

Cabinet Agenda



Date: Tuesday, 13 April 2021

Time: 4.00 pm

Venue: Zoom Committee Meeting with Public Access
via YouTube

Distribution:

Councillors: Mayor Marvin Rees, Nicola Beech, Craig Cheney, Asher Craig, Kye Dudd, Helen Godwin, Helen Holland, Anna Keen, Steve Pearce and Afzal Shah

Issued by: Corrina Haskins, Democratic Services

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Date: Thursday, 1 April 2021



Agenda

PART A - Standard items of business:

1. Welcome

2. Public Forum

Up to one hour is allowed for this item.

(Pages 5 - 7)

Any member of the public or Councillor may participate in Public Forum.

Petitions, statements, and questions received by the deadlines below will be taken at the start of the agenda item to which they relate to.

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

- Members of the public and members of the council, provided they give notice in writing or by e-mail (and include their name, address, and 'details of the wording of the petition, and, in the case of a statement, a copy of the submission) by no later than 12 noon on the working day before the meeting, may present a petition or submit a statement to the Cabinet.
- One statement per member of the public and one statement per member of council shall be admissible.
- A maximum of one minute shall be allowed to present each petition and statement.
- The deadline for receipt of petitions and statements for the **13 April** Cabinet is **12 noon on Monday 12 April**. These should be sent by e-mail to: democratic.services@bristol.gov.uk

Questions (must be about matters on the agenda):

- A question may be asked by a member of the public or a member of Council, provided they give notice in writing or by e-mail (and include their name and address) no later than 3 clear working days before the day of the meeting.
- Questions must identify the member of the Cabinet to whom they are put.
- A maximum of 2 written questions per person can be asked. At the meeting, a maximum of 2 supplementary questions may be asked. A supplementary question must arise directly out of the original question or reply.
- Replies to questions will be given verbally at the meeting. If a reply cannot be given at the meeting (including due to lack of time) or if written confirmation of the verbal reply is requested by the questioner, a written reply will be provided within 10 working days of the meeting.



- The deadline for receipt of questions for the 13 April Cabinet is **5.00 pm on Wednesday 7 April**. These should be sent by e-mail to: democratic.services@bristol.gov.uk

DEADLINE TO REGISTER TO SPEAK

If you wish to attend the virtual meeting to speak to your statement/ask your question, you must register by 4pm on Friday 9 April by e-mail to: democratic.services@bristol.gov.uk

3. Apologies for Absence

4. Declarations of Interest

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

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

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

(subject to a maximum of three items)

6. Reports from scrutiny commission

7. Chair's Business

To note any announcements from the Chair

PART B - Key Decisions

8. Extending current Adult Social Care Framework agreement for Care Homes

(Pages 8 - 16)

9. Finance Exception Report

(Pages 17 - 56)



10. Procurement Support for Display Suppliers

(Pages 57 - 77)

11. Microsoft Azure Licensing Agreement Contract

To Follow

PART C - Non-Key Decisions

12. Local Covid Outbreak Management Plan (March 2021 refresh)

(Pages 78 - 154)

13. Quarterly Performance Progress Report (Q3 - 2020/21)

(Pages 155 - 175)



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 <https://www.bristol.gov.uk/council-meetings>

Covid-19: changes to how we hold public meetings

Following changes to government rules, we will use video conferencing to hold all public meetings, including Cabinet, Full Council, regulatory meetings (where planning and licensing decisions are made) and scrutiny.

Councillors will take decisions remotely and the meetings will be broadcast live on YouTube.

Members of the public who wish to present their public forum in person during the video conference must register their interest by giving at least two clear working days' notice to Democratic Services of the request. To take part in the meeting, you will be required to register for a Zoom account, so that Democratic Services is able to match your named Zoom account to your public forum submission, and send you the password protected link and the instructions required to join the Zoom meeting to make your statement or ask your supplementary question(s).

As part of our security arrangements, please note that we will not permit access to the meeting if your Zoom credentials do not match your public forum submission credentials. This is in the interests of helping to ensure a safe meeting environment for all attending or observing proceedings via a live broadcast.

Please note: Members of the public will only be invited into the meeting for the duration of their submission and then be removed to permit the next public forum participant to speak.

Changes to 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 Members and will be published on the Council's website before the meeting. Please send it to democratic.services@bristol.gov.uk. 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 **5pm three clear working days before the meeting**.
- Any statement submitted should be no longer than one side of A4 paper. For copyright reasons, we are unable to reproduce or publish newspaper or magazine articles that may be attached to statements.
- **Your intention to attend the meeting must be received no later than two clear working days in advance. The meeting agenda will clearly state the relevant public forum deadlines.**

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, published on the website and within the minutes. Your statement or question will also be made available to the public via publication on the Council's website and may be provided upon request in response to Freedom of Information Act requests in the future.

We will try to remove personal and identifiable information. 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. Other committee papers may be placed on the council's website and information within them may be searchable on the internet.

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.
- Public Forum will be circulated to the Committee members prior to the meeting and published on the website.
- If you have arranged with Democratic Services to attend the meeting to present your statement or ask a question(s), you should log into Zoom and use the meeting link provided which will admit you to the waiting room.
- The Chair will call each submission in turn and you will be invited into the meeting. 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. **This may be as short as one minute, and you may need to be muted if you exceed your allotted time.**
- If there are a large number of submissions on one matter, a representative may be requested to speak on the group's behalf.
- If you do not attend the meeting at which your public forum submission is being taken your statement will be noted by Members.

For further information about procedure rules please refer to our Constitution <https://www.bristol.gov.uk/how-council-decisions-are-made/constitution>

The privacy notice for Democratic Services can be viewed at www.bristol.gov.uk/about-our-website/privacy-and-processing-notice-for-resource-services

Webcasting/ Recording of meetings

Members of the public attending meetings or taking part in Public forum are advised that all virtual public meetings including Full Council and Cabinet meetings are now broadcast live via the council's [webcasting pages](#). The whole of the meeting will be broadcast (except where there are confidential or exempt items).

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.





Decision Pathway – Report

PURPOSE: Key decision

MEETING: Cabinet

DATE: 13 April 2021

TITLE	Extending current Adult Social Care Framework agreement for Care Homes		
Ward(s)	All		
Author:	Helen Pitches	Job title:	Strategic Commissioning Manager
Cabinet lead:	Councillor Helen Holland	Executive Director lead:	Hugh Evans
Proposal origin: BCC Staff			
Decision maker: Mayor			
Decision forum: Cabinet			
Purpose of Report:			
Approve and authorise the extension of the Adult Social Care - Care Home framework in line with the extensions available in the contract.			
Evidence Base:			
<ol style="list-style-type: none"> 1. In 2015, the Health and Wellbeing Board authorised the procurement of a Care Home Framework for Adult Social Care for 5 years. 2. Following an open and transparent process the framework was procured for five years to 31st March 2021, with the option to extend the contract in one-year increments for a further three years. 3. The annual value of the Care Home Framework is estimated at £83.4M (gross cost before service user contributions) 4. Adult Social Care resource has been necessarily diverted during the COVID-19 pandemic to respond to urgent emerging issues and support the social care market to maintain services. This has meant we have not undertaken the necessary activity alongside procurement colleagues to develop a new framework contract. 5. We now seek approval to utilise the extensions provided for in the contract pending the reprocurement of a new framework. A further report will be brought to cabinet to seek approval for a new framework. 6. We intend to use this extension period work with colleagues and partners e.g. Bristol, North Somerset, South Gloucestershire Clinical Commissioning Group to review the framework and to design a procurement process to establish a new framework for purchasing adult social care residential and nursing placements. 			
Cabinet Member / Officer Recommendations:			
That Cabinet:			
<ol style="list-style-type: none"> 1. Approves the extension of the Adult Social Care Framework agreement in one year increments from 1st April 2021 for up to three years at a cost of up to £83.4m per annum. 2. Authorises the Executive Director of People in consultation with the Cabinet Member Adult Social Care to take all steps required to extend the agreement in one year increments for up to 3 years in-line with the extension provisions in the contract and the maximum budget envelopes outlined in this report. 			
Corporate Strategy alignment:			
<ol style="list-style-type: none"> 1. This proposal aligns with the ‘Empowering and Caring’ strategic aims in the corporate strategy. Working with partners to empower communities and individuals, increase independence and support those who need it. Some adults will always need higher level of support from council services and we need to ensure that vulnerable people in the city are supported. 			

City Benefits: 1. This proposal enables BCC to continue to purchase care home places for older people and adults with long term conditions who have eligible care needs in line with agreed rates with providers.
Consultation Details: 1. N/A
Background Documents: Care home framework

Revenue Cost	£83.4 m(gross cost before service user contributions)	Source of Revenue Funding	Adult Social Care operational team budgets
Capital Cost	£	Source of Capital Funding	<i>e.g. grant/ prudential borrowing etc.</i>
One off cost <input type="checkbox"/>	Ongoing cost <input checked="" type="checkbox"/>	Saving Proposal <input type="checkbox"/>	Income generation proposal <input type="checkbox"/>

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

1. Finance Advice: This report seeks to extend the Adult Social Care Home Framework for up to 3 years at a gross cost of £83.4m.

The net budget for residential and nursing care home provision in 2020/21 is £63.4m with a forecast net spend of £67.4m after taking into account service user contributions of c£16m. This represents a forecast overspend of £4m. The Adult Social Care (ASC) Local Government Association, Use of Resources Assessment suggests that Bristol is a high spender in this area in comparison to other council's and places more people in care homes.

Adult Social Care is embarking on a Transformation Programme which is seeking to both improve outcomes for people receiving care, so that more people are able to live independently at home but also seeks to ensure that in terms of commissioned costs, it demonstrates best value and delivers on its 2021/22 savings targets. ASC has to deliver a total of £5.85m of savings in 2020/21 of which £2m relates to commissioning savings and £1.35m to a strengths based approach, with the balance being in relation to debt and tactical operational savings.

The extension of the current framework allows care to continue to be purchased alongside the development of these transformation business cases for change. If this framework is not extended then there is a risk that care costs could potential increase, as off framework care costs may be higher than current rates.

Finance Business Partner: Denise Hunt, 5th March 2021

2. Legal Advice: The proposed extension of the Adult Social Care Framework Agreements is in accordance with the terms of the current contract.

Legal Team Leader: Husinara Jones, Team Leader/Solicitor, 2nd March 2021

3. Implications on IT: No anticipated impact on IT services

IT Team Leader: Simon Oliver, 2nd March 2021

4. HR Advice: The report is seeking authorisation to extend a contract within the Adult framework this presents no significant HR implications for Bristol City council employees.

HR Partner: Lorna Laing, 8th March 2021

EDM Sign-off	Hugh Evans	3/03/21
Cabinet Member sign-off	Councillor Helen Holland	08/03/21
For Key Decisions - Mayor's Office sign-off	Mayor's Office	15/03/21

Appendix A – Further essential background / detail on the proposal	NO
Appendix B – Details of consultation carried out - internal and external	NO
Appendix C – Summary of any engagement with scrutiny	NO
Appendix D – Risk assessment	NO
Appendix E – Equalities screening / impact assessment of proposal	YES
Appendix F – Eco-impact screening/ impact assessment of proposal This proposal is for the extension of an existing framework and as such there are no associated environmental impacts, due to this an Eco impact assessment is not needed in this case. To note an Eco IA will be needed when the decision goes to cabinet to create a new framework for procurement and comment from the environmental performance team will be required here to ensure the new framework aligns with the councils climate goals and reduces environmental impact where possible.	NO
Appendix G – Financial Advice	NO
Appendix H – Legal Advice	NO
Appendix I – Exempt Information	NO
Appendix J – HR advice	NO
Appendix K – ICT	NO
Appendix L – Procurement	NO

Bristol City Council Equality Impact Assessment Form



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

Name of proposal	Extending Adult Social Care – Care Home Framework
Directorate and Service Area	Adult Social Care
Name of Lead Officer	Helen Pitches

Step 1: What is the proposal?

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

1.1 What is the proposal?

In 2016 an Adult Social Care, Care Home Framework was established for 5 years, ending March 2021. The proposal is to extend this framework arrangement for up to 3 years, pending the procurement of a new framework.

Step 2: What information do we have?

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

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

At 4th March 2021, a total of 1,428 clients are placed via the Care Home Framework contract.

Age and Disability

Of these, 58% are over 60yrs old and 31% are over 80yrs old. Most care homes placements commissioned via the Care Home Framework are for older, more frail people. The remainder of care home placements are for adults with long term conditions who will be protected by the Equalities Act due to their disability.

Age Band (yrs)	#
0-9	0
10-19	29
20-29	104
30-39	112
40-49	158
50-59	197
60-69	164
70-79	217
80-89	290
90+	157
Grand Total	1428

Ethnicity

Of 1,428 clients, we do not have any ethnicity information recorded for 139 (9.7%). However, of the remainder 74% of clients are recorded as White British and a further 2.7% as 'other White background'. Black and Minority Ethnic clients account for the remaining 13.6% currently placed in care homes using the care home framework. According to the 2011 Census 22% of people living in Bristol are of Black, Asian and minority ethnic background (including White minority ethnic groups), and it is generally accepted that this will have significantly risen in the 10 years since then.

	#
African - Non Somali	9
Any Other Asian Background	4
Any Other Black Background	1
Any Other Dual Background	2
Any Other Ethnic Group	4
Any Other White Background	17
Arab	1
Asian / Asian British	8
Bangladeshi	0
Black / African / Caribbean / Black British	22
Caribbean	35
Chinese	4
Dual: White & Asian	3
Dual: White & Black African	0

Dual: White & Black Carib	8
Eastern Europe	2
Gypsy/Roma/Traveller Of Irish Heritage	1
Indian	4
Iranian	2
Iraqi	0
Kurdish	0
Mixed / Multiple	5
No Data	50
Other Ethnic Group	3
Pakistani	2
Refused	0
Somali	0
Undeclared / Not Known	89
White	68
White British	1062
White Irish	22
Grand Total	1428

Sex

There are more women than men in care homes placements commissioned via the care home framework. This reflects the fact that women are currently living longer than men.

	Total
Female	872
Male	556
Grand Total	1428

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

We collect very little reliable data on sexual orientation, gender reassignment, pregnancy, religion, and marriage and civil partnership.

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

Communities and groups were consulted as part of the original key decision to establish the care home framework in 2015/16.

If the request for a key decision to extend the current care home framework is rejected, this will adversely affect all Bristol citizens who require Bristol City Council Adult Social Care to arrange and/or fund their care home placements.

Step 3: Who might the proposal impact?

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

3.1 Does the proposal have any potentially adverse impacts on people with protected characteristics?

We have not identified any significant negative adverse impacts for people on the basis of their protected characteristics from the proposal to extend the Care Home Framework.

The current Care Home Framework is used to procure most of the residential and nursing care placements that Adult Social Care arrange on behalf of those that are eligible for one. Only those placements which need to be sourced out of the Bristol area, or with a specialist provider not on the framework are made 'off-framework'.

Whilst there may be an opportunity to further promote equality and improve outcomes for service users when the Care Home Framework is eventually recommissioned (e.g. through revised service specifications and contracting arrangements), the existing framework requires providers to pass certain quality measures such as safeguarding and have a sufficient CQC rating. Providers must also submit relevant policy and evidence (assessed by the council's Equality and Inclusion Team) to demonstrate:

- a good understanding of the Equality Act 2010, including the Public Sector Equality Duty
- as an employer that equality of opportunity integral to vacancy advertising, recruitment, retention, promotion, training and grievances
- that services will be tailored and regularly reviewed.

The providers are also contracted to deliver to a service specification and agree to be ongoingly monitored and quality assured by Adult Social Care's Contract and Quality Team via the Performance Management Framework.

The framework contract therefore safeguards people with eligible social care needs, those with a disability.

If the proposal to extend the current care home framework is rejected, the current contractual arrangements will end, and Bristol City Council will be 'out of contract' with care home providers.

3.2 Can these impacts be mitigated or justified? If so, how?

The most efficient way to mitigate the impact would be to extend the current care home framework in order to allow time for a full contract review, commissioning analysis, citizen engagement process and designing and procuring a new framework which allows for safe care home placements for those that need them.

3.3 Does the proposal create any benefits for people with protected characteristics?

Yes, an extension of the care home framework would allow time for relevant stakeholders and communities of interest to be consulted on new framework design.

3.4 Can they be maximised? If so, how?

As above

Step 4: So what?

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

4.1 How has the equality impact assessment informed or changed the proposal?


The EqIA has highlighted the need for improved monitoring to address lack of diversity data for service users

4.2 What actions have been identified going forward?

None at this stage – to be revisited when the framework is recommissioned

4.3 How will the impact of your proposal and actions be measured moving forward?

We will consider the impact of any future care home framework design on the basis of service users' protected characteristics and ensure that consultation is built into the commissioning process.

Service Director Sign-Off: 	Equalities Officer Sign Off: <i>Reviewed by Equality and Inclusion Team</i>
Date: 29/03/2021	Date: 8/3/2021



Decision Pathway – Report

PURPOSE: Key decision

MEETING: Cabinet

DATE: 13 April 2021

TITLE	Finance Exception Report		
Ward(s)	All		
Author: Michael Pilcher	Job title: Chief Accountant		
Cabinet lead: Cllr Craig Cheney	Statutory Officer lead: Denise Murray		
Proposal origin: Other			
Decision maker: Cabinet Member Decision forum: Cabinet			
Purpose of Report: To approve Covid and other additional funding for incorporation into the Council’s 2021/22 budget, for spending according to the grant / agreements from April 21; and note the Council’s Covid spending under delegation to 31 March 2021.			
Evidence Base: Since the period 9 Finance report to Cabinet there has been some material changes in the 2021/22 financial position to bring to the attention of Cabinet. There have also been several additional funding streams announced which require approval for incorporation into the Council’s budget for 2021/22. Full detail is provided within Appendix A. In response the impact of Covid decisions taken under delegated authority have been taken which have been included in the report for transparency of decision making, specific detail is within Appendix A and appended decision papers. Specific allocations of funding included in the 2021/22 budget are set out in Appendix A related to Covid recovery for welfare support and economic recovery for approval in order to ensure this funding is distributed in a timely was to support the City. Full detail is provided within Appendix A.			
Cabinet Member / Officer Recommendations: That Cabinet <ol style="list-style-type: none"> 1. Approve the incorporation of additional funding into the Council’s 2021/22 budget as set out in Appendix A Section 3. 2. Authorise the Director Finance in consultation with Cabinet Member for Finance, Performance and Governance to take all steps required to distribute welfare support as set out in Appendix A Section 4 3. Authorise the Executive Director Growth and Regeneration in consultation with Cabinet Member for Finance, Performance and Governance to distribute Covid Capital Economic Recovery Fund as set out in Appendix 8. 4. Note the changes in the 2020/21 financial position of the Council since previously reported at period 9 as set out in Appendix A Section 1 5. Note the decisions taken under delegated authority in relation to Covid response as set out in Appendix A Section 2 			
Corporate Strategy alignment: This report sets out update on our financial position, part of delivering the financial			

plan described in the Corporate Strategy 2018-23 (p4) and reporting on decisions taken with allocated funding acting in line with our organisational priority to 'Be responsible financial managers' (p11).

