assessor approach
- To increase numbers of service users going to the service through increasing the breadth of complexity the service can work with, and by reducing rejections due to capacity / flow
- To ensure the services work hand in hand with reablement to prevent dependency building care
- To generate evidence and data to inform design of an integrated service.

Opportunity

- £2m financial opportunity, largely benefitting the acute trusts and community bed providers. Given the current utilisation figures, this may be considered cost avoidance (as it is unlikely further acute beds can be closed given demand forecasts.

Timeframe:

- Project to hit full run rate at 7 months.

Flow				Governance and Grip		
Reablement	D2A & SW Assessments (Specifically discharge home to assess)	Short- Term Beds (Community Hospital flow, and all CCG / BCC beds flow and outcomes)	Front Door diagnostic	Patient level forums and governance	Service Level	Leadership Level & Strategic Commissioning

Aim(s):

- To maximise outcomes in any short-term bed
- Focussing on reducing Length of Stay through:
  - Better goal setting
  - Short-interval control (increased review cycle)
  - Transforming culture to outcomes and performance orientated in key settings
- To ensure the services work hand in hand with reablement / rehab to prevent dependency building care
- To generate evidence and data to inform design of an integrated service

Opportunity

- £3m financial opportunity, largely benefitting the local authority through reducing spend on residential and long term home care. Additional savings may come through reduction in short-term bed base.

Timeframe:

- Project to hit full run rate at 12 months.

Flow				Governance and Grip		
Reablement	D2A & SW Assessments (Specifically discharge home to assess)	Short- Term Beds (Community Hospital flow, and all CCG / BCC beds flow and outcomes)	Front Door diagnostic	Patient level forums and governance	Service Level	Leadership Level & Strategic Commissioning

Aim(s):

- To extend the scope of the original diagnostic to include 'prevention of admissions'

Opportunity

- Potential savings in reducing unnecessary demand at the acute front door
- Savings in both acute beds and outcomes

Timeframe:

- 3 week diagnostic

Aim(s):

- At a patient level, design and implement the ICB
- At service level and above – design and implement:
  - The correct information and data flows, including a system dashboard with leading indicators
  - Improvement cycle meetings (agendas, ownership, use of eveidence and data)
  - Iterate and improve

Opportunity:

- This is a key enabling workstream

Timeframe:

- 6-9 months

Adult, Children & Education Scrutiny Commission

28th January 2018

Report of: Suicide Prevention

Title: Suicide Prevention

Ward: City wide

Officer Presenting Report: Leonie Roberts

Contact Telephone Number:

The significant issues in the report are:

- The number of suicides in Bristol reduced in 2017. The rate has gone down from 12.7 per 100,000 to 10.6 per 100,000 between 2015-2017
- Public Health has worked with partners to produce a suicide action plan for Bristol. A partnership is planned across Bristol, North Somerset and South Gloucestershire with links to Bath and North East Somerset.
- The University of Bristol has produced a suicide prevention and response plan. They have introduced a number of services to support the student's mental health and wellbeing.

1. Summary

Suicide is the act or an instance of taking one's life voluntarily and intentionally. Suicidal behaviour is the end result of the complex relationship between many factors that are biological, psychological and environmental in nature. An individual's risk of suicide is determined by many factors. These include demographic factors such as age and sex, poverty and deprivation, occupation, physical illness, drug and alcohol misuse and mental ill-health

Suicides in Bristol
Suicide rates fell between 1981 and 2007 in England, since then there has been a steady increase until 2016. Bristol. The suicide rate fell in England in 2017 to 9.6 per 100,000. The Joint Strategic Needs Assessment

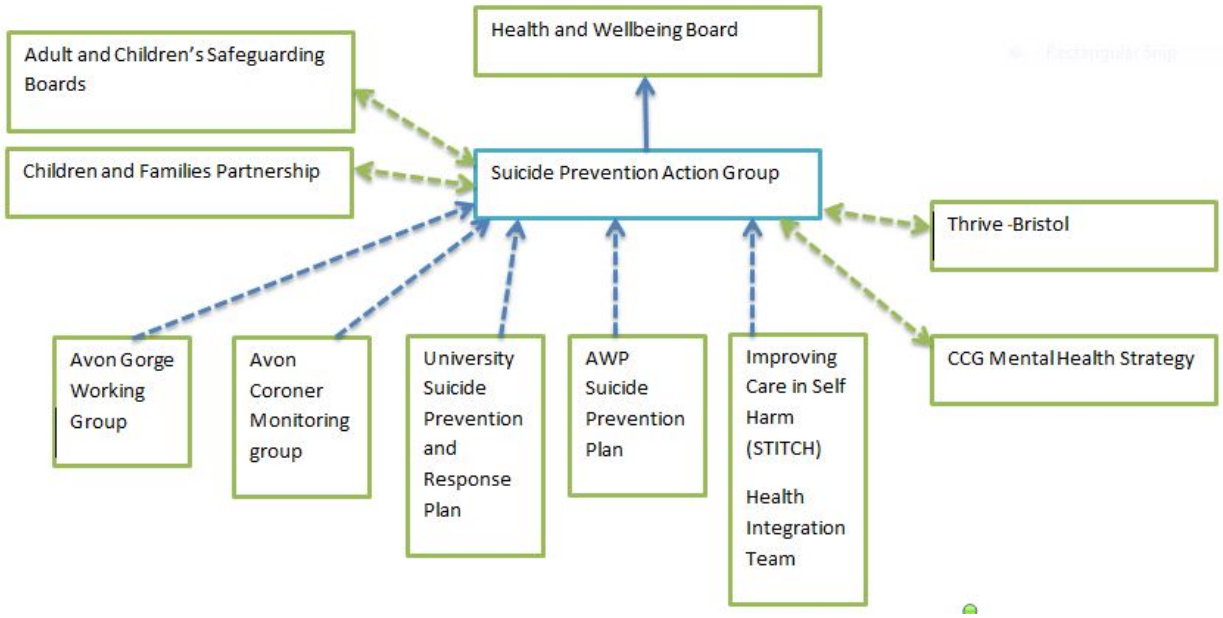
The 3 year average suicide rate in Bristol increased from 2005 to a high of 12.7 per 100,000, between 2014-16. Bristol was significantly higher than the national average rate. 69% (97) of those deaths were among males and 31% (43) among females. Some data has recently been released for 2017 and this has shown that the rate has gone down in Bristol to 10.6 per 100,000 between 2015-2017. This is in line with the national figures. According to Public Health England there were 119 deaths between 2015 and 2017.

Suicide Prevention Action Plan
The suicide prevention action plan has recently been updated which is in line with the Preventing Suicide in England: A Cross Government Outcomes Strategy to Save Lives'

- Provide better information and support to those bereaved or affected by suicide
- Reduce the risks in key high risk groups e.g. men
- Tailor approach to improve the mental health in specific groups e.g. children and young people, survivors of abuse or violence, problem debt and those in the criminal justice system
- Reduce access to means such as working with the Clifton Suspension Bridge to increase the barriers
- Reduce rates of self-harm as a key indicator of suicide risk
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour.
- Build motivation and confidence in Bristol people to prevent and respond to suicide

Governance

The governance for the suicide prevention action plan is delivered through the Suicide Prevention Action Group. The Suicide Prevention Action Group reports to the Health and Wellbeing Board.



Discussions are currently under way across Bristol, North Somerset and South Gloucestershire about setting up a BNSSG suicide group.

University of Bristol update

The University has now approved separate Mental Health and Wellbeing Strategies for staff and students. The Action Plans to deliver on these strategies will be developed over the next two months. The Suicide Prevention and Response Plan, informed by research into best practice, an audit into student deaths by suicide and working with partners, have also been approved. The University is developing an information sharing protocol with AWP to collaborate on Root Cause Analysis case reviews.

The Residential Life and Student Wellbeing Services launched in September have provided individual support for over 2,000 students, and the quality of that support has been favourably received by students and the staff supporting students. We are currently undertaking a service-user survey to help evaluate and improve the service so far. Semester 2 will focus more on the development of proactive activities to support inclusive community building and student wellbeing.

The University is involved in two bids to the Office for Students Challenge Competition: Achieving a step change in mental health outcomes. One of which is a Student Mental Health Partnership bid led by the University of the West of England and involving the NHS, Public Health and the West of England Academic Health Science Network. It will be one of several regional hubs across the country responsible for coordinating the creation of local partnerships focused on increasing quality and improving access, reducing gaps and discontinuities in care according to identified local student need. good mental health for all.

In addition to the work above public health is producing a needs assessment which will examine the health needs of students. This will include a mapping of services within Bristol to identify whether there are any gaps in service provision.

Adult, Children & Education Scrutiny Commission

28th January 2018

Report of: Progress against Thrive Bristol programme

Title: Thrive Bristol - year one update

Ward: City wide

Officer Presenting Report: Leonie Roberts

Contact Telephone Number:

The significant issues in the report are:

- The Thrive Bristol programme was established in 2018 to improve the mental health and wellbeing of everyone in Bristol.
- Thrive Bristol is part of the One City Approach to bring together partners and communities across the city, to tackle important issues for Bristol, including mental health.
- A steering group has been established with key city partners involved, chaired by Cllr Craig.
- An outcomes framework is being developed through the steering group, to enable us to measure the impact of the programme.
- 11 work programmes have been established to deliver against the ambitions for Thrive.
- The programme has gained a great deal of support from partners across the City and is being recognised for its good work across the country.
- BCC has signed the Public Health England Prevention Concordat for Better Mental Health demonstrating its commitment to join the national drive to take action to prevent mental health problems, promote good mental health and build resilient communities.
- BCC has signed the Time to Change Employer Pledge and has an action plan for improving the mental health of its staff.
- The emerging BNSSG Mental Health strategy will build on the Thrive approach.

1. Summary

Thrive Bristol is programme to improve the mental health and wellbeing of everyone in Bristol, with a focus on those with the greatest need, whatever their age. Thrive Bristol is part of the One City Approach to bring together partners and communities across the city, to tackle important issues for Bristol, including mental health. Thrive Bristol is also part of a wider Thrive network including Thrive programmes in New York, London and West Midlands.

Thrive Bristol focuses on prevention and early intervention and the role partners from across the city can play in promoting good mental health. These include schools and universities, employers, housing organisations, businesses and the police. Thrive also seeks to tackle stigma and discrimination, and addresses the importance of our relationships and surroundings and access to good food, money and wider resources in achieving good mental health for all.

Key Achievements to date

- BCC signed the Public Health England Prevention Concordat for Better Mental Health and submitted its action plan in Jan 19, based on the Thrive ambitions. By signing this agreement, Bristol City Council is demonstrating its commitment to join the national drive to take action to prevent mental health problems, promote good mental health and build resilient communities. PHE will make an official announcement on 15th January. Some joint communications will take place. PHE plans to share BCC's action plan with other local authorities as an example of good practice.
- BCC submitted their Time to Change Employer Pledge action plan to demonstrate its commitment to improving the mental health of its staff. This will be signed by the Mayor on 6th Feb. An event for staff will be held in City Hall on Time to Talk day (7th feb).
- The emerging BNSSG CCG/STP Mental Health Strategy will build on the Thrive approach.

Context

Thrive is a set of agreed ambitions for the city with work programmes aligned to it, including:

- Create a city free from mental health stigma and discrimination
- Enable individuals and communities to take the lead
- Maximise the potential of children and young people
- Create a happy, healthy and productive workforce
- Become a city with services that are there when, and where they are needed
- Enable people to have the resources to lead a healthy life, and safe and stable places to live
- Become a suicide safe city

Thrive aims to encourage partnership working across the city and to ensure that any existing work programmes that align with the Thrive ambitions, are linked. As such Thrive is not in itself set up to deliver any specific interventions, but to maximise existing resources.

Governance

- A Thrive Steering Group has been established with 19 senior level partner organisation members, representing most work streams (social care representative TBC)
- Chaired by Cllr Asher Craig – meets quarterly (July, Oct 18, Jan 19), see appendix for governance structure
- People with lived experience of mental health problems are at the core of Thrive – a steering group 'co-production' workshop is taking place in Jan 19 to agree shared principles and a framework for involvement in Thrive across the work streams
- A further workshop will be held with the steering group in March 19 (TBC) to develop and agree an impact measurement framework, using Theory of Change as the foundation. This will be facilitated by a ToC expert.
- A Thrive programme team consists of leads for each work stream, who meet monthly and produce progress reports.

Thrive Workstreams

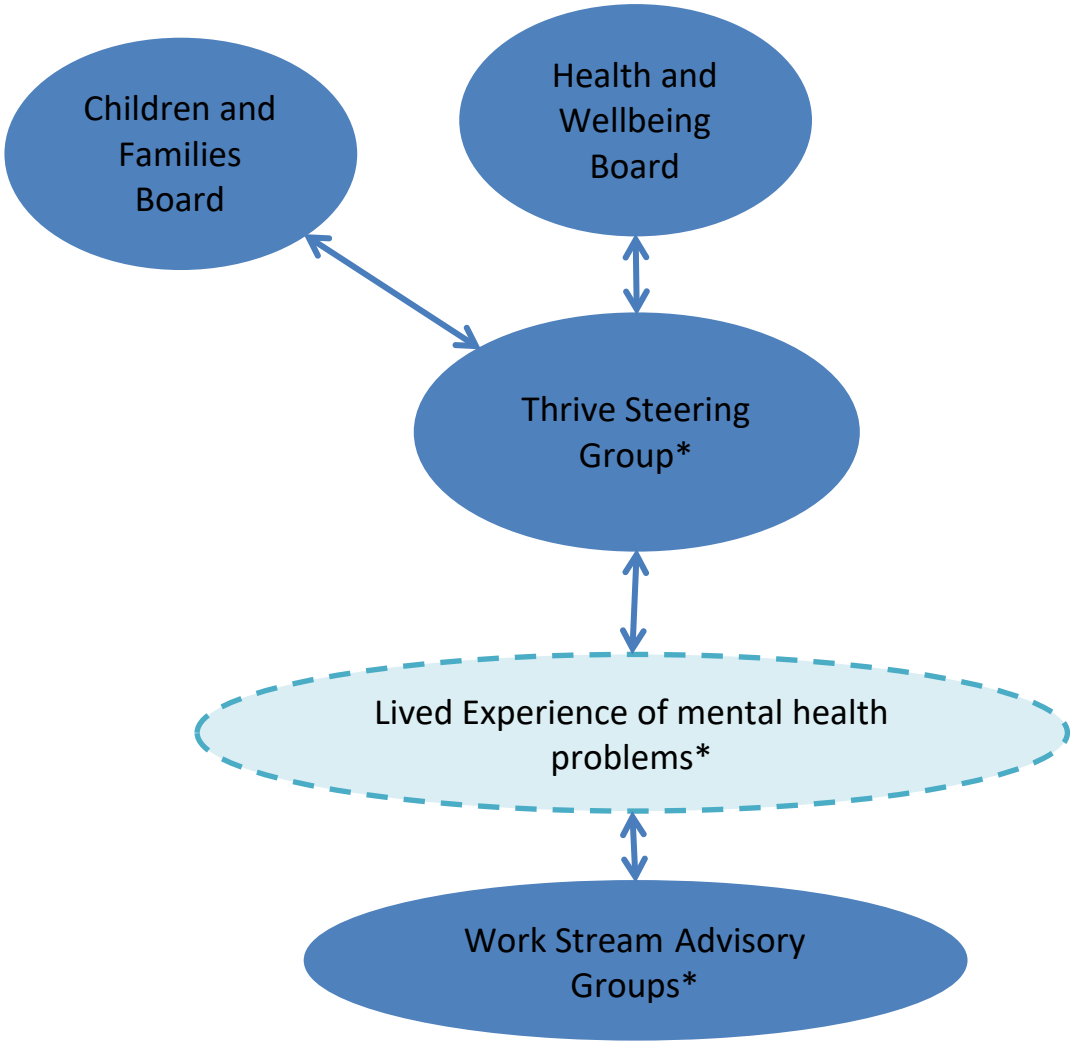
There are 11 work streams. Each one has an advisory group, formed from existing groups and networks meetings and structures, thus embedding the Thrive ambitions into current and developing strategies and action plans.

- **Thriving at Work** - **Improving the mental health and wellbeing of employees in Bristol.** The Thriving at Work launch event took place April 18. Subsequently a Task and Finish group was established and chaired jointly by Burgess Salmon and MIND Bristol. This met several times throughout the summer and a report is being produced sharing examples of best practice for improving mental health in the workplace. This will be shared with the Thrive steering group in early 2019 and then published for sharing with employers across Bristol.
- **Tackling Stigma and Discimination (Time to Change) – To support aims for Bristol to become a city free from mental health stigma and discrimination.** Bristol became a Time to Change (TTC) hub in April 2018. The work plan is reviewed quarterly by the TTC advisory group. A Time to Change Employer Pledge event took place in City Hall in Sept 18 inviting employers across the City to sign the pledge and submit an action plan to improve mental health in the workplace. As a result 5 organisations including BCC, have produced their action plan and plan to sign the pledge.
- **Children and Young People** - **Improving the mental health and wellbeing of children and young people in Bristol.** A report has been produced by the Centre for Mental Health including recommendations, which has been signed off by the Thrive Steering Group and is due to go the Children and Families Board w/c 7 Jan 2019.
- **The communities workstream - To build community capacity and resilience to improve mental health and wellbeing using an asset based approach.** Thrive Hartcliffe has been established and is led by a community working group. A report of their activity has been produced. This report will be reviewed in order to develop plans for community Thrive programmes across the City. This will be led by the Community Development team in collaboration with community partners.