City Benefits: This report reports on details of decisions made under delegated authority to aid transparency in decision making as well as acceptance of additional funding for expenditure to support the City's Covid response

Consultation Details: n/a

Background Documents: n/a

Revenue Cost	£-	Source of Revenue Funding	Multiple
Capital Cost	£-	Source of Capital Funding	Prudential Borrowing
One off cost <input checked="" type="checkbox"/>	Ongoing cost <input type="checkbox"/>	Saving Proposal <input type="checkbox"/>	Income generation proposal <input type="checkbox"/>

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

1. Finance Advice: The report provides an update on the financial position of the Council for 20/21 and full detail is contained within Appendix A. It also sets out additional funding to be incorporated into the Council's budget. Expenditure incurred from this funding is required to be spent in line with the Council's approved scheme of delegation.

Senior Finance Business Partner: Tian Ze Hao 01/04/2021

2. Legal Advice: The report, including the detail set out in the appendices, will assist Cabinet to monitor the budget position, the ongoing impact of COVID 19 and mitigations put in place, with a view to meeting the Council's legal obligation to deliver a balanced budget.

Legal Team Leader: Nancy Rollason, 01/04/2021

3. HR Advice: No HR implications evident

HR Partner: James Brereton (HR Business Partner), 1st April 2021

Statutory Officer Sign-off	Denise Murray	01/04/2021
Cabinet Member sign-off	Cllr Craig Cheney	01/04/2021
For Key Decisions - Mayor's Office sign-off	Mayor's Office	01/04/2021

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

Bristol City Council - Finance Exception Report – 31 March 2020/21

1. High Level Summary Financial Position

1.1.1 This is an exception report on any significant financial issues for the Council as at 31 March 2021 and movements following the period 9 (P9) report to February Cabinet. It is not a full financial forecast and the assumption is that there are no significant variances beyond the issues highlighted. The final outturn report for 2020/21 will be reported to the next scheduled Cabinet meeting June 2021.

1.2 General Fund

1.2.1 The assessment at the end of March 2021 is that the Council's scheduled General Fund will have a net balanced position. There is currently forecasted to be a £74.8m overspend relating to the COVID-19 emergency; funded by a range of government COVID grants. The gross expenditure reported has decreased by £9.7m since period 9 largely due to an additional Public Health COVID grant received and confirmed to be carried forward to 2021/22 (total carry forward £11.5m, represents £6.5m net movement against P9). Parking and enforcement income has also seen some improvement in forecast (£0.5m). After applying £57m government grant (of the total c.£78m received matching spending according to the grant conditions) and an estimated compensation for sales, fees and charges income loss of £14.5m (noting that this figure will be subject to a MHCLG reconciliation and could be subject to change), the net forecast for 2020/21 is a balanced position.

1.2.2 The Adult Social Care service will also achieve greater than previously anticipated income this year from the NHS CCG, the net impact of this estimated to be £6.3m and as such the £6m drawn down from general reserve, approved by Council in February 2021, is unlikely to be required at the end of the financial year.

1.2.3 All COVID funding received by the Council will be considered and utilised where appropriate to mitigate the 2020/21 COVID related expenditure and, as approved by Cabinet on 14 July 2020 in the Period 2 finance report, any of the initial Council mitigations identified and grants not utilised in 2020/21 would be transferred to a specific COVID reserve to manage the ongoing pandemic through the medium term.

Ring-Fenced Budgets

1.3 Public Health

1.3.1 Public Health received £14.4m COVID related grants in 2021/22. These include Test and Trace Fund, Outbreak Management Fund, Community Testing, Clinically Extremely Vulnerable Fund and Rough Sleeping, Drug and Alcohol Treatment Grant. As the majority of these grants were received in the last quarter, matching expenditure according to grant conditions in-year, £3m has been spent in 2020/21 and the remainder £11.4m is proposed to be carried forward to future years, representing a £6.4m net movement against P9 forecast.

1.4 Housing Revenue Account

1.4.1 The Housing Revenue Account (HRA) continues to report an in-year underspend of £6.2m due to delays in recruitment and in the repairs and maintenance programme due to socially restrictive measures. The forecast COVID impact on the HRA is £3.0m

which consists of £2.0m loss of income & increases in bad debt, and £1.0m increase in costs including additional resourcing pressures and PPE. These are offset by the underspend previously mentioned, giving a total reported forecast underspend of £3.2m which remains consistent comparing to P9. The actual 2020/21 underspend will be transferred to the HRA reserve at year-end.

1.5 Dedicated Schools Grant

- 1.5.1 The Dedicated Schools Grant (DSG) continues to forecast an overall deficit of £11.4m (£8.6m in-year). Areas of significant risk to the final outturn include Early Years (funding) and High Needs (expenditure and funding):

Early Years (EY)

- 1.5.2 In-year forecast overspend in EY has increased by £0.07m to £0.4m. There are now risks to the expected income from this block which will arise mainly from lower January 2021 census numbers. The 2020/21 EY block income would normally be based on 5/12ths of the January 2020 census and 7/12ths of the January 2021 census. Due to COVID, it is anticipated that the January 2021 census count will be significantly lower than January 2020. The current proposal is to use a hybrid of January 2021 census and 2021 summer term count to fund the 2021 spring term allocations; with a minimum funding level set at 85% of January 2020 census numbers. January 2021 census figures are yet to be finalised and it is unlikely we will know the summer term count figures before end of June 2021. Early indication is that this is significantly lower than January 2020 figures. A future update will be provided to Cabinet and the School Forum once the final allocation is known.

High Needs Block (HNB)

- 1.5.3 The HNB in-year overspend of £8.2m remains, with top-up funding continuing to be a major area of budget pressure. Areas of significant pressure include:
- Outcome of SEND panel, in terms of potential increase in pupil numbers and top-up rates.
 - Risks of further adjustment to import/export recoupment that will have adverse effect on the final HNB allocation.
- 1.5.4 The overall deficit on the DSG at the end of the year will be carried forward within the DSG budget for future years.

2. Decisions Taken under Delegated Authority in Relation to COVID

2.1.1 The following decisions have been taken under delegated authority or emergency procedures by Officers in conjunction with the relevant Cabinet Members and Cabinet are asked to note the details summarised below and where relevant appended.

2.2 Business Support Grants - up to 31 March 2021

2.2.1 A range of grant schemes have been announced through the course of the year to support specified businesses on the business rateable system that are vulnerable due to the impact of the pandemic. £93.1m was awarded by the Council and reported to Cabinet in September 2020. The fund remains open for some grant schemes and specified periods of restrictions and subsequent payments have been made to a value of £38.4m. Weekly reporting is in place to the government department and as at period ending 28 March 2021 the total value of grants paid to 14,883 eligible awards / businesses is £131.5m.

2.2.2 To provide additional support for businesses outside the scope of the business grants above, a small discretionary fund equating to £18.6m to 31 March 2021 has been allocated for administration by the Council. The discretionary fund has focused predominantly on sole traders, micro and small businesses, not eligible to the main business grant scheme.

2.2.3 The volume of eligible businesses indicated that this grant scheme would be oversubscribed and as such smaller values have been assigned throughout this period to enable the Council to increase the number of businesses that could be supported. £4.7m was awarded to 874 eligible business and reported to Cabinet September 2020. Subsequently as outlined in Appendix 1 – Decision 014 a further £8.2m has been awarded to 2,905 eligible businesses.

2.2.4 As at 31 March 2021, 3,779 businesses have been awarded discretionary grants to the value of £12.9m.

2.3 Adult Social Care – Workforce Capacity Fund

2.3.1 Adult Social Care - COVID-19 funding has been earmarked throughout the financial year to sustain local care providers during the crisis and to support Infection Prevention Control. In addition to the above a specific grant of £1.014 m has been allocated to enable the Council to deliver measures to supplement and strengthen adult social care staff capacity, to ensure that safe and continuous care can be achieved.

2.3.2 Appendix 2 - Decision 010 – outlines the conditions of grant, timescale for applying the funding (whilst only announced 29 January, can be applied retrospectively for expenditure incurred between 16 January and 31 March 2021 (10.5 weeks)) and the proposal for spend is as follows:

- Short term initiatives to support providers in addressing capacity
- Initiatives to support recruitment and retention
- Support through VCSE/ volunteers
- PA market recruitment and retention.

2.4 Mental Health Surge Capacity Contribution

- 2.4.1 A payment of £0.400m was made to Bristol, North Somerset & South Gloucestershire CCG as a contribution to a whole system (BNSSG-wide) c.£3.2m investment in 'upstream' Mental Health services.
- 2.4.2 This contribution will primarily support Primary MH specialists for schools and debt support:
- Expanding provision of Primary Mental Health Specialists (PMHS) to provide specialist CAMHS knowledge and skills 2 within wider children's services (schools, special schools and the Local Authority). This approach complements universal, targeted and more specialist services in meeting the mental health and emotional wellbeing needs of children and young people.
 - Co-Location of Debt and Mental Health Support, given the economic impact of COVID, and the anticipated increases in unemployment, the mental health capacity of local welfare agencies (such as Citizens' Advice) will be strengthened through specialist Mental Health support workers being co-located at DWP/CAB and services.
- 2.4.3 Full details are outlined in decision 011 (Appendix 3) and, due to the value, published in the associated Officer Executive decision which can be found by using the following [Link](#).

2.5 Winter Grant Scheme

- 2.5.1 In November 2020, a package of extra targeted financial support was announced for those in need over the winter period. Bristol was awarded £1.640m for the period 1 December 2020 to 31 March 2021 with the vast majority of this being spent on supermarket vouchers for children receiving Free School Meals and distributed to voluntary sector organisations to assist with food and fuel poverty, as noted and detailed in the P9 finance Cabinet report.
- 2.5.2 On Monday 22 February 2021, it was announced that the Winter Grant Scheme was to be extended to 16 April 2021, and Bristol was granted £0.570m with a deadline for the Council to submit the proposed spending plans by 15 March 2021.
- 2.5.3 The plans submitted and policy updated (see Appendix 4), further extended the previous support to 20,000 Free School Meals children @ £15 per week in the form of supermarket vouchers for the Easter holidays (2 weeks) at a total cost of £0.570m.

2.6 Leisure Services

- 2.6.1 A temporary variation was required to the SLM leisure contract and payment of £0.826m to enable the Council's leisure service provider to continue to maintain facilities and meet the Council and provider contractual obligations between the periods November 2020 to 31 March 2021 as outlined in Appendix 5, Decision 13.

- 2.6.2 The Council has been allocated £1.091m from the National Leisure Recovery Fund (NLRF) (see section 3.4 below). Due to conditions of the NLRF grant only £0.253m of this can be allocated to the provider over the period outlined, leaving residual costs of £0.573m to be met from the £3m COVID mitigation funds previously allocated from the Council general reserve to mitigate unavoidable COVID related additional expenditure in 2020/21. This brings the total payment to the provider under this contract mechanism to £1.285m for 2020/21 (funded by Public Health, NLRF and Council reserve).
- 2.6.3 It is noted that the COVID related challenges to the sector will continue into 2021/22 and that a deed of variation to the contract to the end date of March 2022 with provision for additional payment will need to be finalised; and as such will be subject to a further report. The actual payment will be dependent on the level of COVID restrictions applied and terms agreed in the deed of variation; however 2020/21 costs provide an indication of the potential scale of this payment. A draw down of the 2nd tranche of the approved NLRF can be made of circa £0.424m in 2021/22 but should the scale reflect 2020/21, additional Council funding will need to be identified in year from COVID or Council funding sources.
- 2.6.4 Note: the general fund reserve is currently estimated to be in excess of the policy compliant level of £20m and this transaction will not breach the reserve policy.

3. 2021/22 Budget Changes For Inclusion of New Funding Announced

- 3.1.1 Since the P9 Finance report to Cabinet and 2021/22 budget report to full Council there have been several additional funding streams announced which require approval for incorporation into the Council's 2021/22 budget.

3.2 Test and Trace Support Grant

- 3.2.1 The Council is responsible for administering the test and trace support payment announced by Government. Further to funding to support administration of the test and trace support payment scheme as detailed in the P8 budget monitoring a further £0.750m has been allocated to Bristol for the months of February – April '21.
- 3.2.2 The guidance on eligibility to the scheme has been revised by government and regional policy reflecting the local application is in the process of being refreshed for awards in April 2021 with some retrospective payments envisaged where the criterion can be demonstrated to have been met.

3.3 CCG Covid Income/s256 Agreement

- 3.3.1 In March the Council entered into an agreement with Bristol, North Somerset and South Gloucestershire (BNSSG) CCG for transfer of £10.199m funding to the Council to support the implementation of the BNSSG Healthier Together Single System Plan.
- 3.3.2 Further details are set out in Appendix 6 - Decision 012 and include supporting the transition and restoration of services impacted significantly by the COVID

pandemic, through alignment of several key priority areas which benefit the population of BNSSG CCG.

3.4 National Leisure Recovery Fund (NLRF)

- 3.4.1 The final grant award for Bristol City Council for the NLRF is £1,091,980, an increase of £70,098 from previously reported total. The fund seeks to support eligible public sector leisure centres to reopen to the public, giving the sport and physical activity sector the best chance of recovery to a position of sustainable operation over the medium term.
- 3.4.2 The awarding body has agreed some changes to the criteria for how the award money can be spent. The funding can continue to be applied based on the position as at 14 December and includes for the additional costs for reopening between the 1 December and 31 March; however, periods of lockdown are excluded. In recognising that lockdown has delayed any reopening plans, remaining monies for reopening can be utilised beyond 31 March 2021 and can also now be used towards the following costs incurred by our outsourced operators during this latest lockdown period:
- Utilities
 - Staff costs not furloughed
 - Essential asset maintenance
 - Security.

3.5 BEIS - Heat Network Distribution Unit

- 3.5.1 The Council was successful in being awarded £253,420 funding from BEIS to contribute towards the Council's Heat Network Distribution Unit. The grant will be utilised to fund feasibility and design work for the Bedminster and Temple Heat Network projects. Please note the bid and acceptance of this grant was approved by Cabinet in September 2020.

3.6 Public Sector Decarbonisation Scheme

- 3.6.1 The Council submitted multiple bids in January 2021 for Public Sector Decarbonisation Scheme (PSDS) to replace fossil-fuelled heating systems in the Council and school buildings with low carbon heat pumps. On 2 March 2021 notification was received that we had been successful with our bid to replace the oil-fired heating system at the Wellsman office with an air source heat pump and £0.336m has been awarded.
- 3.6.2 The value of the grant will be matched with £0.085m of Council capital funding (from the existing approved energy capital scheme) providing a total of £0.421m and the project must be fully delivery by September 2021.

3.7 Business Support Grants - 2021/22

- 3.7.1 Business support via local authority administered restart grants were announced in the budget with one off cash grants from April 2021 of £6,000 to support eligible businesses in the non-essential retail sector and £18,000 for eligible businesses in the hospitality, accommodation, leisure, personal care and gym sectors to reopen safely as COVID restrictions are lifted. The allocation for Bristol is £26.173m for the period 1 April 2021 to 31 July 2021 and on receipt will be deployed in line with the guidance.

- 3.7.2 In addition further discretionary grant funding will be made available to local authorities to support local businesses through an additional restrictions grant, with refined criteria for its application. The indicative top up allocations for the ARG, provided that the conditions in the ARG guidance have been met, is £3.496m

3.8 South Bristol – Light Industrial Workspace

- 3.8.1 A revision was made to the European Regional Development Fund (ERDF) bid to MHCLG, securing a further £0.2m contribution to the South Bristol Light Industrial Workspace Project, increasing the fund reported and approved by Cabinet in July 2020 from £1.2m to a new total value of £1.4m.
- 3.8.2 The project is expected to provide new enterprise infrastructure and facilities to meet the needs of start-up and growing SMEs in South Bristol, and, especially, given its location at Whitchurch Lane, existing businesses and new entrepreneurs based in the outer Regeneration Area centred on Hengrove & Whitchurch Park, Hartcliffe & Withywood and Filwood wards, where there has been a growing pressure of demand for affordable modern, small industrial units and relative under-supply by the market.

3.9 West of England Combined Authority (WECA) - Highways & Pothole Grant

- 3.9.1 The highways and transport capital grants allocated to West of England Combined Authority for distribution to constituent authorities has been reduced from £17.5m to £14m, for 2021/22. This reduction has been applied nationally and the assumption that Combined Authorities would be exempt from this decrease due to this grant being funded through the 100% Business Rates Retention pilot has not been realised. The revised allocation for Bristol is £5.2m, reduction of £1.3m on that approved in the Council's budget (£6.5m).
- 3.9.2 In contrast new pothole funding for 2021/22 has been confirmed as £7m for the region and the Council's allocation from this fund is £2.1m.
- 3.9.3 Approval is sought to adjust the capital programme accordingly to reflect the two variations above.

3.10 WECA - High Street Catalyst Fund

- 3.10.1 WECA has allocated to the Council £0.290m grant funding from the Investment Fund to be utilised to conduct a series of reviews to assess the qualitative and quantitative needs for high street development across Bristol. The project is to be delivered in full by 2022/23. The Council is validating the terms of the offer, and anticipates that the grant will be accepted with project commencement in Q1 2021/22.

3.11 WECA – Walking and Cycling Investment Fund

- 3.11.1 WECA has allocated to the Council £0.250m from the Investment Fund as part of a wider programme across the region to encourage cycling and walking in the region. The funding is to conduct feasibility and development studies for walking and cycling initiatives within the city, which will then be submitted to WECA as outline business cases. If approved by WECA after outline business case submission, these initiatives could then receive further funding from within a total fund of £9m for the build stage.

Approval is sought to add all the grants outlined above to the Revenue Budget and Capital Programme to enable expenditure to be incurred as outlined.