- **Student MH** - **Improving the mental health and wellbeing of students in Bristol**. This work stream is led by UWE in partnership with UoB and further education organisations. A city wide Thrive Bristol HE/FE network has been established and met for the first time in December 2019. In early 2019, there will be a Thrive Bristol HE/FE conference, to bring together the initiatives, insight, and ideas of Higher Education and Further Education providers in Bristol, on the topic of student mental health and wellbeing.
- **Housing - To understand the interdependencies between housing and mental health and develop a city-wide approach to acting upon these.** A homes and health working group has been established and is working to an action plan which includes mental health. A report has been published as a result. A JSNA chapter on Fuel Poverty has been published and the home and health group will take action on the recommendations.
- **MH Literacy – To improve mental health literacy and awareness to help individuals and organisations to be better able to seek and receive help.** North Somerset Council's Public Health team is leading on behalf of BNSSG, to review and map mental health training resources across BNSSG. Workforce MH training is included in the STP MH prevention group work.
- **Debt and MH - To understand the key interdependencies and challenges between debt and mental health and develop a city-wide approach to acting upon these.** A health impact assessment was conducted by PH to consider the health impact of universal credit. The DWP has set up a working group to take forward recommendations.
- **Domestic Abuse - To improve the mental health support received by people affected by domestic abuse.** A Think Tank event took place in summer 2018 which engaged stakeholders from a broad range of organisations including mental health providers and specialist voluntary sector providers. The recommendations from this event had an influence on the new Commissioning of IAPT services and potentially AWP community services, in that training of staff and referral pathways providing support for those who have experienced abuse is written into the tender specification.
- **Smoking - Tackling the physical health inequalities experienced by people affected by severe and enduring mental illness.** The new IAPT service specification has been updated with an increased focus on smoking cessation. This work stream is likely to be incorporated into the BNSSG work to focus on improving outcomes for those with both physical and mental health needs.
- **Arts** - **To improve wellbeing through the medium of art and culture.** Initial meetings with the Arts and Culture team has generated lots of ideas for quick wins including Mental Health training for arts facilitators. Arts & Culture team have funded an arts section on the Wellaware website.

Appendix:

Thrive Bristol governance



*Representation of lived experience of mental health problems will be part of these groups.

Adults, Children & Education Scrutiny Commission

28th January 2019

Report of: Jacqui Jensen

Title: Executive Director: Adults, Children & Education

Ward: City-wide

Officer Presenting Report: Jacqui Jensen

Contact Telephone Number: 0117 357 6390

Recommendation:

To note the Adults, Children and Education Directorate's performance progress report for quarter 2, 2018/19.

The significant issues in the report are:

The most significant performance issues against the corporate plan priorities are set out in appendix A1. The Scrutiny Commission are invited to ask questions of the Executive Director; Adults, Children and Education on progress against these priorities.

1. Summary

The report and appendix are a summary of the main areas of progress towards delivery of the Corporate Plan 2018-19.

2. Context

This report and appendix is designed to standardise a set of Key Performance Indicators and reporting arrangements around the corporate strategy and Bristol City Council's business plan.
In terms of performance in Q2 for the directorate, progress can be summarised as follows:

There are currently 54 KPIs (40 BCPs and 14 DACEs) of which 3 have no target set, 22 are not due data and 1 where data has not been entered. Of the remaining 29 PIs:

- 48.3% (14) are performing on or above target and,
- 51.7% (15) are performing below target.

Additionally:

- 3 of the PIs performing below target are also performing worse than the same period in the previous year.
- Most of those with a direct comparison from 12 months ago have improved. (79%)

Headline findings for quarter 2 progress reporting:

Public Health
The attendances at leisure centre and swimming pools have swelled due to a number of drives to promote Bristol as an active city.
The Healthy Schools Programme for targeted schools is also performing well
The significant restructure of the Public Health Division has meant a number of PIs & outcomes will have been affected this quarter.

Adult Social Care
Most areas are performing well, particularly the reablement rate increasing to 91.8%, a figure not seen since records began in April 2013.
The monthly Delayed Transfers of Care (DToC) figure, whilst above target, is down on the same period last year.

Children & Families Service
Reviews within timescales are below target, but better than the same period last year
The reviews of Pathway Plans are well below target, but again better than the same period last year
The care leavers, aged 17-21 in EET remains below target.

Educational Improvement
The overall employment rate in Bristol remains at a high of 78.2%, the best level for over 8 years
Provisional attainment data shows the KS2 standards improving and this improvement is also seen at KS4, with the Progress 8 score improving significantly.
The downside is that the provisional attainment data for KS4 disadvantaged gap appears to have widened rather than reduced.

The Performance Framework is subject to future development and work is ongoing to align performance, projects and risk.

3. Policy

All BCP PIs contained within Appendix A1 represents the Adults, Children and Education PIs that are included within the Corporate Strategy (2018/23) and demonstrate our progress.

4. Consultation

a) Internal

Performance progress has been presented to the Executive Directorate Meeting prior to the production of this report.

b) External

Not Applicable

5. Public Sector Equality Duties

5a) Before making a decision, section 149 Equality Act 2010 requires that each decision-maker considers the need to promote equality for persons with the following "protected characteristics": age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Each decision-maker must, therefore, have due regard to the need to:

i) Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010.

ii) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to --

- remove or minimise disadvantage suffered by persons who share a relevant protected characteristic;

- take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of people who do not share it (in relation to disabled people, this includes, in particular, steps to take account of disabled persons' disabilities);

- encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

iii) Foster good relations between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to –
- tackle prejudice; and
- promote understanding.

5b) This is a report to consider performance progress against the 2018/23 Corporate Strategy, which has had an Equalities Impact Assessment.

Appendices:

A1 - Adults, Children and Education Performance Progress Report (Q2 2018/19)

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

None

Adults, Children & Education
Scrutiny Commission
28th January 2019

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Title: Executive Director: Adults, Children & Education

Ward: City-wide

Officer Presenting Report: Jacqui Jensen

Contact Telephone Number: 0117 357 6390

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Not Applicable

5. Public Sector Equality Duties

5a) Before making a decision, section 149 Equality Act 2010 requires that each decision-maker considers the need to promote equality for persons with the following "protected characteristics": age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Each decision-maker must, therefore, have due regard to the need to:

i) Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010.

ii) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to --

- remove or minimise disadvantage suffered by persons who share a relevant protected characteristic;

- take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of people who do not share it (in relation to disabled people, this includes, in particular, steps to take account of disabled persons' disabilities);

- encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

iii) Foster good relations between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to –

- tackle prejudice; and
- promote understanding.

5b) This is a report to consider performance progress against the 2018/23 Corporate Strategy, which has had an Equalities Impact Assessment.

Appendices:

A1 - Adults, Children and Education Performance Progress Report (Q2 2018/19)

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

None

Adults, Children and Education EDM - 2nd Quarter Performance Progress Report (1 April '18 - 30 Sep '18) - [Quarterly PIs]

Corp Plan KC ref	PI Code	Title	2017/18 outturn	2018/19 Target	Q1 Progress	Q2 Progress	Comparison over last 12 months	Management Comments
Public Health								
W1	.BCP251	Reduce the rate of alcohol-related hospital admissions per 100,000 population	800	770	775	**801**	n/a	Alcohol related hospital admissions are one source of data which help us to understand the harm being caused by alcohol use within out population. A new data source for quarterly hospital admissions has been identified, which will be more up to date, allowing better monitoring of admission rates. Latest available data is Q1 2018/19. Whilst annual alcohol admission rates have been rising since Q3 2016/17, the rate of increase has been slowing with 2018/19 Q1 having the lowest quarterly number of admissions since March 2017. We are continuing to work in partnership with others to deliver the alcohol strategy. We will be reviewing our alcohol strategy action plan in 2019 to ensure that we have a robust whole system approach to reducing alcohol related harm.
W1	.BCP257a	Prevent increase in life expectancy gap between **men** living in deprived & wealthy areas of Bristol	9.5years	9.5years	n/a	**9.5 years**	=	The gap in life expectancy between men in the most and least disadvantaged deciles of the Bristol population has shown no improvement in the last decade, although the most recent data show a very small, non-significant reduction in the gap. Although life expectancy overall has improved gradually, this is not the case for all and the longstanding inequalities in health within the city persist. This is likely to reflect numerous factors that influence heath and inequalities but particularly the persistent deprivation seen within areas of Bristol. Ambitions around addressing gaps in life expectancy require the tackling of wider determinants of health. This requires cross cutting action across the whole system of health and non health services. This approach will be reflected in the One City Approach .
W1	.BCP257b	Prevent increase in life expectancy gap between **women** living in deprived & wealthy areas of Bristol	7.4years	6.9years	n/a	**7.0 years**	↑	The gap in life expectancy between women in the most and least disadvantaged deciles of the Bristol population has shown no improvement in the last decade, although the most recent data show a very small, non-significant reduction in the gap. Although life expectancy overall has improved gradually, this is not the case for all and the longstanding inequalities in health within the city persist. This is likely to reflect numerous factors that influence heath and inequalities but particularly the persistent deprivation seen within areas of Bristol. Ambitions around addressing gaps in life expectancy require the tackling of wider determinants of health. This requires cross cutting action across the whole system of health and non health services. This approach will be reflected in the One City Approach .
W1	.DACE123	Increase Breastfeeding initiation rate	82.1%	82.2%	74.0%	**78.1%**	n/a	These are the latest data and are from 2016/17. Breastfeeding initiation is measured as a % of all babies who initiate breastfeeding/breast milk feeding within 48 hours of birth. Bristol's initiation rate is above the national average (74%) and the highest of the core cities. After a period of increase from 2008-2013 when initiation rates rose by 8%, rates have been static at around 82%. Since 2013 it has not been possible to access the detail of initiation data required to analyse by electoral ward, age, deprivation quintile and ethnicity.
W1	.DACE126	Engagement in Healthy Schools Programme amongst target schools	n/a	60.0%	75.5%	**77.0%**	n/a	73 / 94 schools are engaged. This is above our target but we will need to ensure we can continue to maintain this level of engagement.
W1	.DACE130	Increase the percentage of opiate clients who successfully complete treatment and who do not re-present within six months	86%	80%	n/a	**73%**	n/a	For the period 1 Sept 2017 to 28 Feb '18 there were 81 successful completions, of which 22 re-presented for treatment within the following 6 months by 28 Feb '18.
W3	.BCP252	Increase the number of 'Bristol Eating Better Awards' issued to food outlets	n/a	250	63	**75**	n/a	12 new awards have been achieved since Q1. These small numbers are due to the restriction on promotion, during the restructure of the Public Health Department. 17% of award winners are from areas with the highest levels of overweight and obesity for children and adults.

Corp Plan KC ref	PI Code	Title	2017/18 outturn	2018/19 Target	Q1 Progress	Q2 Progress	Comparison over last 12 months	Management Comments
W4	.BCP253	Increase the number of attendances at BCC leisure centres and swimming pools	2,618,977	2,659,300	680,464	**1,336,106**	↑	Attendances are up on this time last year by 39,936 which is an increase of 3%. A combination of good programmes, an enhanced GP referral offer and new adapted opportunities such as walking sports, has help leisure operators increase throughput and attendances. The continued social media promotion through Bristol Active City and Bristol Girls Can have also helped to bring many new and free opportunities for people to take part and get involved in sporting activities.
Adult Social Care								
EC3	.BCP276a	Reduce the permanent admissions aged 65+ to residential and nursing care, per 100,000 population	849.4	820	854.4	**860.8**	↑	515 / 59,829 The Better Lives Programme is working on a strength based model to keep people at home; this is resulting in more people receiving home care and less people needing residential care.
EC3	.BCP278	Increase the percentage of older people at home 91 days after discharge from hospital into reablement/rehabilitation *	87.3%	88.0%	87.3%	**91.8%**	↑	This indicator is on target for 18/19 and improved on Q1 17/18. The 49 people who were not at home have not yet been checked by the service. It is usual that some people may be found to be temporarily not at the home address on that particular day eg holiday, however it remains their main place of residence. Further development of reablement and Home First will see more people receiving support in their own homes.
EC3	.BCP280	Increase the % of people who contact Adult Social Care and then receive Tiers 1 & 2 services	n/a	Establish Benchmark	50.6%	**50.9%**	n/a	755 cases resulting in signposting / 1,483 total As part of the Better Lives Programme we are aiming to increase the numbers of people who receive an improved service at Tier 1 and Tier 2 levels and reduce the numbers who receive a service at Tier 3. This will maintain more people in their own homes and in time reduce reliance on residential and nursing care.
EC3	.DACE005a	Increase the percentage of adults receiving direct payments	37.3%	38.0%	37.1%	**38.0%**	↑	970 / 2,552 = 38.00% The level of direct payments take up has remained steady and this is now on target of increasing their use. We are currently reviewing our approach to adults of working age and this will include increasing our efforts to encourage the use of direct payments as an alternative to commissioning traditional care.
EC3	.DACE073	Average change in level of homecare following short-term assessment and reablement episode	5.4 hrs	5.5 hrs	7.0 hrs	**6.9 hrs**	↑	Avg Hours at Start: 7.60 - Avg Hours After: 0.70 change = 6.90 Presently performing well above target. As part of the Better Lives Programme we have expanded the Reablement service meaning that less people need an ongoing home care service.
W1	.BCP279	Improve the monthly Delayed Transfers of Care for BCC (Delayed Days per 100,000 population)	310.9	350	213.5	**309.9**	↓	(August) Totals for this period: 1,132 DToCs / 18+ Population of 365,292 Introduction of HomeFirst and Reablement will mean that more people receive their social work assessment outside of Hospital which will reduce the DToC delay in this code.
Children & Families Services								
EC1	.BCP212	Reduce the number of adolescents (aged 13-17) who need to enter care due to abuse or exploitation	n/a	Establish Benchmark	6	**12**	n/a	34 children aged 13 or over started care between 01/04/2018 and 30/09/2018. Of these, 12 started due to neglect, which is the only data set that capture abuse & exploitation. This number will never be zero but with developments under Strengthening Families has established new teams as of September and we would anticipate seeing the impact of this over the coming quarters.
EC1	.BCP216	Increase the % of looked after children cases which were reviewed within required timescales	88.7%	97.0%	85.3%	**87.5%**	↑	618 children had been CLA for at least 28 days on 30/09/2018. Of these, 541 had all their reviews in the previous 12 months completed on time.
EC1	.BCP217	Increase the % of child protection cases which were reviewed within required timescales	90.0%	95.0%	95.7%	**94.4%**	↑	216 children had a Child Protection plan for at least 13 weeks on 30/09/2018. Of these, 204 had all their reviews in the previous 12 months completed on time. Percentage lower than target due to a CP Conference being held one day later with a number of children. This was due to human error and has been addressed with the Chair and Conference admin.
EC1	.DACE006	Children looked after placed more than 20 miles from their home address	15.3%	15.0%	14.3%	**15.2%**	↑	92 children entered care between 01/04/2018 and 30/09/2018. Of these, 14 were placed 20 miles+ from home on 30/09/2018.
EC1	.DACE007	Percentage of Pathway Plans are reviewed on a six monthly basis or less	64.4%	90.0%	89.3%	**75.7%**	↑	374 Pathway Plan Reviews were due between 01/04/2018 and 30/09/2018. Of these, 283 were completed on time. The performance has dipped in this area and will be a substantive focus in the next performance clinic to further understand the blockers to better performance in this area now caseloads have started to reduce for Personal Advisors.