4. 2021/22 - Funding Deployment

4.1 Covid 19 Hardship Fund: CTR and Extended Local Support Schemes

- 4.1.1 In February 2021 new COVID grant funding was made available to assist local Council Tax Reduction (CTR) schemes, based on working-age local council tax support caseloads.
- 4.1.2 The Council's budget approved in February retained £2.5m held for distribution through other local council tax support and other welfare schemes. In addition to this £2.5m there is a further £0.4m available from the 2020/21 MHCLG Hardship Fund which was held as contingency. This takes the total fund package available for 2021/22 to £2.9m.
- 4.1.3 To enable the continuation of the COVID welfare assistance programme developed in 2020/21 into 2021/22 and make the adjustments to Council Tax bills as required, Appendix 7 outlines the proposed deployment of the funds, with funding streams and amounts based on demand for welfare support experienced in 2020/21 and likely demand for 2021/22.

4.2 Covid Capital Economic Recovery Fund

- 4.2.1 The Council's 2021/22 budget includes £2m to support Economic Recovery for the City Centre, businesses and high streets. This funding needs to be distributed urgently to support businesses as soon as possible and in line with releasing of restrictions to businesses. Full detail on how the fund will be deployed is set out in Appendix 8.



**BRISTOL CITY COUNCIL
DECISION**

DECISION OF: SECTION 151 OFFICER

DIRECTORATE: RESOURCES

DECISION NO: 014

SUBJECT: COVID 19 BUSINESS SUPPORT GRANTS:
LOCAL RESTRICTIONS SUPPORT GRANT (OPEN) (LRSG(OPEN))
AND ADDITIONAL RESTRICTIONS GRANT (ARG)

KEY DECISION: YES/NO

REASON: To ensure financial support to businesses, with effective controls in place to monitor the spend within the funds available.

BACKGROUND

1. The Additional Restrictions Grant Policy is a discretionary fund for local businesses that have been severely impacted by the restrictions but have ongoing fixed business-related costs. The application process was open for the period 16 November to 27 November 2020. Grants of either £1,000 or £1,500 are to be paid to 904 businesses, a total of £933,000 - some businesses are entitled to more than one grant, increasing the figure to £966,000 as outlined in the table below.
2. The Local Restrictions Support Grant (Open) and Additional Restrictions Grant Policy are two discretionary funds combined to support businesses from 2 December 2020 that have been severely impacted by the restrictions but have ongoing fixed business-related costs during Tier 2, Tier 3 and lockdown restrictions.
3. Following agreement of the policy and approach, due to the urgency and continuous nature of applications and allocations of this funding to businesses, authority to make payments to qualifying businesses has been delegated to the Head of Revenues or Revenues Operations Manager, subject to periodic finance reports to Cabinet Member to ensure transparency and retrospectively to Cabinet.

DECISION

4. The original ARG grant funding allocated was £9,267,540. The total awarded following the conclusion of the first tranche of ARG (applications made between 16 November and 27 November) was £966,000 and was allocated to businesses as follows:

No of Employees	Business Size	Grants paid	Grant Value	Total
0 (sole traders)	Micro	233	£1,000	£233,000
1-9	Micro	652	£1,000	£652,000
10-49	Small	54	£1,500	£81,000
TOTAL		939		£966,000

5. This was topped up by a further £4,116,202 in January 2021; all ARG funding must be spent prior to any new allocation of government funding (this is a revision to the previous notification that funding should cover the period to March 2022).
6. The funding allocated to Bristol City Council by way of the Local Restrictions Support Grant (Open) is £550,554 for the period 1 December 2020 to 4 January 2021.

The total allocated from the combined funds is therefore £13,934,296.

7. Grant awards are continuous and will be made under the combined LRSB (Open) and ARG policy until the funds are fully disbursed. Individual grants to each business will not exceed the values stated in the policies and will be within the overall funding envelope.

The **total** values of grants awarded to businesses from the discretionary funding up to 31 March 2021 is:

Local Restrictions Support Grant (Open)	£ 550,517
Additional Restrictions Grant	£7,659,465
Total	£8,209,982

And has been allocated as follows:

Business size	Grants paid	Total value paid
Micro	151	£478,716
Small	18	£71,801
Medium	0	£0
Total	169	£550,517

Business size	Grants paid	Total value paid
Micro	2691	£7,403,389
Small	38	£176,176
Medium	0	£0
Other criteria	7	£79,900
Total	2736	£7,659,465

FINANCIAL IMPLICATIONS

As outlined above.

LEGAL POWERS AND IMPLICATIONS

Applied in line with government guidance.

CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

N/A

CONSULTATION

N/A

RISK MANAGEMENT

National & local risk management guidance followed including pre & post fraud assurance assessments

EQUALITY IMPLICATIONS

Have you undertaken an Equality Impact Assessment? ~~Yes~~/ No

Applied in line with government guidance.

SIGNATORIES

DECISION MAKER

S151 Officer

Title: **Director of Finance/s151 Officer**

Cabinet Member

Title: **Deputy Mayor & Cabinet member for Finance, Governance, Property and Culture**

Date: iterative:14 December 2020, 8 February 2021, 31 March 2021

Note: If electronic signature used email from Director confirming decision and allowing use of electronic signature must be attached



BRISTOL CITY COUNCIL

DECISION

DECISION OF: S151 OFFICER

WITH ADVICE FROM: EXECUTIVE DIRECTOR OF PEOPLE AND DIRECTOR OF ADULT SOCIAL CARE

DIRECTORATE: PEOPLE

DECISION NO: 010

SUBJECT: COVID-19: Workforce Capacity Fund for Adult Social Care

KEY DECISION: Yes

REASON: To authorise the allocation of Adult Social Care Work force Capacity Fund.£1,014,183 has been allocated to Bristol City Council for distribution as per guidance

[Workforce Capacity Fund for adult social care - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

BACKGROUND:

This fund announced by DHSC on 29th January is to enable local authorities to deliver measures to supplement and strengthen adult social care staff capacity to ensure that safe and continuous care is achieved. This can only be used for expenditure incurred between 16th of January and 31st March 2021 (10.5 weeks).

The fund is payable in two tranches. 70% has been received. The other 30% will be paid in March 2021, subject to the completion of a proforma to DHSC by 12th February setting out a plan for use of the total amount. Given the time frames this paper, proposals and decisions relate to the full £1,014,183

Local Authorities can use the fund to:

- maintain care provision and continuity of care for recipients where pressing workforce shortages may put this at risk
- support providers to restrict staff movement between care homes and other care settings in all but exceptional circumstances, which is critical for managing the risk of outbreaks and infection in care homes
- support safe and timely hospital discharges to a range of care environments including domiciliary care, to prevent or address delays as a result of workforce shortages
- enable care providers to care for new service users where need arises.

Other conditions relating to the funding:

- Must be used to deliver new or additional measures which support the purpose of the fund, or to increase scale of existing activities
- Can be used to fund activity to help all providers of adult social care in geographical area, this includes care home and domiciliary care, care providers with which local authorities do not have contracts, and organisations providing care who may not be registered with the Care Quality Commission (CQC).
- Can be passported directly to a care provider to increase staffing capacity within their organisation, but only to providers who ARE registered with CQC. If a local authority chooses to make payments to providers financed by this grant, it must ensure those providers will use the funding to support new expenditure that delivers additional staff

The time frame for use of the grant is very short and the criteria restricted. In making proposals Officers have therefore developed proposals based on:

- Existing BNSSG work to support care provision and workforce, and shared work with other agencies through the BNSSG Strategic Commissioners Group and activity including Proud to Care.
- A shortage of agency provision, difficulties for providers in accessing and an increase in cost.
- Intelligence from, and discussion with, care providers, in particular through the Oversight Group for the Care Outbreak management Plan.
- A longer-term interest amongst providers to further enhance the mutual aid currently in place in terms of peer support to develop a cost effective shared approach to agency provision.
- Both immediate and short term impact of COVID outbreaks: occasional sudden impact on individual providers of extreme shortage, more generalised workforce shortages (including of agency staff), recruitment and retention.
- The need to support both CQC regulated provision, and key non regulated provision experiencing difficulties, in particular smaller settings such as supported living and day care where illness/ self-isolating of a small number of staff has a bigger impact.

Given the time frame Officers have put forward a series of high-level proposals, and request that further detail be worked up and signed off by the Executive Director, People, and Director Adult Care. This is a very tight time frame, so support will be requested from procurement colleagues to ensure we can move into delivery with partners as soon as possible.

Proposals

1. **Short Term Initiatives to support providers individually in addressing capacity. £840k**
 - a) Passporting of Monies to CQC regulated provision: Care Homes and Extra Care Housing Care Providers, and some Supported living within the city boundaries, home care providers delivering a service within the city boundaries. Given time frame we propose to allocate in two tranches, one on a per bed/ package basis across all providers, with a maximum per provider, but excluding any we feel we have already provided an increased rate for to reflect workforce issues (e.g. the covid surge home blocks). For the remainder allocation will be determined on basis of capacity issues experienced through outbreaks.

Providers will need to complete a proforma that they have used in line with the grant conditions. Approx. **£700k**

- b) Providing access for providers experiencing severe staffing difficulties to agency staffing that is affordable and COVID secure (staff who are vaccinated, tested, and not going between provisions). To ensure that agency provision is available when needed, in extremis, we propose to underwrite an amount of staffing. Providers in receipt of passported monies will pay for staff time used, and we will consider meeting all costs for those who have not had access (e.g. non regulated supported living).
- c) Supporting mutual support between providers, so that any excess capacity in one providers staff team or bank can be shared safely and with underwriting of costs (including any isolation/ testing then required)
- d) Detailed discussions on b and c above are ongoing, and we aim to build on existing mutual support between providers led by Care and Support West and St Monica's approx. **£140 k** including administration of access to support outside office hours.

Given the time frame the specific share of spend between a b and c is being worked on, and is likely to require some flexibility, as shown in the decision box. Any increase in one area of spend to be off set by reduction in another.

2. Initiatives to support recruitment and retention more generally

- a) Increasing our ability to promote recruitment and retention through Proud to Care, continuing an unfunded post, and promotional activity **£24,183**
- b) Training Initiatives to:
 - Enable new staff to take up post quickly
 - Support resilience and health of workforce, reducing current future absence focusing on wellbeing (including bereavement)
 - Support ability of workforce to address the increasing complexity of behaviour and need associated with isolation, loss etc.
 - We will work in partnership with organisations to deliver this including Skills for Care, City of Bristol College, specialist training providers.

To ensure take up in such a tight time frame, we will fund both the training and cover the cost of attending training in some circumstances £110k total

- c) Engagement of VCSE in supporting social care providers experiencing capacity issues. Under negotiation with various organisations this may include support through volunteers taking on non care tasks that will enable staff teams to focus elsewhere (e.g. some administrative tasks, or tasks outside of a setting such as shopping), or improving retention helping support the wellbeing of staff and citizens **£20k**
- d) Recruitment campaign for Pas workforce, supporting Direct Payment holders. **£20k**

Other Options

Commissioners have explored with Bristol City Council, Provider Services the option of recruiting an internal bank of staff, colleagues do not feel this is feasible in time frame. During the first wave of COVID Commissioners across BNSSG had anticipated the advantage of providing access to Local Authority staffing agencies. Despite a deal of work this did not prove fruitful, and given time frame, we propose to support and underwrite access to existing banks and agencies with experience of supporting the sector.

DECISION:

1. To agree the application of £1,014,183 Workforce capacity funding, in line with grant conditions. Expenditure to be applied broadly as follows, with any underspend in one area reallocated across to direct distribution to CQC regulated providers

Recruitment and Retention Support Cross Sector	
Proud to Care Recruitment and Retention Activity	£20,000
Proud to Care Staffing Costs during period (.5 BG9)	£4,183
Training materials/ provision and staff time to support recruitment and retention	£110,000
Direct Passporting of Monies	
Distribution to CQC regulated provision on per bed basis, with additional based on impact on capacity of actual/ risk of outbreaks	£700,000
Provisions available to Providers experiencing capacity issues	
Underwriting Access to staffing through mutual support/ shared banks	£140,000
Support through VCSE/ Volunteers	£20,000
PA Market recruitment and retention	£20,000
Total Spend	£1,014,183

2. In light of tight time frames to report and spend monies, final decision making on detailed process for direct allocation of monies to CQC regulated providers, and use of training monies to be delegated to the Executive Director for People, in consultation with the Executive Member for Adult Care, and Director of Adult Care Services.

3.

FINANCIAL IMPLICATIONS:

3. The grant is payable in two instalments, 70% and 30% of total. The first instalment (70%) has been received. The second instalment will be paid in March 2021 conditional on completing a return to DHSC by 12 February.

The grant has to be fully spent on staffing capacity measures by 31 March 2021, or any unspent proportion returned.

LEGAL POWERS AND IMPLICATIONS

The Council has a duty to support the care market and ensure capacity and sustainability.

CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

None.

CONSULTATION

Given tight time frame proposals arise from existing discussions with providers and other

partners relating to workforce, selected in part because of time frame.

RISK MANAGEMENT

Risk of claw back of the Allocation will be addressed by:

Allocating all monies, given time frames as much as possible spend will be allocated to underpin and further develop those provisions we are already needing to make use of (eg mutual support). Where monies are directly passported they will be subject to a signed return agreeing to spend monies only in line with grant conditions, and a return of spreadsheet setting out how monies have been used.

EQUALITY IMPLICATIONS

Have you undertaken an Equality Impact Assessment? ~~Yes~~ / No

This has not been possible in time frame. An Equalities Impact Assessment will be carried out, and the specific impacts on BAME and other more vulnerable workforces will be included in developing priority matrix for direct passporting of monies to CQC regulated providers.

CORPORATE IMPLICATIONS

None, other than those already highlighted.

This decision is being taken under the urgency/emergency powers provided in the Council's Constitution and scheme of delegation.

The Head of Paid Service and / or Section 151 Officer can take emergency action on behalf of the Council on any matter in cases of urgency or emergency, wherever possible in consultation with the Mayor or Deputy Mayor for Finance, Governance and Performance and subject to a full report as soon as possible afterwards to the relevant forum explaining the decision, the reasons for it and why the decision was treated as a matter of urgency.

SIGNATORIES:

DECISION MAKER:

Signed:



Note: If electronic signature used email from Director confirming decision and allowing use of electronic signature must be attached

S151 Officer and / or Head of Paid Service

Consultees:

Title: Deputy Mayor for **Finance, Governance, Property and Culture**



Signed:

Date: 11th February 2021

Note: If electronic signature used email from the relevant certifier confirming consultation and allowing use of electronic signature must be attached. If consultation undertaken verbally Director must record date and time of the conversation and any agreement/concerns raised by consultee.

WITH ADVICE FROM:

Signed:



Title: Executive Director People

Date: 10th February 2021



Signed:

Title: Director of Adult Social Care

Date: 11 February 2021



**BRISTOL CITY COUNCIL
DECISION**

DECISION OF: SECTION 151 OFFICER

WITH ADVICE FROM: EXECUTIVE DIRECTOR OF PEOPLE AND DIRECTOR OF ADULT SOCIAL CARE

DIRECTORATE: PEOPLE

DECISION NO: 011

SUBJECT: COVID-19: MENTAL HEALTH SURGE CONTRIBUTION
(2020/21 ASC: COVID FUNDING BOARD CF19)

KEY DECISION: YES

REASON TO AUTHORISE THE ALLOCATION OF £400,000 OF COVID MONIES AS A BCC CONTRIBUTION TO THE BNSSG MENTAL HEALTH BUSINESS CASE. HAVING BEEN APPROVED BY THE ADULT SOCIAL CARE (ASC) COVID MONIES PANEL A KEY DECISION IS SOUGHT TO PROCEED.

BACKGROUND

Previous modelling work has projected a 30% increase in mental health need as a result of COVID-19, from both the illness and the measures taken to protect people from the virus. From a social care perspective there is already evidence that an impact of this extent is apparent. The number of people coming through the Access and Response Team, Approved Mental Health Professionals (AMHPs) and ultimately the demand for packages of care required to address primary mental health needs have all increased significantly in recent months.

Within ASC the current annual spend on mental health support is c.£23 million. This would inevitably increase if we did not take action to intervene at an early stage. This would create an increase in S117 after care eligibility, increased complexity and acuity that would mean more intensive care packages. Consequent supply/demand issues would increase prices.

A BNSSG mental health business case has been developed to take a population health approach to a system-wide response, maximising opportunities to prevent mental ill health alongside ensuring that there are strong service responses, focusing on preventing and reducing health inequalities. An element of the Adult Social Care COVID monies will be committed to support the funded projects within this business case. This will be a non-recurring contribution.

Whilst the business case contains a large range of activity that will be of benefit to Bristol citizens, this contribution will primarily support Primary MH Specialists for schools and debt support.

- Expanding Provision of Primary Mental Health Specialists (PMHS)

Primary Mental Health Specialists (PMHS) provide specialist CAMHS knowledge and skills

within wider children's services (schools, special schools and the Local Authority). This approach complements universal, targeted and more specialist services in meeting the mental health and emotional wellbeing needs of children and young people

- **Co-Location of Debt and Mental Health Support**

Given the economic impact of COVID-19, and the anticipated increases in unemployment, the mental health capacity of local welfare agencies (such as Citizens' Advice) will be strengthened through specialist Mental Health support workers being co-located at DWP/CAB and services.

This would include

- Six 'Money Matters' Mental Health Support Workers to co-locate across DWP/CAB and Talking Money services in all three Bristol localities.
- A blended model of face-to-face support for clients using the service and capacity building the existing team's expertise and confidence in working with people with anxiety/depression, improving skills in signposting to other mental health providers.
- Providing timely support for individuals with financial difficulties to stop mental health issues being exacerbated.

DECISION

To authorise the allocation of £400,000 to the CCG as a contribution to a whole system, (BNSSG-wide) c.£3.2m investment in 'upstream' Mental Health services.

FINANCIAL IMPLICATIONS

This report seeks approval to contribute £400k to BNSSG CCG as a contribution to mental health costs. This is one off funding and does not commit the Council to ongoing expenditure. The £400k contribution will be funded from the £9.3m MHCLG funding agreed by Cabinet for Adult Social Care covid related expenditure.

LEGAL POWERS AND IMPLICATIONS

Statutory duties under the Care Act and the duty to support the care market and ensure capacity and sustainability apply here.

CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

None

CONSULTATION

ASC has taken an active role in developing the Mental Health Business Case, which has been coproduced. Ongoing dialogue with service user groups, care and support providers, primary and secondary care has helped to ensure that the priorities included within the business case are evidence based and the most relevant action to take.

RISK MANAGEMENT

Throughout discussions we have clearly stated that this is a non-recurring contribution.

The risks of not investing in mental health provision and earlier intervention have been considered throughout. By investing we will be better placed to continue to meet eligible care needs and our statutory obligations. By working in partnership and demonstrating that we are taking mental health seriously the Local Authority may have a stronger position in impending mental health system transformation such as the Community Mental Health Framework.

EQUALITY IMPLICATIONS

Have you undertaken an Equality Impact Assessment? No

An Equalities Impact Assessment has been carried out on the Mental Health business case and a number of interventions have been included to address health inequalities, particularly the additional support required for BAME citizens.

CORPORATE IMPLICATIONS

None, other than those already highlighted

SIGNATORIES

DECISION MAKER

Note: If electronic signature used email from Director confirming decision and allowing use of electronic signature must be attached

S151 Officer


Title: **Director of Finance/s151 Officer**

Signed: 

Date: 17 March 2021

Consultees

Deputy Mayor for **Finance, Governance, Property and Culture**

Signed: 

Date: 17 March 2021

WITH ADVICE FROM:

Title: **Executive Director**

Signed: 

Date: 26 February 2021

Title: Director of Adult Social Services

Signed: 

Date: 26 February 2021

Note: If electronic signature used email from the relevant certifier confirming consultation and allowing use of electronic signature must be attached. If consultation undertaken verbally Director must record date and time of the conversation and any agreement/concerns raised by consultee.



Bristol City Council

COVID 19 Winter Grant Scheme Policy – Additional Support (updated March 2021)

1. Background

On 8 November 2020, the government [announced](#) a package of extra targeted financial support for those in need over the winter period. The initial £170 million of the COVID Winter Grant Scheme sees new funding issued to Councils to support those most in need across England with the cost of food, energy and water bills and other associated fuel costs. The scheme was extended 10 March 2021 and was further enhanced by an additional £59.1 million making the total funding for this scheme £229.1 million

The Department for Work and Pensions (DWP) is providing funding to Councils, under section 31 of the Local Government Act 2003, who will administer the scheme and provide direct assistance to vulnerable households and families with children particularly affected by the pandemic. This will include families who normally have access to Free School Meals during term time.

2. Period Covered

The original Winter Grant Scheme enabled Bristol City Council to provide support to families with children, other vulnerable households and individuals from early December 2020 and covers the period until the end of March 2021. This was then extended until the 16 April 2021 with the above additional grant.

In addition there will an expansion of the Department for Education's Holiday Activities and Food programme and it should be noted that this policy does not cover that scheme.

3. Winter Grant Scheme

3.1 Funding available

Bristol City Council initially received funding of £1,640,461 from central government; and a further £570,302 in March 2021, totalling £2,210,763

3.2 Eligibility Criteria

- 80% of the fund must be spent on children and families (including pre-school) broken down as follows:
 - 80% must be expended on food and key utilities
 - 20% can be paid to any 'vulnerable' households.
- With the final 20% discretion can be used to identify and support those that are most in need.
- No application is needed if households requiring assistance can be determined in advance.
- Individuals, regardless of their immigration status are eligible, to ensure a basic safety net of support.
- This grant cannot be spent on rent/housing costs.

3.3 Implementation of fund

- This funding can be used for existing schemes and other support which delivers the same outcomes and where the need is greatest.
- Funding can be provided in cash or vouchers.
- A proportion of the funds can be used for administration, however costs should be kept to a minimum, in order to maximise the overarching funds available to support our most vulnerable citizens. Due to the approach being adopted in the deployment of these funds, the administration cost is expected to be in the region of £100,000 (6%, significantly below the standard 10%).

3.4 Reporting structure

All public authorities must comply with the Public Sector Equality Duty and management information (MI) is required to be kept to be maintained by the relevant organisations and provided to the Council to report on delivery of agreed objectives and actual spend.

3.5 Receipt of funds

- The initial grant receipt from the awarding body will be as follows:
 - 50% upfront (in early December)
 - a further 25% after the initial MI return (in Feb/March '21)
 - final 25% based on spend to date (end of April 2021).
- The additional March grant receipt from the awarding body will be as follows:
 - 50% upfront (in April '21)
 - a further 25% after the initial MI return (in May/June '21)

4. Approved /Proposed Spend

Award	Spend Value	Comments
Targeted support for 2 – 16+ who receive Free School Meals and/or Pupil Premium for Christmas '20 and February '21 half term	£918,915	This is for a total of 3 weeks and at a value of £15 x approx. 20,000 children (plus buffer). This is an extension of the FSM reach in Oct half term. Does not cover 2 weeks in Easter '21. Vouchers will be supplied which allows the recipient to choose which supermarket they wish to use.
Targeted support for 2 – 16+ who receive Free School Meals and/or Pupil Premium over Easter holidays 2021	£570,000	This is for a total of 2 weeks at a value of £15 x 20,000 children. This is an extension of the previous FSM reach. Vouchers will be supplied which allows the recipient to choose which supermarket they wish to use.
Emergency payments from the Local Crisis and Prevention Fund	£300,000	Emergency payments to support low-income families during the Recovery Phase of COVID 19 that have been directly financially impacted and may require food and other financial assistance
Administration, communications and marketing, particularly to reach hardest to help groups.	£99,849	As referenced above this is 6% of the total award.
Food/Fuel parcel for Bristol's care leavers.	£40,000	100 care leavers to get a voucher to assist with their food and heating costs. To be administered by Children, Families and Safer Communities Directorate.
Community organisations	£281,999	£281,999 allocated in January '21 to community organisations across the city. The detailed spend for this is shown in Appendix 1 .
Total	£2,210,763	

COVID 19 Winter Grant Scheme Policy

Organisation	Intention	Total Awarded (incl admin)
BS3 Community Development	Targeted support to economically vulnerable local people similar to DEFRA Emergency Assistance Grant criteria.	£10,000
Henbury & Brentry Community Council	Fuel and food costs for families with children	£10,000
Ambition Lawrence Weston	Supporting households with top up of gas/electric, food, internet (children are needing home schooling) and essential household items	£7,000
Inns Court Community & Family Centre	Essential goods hampers for local people suffering from loneliness/isolation.	£5,000
St Werburghs Community Association	Food and fuel vouchers plus discretionary awards	£8,000
Matthew Tree Project	Food £12k, personal hygiene items £4k, household cleaning products £4k.	£15,000
BASE & Roses	Food (hot and cold) and essential items boxes - including toiletries to various vulnerable groups, such as those shielding, refugees, asylum seekers.	£5,544
Oasis Hub South Bristol	60 families in high deprivation ward, bedding, kitchen utensils, fuel support.	£15,000
Children's Scrapstore	Activity packs for vulnerable families and older people to help with mindfulness and the reduction of stress and anxiety through activity	£15,000
Learning Partnership West	Food, utilities, essential items, live/learning/work resources, plus vouchers/emergency cash to identified vulnerable households	£12,600
Talking Money	Targeted food and fuel grants to economically vulnerable people similar to DEFRA Emergency Assistance Grant criteria	£11,600
Heart of BS13	9,000 meal ingredients (£10k), supermarket vouchers (£12k), targeted food and fuel grants similar to DEFRA Emergency Assistance Grant criteria (>£11k)	£28,700
Somali Resource Centre	Food and essentials for families and financial plus additional grant for destitute households	£10,000
Bristol Horn Youth Concern	Laptops, food, cultural food and stationery	£10,000
Bristol Refugee Rights	Distribution of vouchers for food/clothing/data/credit to individuals and families.	£16,230
Malcolm X	Culturally appropriate food parcels, hot food parcels, food vouchers and healthcare packages	£10,000
Somali Kitchen Team	Culturally appropriate food parcels, baby essentials, utility top ups, hygiene products	£10,000
Age UK	Emergency assistance grants for older people plus Sparko TV grants to make them 'Smart' TVs	£24,925
Southmead Development Trust	Wellbeing activity packs, laptops, internet and discretionary fund	£20,000
91 Ways	Food and utilities for children and families, food packs, meals and cash for utilities. Meals and ipads as well as vouchers/cash for transport.	£14,000
Bristol Disability Equality Forum	Digital poverty for disabled households - tablet/phone and broadband packages (8Gb pm x 12months)	£11,000
Oasis Hub North Bristol	Grants for their most vulnerable families.	£10,000
Youth Moves	Grants for families they work with	£2,400
Total		£281,999

BRISTOL CITY COUNCIL
DECISION



**DECISION OF: MIKE JACKSON (CHIEF EXECUTIVE) WITH ADVICE FROM:
EXECUTIVE DIRECTOR OF PEOPLE, DIRECTOR OF PUBLIC
HEALTH AND OTHER RELEVANT PROFESSIONAL ADVISORS**

DIRECTORATE: PEOPLE

DECISION NO: 13

**SUBJECT: FINANCIAL ASSISTANCE FOR SLM LEISURE FACILITIES IN
BRISTOL**

KEY DECISION: YES

REASON:

Under the terms of the SLM contract, SLM have a legitimate claim for financial adjustments to cover the loss of net income and a narrow band of costs related directly to Covid legislation and In putting the health and wellbeing of our citizens foremost, the allocation of funding from the general fund reserve is approved.

This decision is for the period up to March 31st 2021. The payment is to ensure that public leisure facilities provided by SLM and which are located in areas of high need, are able to reopen and provide services following periods of Covid-19 restrictions.

The Decision

In line with the scheme of delegations the Chief Executive (Head of Paid Service or S151 officer (Chief Finance Officer) in consultation with Cabinet Member for Finance, have agree to the Council making a urgent payment for c.£825,883 of which £252,939 is offset by the National Leisure Recovery Fund (NLRF) and a forecasted c.£572,994 from the general reserve. The financial assistance covers £285,465 for November 2020, £49,839 for December 2020, £214,982 for January 2021 and a forecasted £138,000 February 2021 and £138,000 for March 2021, to ensure leisure facilities in Bristol are able to reopen, continue operating and provide the contractually agreed financial assistance during the period stated.

The services provided play an important role in ensuring the mental and physical wellbeing and social connectedness of local communities. Public Health England reports that regular physical activity can reduce the risk of many chronic conditions, including coronary heart disease, stroke, type 2 diabetes, cancer, obesity, mental health problems and musculoskeletal conditions. Engagement in leisure activities also contributes strongly to mental wellbeing, by allowing people to be active and to connect with others.

The Council recognises that leisure centres have a positive impact on efforts to improve the population's health, by contributing to healthier lifestyles, mental wellbeing and reducing health inequalities, obesity rates and physical inactivity, which could have a detrimental impact of the health and wellbeing of Bristol's citizens.

BACKGROUND:

1. **The Council owns nine leisure centres and swimming pools located across the city.** Sport and Leisure facilities are provided within Bristol's Sport and Recreation Facility Strategy and are designed to serve Bristol's most deprived areas, with the purpose of improving health through participation in activity and through the employment of local people. Future proofing the integrity of the Council's sport and leisure strategy and continuity planning is inextricably bound up with the viability and resilience of the current operator. In total across all leisure centres there is a workforce of over 500 local people who are currently on furlough; of which there are 348 across the SLM contract.
2. In 2006 Bristol City Council entered into a 10 plus 5 year leisure management contract with Sport and Leisure Management Limited (SLM) to provide leisure services at six facilities: Horfield Leisure centre, Easton LC, St Pauls Community Sports Academy, Kingsdown LC, Henbury LC and Bristol South Pool.
3. Up until 2017 the Council paid a 'Contract Price' of £1.3m /annum including costs for utilities to provide services to an agreed performance standard. In 2017 a 5-year contract extension was agreed with SLM until April 2022 in return for a zero subsidy position delivering savings to the Council. With the exception of Bristol South Pool, SLM is responsible for full repairs and maintenance of the facilities and the associated lifecycle risk.
4. To date, covering the period from 1st April 2020- October 31st, 2020 financial assistance of £458,996 has already been approved and paid under an Emergency Decision. The council has received a ringfenced £677,000 from the National Leisure Recovery Fund (NLRF) towards the SLM deficits for December 2020(NLRF funding is forecasted to last until June 2021) , but funding criteria caps the amount which can be used during the closure periods 6th January to 12th April leaving the balance across the three complete lockdown months to be funded by the council.

DECISION:

1. Subject to approval of the claimed costs by the Chief Finance Officer, agrees to provide financial assistance of c.£825,883 which covers 1st November 2020 – 31st March 2021 of which £252,939 is offset by National Leisure Recovery Fund and a forecasted c.£572,994 from the general fund reserve.
2. Note: that this transaction will not result in a reduction in the general fund reserve below the Policy compliant level.
3. Note: the council also needs to consider a deed of variation to the end of the contract and how it will meet further costs pressures for the financial year 2021–2022; should they exceed the c.£424,061 residual NLRF (current full year estimates could be c. £981,035)
4. Note: that the situation will be kept under review and further updates will be provided in a subsequent report to Cabinet.

REASONS:

Cost related to delivering leisure services by third parties and local supplier relationship are only part covered by the NLRF (hence the strong lobbying by many authorities in this regard) and after government funding has contributed to these there is still a shortfall which needs to be met by local authorities.

OTHER OPTIONS CONSIDERED:

Mutually agree to terminate the contract and transfer the services from SLM. This option is not considered cost effective for the council, because the services will either need to be brought in-house at greater expense, or alternatively a replacement provider would need to 'step in', with similar financial issues remaining. This will present operational, technical and reputational risks.

FINANCIAL IMPLICATIONS:

Additional costs and loss of income related to leisure services delivered by third parties and local supplier relationship are only part covered by the government NLRF funding.

The Council has considered all other possible budgets to meet the costs and at this stage in the financial year the only option available is the general fund reserve. Previously anticipated drawdowns to support the Covid-19 pressures are no longer required in 2020/21 and as such the general fund reserve is currently estimated to be in excess of the policy compliant level of £20m.

Given the necessity of this payment and the significance of leisure centres and services in terms of improving health and reducing health inequality, both directly and indirectly through local employment and economy, and £0.572m of the general reserve is being utilised for this purpose.

LEGAL POWERS AND IMPLICATIONS

The Council has a statutory duty for public health, which includes improving the population's health, by contributing to healthier lifestyles, mental wellbeing and reducing health inequalities, obesity rates and physical inactivity.

The financial support (in particular in relation to payments for period falling before 1st January 2021) are unlikely to constitute state aid for the purposes of the EU state aid rules because: (1) it is very unlikely that such support would distort or threaten to distort competition in the relevant market; and (2) such support would only have a local impact.

In relation to point (1), the SLM provided leisure services are provided in a market comprising other private or BCC contracted out leisure services. The support will not result in reductions to the end user prices and/or changes to service offerings that could threaten such undertakings or otherwise 'un-level' the existing playfield in favour of SLM. In relation to point (2), the relevant services are provided to a limited area within the UK and are highly unlikely to attract and are not specifically marketed to customers in other Member States. It is also not foreseeable that such financial support would have any, or more than a marginal, effect on the decisions of competitors in other Member States in relation to investing in the Bristol leisure market or establishing a presence in Bristol.

The arrangements are also considered to be permitted (and low risk) under the applicable EU/UK public procurement rules concerning variations of concession contracts.

CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

None.

CONSULTATION

Not applicable.

RISK MANAGEMENT

1. Litigation; In the event the Council does not provide financial support, there is a potential risk of challenge under the SLM contract. Government Guidance (in the form of Practice Notes) in relation to Covid-19 and the difficulties faced by contractors, encourages parties to be pragmatic and work together to find solutions and so avoid litigation.

2. The cost to the Council of not financially supporting SLM will be significantly higher if SLM fail and are no longer able to operate the Bristol contract. This is because services will either need to be brought in-house at greater expense, or alternatively third party 'step in' arrangements identified, through which the same financial issues will remain. This will present operational, technical and reputational risks and possible litigation.

EQUALITY IMPLICATIONS

Employment and Economy

1. Across the six leisure centres and swimming pools, which SLM operate, located across some of the most deprived areas of the city, there are over 350 local staff employed and c.2 million annual visits; as such the provision of which has a significant impact on both local employment opportunities and the local economy.

Impacts on Children young people and families

2. The Council is the largest single provider of pool water space, which the majority of Bristol's primary schools access for school swimming (as part of their key stage 2 requirements). There are approx. 4500 children in SLM learn to swim programmes learning a life skill.
3. As part of the Council's Exceptional People in Care (EPIC) offer, all BCC foster carers, children in care and care leavers can access free membership and other activities across BCC leisure facilities.

Inequality impacts

4. Through its concessionary pricing scheme, the Council's leisure centres provide affordable and accessible opportunities for residents to be physically active, compared to the costs of other private provision which can be prohibitive and discourage people on low incomes from accessing.
5. Due to the location and catchment of a Bristol's leisure centres and in the event leisure operators are not supported and unable to continue delivering services, there will be a greater impact on Bristol's most deprived communities, resulting in a widening of social and health inequalities.
6. Evidence shows that regular physical activity can reduce the risk of many chronic conditions, including coronary heart disease, stroke, type 2 diabetes, cancer, obesity, mental health problems and musculoskeletal conditions. These conditions are significantly higher within Bristol's most deprived areas.

Public Health Impacts

7. The Council has a statutory duty for public health, which includes improving the population's health, by contributing to healthier lifestyles, mental wellbeing and reducing health inequalities, obesity rates and physical inactivity.
8. Bristol's leisure centres play a key role by providing a wide and varied programme of activities, exercise referral schemes for residents who have been suffering with serious conditions including cancer, cardiac problems, respiratory conditions, Parkinson's disease and MS, plus through their broader contribution to the health of the community.
9. Leisure centres impact on a range of public health and adult social care outcomes such as:
 - a. reducing the levels of obesity in adults and children
 - b. reducing social and health inequalities, and increasing healthy life expectancy
 - c. reducing the number of falls and injuries over 65's

d. and reducing early death from cardiovascular diseases, cancer and respiratory diseases.

Wider impacts

10. If leisure operators are not supported the re-mobilisation of Bristol's leisure centres will be significantly affected.
11. Facilities will be unable to open and clubs and voluntary organisations unable to re-start activities for communities, until such time new delivery mechanisms are established.
12. There will be a significant impact on the social and health benefits to Bristol's communities at a time when these will be most needed.