Corp Plan KC ref	PI Code	Title	2017/18 outturn	2018/19 Target	Q1 Progress	Q2 Progress	Comparison over last 12 months	Management Comments
EC1	.DACE008a	Area social work unit average caseload (Snapshot)	54.8	60	56.3	**63.6**	↓	1,591 cases were allocated to 25 Area teams on 30/09/2018. East/Central caseloads have remained lower than North and South. A plan is in place to close cases during October. Cases have been identified in each area where there are plans for closure and these are monitored on a weekly basis as well as in monthly Performance Clinics. The throughput of cases is also being considered to ensure referrals into the units are monitored along side case closures, For north a rise in referrals has influenced the overall capacity to reduce case caseloads in the October period.
EC1	.DACE008b	Through-care team average caseload (Snapshot)	110	110	109	**100**	↑	900 cases were allocated to 9 Through Care teams on 30/09/2018. (DS)
FI3	.BCP218	Improve the % of 17 - 21 year old care leavers in EET (statutory return - recorded around birthday)*	57.0%	58.0%	57.0%	**57.0%**	↓	This indicator reports 3 months behind and builds throughout the year. In quarter 1, 67 out of 117 (57%) care leavers were recorded as in employment, education or training at the point of their statutory birthday contact..
Educational Improvement								
FI3	.BCP261a	Increase the total number of apprentices employed by Bristol City Council	n/a	100	21	**61**	n/a	The Bristol Apprenticeship Service is gaining momentum and we now have 30 distinct apprenticeship schemes and programmes on offer, with 5 more coming on stream. 102 new starts at levels 2 to 7 are planned to start in Autumn 2018.
FI3	.BCP261b	Increase the % of BCC apprentices starting apprenticeship training from priority groups	18.0%	24.0%	18.0%	**32.4%**	n/a	There has been strong take up of new recruits onto entry level apprenticeship programmes, including BAME and Care Leavers. Stepping Up Programme participants are accessing apprenticeships at levels 3-7
FI3	.BCP263a	Reduce the % of young people of academic age 16 to 17 years who are NEET & destination unknown	8.6%	8.0%	10.8%	**12.3%**	↓	Data provided is an average of the first 2 months of Q2. The data for the final month of the quarter can not be provided in time for the submission cut off due to system issues preventing us from updating our data.
FI3	.BCP267	Improve the overall employment rate of working age population	77.6%	77.0%	78.2%	**78.2%**	↑	This improved position is due to the rise in Bristol's local employment rate (78.2%) – which is the highest rate across all core cities. The development and delivery of targeted employment support services is also impacting – for example in 17/18 BCC ESL supported over 600 people into employment.
FI3	.DACE040	Increase the total number of apprenticeships created and managed by Bristol City Council	355	450	342	**377**	↑	This interim figure will be updated in December 2018 once full sign up and reporting processes have been completed with partner providers for September new starts
W3	.BCP248	Reduce the percentage of school age children eligible for and claiming free school meals	n/a	18.5%	n/a	**17.9%**	n/a	Based on the January 18 Census, there were 10,835 pupils registered as eligible for Free school meals; compared to the January '17 census of 11,151 pupils. This improved position is due to the rise in Bristol's local employment rate (78.2%) - this is highest rate across all core cities.
WC3	.BCP260a	Increase the percentage of government funded CL learners progressing to employment	13.0%	12.0%	7.0%	**11.0%**	↑	Learners progression into paid employment is tracked during the academic year and final year tracking figures are collated during September and October. Q2 results show the majority of learners who have progressed but the final academic year figures are listed in Q3.
WC3	.BCP260b	Increase the percentage of MEN engaged in government funded Community Learning (CL) in Bristol	22.0%	30.0%	22.0%	**24.0%**	↑	2017/18 end of academic year total. This is an increase of 2% on 2016/17 figures. The team continues to work closely with Children's Centres and schools to meet joint priorities and as a result reaches a high proportion of women. We are also working more closely with job centres and have set up a range of courses that help learners develop the digital skills required for universal credit. We have also run courses for the over 50s. The hidden benefit is that we are reaching some very vulnerable learner groups and contribute to many Council priorities, including; learners who are homeless or in temporary accommodations, lone parents, people living with drug and alcohol issues, people experiencing domestic abuse, BAME learners (including Syrian refugees) and disabled learners.
WC3	.BCP266	Increase % of adults with learning difficulties known to social care, who are in paid employment	4.8%	7.2%	7.3%	**7.4%**	↑	47 / 631 There has been an increase in employment outcomes due to the increased development work that is underway in the this area that is helping to raise the profile amongst partners and employers. There have also been improvements in the way this data is being reported.

Adults, Children and Education EDM - 2nd Quarter Performance Progress Report (1 April '18 - 30 Sep '18) - [Annual PIs]

Corp Plan KC ref	PI Code	Title	2017/18 outturn	2018/19 Target	Q1 Progress	Q2 Progress	Comparison over last 12 months	Management Comments
Public Health								
W1	.BCP250	Reduce the percentage of people in Bristol who report below national average Mental Wellbeing (QoL)	18.4%	18.0%	n/a	**Data not due**	n/a	We have held the first Thrive Steering Group meeting chaired by Cllr Asher Craig. This is the city wide approach to improving mental health and wellbeing. The Thrive Steering Group will be reporting to the Health and Wellbeing Board.
W1	.BCP255	Increase % of people living in the most deprived areas who do enough regular exercise each week(QoL)	59.4%	60.0%	n/a	**Data not due**	n/a	Our Sport England funded 'Tackling Inactivity' Project has started its delivery across Hartcliffe, Filwood and Lawrence Hill (the three wards with the highest rate of physical inactivity). In partnership with British Cycling and Access Sport the Council has built two new BMX tracks in Lawrence Weston and Hillfields and work continues on the delivery of a new parks tennis model aimed at increasing participation including sites in Eastville and St George. Further work is being undertaken with Sport England to help secure significant capital and revenue investment for Bristol.
W1	.BCP258a	Prevent a deterioration in healthy life expectancy for men	58.9years	58.9years	n/a	**Data not due**	n/a	A review of the evidence of the causes of the difference in healthy life expectancy between areas has been carried out by Public Health Bristol in Q1 and recommendations are being developed to highlight the appropriate focus of work.
W1	.BCP258b	Prevent a deterioration in healthy life expectancy for women	62.9years	62.9years	n/a	**Data not due**	n/a	A review of the evidence of the causes of the difference in healthy life expectancy between areas has been carried out by Public Health Bristol in Q1 and recommendations are being developed to highlight the appropriate focus of work.
W1	.BCP259	Increase the number of schools achieving a 'good' level of measurement uptake for Year 6	95.7%	95.8%	n/a	**Data not due**	n/a	The latest data is from the previous academic year and good coverage was achieved. The next data will be from the 2017/18 academic year but will be released during the 2018/19 academic year. We are working with our providers to support good coverage again, and have set a target for a slight increase.
W1	.DACE136	Increase the percentage of people who do enough regular exercise each week (QoL)	64.4%	65.0%	n/a	**Data not due**	n/a	Headline QoL data will be available in Jan ' 19
W4	.BCP254	Increase the percentage of adults who play sport at least once a week (QoL)	44.9%	46.0%	n/a	**Data not due**	n/a	Work continues with key national governing bodies for sport including the Football Association, Lawn Tennis Association, Gloucestershire Cricket Board and British Cycling across facility and programme development with the primary aim of increasing participation.
W4	.BCP256	Increase the % of adults in deprived areas who play sport at least once a week (QoL)	32.0%	35.0%	n/a	**Data not due**	n/a	Work continues with key national governing bodies for sport including the Football Association, Lawn Tennis Association, Gloucestershire Cricket Board and British Cycling across facility and programme development with the primary aim of increasing participation.
Adult Social Care								
EC3	.BCP277	Percentage of adult social care service users, who feel that they have control over their daily life	77.0%	82.0%	n/a	**Data not due**	n/a	In Late October '18 NHS Digital published the data, then retracted owing to a issues in the calculations. Consider 77% to be provisional until NHS Digital have re-released the finalised figures.
Educational Improvement								
EC1	.BCP222	Increase the take-up of free early educational entitlement by eligible 2 year olds	69.3%	75.0%	n/a	**Data not due**	n/a	There has been a continuous increase in the take up of this offer from 50% in 2015 (58% national to 68% in 2018 (72% national), and over that period the gap has narrowed between Bristol and national by 4ppts. 100% of these children are in early year's provision that has been judged good or better by Ofsted. Early Years settings report nationally that the extended free early education offer for three and four year olds (30 hours a week for eligible working families) is more cost effective to deliver than the two year old offer, so we are closely monitoring the situation. Children's Centres are promoting the take up of the two year old free entitlement, particularly in communities where families may not consider this as a priority for cultural or other reasons.