CORPORATE IMPLICATIONS

1. Wellbeing: is one of four themes in the corporate strategy and based upon creating healthier and more resilient communities where life expectancy is not determined by wealth or background.
2. Key commitments in the corporate plan is that Bristol will be a leading cultural city, making culture and sport accessible to all.
3. Embed health in all our policies to improve physical & mental health and wellbeing and reduce health inequalities reducing future demand pressures on health and social care services and helping to reduce costs.
4. Supporting preventative interventions and opportunities for physical activity amongst children and adults and creating a resilient, sustainable, clean and healthy city.
5. Promoting opportunity, attracting funding and protecting investment in culture while also facilitating others.
6. Continue to offer good quality services which attract visitors.

APPENDICES

None.

BACKGROUND PAPERS

None.

This decision is being taken under the urgency/emergency powers provided in the officer scheme of delegations in the Constitution.

To take emergency action on behalf of the Council on any matter in cases of urgency or emergency with, wherever possible, prior consultation with the Head of Paid Service and / or Director of Finance in consultation with the Mayor and Executive Member for Finance.

SIGNATORIES:

DECISION MAKER:

Signed: 

Note: If electronic signature used email from Director confirming decision and allowing use of electronic signature must be attached

Title: Chief Executive Officer and Head of Paid Service

Date: 30th March 2021

CONSULTEES:


Title: Director of Finance and S.151 Officer

Date: 1 April 2021

Signed: 

Title: Deputy Mayor – Cabinet Member for Finance

Date: 1st April 2021

Signed: 

**BRISTOL CITY COUNCIL
DECISION**



DECISION OF: DIRECTOR OF ADULT SOCIAL CARE

WITH ADVICE FROM: DIRECTOR OF FINANCE & S151 OFFICER

DIRECTORATE: PEOPLE

DECISION NO: 012

S256 AGREEMENT- INTEGRATED CARE ENABLING ACTIVITIES

KEY DECISION: YES

REASON: Decision has consequences in excess of £500,000

BACKGROUND

An opportunity has arisen for the Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG) to transfer funds to the Council under Section 256 of the National Health Service Act 2006. Section 256 of the Act gives powers to CCGs to transfer funding to local authorities for expenditure incurred or to be incurred by them in connection with any social services functions.

The programme of expenditure is intended to support the implementation of the BNSSG Healthier Together Single System Plan, including supporting the transition and restoration of services impacted significantly by the Covid pandemic, through alignment of a number of key priority areas which benefit the population of BNSSG. It will seek to improve the financial sustainability of both the NHS and Local Authority and meet the strategic goals of health, public health and social care commissioners. In particular, it will involve looking across the Healthier Together work programme to make targeted investments which improve integration.

The key outcomes required are to reduce demand and growth for secondary healthcare, such as avoidable planned and unplanned admissions and referrals to specialist mental and physical health hospitals as well as increasing independence and reducing demand and growth for social care.

The programme will use evidence-based interventions and benchmarking to target investment in areas where value for money in NHS services will be delivered as well as delivering additional savings for public health and social care commissioned services.

Of particular note is that the fund will underwrite any ongoing Social Care costs of Discharge to Assess services during Quarters 1 and 2 of 2021/22, that were approved for Winter 2021/22 surge plan that cannot otherwise be reimbursed by any continuing Government Hospital Discharge Funding.

DECISION

To agree to enter into a Section 256 Agreement with the Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG), the final details of which will be signed off by the Chief Executive or the s151 Officer.

REASON

To fund a programme of investment and services designed to improve integration, reduce demand the growth for secondary health care and social care, and improve independence for individuals.

FINANCIAL IMPLICATIONS

The agreement will lead to the transfer of funding from the CCG to Bristol City Council. The final amount has yet to be agreed, but is likely to be at least £10.1m. Some commitments from the fund will be agreed at the point that the agreement is signed (such as the extension of funding for Discharge to Assess); other schemes will be agreed on approval of a business case. The approval process will be established and agreed by the Healthier Together Executive Group.

LEGAL POWERS AND IMPLICATIONS

The decision is being made in accordance with Section 256 of the National Health Service Act 2006.

CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

None

CONSULTATION

This proposal has been the subject of significant internal consultation between senior officers within the CCG and the Council and will also go through the CCG's decision-making processes.

RISK MANAGEMENT

The agreement will contain a clause that will require any unspent funding at the end of the 2021/22 financial year to be returned to the CCG.

EQUALITY IMPLICATIONS

Have you undertaken an Equality Impact Assessment? No

The transfer of funding is likely to lead to increased benefits for vulnerable people including reduced hospital admissions, shorter lengths of stay in hospital and increased independence leading to a lesser requirement for social care.

CORPORATE IMPLICATIONS

None, other than those already highlighted.

BACKGROUND PAPERS

Draft Section 256 Agreement.

SIGNATORIES

DECISION MAKER

Note: If electronic signature used email from Director confirming decision and allowing use of electronic signature must be attached.

Director of Adult Social Care

Title: Director of Adult Social Care

Signed: 

Date: 25 March 2021


Consultees

Title: Cabinet Member for Adult Social Care

Signed: 

Date: 25 March 2021

Title: Deputy Mayor Finance, Governance and Performance

Signed: 

Date: 25 March 2021

Title: Deputy Section 151 Officer

Signed: 

Date: 25 March 2021

Note: If electronic signature used email from the relevant certifier confirming consultation and allowing use of electronic signature must be attached. If consultation undertaken verbally Director must record date and time of the conversation and any agreement/concerns raised by consultee.



Bristol City Council

Covid 19 Hardship Fund: CTR and Extended Local Support Schemes

1. Background

Following the announcement made at the Spending Review 2020 on 25 November to offer further COVID-19 support for local authorities in 2021/22, government outlined on 17 December 2020 further details on these [commitments](#).

In February 2021 a further [paper](#) provided the government's update on the 2021/22 local government COVID-19 package, having considered all responses to the consultative policy paper.

2. Funding

£670 million of new grant funding will be made available to assist local Council Tax Reduction (CTR) schemes, based on each billing authority's mean average working-age local council tax support caseload across 2020/21 and its average bill per dwelling in 2020/21, compared to England averages.

These will be made available via a section 31 grant with Bristol due to receive £5.8m. The assumption is that £3.3m will be held to support the increase in CTR costs already in the budget (and within CTB1 estimates), with £2.5million held for potential distribution through other local welfare schemes / against further increase in CTR costs beyond those already anticipated.

In addition to this £2.5m there is a further £400k available from the 2020/21 MHCLG Hardship Fund which was held as contingency. This takes the total COVID fund available to £2.9m.

3. Approved/Proposed Spend

Outlined below is the proposal for 21/22 noting final position will be subject to demand in each of these allocation streams. The base budget column (A) is those monies already agreed for 2021/22 with proposed spend (B) being those aligned to this policy.

Fund	Base budget (A)	Proposed spend (B)	Total budget for 2021/22 (A + B)
Discretionary Housing Payment	£1m (estimated)*	£1m	£2m
Local Crisis and Prevention Fund (Emergency Payments)	£500k (£200k+£300k)**	£300k	£800k
Local Crisis and Prevention Fund (Household Goods)	£500k	£400k	£800k
Council Tax Reduction Hardship Payments 2021/22 (£75 per working age household)	£0k	£985k	£985k
Contingency	NA	£215k	£215k
Total	£2m	£2.9m	£4.9m

**To be confirmed by DWP but estimated based on national allocation figures that are already available*

***£300k has already been agreed to be added to the base budget of £200k from 2020/21 MHCLG Hardship Fund = £500k*

4. Rationale for Proposed Spend

The suggested amounts in column B above are based on demand in 2020/21 and likely demand for 2021/22 and broken down as follows:

- £985k for CTR hardship – 20/21 allocation from MHCLG allowed the council to top up working age CTR recipients Council Tax accounts by £150, where there was a residue to pay of this amount (or smaller). This would be scaled back award of £75 per household to reflect the smaller hardship fund available in 2021/22 but will be a stepped reduction allowing time for these households to better budget for this reduction in assistance.
- £1m for DHP – the additional allocation in 2021/22 was £1m fully expended and there is evidence of a similar demand for 2021/22.
- £300k for LCPF Emergency Payments – the total demand for the fund for 2020/21 is estimated to be c. £800k and therefore a top up of £300k to the base will enable a similar level of demand to be serviced plus extend coverage to those with no recourse to public funds.
- £400k for LCPF Households Goods – the fund for 2021/22 was £700k, however with increased demand, this facilitated the purchase of 2 essential household items, as opposed to the usual 3. A small increase taking the overarching 21/22 fund to £900k should facilitate the award of at least 3 essential items for the duration of 2021/22.

It should be noted that there may be some flexibility across funding streams subject to demand and that the fund is cash limited and could be exhausted prior to the end of the 21/22 financial year.

City Centre and High Streets - Economic Recovery

Background

The Bristol Local Plan (2015) defines 47 high streets of various types and sizes – across the city centre, town, district and local centres. The policy aims to support a network of accessible centres as key focuses for development and as the principal locations for shopping and community facilities as well as local entertainment, art and cultural facilities.

In January 2020, the Council held a High Street Inquiry Day where the following vision for high streets was presented as *‘To act as hubs which include retail and a range of other employment sectors, education and training facilities, leisure and cultural uses, healthcare, homes and public transport. Providing access to jobs within local neighbourhoods, which helps reduce the need to travel and creates a better environment.’*

High streets have been impacted by the COVID pandemic, and were already changing over the last two decades, due to competition and changing patterns of consumption – most notably the growth of online shopping and use of supermarkets and out of town retail parks. The pandemic has intensified and accelerated these trends.

These challenges are set out in the One City Economic Recovery & Renewal Strategy (October 2020) and the West of England (WECA) Regional Recovery Plan, which highlights the need to work with our communities, re-imagine and re-invigorate our towns and city centres with an innovative town centre re-structuring programme, building on the increased need for ‘local liveability.’

Discussions to identify priorities have been held internally within Bristol City Council via the High Street Recovery Working Group and with external organisations including the City Centre BID, Broadmead BID, Redcliffe and Temple BID in development, Bedminster BID, Clifton BID, Bristol Food Union, Bristol Association of Restaurants, Bars and Independent Establishments (BARBIE), Federation of Small Business and Black South West Network.

Bristol’s approach

Our immediate to medium term priorities are to ensure the safe reopening of high streets and to support businesses and high streets to survive, recover and re-animate over the next few years.

Covid Capital Recovery Fund and WECA Love our High Streets programme

The Council has announced that it will use £2m of the Covid Capital Recovery Fund and £2.725m allocated to Bristol from the West of England Combined Authority’s Love our High Streets programme to support the delivery of recovery plans for the City Centre and high streets.

The City Centre and 9 of the city’s high streets have been prioritised under a programme of interventions to support recovery and renewal. This programme aims to support existing high streets business from non-essential retail, hospitality, culture and events sectors which have been severely impacted by Covid 19 restrictions and lockdown measures, but also diversify and re-animate high streets, increasing footfall and encouraging visitors into the local economy (in line with government guidance and roadmap to easing lockdown restrictions).

Within the City Centre, which is a key economic and cultural focus for the region, activity will focus on safe reopening, a diverse and inclusive co-ordinated cultural and experiential events programme, support for the hospitality sector, meanwhile/pop-up uses and greening. The focus is on ensuring the city centre is open to all residents of Bristol and visitors both day and night, with a particular emphasis on being family friendly and a range of activities throughout the year. The council is working with the City Centre and Broadmead Business Improvement Districts, Cabot Circus, The Galleries and other stakeholders to plan the activities.

The local high streets programme will include working closely with businesses, residents, community groups, the creative and events sector and other stakeholders to co-design public realm and street scene improvements which reflect the individual needs and aspirations of each area. Work will also be undertaken with the arts and events sector to develop a series of community activities and events to re-animate individual high streets. Consideration will also be given to developing interventions which facilitate localised access to skills and employability support provision in high streets, particularly those in areas of high deprivation – supporting priorities for economic inclusion and improving access to jobs.

A citywide high street grants programme will support meanwhile use/pop-ups and businesses. Meanwhile use/pop-ups will support temporary uses which enhance the existing high street offer, with a focus on the creative and hospitality sector. Support for businesses will focus on bringing vacant properties back into permanent use, with a focus on uses that diversify (e.g. workspace) and enhance the existing high street offer.

Funding allocations will be based on evidence of need including size of high street/number of businesses, number of vacant properties and level of deprivation. By using these criteria a consistent and transparent process for allocation of funds to the high streets can be applied. Engagement activities will take place with individual high street stakeholders to better understand local needs and provide opportunities for co-design.

These funds will be aligned with the £290,000 allocation from WECA’s High Street Renewal Fund and £415,785 Welcome Back programme (Reopening High Streets Safely) funding allocated to the Council. This will create one funding envelope to deliver the City Centre and High Streets recovery programme.

Indicative funding allocations (subject to engagement) – Covid Capital Recovery Fund/Love our High Streets

Activity	2021/22	2022/23
City Centre recovery	£750,000	£1,250,000
High Street – 9 priority areas	£725,000	£1,000,000
Citywide grant fund	£400,000	£600,000

Decision Pathway – Report

PURPOSE: Key decision

MEETING: Cabinet

DATE: 13 April 2021

TITLE	Procurement Support for Display Suppliers																							
Ward(s)	City Wide																							
Author: Jack Smith	Job title: Creative Manager, External Communications																							
Cabinet lead: Councillor Craig Cheney	Executive Director lead: Mike Jackson																							
Proposal origin: <i>BCC Staff</i>																								
Decision maker: Cabinet Member Decision forum: <i>Cabinet</i>																								
<p>Purpose of Report: To obtain Cabinet approval to commence procurement of a framework of suppliers (with two lots) for display-related services, and to seek delegated permission to award contracts upon completion of the tender.</p> <p>The two lots are for the areas of exhibition production (largely for museum work) and all signage required by Bristol City Council. These have maximum values for Bristol City Council over four years of £1,000,000 and £500,000 respectively.</p>																								
<p>Evidence Base: Bristol City Council are currently only covered by waivers related to printing and installation of exhibitions and signage. The majority of this work is managed by the Bristol Design team working collaboratively with services like the Culture Team. Currently the team receives multiple quotes from pre-selected suppliers to ensure a degree of value for money and quality.</p> <p>Details of spend by Bristol Design in each of these areas;</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 15%;">Services</th> <th style="width: 15%;">2017/18</th> <th style="width: 15%;">2018/19</th> <th style="width: 15%;">2019/20</th> <th style="width: 40%;">2020/21 (Actual for 10 months to 31/1/21)</th> </tr> </thead> <tbody> <tr> <td>Exhibition</td> <td>£45k</td> <td>£69k</td> <td>£66k</td> <td>£60k*</td> </tr> <tr> <td>Signage</td> <td>£76k</td> <td>£75k</td> <td>£84k</td> <td>£19k</td> </tr> <tr> <td>Total</td> <td>£121k</td> <td>£143k</td> <td>£150k</td> <td>£79k</td> </tr> </tbody> </table> <p><i>*Due to COVID-19, exhibition suppliers fulfilled some of BCC's urgent signage requirements</i></p> <p>Spend is slowly increasing and could increase further as the team centralise these services and increasingly support other public sector organisations.</p> <p>More structured frameworks or contracts would ensure value for money, procurement compliance and consistent quality, alongside mitigating individual teams using alternative suppliers for these services. This should be structured as lots within a single framework, as a single supplier would not provide the range of services or contingency required. In addition, Bristol Design and Procurement are currently reviewing the potential route of a collaborative framework with other local public sector partners. This would increase the overall contract value, potentially attracting higher quality suppliers and increasing efficiency across partners.</p> <p>Based on similar contracts, a competitive framework could result in a saving (against requirements) of between 10 to 15%. A Framework Agreement for a maximum 4-years (with multiple short-term call-offs) would ensure consistent continuation of services and suppliers. If Bristol City Council decide not to procure for suppliers, the council will be required to procure individually, likely increasing the cost per annum of these services and decrease efficiency of the</p>					Services	2017/18	2018/19	2019/20	2020/21 (Actual for 10 months to 31/1/21)	Exhibition	£45k	£69k	£66k	£60k*	Signage	£76k	£75k	£84k	£19k	Total	£121k	£143k	£150k	£79k
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service provision.

Cabinet Member / Officer Recommendations:

That Cabinet:

1. Approves the procurement of a framework of suppliers for display-related services for a maximum of 4 years at a cost of up to £1.5m for Bristol City Council.
2. Authorises the Chief Executive in consultation with the Cabinet Member Finance, Governance and Performance to procure and award the contract necessary for the implementation of display production, in-line with the procurement routes and maximum budget envelopes, noting the associated Procurement and Legal commentaries
3. Authorises the Chief Executive to invoke any subsequent extensions/variations specifically defined in the contract terms (within a maximum of a 4-year duration).
4. Authorises the Head of Strategic Procurement & Supplier Relations to approve appropriate procurement routes to market where these are not yet fully defined in this report, or if changes to procurement routes are subsequently required.

Corporate Strategy alignment:

Consideration has been giving to the Council's Corporate Strategy's core commitments as it helps to support those involved with delivering the Council's Corporate Strategy. This specifically supports the following principles:

1. Use our assets wisely, generating a social and/or financial return.
2. Raise money in a fair but business-like way.
3. Maximise opportunities to work with partners and other stakeholders locally, nationally and globally

City Benefits:

The award of an external contract will provide a display service that benefits colleagues, clients, the democratic process, legal process, and fulfilling contracts with external customers, and potentially a reduction in the production of climate changing gases.

Consultation Details:

n/a

Background Documents:

- Section 3 –Previous Signage Specification paperwork.

Revenue Cost	£375k per annum maximum, up to £1.5m over 4 years.	Source of Revenue Funding	Revenue costs centres across the Council
Capital Cost	Included in the above quoted figures	Source of Capital Funding	Capital project codes across the Council
One off cost <input type="checkbox"/>	Ongoing cost <input checked="" type="checkbox"/>	Saving Proposal <input checked="" type="checkbox"/>	Income generation proposal <input type="checkbox"/>

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

1. Finance Advice: This report requests that Cabinet approves procurement of a framework of suppliers for display-related services and that Cabinet delegates authority to the Chief Executive and the Designated Deputy Mayor to award contracts upon completion of the procurement process. These contracts would commence from August 2021 and would each be for up to 4 years in total (including extensions).