Corp Plan KC ref	PI Code	Title	2017/18 outturn	2018/19 Target	Q1 Progress	Q2 Progress	Comparison over last 12 months	Management Comments
EC1	.BCP223	Increase take-up of free early educational entitlement for 3 & 4 year olds in the 30% lowest SOAs	88.2%	91.0%	n/a	**Data not due**	n/a	
EC1	.BCP224	Reduce the gap between children in the 30% lowest SOAs achieving a good level of development at EYF	13.2% pts	13.0% pts	n/a	**Data not due**	n/a	2018 data indicates that the gap has narrowed slightly to 13.1% this year. A focus on continuous quality improvement, particularly in the areas of communication, language and literacy, and targeted support for identified settings is contributing to this gradual improvement.
EC1	.DACE009	Percentage of children achieving a good level of development at Early Years Foundation Stage	67.7%	68.0%	n/a	**Data not due**	n/a	2018 data indicates that 69% of children have achieved a good level of development this year, an increase of 1ppt. Literacy continues to be the area of greatest challenge and if children who achieved the other Early Learning Goals had also achieved the Early Learning Goals for Reading and Writing, the percentage of children achieving a Good Level of Development would have increased to 71.6%. The quality of provision for Literacy is therefore a key priority for 2018/19, particularly Writing. Since 2013 the percentage of children achieving a good level of development has increased by 19% points.
FI2	.BCP230a	KS2 - Increase the % of pupils achieving the expected standard in reading, writing and maths	61.0%	63.0%	n/a	**Data not due**	n/a	PROVISIONAL 2017/18 attainment is 62%. New School Improvement model to academy/Maintained primary & secondary should impact on KS2 outcomes for 18/19. The Strategic School Improvenment Fund (SSIF) project working with 30 vulnerable schools with 18% of KS2 population is targeting the 18/19 Year 6 cohort. SSIF schools showed a 6% improvement in Reading, Writing, Maths for 18/19 vs 2% overall Bristol increase.
FI2	.BCP230b	KS2 - increase the % of disadvantaged pupils, at KS2, achieving the expected standard in RWM	45%	48%	n/a	**Data not due**	n/a	PROVISIONAL 2017/18 attainment is 48%. Bristol Disadvantage gap showed slight decrease 17/18. The Strategic School Improvement Fund (SSIF) project work has particular focus on reducing disadvantage gap and for 17/18 already showed a decreased gap this year. 2 Pupil Premium conferences focusing on the gap have taken place in Term 4 & 5 of this year and will be a continued focus for 18/19.
FI2	.BCP231a	Key Stage 4: Improve the Average Attainment 8 score per pupil	44.0 points	46.0 points	n/a	**Data not due**	n/a	PROVISIONAL 2017/18 attainment is 45.4 points. This will continue to be a challenging target as long as the disparity exists between the highest/lowest performing schools in Bristol. On average the national drop in Attainment 8 last year was 4 points reflected in the Bristol Attainment 8 score. Early predictions for 17/18 look more positive. The Strategic School Improvement Fund (SSIF) focus on Year 11 outcomes for 18/19 should also reap dividends.
FI2	.BCP231d	Key Stage 4: Attainment 8 - Reduce the Points gap between the Disadvantaged and Non-Disadvantaged	15.9 points	15.0 points	n/a	**Data not due**	n/a	PROVISIONAL 2017/18 attainment is 16.3 points. Reducing the Disadvantage gap continues to be a focus throughout 18/19. A forum of 24 schools in the North West of Bristol (NW24), BCC and the Strategic School Improvement Fund project are collaborating with a National Expert on 'The Pupil Premium Gap' and a more aligned approach through the Teaching School offer should offer appropriate support and challenge to schools in improving outcomes for Pupil Premium pupils.
FI2	.BCP245	Improve the level of Bristol Schools' pupil attendance	94.7%	95.5%	n/a	**Data not due**	n/a	Terms 1-4 (17/18) Primary 95.5% Terms 1-4 (17/18) Secondary 93.9% Terms 1-4 (17/18) Special 86.9% Combined for Terms 1-4 is **94.8%** (however, there are no comparable figures for previous years)
FI2	.DACE014	Reduce the %ppt gap between SEN/non-SEN pupils achieving the expected standard in R,W&M (KS2)	54.0% pts	50.0% pts	n/a	**Data not due**	n/a	
FI2	.DACE031p	Key Stage 4: Progress 8 score	-0.22	-0.18	n/a	**Data not due**	n/a	PROVISIONAL 2017/18 attainment is -0.09. Progress 8 scores declined nationally last year due to the introduction of more challenging, linear KS4 examination programmes. Bristol's Progress 8 range widened in 16/17 from -0.91 at the lowest (Henbury School) to +0.39 at the highest (Colston Girls' School) which is a gap of 1.3. The disparity between the highest and lowest Progress 8 schools across Bristol schools was 1.23. For 18/19 the 9 secondary schools that are below the Bristol average are targeted in the SSIF project and therefore in receipt of additional resources/challenge.

Corp Plan KC ref	PI Code	Title	2017/18 outturn	2018/19 Target	Q1 Progress	Q2 Progress	Comparison over last 12 months	Management Comments
W3	.BCP225	Increase the percentage of Bristol schools with Breakfast Clubs	n/a	Establish Benchmark	n/a	**Data not due**	n/a	The majority of Primary Schools currently offer a Breakfast Club, but many have been set up to support the children of working families. A targeted programme is being piloted, in partnership with FareShare, to incentivise schools to offer a healthy breakfast to children most in need. 12 schools have taken up the offer to date and are able to access a broad range of food from FareShare at low or no cost, as part of the Feeding Bristol Initiative.
WC3	.BCP265	Increase the number of adults, aged 19+, who receive job related information, advice and support	6,225	4,000	n/a	**Data not due**	n/a	The Employment Support Team has secured additional external funding to expand job related information, advice and support services delivered through collaborative activities such job fairs, work zones and Future Bright career development coaching.

Progress Key

Well Above Target
Above Target
On Target
Below Target
Well Below Target

Improvement Key

↑	Direction of travel **IMPROVED** compared to same period in the previous year
=	**SAME** as previous same period in the previous year
↓	Direction of travel **WORSENED** compared to same period in the previous year

Corporate Strategy - Key Commitments

Empowering & Caring	
EC1	Give our children the best start in life by protecting and developing children's centre services, being great corporate parents and protecting children from exploitation or harm.
EC2	Reduce the overall level of homelessness and rough sleeping, with no-one needing to spend a 'second night out'.
EC3	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.
EC4	Prioritise community development and enable people to support their community.
Fair & Inclusive	
FI1	Make sure that 2,000 new homes (800 affordable) are built in Bristol each year by 2020.
FI2	Improve educational outcomes and reduce educational inequality, whilst ensuring there are enough school places to meet demand and with a transparent admissions process.
FI3	Develop a diverse economy that offers opportunity to all and makes quality work experience and apprenticeships available to every young person.
FI4	Help develop balanced communities which are inclusive and avoid negative impacts from gentrification.
Wellbeing	
W1	Embed health in all our policies to improve physical and mental health and wellbeing, reducing inequalities and the demand for acute services.
W2	Keep Bristol on course to be run entirely on clean energy by 2050 whilst improving our environment to ensure people enjoy cleaner air, cleaner streets and access to parks and green spaces.
W3	Tackle food and fuel poverty.
W4	Keep Bristol a leading cultural city, helping make culture, sport and play accessible to all.
Well-Connected	
WC1	Improve physical and geographical connectivity; tackling congestion and progressing towards a mass transit system.
WC2	Make progress towards being the UK's best digitally connected city.
WC3	Reduce social and economic isolation and help connect people to people, people to jobs and people to opportunity.
WC4	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.
Workplace Organisational Priorities	
WOP1	Redesign the council to work effectively as a smaller organisation.
WOP2	Equip our colleagues to be as productive and efficient as possible.
WOP3	Make sure we have an inclusive, high-performing, healthy and motivated workforce.
WOP4	Be responsible financial managers and explore new commercial ideas.

Adults, Children and Education Scrutiny Commission

28th January 2019

Report of: Ann James, Children and Families Services

Title: Ofsted Improvement Plan – Information only update

Ward:

Officer Presenting Report: Terry Dafter, Director: Adult Social Care

Contact Telephone Number: 0117 35 37951

Recommendation:
Improvement plan developed
Must be submitted to Ofsted by end January 2019
It incorporates Strengthening Families Transformation Plan, considered by Scrutiny in October 2018, was endorsed by inspectors and our ambition continues to be whole system transformation to ensure the delivery of strengths based, trauma informed support for children and families from the earliest point need is identified)

Our plan is ambitious and SMART – it is aimed at achieving Good or better performance within 12 months. It is written to deliver on the following themes:
A system that supports – ensuring that service configuration and business information enables managers to deliver consistently excellent outcomes
Every contact counts – ensuring excellent practice and skilled practitioners make a difference for every child and family with whom we work
From process to practice – actions focussed on performance that drives improved outcomes and gives all children the best start in life
Ambitious for those in and leaving our care – actions aimed at ensuring children in our care have every opportunity to achieve their potential and are set up for life as they move into adulthood

Ofsted Inspection of Local Authority Children's Services (ILACS) Full Inspection in Bristol: September 2018

Update for Adults, Children, Education and Public Health Scrutiny Commission January 2019

Ofsted Inspection of Local Authority Children's Services (ILACS) Full Inspection in Bristol: September 2018

- The impact of leaders on social work practice: **Good**
- The experiences and progress of children who need help and protection: **Requires Improvement to be Good**
- The experiences and progress of children in care and care leavers: **Requires Improvement to be Good**
- **Overall effectiveness: Requires Improvement to be Good**

- **The full report may be found here: https://files.api.ofsted.gov.uk/v1/file/50033714**

An intense three weeks of inspection activity found that:

'Since the single inspection framework (SIF) inspection in 2014 and the Joint Targeted Area Inspection (JTAI) in 2017, services have improved substantially for care leavers, children in care and children in need of help and protection.'

'…strategic partnerships that are well developed and increasingly effective…

…outward looking and innovative…

…considerable progress in developing an environment in which good social work can flourish…

...[Children] at risk of immediate harm receive timely support and appropriate interventions. The vast majority of children in long-term foster care live in stable homes and make good progress. The local authority is in touch with virtually all of its care leavers, most of whom receive a good level of support. Services for disabled children, which were previously an area of weakness, are now a strength.'

However…

'outcomes for children and young people at every stage of their contact with children's services are not yet uniformly good'

What needs to improve

- The quality of strategy discussions, reviews and child in need meetings, including records of decision-making.
- The quality of analysis in assessments and plans so that they are explicit about the desired outcomes and the timescales for completion.
- The quality of case recording, including recording of management decision-making.
- The effectiveness of arrangements to secure a sufficiency of placements.
- The educational progress and achievement of children in care.
- The take-up of return home interviews for children who go missing from home.

Improvement plan

- Improvement plan developed
  - Must be submitted to Ofsted by end January 2019
  - It incorporates Strengthening Families Transformation Plan, considered by Scrutiny in October 2018, was endorsed by inspectors and our ambition continues to be whole system transformation to ensure the delivery of strengths based, trauma informed support for children and families from the earliest point need is identified)

- Our plan is ambitious and SMART – it is aimed at achieving Good or better performance within 12 months. It is written to deliver on the following themes:
  - **A system that supports** – ensuring that service configuration and business information enables managers to deliver consistently excellent outcomes
  - **Every contact counts** – ensuring excellent practice and skilled practitioners make a difference for every child and family with whom we work
  - **From process to practice** – actions focussed on performance that drives improved outcomes and gives all children the best start in life
  - **Ambitious for those in and leaving our care** – actions aimed at ensuring children in our care have every opportunity to achieve their potential and are set up for life as they move into adulthood

Adults, Children and Education Scrutiny Commission

28 January 2019

Report of: NHS Bristol, North Somerset and South Gloucestershire CCG

Title: Adult community health services procurement

Ward: All

Officer Presenting Report: Dr Kate Rush, CCG Associate Medical Director

Contact Telephone Number: 07872581780

Recommendation:
This report summarises NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group's (CCG) plans to procure community health services. The Commission is asked to note this information.

The significant issues in the report are:
The CCG's contracts for adult community health services come to an end in 2020 and 2021. The CCG is taking the opportunity, as part of business as usual, to procure consistent services across the geography. A development phase is underway, with workshops and an online survey being run to involve people in helping to develop plans. It is likely that the procurement will occur in the first half of 2019, with the service going live from 1 April 2020. Children's community health services are not included in the procurement.

Representatives from all three local authorities have been invited to sit on the procurement Programme Board to help plan and assure the robustness of the processes followed.

1. Summary

NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (CCG) has contracts with three separate community interest companies for adult community health services, one in each of Bristol, North Somerset and South Gloucestershire. Two of the contracts come to an end in March 2020 and one in March 2021. Two cannot be extended. The CCG needs to ensure that community health services are available when current contracts end as part of business as usual. The process of advertising for an organisation to provide services, evaluating bids from organisations and deciding on a provider is known as 'procurement'.

This paper provides an overview of the scope and process the CCG is using to procure adult community health services for information only.

The procurement is being undertaken to ensure core services are available so people receive the same or enhanced care as currently. At this stage, no 'significant variations' to services are planned that may require public consultation. However, if any substantial changes are considered, the CCG will work with overview and scrutiny partners to develop and assure a formal public consultation process. The CCG wishes to emphasise that the procurement is about replacing service delivery contracts that are coming to an end.

2. Context

Input from local people

2.1. Adult community health services are available for the almost one million adults across Bristol, North Somerset and South Gloucestershire CCG. They include services offered in people's homes or local communities such as community nursing, speech and language therapy, physiotherapy, specialist diabetes support and many more. They do not include primary care such as general practices or dentists.

2.2. The CCG has worked with local authorities, GPs and other frontline staff, provider organisations, the voluntary sector, mental health services, patients and carers, hospitals and others to develop a model for care outside hospital and service specifications to support this.

2.3. Between September and November 2018, the following activities took place to gain feedback from the public, patients and carers to help develop community services:

- surveys, both online and physical, completed by 196 people
- over three hours of filming with patients
- four specification development workshops
- one engagement planning workshop
- one carer's workshop
- review of existing data held by the CCG about patient opinions

2.4. The main things that those providing feedback said should be prioritised when developing and delivering adult community services were as follows.

2.4.1. Independence

- Patients wanted to be listened to by the workforce, including when a carer is present.
- Patients wanted to have a choice regarding the frequency and intensity of follow-up / aftercare
- Patients and carers said it was important to enable self-care.
- Stakeholders said it was important that patients felt empowered after experiencing community health services.

2.4.2. Consistency

- Stakeholders said that services should provide consistent quality across Bristol, North Somerset and South Gloucestershire.
- A system where a service is offered in one locality but not another was thought to be unfair.
- If a service does not exist in their own locality, patients and carers wanted to be able to access that service in a different locality if it exists.

2.4.3. Integration

- Having services which are integrated and 'working together' was a key priority.
- Stakeholders were positive about the idea of a physical 'locality hub', believing that referrals would be smoother if services co-locate
- Clinicians and patients said that the referral process needs to smooth and signposting should be offered to ensure joined up working.
- Those from the voluntary sector sought greater integration between Third Sector organisations, community services and primary care

2.4.4. Access

- People said that patients should be able to access services within a week even if their issue was not urgent.
- Stakeholders said that it is important for patients and carers to know which services exist nearby. 'Making health services visible' was seen as a key priority.
- Patients and carers said services should be located in an area which is relatively easy to access, for instance near public transport.
- There was mixed opinion about online access. Some people were positive about being able to book appointments online, have access to their own medical records and 'virtual appointments', but as a supplement to other approaches.
- Stakeholders said that people should not need to have a medical condition to access a locality hub, as the focus should be on prevention and proactive care.

2.4.5. Continuity

- It was felt that patients should have continuity of care, preferably from the same worker each time.
- It was felt that patients should have a care plan which contains clear, agreed outcomes and goals

2.4.6. Clear communication

- Stakeholders said that community health professionals should communicate effectively with each other and with other services.
- People felt strongly that patients should be asked what they want.
- People said that patients and carers should be asked how they prefer to be communicated with.
- It was stated that any changes to care plans should be discussed and communicated to patients.
- People noted that communication can break down when patients transfer between different parts of the care pathway so steps should be in place to address this.
- Patients and carers said they do not want to repeat themselves when they visit different services.
- It is appreciated when the workforce shows empathy, compassion and clear communication.

2.4.7. Meeting the needs of local people

- People said that the CCG should work with organisations that 'show they know what local people need'.
- Although there was a desire to take into account the needs of specific communities, consistent access to services across each locality was also important.

2.4.8. Signposting

- People said that better community outreach may be necessary to reach 'seldom heard' individuals and communities.
- Clinicians, patients and carers said that GPs should work with the Third Sector and know about organisations they can signpost people to.
- It was suggested that an up to date list of services should be created which people could be referred to.
- It was felt that appropriate signposting would empower patients and improve self-care.

2.4.9. Supporting relatives and carers

- There were repeated comments that it was important to support carers and relatives.
- Carers said they need support to access services themselves and feel able to leave the person they care for safely whilst they do so.
- It was reported that community enablement teams help carers and relatives live well.
- People said that supporting families should be considered within a patient's long-term care plan.
- Carers said they would like the opportunity to feed back about services to help improve them.