Spend per annum through the Bristol Design Team is currently in the range £0.1m-£0.2m for exhibition and signage combined. This could increase as the Team continues to explore opportunities to support other public sector organisations.

The Team have assessed and committed to a 10%-15% budget saving per annum. This would equate to a saving of £15k-£23kp.a. from 22/23 based on current throughput.

Finance Business Partner: Jemma Prince, 29 March 2021

2. Legal Advice: The procurement process must be conducted in line with the 2015 Procurement Regulations and the Councils own procurement rules. Legal services will advise and assist officers with regard to the conduct of the procurement process and the resulting contractual arrangements.		
Legal Team Leader: Husinara Jones, Team Leader/Solicitor, 29 March 2021		
3. Implications on IT: No impacts to IT Services are expected as a result of this procurement		
IT Team Leader: Simon Oliver (Director, Digital Transformation), 29 March 2021		
4. HR Advice: No direct HR implications evident		
HR Partner: James Brereton (People & Culture Manager), 29 th March 2021		
EDM Sign-off	Denise Murray, Service Director - Finance	24/02/2021
Cabinet Member sign-off	Cllr Cheney	01/03/2021
For Key Decisions - Mayor's Office sign-off	Mayor Rees	15/03/2021

Appendix A – Further essential background / detail on the proposal Spend data	YES
Appendix B – Details of consultation carried out - internal and external Not required, as advised by Tim Borrett, Director, PSP	NO
Appendix C – Summary of any engagement with scrutiny	NO
Appendix D – Risk assessment	YES
Appendix E – Equalities screening / impact assessment of proposal EqIA	YES
Appendix F – Eco-impact screening/ impact assessment of proposal The significant impacts of this proposal are ensuring any procured suppliers are considerate of the impact their materials, equipment, processes and premises on the environment. The proposals include the following measures to mitigate the impacts: <ul style="list-style-type: none"> - details in any tender specification of our requirement for suppliers to share our commitment to mitigate impacts - incorporating environmental impacts into the scoring of potential suppliers - reviewing any suppliers actions through contract management. The net effects of the proposals are similar to current operations, although offer greater assurance that our suppliers meet environment standards and practises.	YES
Appendix G – Financial Advice	NO
Appendix H – Legal Advice	NO
Appendix I – Exempt Information	NO
Appendix J – HR advice	NO
Appendix K – ICT	NO
Appendix L – Procurement	NO

Procurement Support for Display Suppliers
Appendix A

Spend data (£) over last four years;

Services	Supplier	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21 (Actual for 10 months to 31/1/21)
Exhibition	Colour Studios	20,890	14,561	10,517	21,928
	Project Graphics	24,352	53,225	51,958	13,578
	N3	0	548	96	24,346
	XL Displays	148	315	3,525	215
	Sub-Total	45,400	68,700	66,096	60,067
Signage	Create Signs	41,721	51,442	30,451	9,234
	Ward & Co	34,214	23,127	53,578	10,182
	Sub-Total	75,935	74,569	84,029	19,416
Total		121,335	143,269	150,125	79,483

Please note, historically Bristol Design have on occasion requested signage from our exhibition suppliers. This increased in 2020/21, due to urgent COVID-19 signage requirements and shortages in the supply chain.



BRISTOL CITY COUNCIL

TENDER FOR THE PROVISION OF SIGNAGE

SECTION 3

SPECIFICATION

TENDER FOR THE PROVISION OF SIGNAGE

SPECIFICATION

CONTENTS

1. GENERAL
2. BESPOKE SIGNAGE
3. ORDERS
4. DESIGN APPROVAL
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6. DELIVERIES
7. NON-DELIVERY
8. PAYMENTS & INVOICES
9. MANAGEMENT REPORTS
10. PRODUCT SPECIFICATION AND QUALITY
11. SECURITY
12. HEALTH AND SAFETY
13. EQUALITIES
14. CONTRACT REVIEWS
15. MARKETING, USER GUIDE & PROMOTION OF THE CONTRACT
16. CONTRACT IMPLEMENTATION

1. GENERAL

- 1.1 This Specification should be read in conjunction with the other Contract Documents.
- 1.2 The Contractor must provide signage direct to the Customer offering a comprehensive range of products to all establishments at Bristol City Council and other Customers recruited to the Contract. The Council uses a number of locations throughout Bristol and the surrounding areas. Deliveries and associated installation may be required to any of these such as schools, libraries, depots and housing and social service offices.
- 1.3 The Contractor will be an established provider of signage who has the capacity, resources and experience to provide a wide range of Goods and Services. The Contractor will have the capability to provide Bespoke Signage (Custom-made signage to individual order requirements)
- 1.4 The Contractor will develop the Contract with the Council's Representative to meet the needs of the Council, seek best value, and achieve continuous improvement during the course of the Contract.
- 1.5 At present, The Council's estimated expenditure on Signage is £150,000 per year.
- 1.6 All artwork design for Bespoke Signage will be designed or approved by the Bristol Design the Council's in-house Design Team.

2. BESPOKE SIGNAGE

- 2.1 The Contractor shall provide Bristol Design and other Customers requiring Bespoke Signage a final quote and delivery / installation schedule within two Working Days of receiving the initial request from the Customer.
- 2.2 The Contractor must adhere to the guidelines set out within the Bristol City Council Visual Identity & House Style guide (refer to Appendix 1.) unless authorised by Bristol Design (refer to clause 4).
- 2.3 A member of the Council's Bristol Design Team must approve all bespoke signage (refer to section 4) prior to production.
- 2.4 The Council's Bristol Design Team will be the preferred artwork originator of bespoke signage, and the Contractor will be responsible for the production and/or delivery and installation.
- 2.5 Artwork is supplied as a digital file with either printed visuals or PDF visual. The file format of the digital artwork will be in the format suggested by the sign

contractor - but ideally will be AppleMac QuarkXpress or Freehand/Illustrator files. Files can also be supplied as a generic EPS file (suitable for PCs) or as PDFs. Files would NOT be supplied in JPEG, as this format is normally unsuitable for signs.

3. ORDERS

3.1 Orders may be placed by any section or department of the Council or any other Customer. The Contractor must be able to deal with orders, quotes, invoices and queries electronically (please refer to clause 8). The Contractor may assume that if an order is made in accordance with the Contract, that it is a valid order unless: -

3.1.1 the Contractor has been advised specifically that orders placed by that section will only come from a specific person or

3.1.2 the order has been placed by someone who the Contractor has been specifically advised is not authorised to place orders or who is placing an order that exceeds his or authority as notified to the Contractor.

3.2 These orders will be deemed to have been received on the same day, for orders placed electronically (including facsimile) up to 4.00pm or the next Working Day if placed after 4.00pm. Orders sent by post should be dealt with from the date of arrival.

3.3 Each order will contain the following:

- Full details of Goods and Services requested by the Customer;
- Full details of the premises to which Goods and Services are to be supplied;
- A purchase order number
- A timetable for implementation of the order;
- Any responsibilities of the Customer relevant to the specific order and additional to those responsibilities set out in these Contract Conditions;
- And any other information e.g. price, delivery point and recipient that the Customer wished to specify.

4. DESIGN APPROVAL

4.1 A digital image of the Bespoke Signage needs to be approved by Bristol Design before the signage is manufactured and before the Customer approves the

design.

- 4.2 If the Contractor receives artwork from another Council internal customer they must send an image of the Bespoke sign electronically in a PDF format to be approved by the Bristol Design Team.

5. INSTALLATION

- 5.1 The Contractor is required to install all Bespoke Signage if requested by the Customer.
- 5.2 If installation is required, the Contractor must carry out this process within two Working Days of delivery of the signage.
- 5.3 For Health & Safety guidance when carrying out fitting on Council sites, refer to clause 12 below.

6. DELIVERIES

- 6.1 The Contractor must deliver all Bespoke Signage within the timescales agreed with the customer no longer than four weeks from order. If the Council's brand has been used on Bespoke Signage the timescales agreed with the Customer will commence after the design approval stage.
- 6.2 The Contractor shall deliver all Goods to the specified location as directed by the Customer and each delivery shall be accompanied by a duplicate delivery note or such other paperwork as the Customer may have authorised. They must be addressed to the contact on the order ensuring that the Goods can be clearly identified and connected to the order. Each copy shall be signed by an authorised signatory of the Council at the point of delivery. One copy shall be left with the signatory and one copy shall be retained by the Contractor as proof of delivery. The Customer may reject any incorrectly documented Goods even if otherwise correctly delivered in which case the Contractor shall redeliver them in accordance with 6.4 below.
- 6.3 The Contractor shall submit a separate delivery note in respect of each delivery direct to the Customer or ordering cost center, which shall not constitute a bill. Each delivery note shall contain full supporting information including the following:
- The purchase order number;
 - Full details of the Goods and Services requested by the Council;
 - Department/Section/Premises to which Goods and Services were supplied;
 - Customer and or contact who requested the Goods and Services;

- The Contract Price amount charged for the Goods and Services;
- Contractor's name;
- Delivery note number;
- Health and Safety Requirements,

Delivery notes shall be provided in the manner specified in the Conditions.

- 6.4 All Goods and Services shall be delivered and supplied to the person and/or delivery point specified in the order. If Goods and Services are incorrectly delivered the Contractor shall redeliver them within one Working Day at its own cost and risk.
- 6.5 The Contractor shall notify the Customer's Representative upon arrival at the delivery point and obtain any necessary security clearances.
- 6.6 The Customer shall ensure that during the Customer's normal working hours the Contractor can access the Customer's premises to deliver Goods. The Contractor shall be responsible for everything else involved in delivery and shall take reasonable care to ensure that it does not interfere with or hinder the operations of the Customer.
- 6.7 The Contractor shall keep an accurate record of the order and response times for providing the Goods and Services for the Council. These records will form part of the KPI's. The Contractor shall work with the Customer continuously to improve working methods for the performance of the Contract and the continuous improvement of the Service.
- 6.8 Goods will be signed for by the Customer on a "received but not checked" basis. However the person receiving the Goods must be permitted to examine them at the time of receipt and in any event the Council reserves the right to reject the delivery in whole or part, if in the view of the receiving officer, the Goods do not meet the specifications of the Contract or order.
- 6.9 The Contractor shall ensure that all Goods are properly packed and secure in suitable fitting boxes or other suitable packaging materials to protect the Goods and shall store and deliver them so that they reach their destination in good condition. Alternative packaging may be used for high volume deliveries following agreement with the Council's Representative beforehand. After delivery the Contractor shall be responsible at its own cost for removing any packaging and/or waste materials requested by the Customer and shall leave the delivery point in a clean and tidy condition.

7. NON-DELIVERY

- 7.1 If the Contractor is unable or fails to supply a Goods or anything priced in its tender in accordance with this Contract the Customer may order it from someone else. The Contractor shall reimburse to the Customer any extra cost over the amount it would have paid the Contractor, and any additional cost incurred in ordering or in consequence of the Contractor's inability or failure. A Customer may not exercise its powers under this condition unreasonably or vexatiously. The Customer's rights under this condition are without prejudice to any other rights or remedies, which it may possess.

8. PAYMENTS & INVOICES

- 8.1 Invoices will be provided in the most advantageous method, with the main emphasis being via electronic applications as specified in the Conditions. The Council and its Customers are trading online via a Supplier Portal which is a secure web based 'door' through which contractors will conduct all exchange of information, including the maintenance of an on-line catalogue. The Contractor must either join this arrangement or alternatively already have a existing web-enabled electronic catalogue that can be adapted and accessed through a Punch-Out from the Councils 'On-Line Procurement system' (COPS) at no cost to the Council. The Contractor must also co-operate during the Contract term with the Council and other Customers in developing and refining these systems.
- 8.2 Bristol City Council's Sourcing team will act as a central contact point for e-business matters and assist through each stage of the process so the Contractor can trade online with the Council and its Customers so that systems can be developed by both parties.

The Contact details for the sourcing team is:

- E-mail: sourcing.team@bristol.gov.uk
- Telephone: 0117 92 23495

For further information on Supplier Portals please visit <http://www.localtgov.org.uk/webfiles/NePP/Guidance/8.0%20e-Sourcing/8.2.1.9.pdf>

9. MANAGEMENT REPORTS

- 9.1 The Contractor shall give free and unhindered access to all information and documents relating in any way to the Contract on request by the Council's Representative.
- 9.2 The Contractor shall submit to the Council's Representative management

information and usage reports as required.

9.3 In accordance with the Key Performance Indicators, the Contractor shall supply as a minimum the following reports for every Contract Review meeting:

- All expenditure to the Council and it's Customers for each quarter, including a breakdown by department, directorate and cost centre;
- Product usage and breakdown
- Average order value;
- Percentage of electronic spend;
- Spend on Goods in Pricing Document, along with any other signage purchased
- Specific marketing reports;
- Customer service reports;
- Health and Safety incidents relating to the Contract.

10. PRODUCT SPECIFICATION AND QUALITY

10.1 The Contractor is not required to supply products other than Signage, but may offer to supply Customers with other products, without any obligation on the part of the Contractor or Customers. This does not include the design for bespoke signage for internal Council departments. The Contractor shall not seek to persuade Customers or their staff to purchase items from the Contractor, which are of a range subject to other supply contracts.

10.2 The Contractor shall ensure that all Bristol Design and other Customers are kept informed of new Goods and Services and other developments including all approved price changes.

10.3 The Contractor shall meet or exceed the standards of the Key Performance Indicators.

10.4 The Contractor shall ensure that it has a quality management system in place to ensure the performance of the Contract to the Contract Standard and that it includes policies and procedures that address all the elements in the Contract.

10.5 The Contractor shall provide an accounts manager, a sales and technical operational contact and information and support on their operational methods to the satisfaction of the Council free of charge to all Customers and supply them with the appropriate contact details to ensure a prompt response.

10.6 The Contractor shall acknowledge all complaints and customer service queries made by any Customer promptly and deal with any complaints received from whatever source in a courteous and efficient manner.

10.7 The Contractor shall have clear written procedure for handling complaints and

dealing with customer service queries in accordance with the KPI's and shall investigate and resolve any complaint and queries in accordance within the timescales in that procedure. The Contractor shall have provided the Council with a copy of that procedure as part of its tender and shall not change it without the consent of the Council and all other Customers.

- 10.8 The Contractor may not charge for time spent or any other costs incurred dealing with complaints.
- 10.9 The Contractor shall forthwith in writing notify the Council's Representative and the relevant Customer's Representative of all complaints received and of steps taken in response to them. The Contractor shall keep a written record of all complaints received and of the action taken in respect of such complaints. The Contractor shall ensure all such records and any correspondence, documents and other relevant information relating to any complaint are available for inspection by the Council's Representative at all reasonable times and shall provide him/her with copies on request without charge.

11. SECURITY

- 11.1 Security passes will, wherever possible be issued to employees, carriers or agents acting for the Contractor. These must be worn at all times whilst providing the Goods and Services. The Contractor and their employees, carriers or agents should notify the Customer upon arrival and departure from the premises, provide identity data, advise the Customer of the delivery and other operations to be provided, supply data, gain authorisation for the Goods and return any security passes supplied upon departure.

12. HEALTH AND SAFETY

- 12.1 The Contractor must advise their employees, carriers or agents about their responsibility for observing health and safety policies and ensure that all relevant law, rules and procedures concerning fire, health and safety are met.
- 12.2 The Contractor must at all times comply with all relevant Acts, Regulations and Guidelines, and any subsequent amendments or other legislation relating there to in connection with the deliverance of the Goods and Services required under this Contract including, but not limited to:
- Environmental Protection Act 1990 – Section 34 – Duty of Care
 - Waste Carriers Licence
 - Control of substances hazardous to health regulations 2002
 - Control of pollution (amendment) Act 1989 – Registered Carriers of
 - Controlled waste (effective 1999)
 - Collection of waste regulation 1992
 - Finance Act 1996 – including secondary legislation regarding landfill

tax.

- “Waste Management Paper 25” issued by The Department for food and rural affairs.
- The Road Traffic Act.
- The Provision and user of work equipment
- Personal protective equipment at work

12.3 The Contractor must adhere to any procedures adopted by locations or the Council which relate to the Management of Health and Safety at Work Regulations 1992 i.e. procedures for the evacuation of building premises in the event of an emergency. No compensation will be paid to the Contractor for the lost time in the event of such actions causing delays to the Contractor in the performance of the Service.

12.4 The Contractor will carry out duties and tasks with due care and attention causing the minimum disruption to the location’s activities, staff, pupils and any other occupants and must make provision in the Tender for all safety costs necessary.

12.5 The Council can at any time request details of the Contractor’s procedures for dealing with specific incidents on our premises, such as spills and the Contractor shall be required to amend these in order to meet the Council’s reasonable requirements.

12.6 The Contractor must be competent to carry out this type of work, a copy of the Contractor’s health and safety policies will be required by the Council in line with section 13 (Health & Safety) of the tender.

13 EQUALITIES

13.1 Should the Contractor be required to produce signage for use inside a Bristol City Council Building, reference should be made to the Signs and Sign Specifications in Bristol City Council’s Environmental Access Standard (pages 45 – 49, in Appendix 2).

13.2 The Contractor will have full knowledge of and ensure compliance with the standards outlined in the Royal National Institute of Blind People "Sign Design Guide" where this is required by the Customer.

14. CONTRACT REVIEWS

14.1 Programmed meetings will be held (every 3 months) after commencement of the Contract between the Contractor’s Representative and the Council’s Representative. In addition to these an initial meeting will take place when the Contract has been awarded. At these meetings the Contractor will be required to provide a status report (as outlined in the Conditions) as per 9.3 above.

15. MARKETING, USER GUIDE & PROMOTION OF THE CONTRACT

- 15.1 Promotion of the Contract within the Council will be a joint responsibility between the Contractor and the Council. The Contractor shall ensure that the Customer is kept informed of new Goods and Services and other developments including agreed price changes.
- 15.2 The Contractor shall provide the Customer free of charge with technical literature, sales data, Contract price lists and other documentation necessary to assist the Customer in the selection of Goods and services. The Council's Representative must approve the style and use of the user guide before it is issued. The user guide must be ready for issue one month after the Commencement Date of the Contract.
- 15.3 The Contractor shall advise the Council's Representative of any planned alterations to the user guide, at least one month prior to the proposed implementation of such changes and these changes should be agreed with the Council before they are introduced. Prices may only be reviewed or altered in accordance with the Conditions.
- 15.4 All marketing literature supplied will be taken as being free of charge and must be approved by the Council's Representative before being used under this Contract.