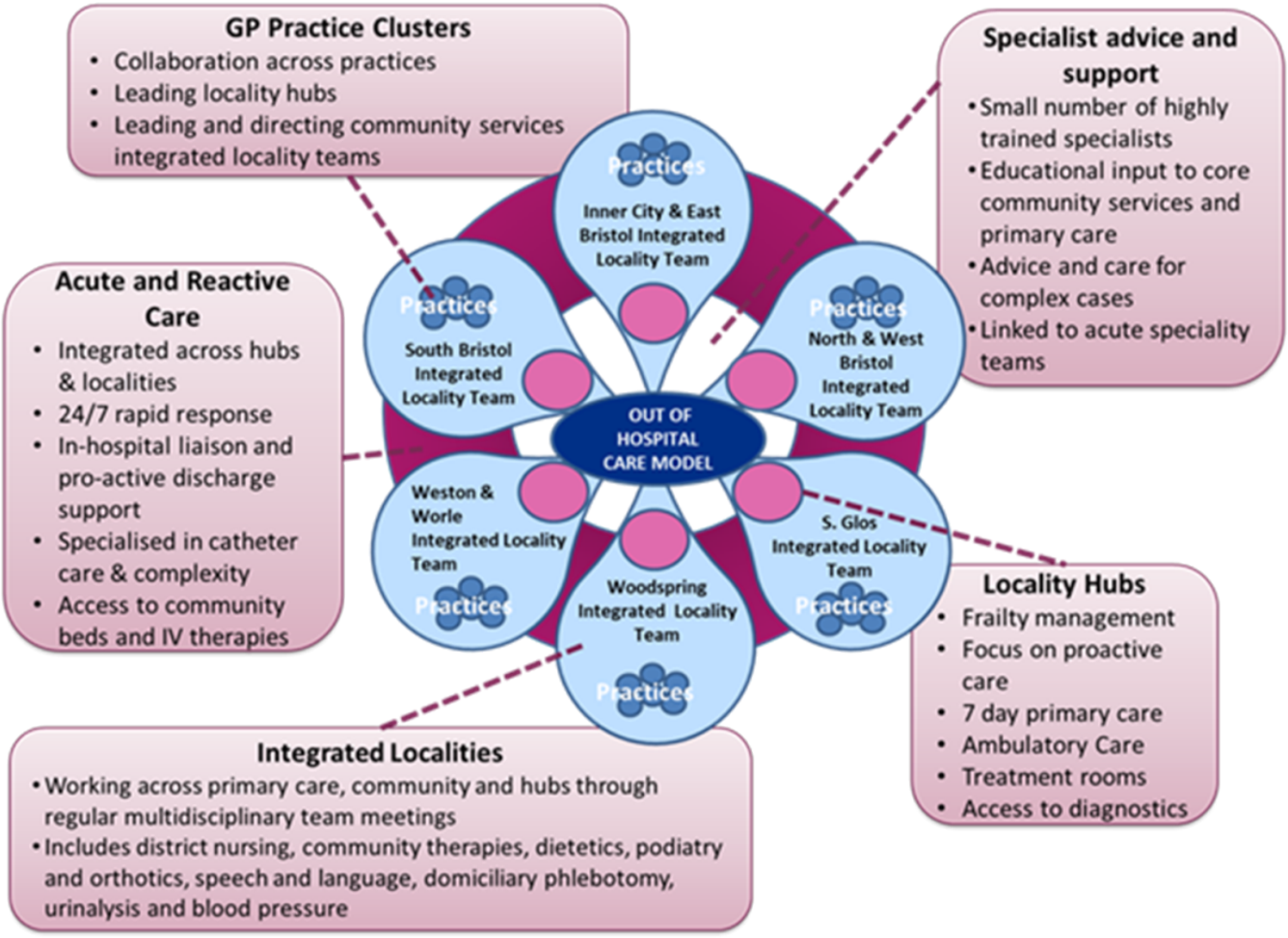
2.5. A 'you said, we did' document and summaries of workshops have been prepared so stakeholders can see what people said and how their feedback was used to shape the services that will be available in future.

2.6. Overarching vision for adult community health services

2.6.1. All of the feedback from local feedback was combined with that from clinicians and other stakeholders to develop and refine specifications to be procured. Specifications are the formal requirements that the CCG is asking a community services provider to fulfil.

2.6.2. Figure 1 sets out the model of care for community health services that the CCG intends to procure. The vision is that community health services should be seamlessly integrated with primary care, providing care based on need and managing complexity and risk tailored to the person. An overarching principle is to enable people to support themselves as much as possible through a 'home first' approach. The home first principle aims to keep people living and supported in the community.

Figure 1: Adult community services model of care



2.6.3. The model outlined in Figure 1 groups services according to the level of need and complexity of people they support, all designed to help people to stay in the community. The service groupings are:

2.6.3.1. **Integrated locality teams** focusing on relationships with primary care to support people who have relatively stable needs to manage and reduce the risk of acute worsening of their condition. This incorporates multidisciplinary team meetings with the community services, primary care, social care and mental health to identify patients who need proactive support to maintain their health and wellbeing. Access to adult community services will be through a single point of access located within the integrated locality teams that will respond in a timely manner to patient needs and develop a consistent care plan agreed with the patient

and named contact for the person being referred, keeping patients central to decisions about their care.

2.6.3.2. **Acute and reactive care teams** work across localities and hubs to manage patients who have acutely worsening conditions and are at risk of a hospital admission/attendance. These teams will provide a timely response to prevent admission, including rapid response. The teams will have links to secondary care and community beds to help patients remain in a community setting and enable prompter discharge from hospital. An integrated care bureau and a falls service sit within this specification to enable the home first principle of working.

2.6.3.3. **Specialist advice and support** has clinical staff knowledgeable about specific conditions such as diabetes and heart failure. There is an expectation that community services will strengthen links between secondary care specialist knowledge and primary care support and ensure patients, carers and professionals within the community are empowered and educated to better understand and manage the specialist clinical condition. This should support the adult community services staff to increase their generalist skills so patients with multiple health care needs do not have to see too many people, enabling continuity and more holistic care.

2.6.3.4. **Locality hubs** are a range of service models that are provided through physical building(s) and/or virtual connections of professionals within a locality that give people and professionals across a larger area access to multiple services with a focus on proactive care. We expect the community service will work with other partners across health and social care and the third sector to have services available to our population in a setting that brings organisations together in the same place to meet population need and focus on proactive care and a holistic approach to improve health and wellbeing.

2.7. Procurement approach

2.7.1. The CCG needs to ensure that the process used to award the contract for adult community health services is fair, transparent and proportionate. The Public Contracts Regulations 2015 require that a competitive procurement process is followed for contracts of this scale unless there is good evidence against this. The CCG has significant flexibility to procure healthcare services under 'light touch' public procurement rules, as long as a fair and transparent process is followed. The CCG has decided to use of a bespoke process akin to a competitive procedure with negotiation.

2.7.2. At this stage it is planned that the procurement will launch in early 2019 and have two rounds of negotiation meetings and proposals to secure the most advantageous bid. The broad milestones are:

- January-March 2019: Release for Request for Proposals and Round 1 negotiation meetings and proposals submitted
- April-June 2019: Release of updated Request for Proposals if desired and Round 2 negotiation meetings and proposals submitted by shortlisted bidders

- July-September 2019: Due diligence, Governing Body review and NHS England assurance prior to contract award

2.7.3. It is expected that the CCG will offer a contract of 7-10 years and that the indicative contract value may be about £1.02m per annum.

2.7.4. The CCG has set up a Procurement Programme Board to oversee the procurement process and content. The Board is chaired by the Chief Executive and the Deputy Chair is the Director of Commissioning, who is the Senior Responsible Officer for the procurement. Other board members include the Director of Transformation, the Director of Finance, clinical leads (GPs), CCG managers and members of local authorities and other partners. A patient and carer representative is part of the Board.

2.7.5. Partner organisations have been invited to sign a Memorandum of Understanding to agree to be 'neutral partners', meaning that they will not bid for the contract or support one bidding entity over another. These neutral partners include the local authorities. Each local authority is part of the Programme Board and will help to evaluate some parts of the bids.

2.7.6. A Prior Information Notice was issued on 10 September 2018, calling for organisations to express an interest in learning more about the procurement by 10 October 2018. A Market Engagement Event was held on 15 October 2018 and another on 16 October 2018. These events were each attended by over 20 people. They aimed to inform interested organisations about the scope of the procurement and likely timescales.

2.7.7. An article about the procurement was published in the Health Services Journal (HSJ): (https://www.hsj.co.uk/finance-and-efficiency/ccg-to-tender-billion-pound-community-services-contract/7023370.article).

2.7.8. A Public Reference Group has been set up to support the procurement. This group is made up of patients and carers. It has provided advice about the process and how to engage with patients, the public and carers. It is planned that this group will have an ongoing role in supporting the procurement process, including meeting with potential bidders.

3. Policy

Not applicable

3. Consultation

The procurement is being undertaken to ensure core services are available so people receive the same or enhanced care as currently. At this stage, no 'significant variations' to services are planned that may require public consultation. However, if any substantial changes are considered, the CCG will work with overview and scrutiny partners to develop and assure a formal public consultation process. The CCG wishes to emphasise that the procurement is about replacing service delivery contracts that are coming to an end.

a) Internal

Not applicable

b)External

Not applicable

5. Public Sector Equality Duties

Once the scope of the services to be commissioned is more developed, the CCG will undertake an equality impact assessment.

Appendices:

None

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985

Background Papers:

None