16. CONTRACT IMPLEMENTATION

- 16.1 The Contractor shall implement the Contract in accordance with the Contract Document and the agreed implementation plan.
- 16.2 The Contractor must ensure that their implementation plan supplied with its Tender is followed and that the minimum targets recorded within the KPI's are met.

Procurement Support for Display Suppliers Risk Register

Negative Risks that offer a threat to Procurement Support for Display Suppliers and its Aims (Aim - Reduce Level of Risk)

Ref	Risk Description	Key Causes	Key Consequence	Status Open / Closed	Strategic Theme	Risk Category	Risk Owner	Key Mitigations	Direction of travel	Current Risk Level			Monetary Impact of Risk £k	Risk Tolerance			
										Likelihood	Impact	Risk Rating		Likelihood	Impact	Risk Rating	Date
DP1	That a formal procurement process may not attract or procure quality suppliers	1. A smaller supplier may not be experienced or confident completing tender documentation 2. A supplier may choose not to respond or may not be aware of opportunity	1. Quality and consistency of service may be impacted 2. Potential requirement to re-tender	Open	Our Partners	Resources	Director: Policy, Strategy and Partnerships	1. Engagement with suppliers prior to procurement process 2. Consideration when creating documentation to ensure it is weighted to the highest quality suppliers at best value for money and social value 3. Advertise widely	New	2	4	8	n/a	1	2	2	12.02.21
DP2	The Council's reputation is damaged by the process.	1. Perception of being too restrictive in approach, as we are currently operating without contracts in place.	1. Negative media or social media coverage; with potential to influence potential partners. 2. Reduction in public trust if procurement processes are not seen to be applied consistently or fairly.	Open	Our Organisation	Reputation	Director: Policy, Strategy and Partnerships	1. Liaising with Public Relations team to ensure risks are low 2. Guidance from the Procurement team to ensure all processes and regulations are met	New	1	4	4	N/A	1	3	3	12.02.21
DP3	Procurement isn't delivered on time	1. Inadequate resource in Service (External Communications) and Procurement teams	1. Reputational impact 2. Non compliance with Internal Procurement Rules and PCR2015 3. Service delivery is impacted 4. Potential suppliers are deterred	Open	Our Organisation	Resources, Reputation, Legal	Director: Policy, Strategy and Partnerships	1. Ensure project is prioritised as part of Service Plans 2. Appoint informed delegates for delivery of Procurement, in case of absentee	New	1	6	6	N/A	1	6	6	12.02.21
DP4	Specifications do not reflect requirements of service	1. Inadequate resource to sufficiently create documentation 2. Not drawing upon experience of services reliant upon suppliers	1. Specification and suppliers don't meet needs of Service 2. Requirement to source supplies outside of Framework or re-tender	Open	Our Organisation	Resources, Procurement	Director: Policy, Strategy and Partnerships	1. Ensure project is prioritised as part of Service Plans 2. Work closely with relevant Services	New	1	5	5	N/A	1	5	5	12.02.21

DP5	A collaborative agreement impacts schedules of delivery of Framework	1. Delays in other organisations providing necessary documentation or approval	1. Reputational impact 2. Non compliance with Internal Procurement Rules and PCR2015 3. Service delivery is impacted 4. Potential suppliers are deterred	Open	Our Organisation	Resources, Procurement	Director: Policy, Strategy and Partnerships	1. Early engagement with partners to ensure plans, processes, deliverables and resources are agreed 2. Regular meetings with partners to check against progress	New	2	6	12	N/A	1	6	6	12.02.21
DP6	Specifications do not meet BCC's environmental or equality policies	1. Inadequate resource to sufficiently create documentation 2. Not drawing upon upon experience of relevant services	1. Specification and suppliers don't meet BCC or national policies 2. Requirement to re-tender	Open	Our Organisation	Resources, Procurement	Director: Policy, Strategy and Partnerships	1. Ensure project is prioritised as part of Service Plans 2. Work closely with relevant Services	New	1	6	6	N/A	1	5	5	12.02.21
DP7	That a formal procurement process is not approved	1. Insufficient details on decision pathway documentation 2. Unforeseen circumstances	1. No compliant process in place to cover notable spend	Open	Our Organisation	Resources, Procurement	Director: Policy, Strategy and Partnerships	1. Ensure Decision Pathway process is a PSP priority and supported by key stakeholders	New	1	5	5	N/A	1	5	5	12.02.21
DP8	Costs of services could exceed thresholds	1. Increased demand 2. Increased supply chain costs	1. Framework needs amending or re-tendering 2. Non-compliance with internal policies	Open	Our Organisation	Resources, Procurement	Director: Policy, Strategy and Partnerships	1. Careful spend review against future work 2. Contingency in maximum figures	New	1	5	5	N/A	1	5	5	12.02.21
DP9	Supplier is removed from application or Framework	1. Supplier change in business operations, ownership or business dissolved 2. Supplier doesn't meet contractual obligations	1. More dependency on fewer supplies 2. Potential for re-tender (if multiple)	Open	Our Organisation	Resources, Procurement	Director: Policy, Strategy and Partnerships	1. Selection criteria reduces risk of procuring unstable supplier 2. A high number of suppliers on each lot to ensure contingency	New	2	4	8	N/A	1	4	4	12.02.21

Bristol City Council Equality Impact Relevance Check



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

What is the proposal?	
Name of proposal	Procurement Support for Display Suppliers
Please outline the proposal.	To obtain Cabinet approval to commence procurement of two frameworks of suppliers (or one framework with two lots) for display-related services, and to seek delegated permission to award contracts upon completion of the tender(s).
What savings will this proposal achieve?	The Team have assessed and committed to a 10%-15% budget saving per annum. This would equate to a saving of £15k-£23kp.a. from 22/23 based on current throughput.
Name of Lead Officer	Jack Smith

Could your proposal impact citizens with protected characteristics? (This includes service users and the wider community)
Please outline where there may be significant opportunities or positive impacts, and for whom.
This contract is to replace a previous contract for signage, currently only covered by waivers. This should not have any impact (positive or negative) upon citizens. The contract will be procured in line with the necessary social value requirements set out by the council's procurement service.
Please outline where there may be significant negative impacts, and for whom.
n/a

Could your proposal impact staff with protected characteristics? (i.e. reduction in posts, changes to working hours or locations, changes in pay)
Please outline where there may be significant opportunities or positive impacts, and for whom.
This contract is to replace a previous contract for signage, currently only covered by waivers. This should not have any impact (positive or negative) upon citizens. The contract will be procured in line with the necessary social value requirements set out by the council's procurement service.
Please outline where there may be negative impacts, and for whom.
n/a

Is a full Equality Impact Assessment required?	
<p>Does the proposal have the potential to impact on people with protected characteristics in the following ways:</p> <ul style="list-style-type: none"> • access to or participation in a service, • levels of representation in our workforce, or • reducing quality of life (i.e. health, education, standard of living) ? 	
<p>Please indicate yes or no. If the answer is yes then a full impact assessment must be carried out. If the answer is no, please provide a justification.</p>	<p>No, this will not:</p> <ul style="list-style-type: none"> - impact access to a service - affect our workforce - impact quality of life <p>Therefore a full impact assessment is not necessary</p>
<p>Service Director sign-off and date: Tim Borrett, Director: Policy, Strategy and Partnerships 16/02/2021</p>	<p>Equalities Officer sign-off and date: Reviewed by equality officer 15/02/2021</p>

Eco Impact Checklist

Title of report: Procurement support for display suppliers				
Report author: Jack Smith				
Anticipated date of key decision: Cabinet on 13th April 2021				
Summary of proposals: To obtain approval to initiate the procurement process for display production suppliers (exhibition & signage)				
Will the proposal impact on...	Yes/No	+ive or -ive	If Yes...	
			Briefly describe impact	Briefly describe Mitigation measures
Emission of Climate Changing Gases?	Yes	-ive	Non-green energy and waste creation	Assess and select suppliers dependent on their evidence of reducing non-green energy consumption and emissions, notable through facilities and delivery management and distances
Bristol's resilience to the effects of climate change?	Yes	-ive	Use of non-environmentally friendly equipment	Assess and select suppliers dependent on their evidence of environmentally friendly equipment (such as energy efficiency, warm-up times and leasing equipment) and material procurement processes to ensure minimum impact on the environment.
Consumption of non-renewable resources?	Yes	-ive	Use of non-reusable materials	Assess and select suppliers dependent on evidence of their ability to reduce, renew, recycle, and re-use materials (including FSC graded stock and ISO graded inks)
Production, recycling or disposal of waste	Yes	-ive	Poor Waste Management	Assess and select suppliers dependent on evidence of their ability to minimise and reduce waste, with consideration into disposal or recycling / reusing where possible.
The appearance of the	No			

city?				
Pollution to land, water, or air?	Yes	-ive	Poor Waste Management	Assess and select suppliers dependent on their evidence of their premises, policies and processes in relation to chemicals and other impactful waste
Wildlife and habitats?	No			
Consulted with:				
<u>Summary of impacts and Mitigation - to go into the main Cabinet/ Council Report</u>				
<p>The significant impacts of this proposal are ensuring any procured suppliers are considerate of the impact their materials, equipment, processes and premises on the environment.</p> <p>The proposals include the following measures to mitigate the impacts:</p> <ul style="list-style-type: none"> - details in any tender specification of our requirement for suppliers to share our commitment to mitigate impacts - incorporating environmental impacts into the scoring of potential suppliers - reviewing any suppliers actions through contract management. <p>The net effects of the proposals are similar to current operations, although offer greater assurance that our suppliers meet environment standards and practises.</p>				
Checklist completed by:				
Name:		Jack Smith		
Dept.:		External Communications		
Extension:		24205		
Date:		11/02/2021		
Verified by Environmental Performance Team		Nicola Hares – Environmental Project Manager		

Decision Pathway – Report

PURPOSE: For noting

MEETING: Cabinet

DATE: 13 April 2021

TITLE	Local Covid Outbreak Management Plan (March 2021 refresh)		
Ward(s)	All		
Author: Christina Gray	Job title: Director of Communities and Public Health		
Cabinet lead: Cllr Asher Craig, Deputy Mayor with responsibility for Communities, Equalities and Public Health	Executive Director lead: Hugh Evans, Executive Director, People		
Proposal origin: Other			
Decision maker: Mayor Decision forum: Cabinet			
<p>Purpose of Report: For Cabinet to review and note the updated / refreshed Local Outbreak Management Plan (LOMP). The Bristol LOMP is part of a network of plans in every local authority in England. It provides the framework for the next phases of living with Coronavirus. The plan was originally published in June 2020; this document is a refreshed version that accounts for developments since the plan’s first iteration including our own local experiences of responding to the pandemic.</p> <p>For Cabinet to note the grant funding received so far to support the plan and authorises the Director of Public Health to spend further grant funding as noted in the report subject to compliance with the grant funding conditions.</p> <p>The revised Outbreak Management Plan was submitted to the Department of Health and Social Care as required by 12th March 2021. The plan has been through a peer review process supported by DHSC, Public Health England and the Local Government Association with the following feedback: <i>‘Bristol LOMP clearly has been tested on many occasions, to huge effect. Very comprehensive and contemporary plan - strong contender for sharing lessons’</i></p>			
<p>Evidence Base:</p> <ol style="list-style-type: none"> 1. Every upper Tier (Public Health) Authority is required to have in place a Covid-19 Outbreak Management Plan which anticipates, prevents, and contains incidents and outbreaks of Covid-19 in local areas. The first plans were published in June 2020 and are now being refreshed to take account of the most current situation. 2. In this revised plan, we set out the steps that we will continue to take to anticipate, prevent and respond to outbreaks of Covid-19 in our city, working within the framework of the Winter Plan and the new Road Map to Recovery 3. The overarching aim of this Local Outbreak Management Plan is to prevent the spread of Covid-19; reduce the rate of infection; and respond rapidly to any rises in infection so that they can be contained promptly and safely 4. This refresh of our Local Outbreak Management Plan is centred around seven core themes <ol style="list-style-type: none"> I. Driven by Intelligent Data – using national, regional and local data to understand and inform our action; II. Testing, Tracing, and Isolating - to identify and break chains of transmission III. Outbreak Prevention and Response - including plans to respond to new Variants of Concern IV. Protecting and supporting vulnerable people – including those who are homeless or in complex circumstances V. The use of regulation and enforcement – where required for public safety 			

VI. Engaging and Communicating – deep into our communities and using different methods both to get messages out and to listen

vii. The Road to Recovery, learning to live safely with Covid-19, including supporting the economy to reopen and maximising vaccine coverage

5. The plan is a dynamic document that we will keep returning to as events develop. It is informed by the national frameworks for Contain and Test and Trace. It is also informed by local learning, our own intelligence, and the experiences of living with Covid-19 for the past year.
6. The national **Covid-19 Contain Framework** set out how government expects and require partners to work with the public to prevent, contain and manage outbreaks.
7. In November 2020, the government published the **Covid-19 Winter Plan**, which set out a programme for suppressing the virus, protecting the NHS and vulnerable people, keeping the economy going and providing a route back to normality. This plan focused on vaccine roll out, the introduction of a national Tier System, new treatments and plans for schools and businesses.
8. In December 2020 the **NHS Test and Trace Business Plan** was published. This set out the strategic intention for the national Test and Trace programme, including how partners, including local authorities will be expected to function within a 'team of teams' in the delivery of test and tracing activity. A new National Testing Strategy is expected to be published in the spring of 2021.
9. In February 2021 the government published its **Covid-19 Response for Spring 2021**. This plan sets out dates for progressing to unlocking, with each stage subject to a series of tests.
10. The Bristol Outbreak Management Plan has taken account of **Guiding Principles for Effective Management of Covid-19** at local level published by Association of Directors of Public Health in June 2020, which recommends that the prevention and management of the transmission of Covid-19 should be rooted in public health systems and leadership, adopt a whole system approach, be delivered through an efficient and locally effective and responsive system including being informed by timely access to data and intelligence, and be sufficiently resourced.
11. The Bristol Outbreak Management Plan and local recovery work also takes account of **Living Safely with Covid: Moving Toward a Strategy for Sustainable Exit from the Pandemic** published by the Association of Directors of Public Health in February 2021.

Resources:

The Local Authority has received c.£11m Covid grant funding to date through different grants to support the costs of Outbreak Management and supporting isolation. Further funding is expected before the end of the financial year, and it has been confirmed that these should be rolled forward to fund outbreak management costs in the coming year. This includes local contact tracing, community testing, volunteer, and community networks etc. The broad resourcing strategy is described in chapter 10 of the Revised Local Outbreak Management Plan.

Cabinet Member / Officer Recommendations:

1. That Cabinet note and agree the Local Outbreak Management Plan
2. That Cabinet note the grant funding received so far to support the plan and authorises the Director of Public Health to spend further grant funding as noted in the report subject to compliance with the grant funding conditions.

Corporate Strategy alignment:

1. **Empowering and Caring:** We have worked with partners to inform this plan so that communities and individuals are engaged with and supported to stay safe
2. **Fair and Inclusive:** The plan specifically addresses economic and social equality and sets out the framework for a fair and inclusive response to Covid-19
3. **Well Connected:** The plan sets out the framework for finding the virus through testing and preventing its spread by containing and isolating via good data, but also how achieving this will need the eyes and ears of individuals and communities.
4. **Wellbeing:** The plan sets the backdrop for sustaining healthier and more resilient communities by preventing the spread of Covid-19

City Benefits:

1. The plan sets out the framework for how the city will move forward to open schools, workplaces, and the

economy

2. The plan sets out the framework for finding the virus through testing and preventing its spread by containing and isolating.
3. The plan sets out the framework for how we will play our part locally in finding and suppressing new variants of concern, working closely with specialist regional Health Protection Teams, the Joint Bio Security Centre and the National Covid-19 Response Centre.
4. The plan sets out the framework for how we will continue to support the roll out of the vaccination programme, making sure that everyone has access when they are eligible and challenging vaccine myths and hesitancy.

Consultation Details:

N/A

Background Documents:

3. Previous iterations of the LOMP and associated appendices can be viewed [here](#)
4. The national Contain Framework at time of publication of this plan can be viewed [here](#).
5. The Covid-19 Winter Plan can be viewed [here](#).
6. The NHS Test and Trace Business Plan can be viewed [here](#).
7. The Spring 2021 response plan can be viewed [here](#).
8. Guiding Principles for Effective Management of Covid-19 can be found [here](#).
9. Living Safely with Covid: Moving toward a Strategy for Sustainable Exit from the pandemic can be viewed [here](#).

Revenue Cost	£0	Source of Revenue Funding	N/A
Capital Cost	£0	Source of Capital Funding	N/A
One off cost <input type="checkbox"/>	Ongoing cost <input type="checkbox"/>	Saving Proposal <input type="checkbox"/>	Income generation proposal <input type="checkbox"/>

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

1. Finance Advice:

Grants totalling c£11m have been received by Bristol City Council to help reduce the spread of coronavirus and support local public health initiatives in respect of outbreak management, testing and support in relation to isolation and supporting vulnerable people. The interventions highlighted in the Local Outbreak Management Plan will be funded from these grant monies and it is likely that further grant monies will be received before the end of the financial year.

Grant	Amount £
Test and Trace Support Grant - Local Outbreak Management Plan (LOMP)	3,032,572
Local Authority Compliance & Enforcement Grant (LACE) Grant	282,752
Community Testing Programme Grant	228,060
Clinically Extremely Vulnerable Grant	210,970
Contain Outbreak Management Fund (COMF)	3,707,016
COMF Grant - Additional December	1,621,820
COMF Grant Additional January	1,853,508
TOTAL	10,936,698

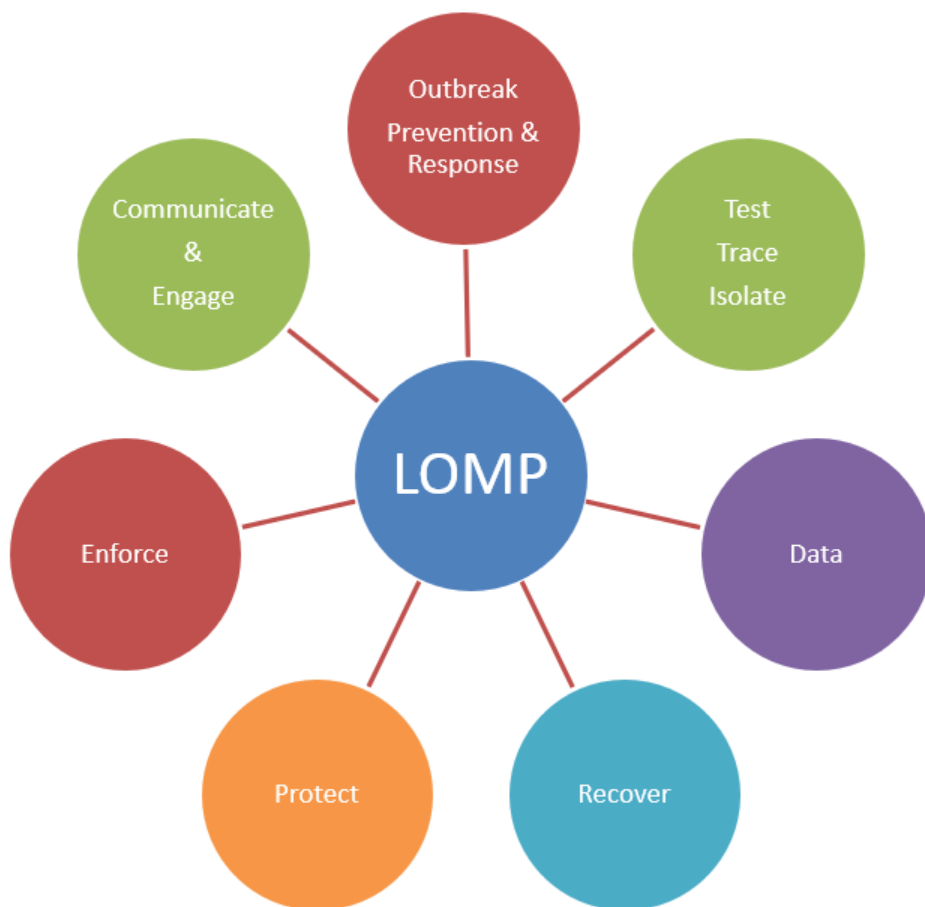
As the Local Outbreak Management Plan indicates in section ten Resources, it is important that there is resilience in the local system for at least the next 12 months, to manage outbreaks should they occur. The Contain Outbreak Management funding can be carried forward (to 2021/22) to assist with this. However, any related spending must comply with the conditions of the grant. Any unspent funding at the end of 2021/22 is expected to be clawed back.

Finance Business Partner: Denise Hunt, 12.3.21		
2. Legal Advice: The updated Local Outbreak management plan is in line with the detailed Government guidance on the responsibilities for Local Authorities as set out in the COVID-19 contain framework: a guide for local decision-makers.		
Legal Team Leader: Nancy Rollason 18th March 2021		
3. Implications on IT: No anticipated impact on IT services		
IT Team Leader: Simon Oliver 12/03/21		
4. HR Advice: The report seeks approval for the updated Local Outbreak Management Plan which does not have any HR implications for Bristol City Council employees.		
HR Partner: Lorna Laing 10/03/21		
5. Procurement Advice: No implications for procurement from this report		
Category Manager: Niotia Fergusson 11/03/21		
EDM Sign-off	Hugh Evans	13/03/21
Cabinet Member sign-off	Cllr Asher Craig	8/03/21
For Key Decisions - Mayor's Office sign-off	Mayor's Office	15/03/21

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

Bristol Local Covid-19 Outbreak Management Plan Revised

March 2021



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Forward

In this revised plan, we set out the steps that we will continue to take to anticipate, prevent and respond to outbreaks of Covid-19 in our city, working within the framework of the Winter Plan and the new Road Map to Recovery.

To move forward, to open our schools, workplaces and economy, we need to continue to behave responsibly and with vigilance and care.

We need to continue to find the virus through testing; and preventing its spread by containing and isolating. To do this effectively, we need good data, but we also need the eyes and ears of individuals and communities. We need the ability to respond quickly and we need the ability to work together to take the necessary action to contain and eliminate any onward transmission.

We need to be playing our part locally in finding and supressing new Variants of Concern, working closely with specialist regional Health Protection Teams, the Joint Bio Security Centre and the National Covid-19 Response Centre.

Finally, we need to continue our active support for the roll out of the vaccination programme, making sure that everyone has access when they are eligible, and challenging vaccine myths and hesitancy.

This Local Outbreak Management Plan for Bristol is part of a network of plans in every local authority in England; and it provides the framework for the next phases of living with Coronavirus. The plan was originally published in June 2020; this document is a refreshed version that accounts for developments since the plan's first iteration including our own local experiences of responding to the pandemic.

The plan is a dynamic document that we will keep returning to as and when events develop and evolve.

We owe a huge thanks to everyone who has taken personal action, sometimes at great personal or financial cost, during the various periods of lockdown. This has saved lives and protected our communities. Of this there is no doubt.



Mike Jackson, CEO



Christina Gray, Director of Public Health

March 2021

1. Introduction

1.1 The National Context

Every upper Tier (Public Health) Authority is required to have in place a Covid-19 Outbreak Management Plan which anticipates, prevents and contains incidents and outbreaks of Covid-19 in local areas. The first plans were published in June 2020 and are being refreshed in March 2021 to take account of the most current situation. This report is the refreshed Local Outbreak Management Plan for Bristol. It is informed by the national frameworks for Contain and Test and Trace, which are set out below. It is also informed by local learning, our own intelligence and the experiences of living with Covid-19 for the past year. This new plan, in common with national frameworks and the pandemic is dynamic and will need to adapt to meet circumstances as required.

The national **Covid-19 Contain Framework** set out how government expects and require partners, including local authorities to work with the public to prevent, contain and manage outbreaks. The national Contain Framework has been continually revised to stay relevant to what is a dynamic situation. A new [Contain Framework has been published](#) and can be viewed online.

In November 2020, the government published the **Covid-19 Winter Plan** which set out a programme for suppressing the virus, protecting the NHS and vulnerable people, keeping the economy going and providing a route back to normality. This plan focused on vaccine roll out, the introduction of a national Tier System, new treatments and plans for schools and businesses. View the [Covid-19 Winter Plan online](#).

In December 2020 the **NHS Test and Trace Business Plan** was published. This set out the strategic intention for the national Test and Trace programme, including how partners, including local authorities will be expected to function within a 'team of teams' in the delivery of test and tracing activity. A new National Testing Strategy is expected to be published in the spring of 2021. The [NHS Test and Trace Business Plan](#) can be viewed online.

In February 2021 the Government Published its **Covid-19 Response for Spring 2021**. This plan sets out dates for progressing to unlocking with each stage subject to a series of tests. The decision will be made nationally based on four tests:

- the vaccine deployment programme continues successfully
- evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated
- infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS
- the assessment of the risks is not fundamentally changed by new Variants of Concern

The [Spring 2021 response plan can be viewed online](#).

The Bristol Outbreak Management Plan has taken account of **Guiding Principles for Effective Management of Covid-19** at local level published by Association of Directors of Public Health in June 2020 which recommends that the prevention and management of the transmission of Covid-19 should be rooted in public health systems and leadership, adopt a whole system approach, be

delivered through an efficient and locally effective and responsive system including being informed by timely access to data and intelligence and be sufficiently resourced. You can view the [Guiding Principles for Effective Management of Covid-19 online](#).

The Bristol Outbreak Management Plan and local recovery work also takes account of **Living Safely with Covid: Moving toward a Strategy for Sustainable Exit from the Pandemic** published by the Association of Directors of Public Health in February 2021. You can view [Living Safely with Covid: Moving toward a Strategy for Sustainable Exit from the pandemic](#) online.

1.2 The South West Regional Context

Directors of Public Health in the South West work closely with the Regional Director for Public Health; the Regional Director for Health Protection; Public Health England Health Protection Teams and the Department of Health and Social Care Regional Coordinator for Contain.

Regional Covid -19 work is coordinated through the *Regional Covid -19 Response Centre* which in the South West comprises of a *Delivery Board* and a *Test, Trace, Enable and Contain Group* which is supported by local and regional Directors of Public Health, the Department of Health and Social Care, the Department of Housing, Communities and Local Government and the Joint Bio Security Centre.

Local authorities and wider partners meet weekly at the Regional Strategic Coordinating Group, which is chaired by a South West Chief Executive. This group brings together Chairs from all Local Resilience Forums, local authorities, the NHS, Public Health, Ambulance, Fire and Police services. The purpose of this group is to support strategic cross border issues, have strong situation awareness, develop best practice, and manage resources effectively.

The regional Test, Trace, Contain and Enable Group has produced a Regional Outbreak Management Plan which sets out a common framework and agreed public health priorities. The Regional Framework, supported by the Delivery Group focusses on seven priority areas of common interest:

- Communication and Engagement
- Data and Intelligence
- Testing
- Contact Tracing
- Outbreak management, including the management of New Variants of Concern
- Vaccine roll out
- Recovery

1.3 The Local Outbreak Management Plan

The overarching aim of this Local Outbreak Management Plan is to:

- prevent the spread of Covid-19
- reduce the rate of infection
- respond rapidly to any rises in infection so that they can be contained promptly and safely

This refresh of our Local Outbreak Management Plan is centred around seven core themes:

1. **Driven by Intelligent Data** – using national, regional, and local data to understand and inform our action
2. **Testing, Tracing, and Isolating** - to identify and break chains of transmission
3. **Outbreak Prevention and Response** - including plans to respond to new Variants of Concern
4. **Protecting and supporting vulnerable people** – including those who are homeless or in complex circumstances
5. **The use of regulation and enforcement** – where required for public safety
6. **Engaging and Communicating** – deep into our communities and using different methods both to get messages out and to listen
7. **The Road to Recovery, learning to live safely with Covid -19** -including supporting the economy to reopen and maximising vaccine coverage

1.4. Working in partnership and across geographical boundaries

Covid-19 knows no boundaries and Bristol, along with all local authorities in the South West, is committed to a collaborative and aligned response. This includes ensuring that we have arrangements in place for:

- working with health protection teams from Public Health England and Public Health Wales
- responding to outbreaks which cover more than one area
- addressing multiple, overlapping geographies including district councils, Local Resilience Forums (LRFs), combined authorities and health systems

Directors of Public Health, Chief Executives and leaders of South West local authorities are working to a common, 'boundary-less' purpose. These local authorities and their Local Resilience Forums meet regularly to share information and plan ahead. The Regional Strategic Coordinating Group meets weekly to ensure alignment for all partners. Bristol's Outbreak Management Plan links to the overall national / regional response through working in partnership with our neighbouring authorities via Healthier Together, the local integrated care system; the West of England Combined Authority (WECA) and the Core City network.

2. Governance for Local Outbreak Management

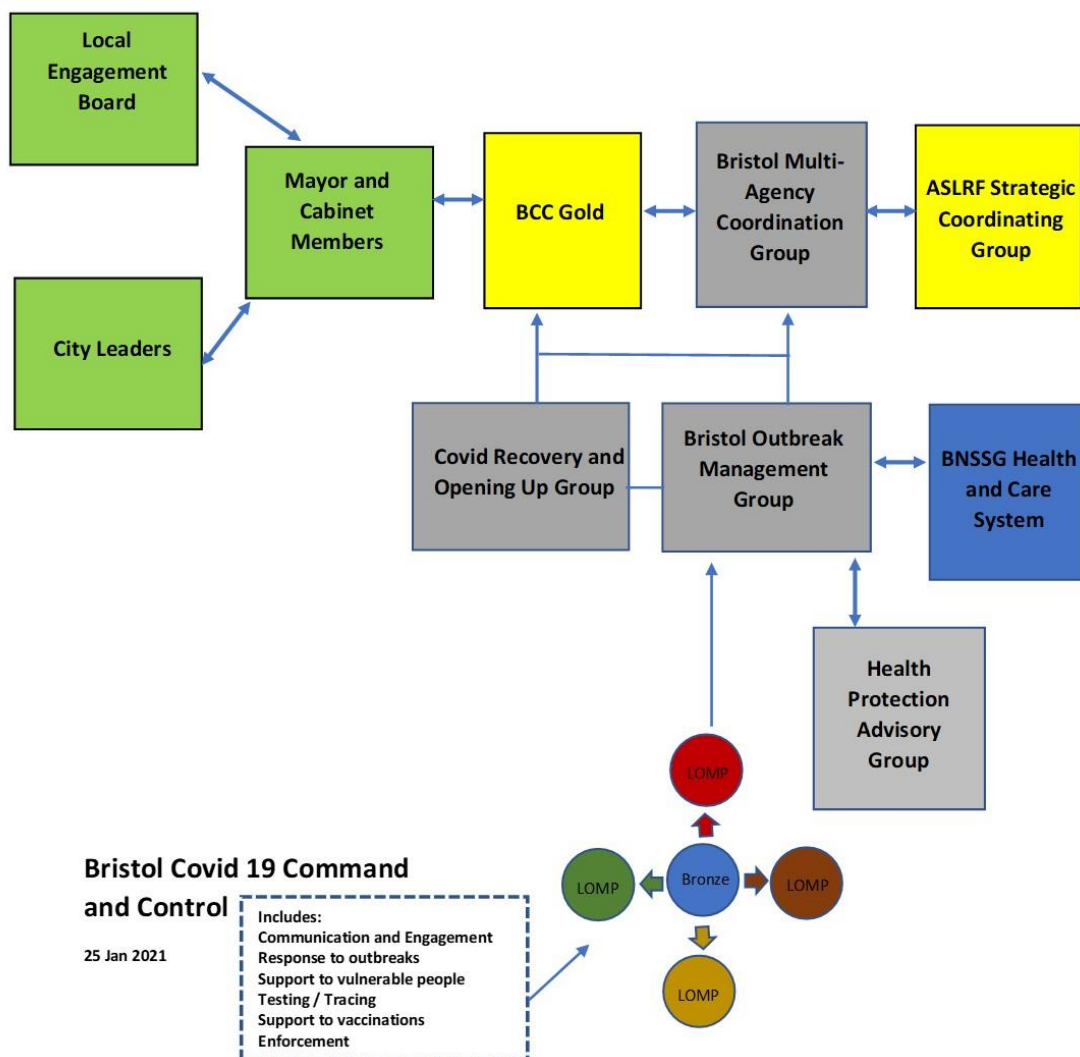
2.1 Overview

The Bristol Director of Public Health and Chief Executive work closely with the Mayor and Cabinet Member for Public Health to ensure the delivery of the Local Outbreak Management Plan. Day to day responsibility for the delivery of the Outbreak Management Plan is managed through the Bristol Outbreak Management Group which meets at least twice per week.

A public-facing multi agency and cross party Covid-19 Engagement Board is led by the Mayor and Cabinet Member for Public Health.

A Covid-19 Health Protection Committee is chaired by the Director of Public Health.

Regional oversight is provided by the South West Regional Test, Trace, Enable and Contain Board which is chaired by the Regional Director for Public Health. This group has links to the South West Regional Strategic Coordinating Group. National oversight is provided the Department of Health and Social Care and the Contain Board.



2.2 Bristol Local Covid-19 Engagement Board

The Bristol Local Covid-19 Engagement Board is chaired by the Mayor and the Cabinet Member for Communities, Equality and Public Health. The purpose of the board is to ensure city-wide communication and engagement to support local management and response to Covid-19 and to inspire public and community confidence and engagement with the local response¹.

The Board achieves this through visible and diverse leadership; effective, consistent communication through a range of channels and direct engagement with and through diverse community networks. The Bristol Local Engagement Board oversees the delivery of the Bristol Covid-19 Communication and Engagement Strategy. Terms of Reference for the Bristol Covid-19 Engagement Board. Appendix 1.

2.3 Bristol City Leaders

A partnership supported by the Mayor which brings together business and public sector leaders to support a One City Approach. City leaders from public, business and voluntary sectors have met weekly since March 2020 to provide support to the pandemic response. You can [read about the One City Plan online](#).

2.4 Bristol Outbreak Management Group

The Outbreak Management Group is chaired by the Director of Public Health or Deputy. This group brings together all with a leadership responsibility for an element of the Outbreak Management Plan. Its purpose is to ensure the plan is delivered and any risks are identified and managed. Terms of reference. Appendix 2.

2.5 Bristol Covid-19 Health Protection Committee

The Bristol Covid-19 Health Protection Committee meets a minimum of monthly and is chaired by the Director of Public Health. This is a scientific and technical committee which provides oversight of the Local Outbreak Plan. Terms of Reference and membership of the Bristol Covid-19 Health Protection Committee can be found at Appendix 3. Accountability for decisions relating to assessment and communication of risk and any subsequent action rests with the Director of Public Health and the Chief Executive and is made in consultation with Public Health England and Avon and Somerset Local Resilience Forum.

2.6 Covid Recovery and Opening Up group

This is a Bristol City Council led group focussed on supporting the city prepare for opening and managing business safely, creating pavement spaces, putting up signage and supporting Covid safe trading.

2.7 Bristol Multi Agency Coordinating Group

This group brings together key agencies to coordinate effective response and recovery. Membership of the Bristol Multi Agency Coordinating Group includes the police, the two universities, NHS partners and the Police and Crime Commissioner. Terms of Reference attached. Appendix 4.

2.8 Bristol City Council Gold Group

Chaired by the council's Chief Executive, the Bristol City Council Gold Group meets once a week – and more frequently by exception – to take decisions with regard to the management of risk and management of resources. Membership includes Strategic Directors of the Council, the Director of Public Health, the Director of Finance, Director for Legal and Democratic services and a representative from the Mayor's Office.

3. Driven by Intelligent Data

3.1 Maintaining effective data systems

Ongoing monitoring both locally and nationally is critical to help prevent, identify and contain outbreaks. We monitor our local numbers and rates closely, working closely with Public Health England. We also recognise that our eyes and ears are as important as data, and we look, listen and respond to what our communities and partners tell us.

Our Public Health Analysts provide a regular flow of intelligence upon which we can plan and act. A bi-weekly intelligence report is published on our website which presents the key information with an explanatory narrative. We have worked with Public Health England and other local authorities in the South West to develop an integrated regional data and surveillance systemⁱⁱ.

Our local analytic enquiry is informed by four questions:

- Are we identifying our local outbreaks early?
- Are we acting quickly to suppress and contain these?
- Are cases rising – are we approaching a wave?
- Looking forward, when might we expect future waves or peaks?

To ensure there is a broad situation awareness, our local Public Health Analytic team support the Healthier Together integrated care system with insight reports and analysis for Bristol, South Gloucestershire and North Somerset and our analysts also support the Avon and Somerset Local Resilience Forum intelligence cell.

3.2 Identifying Neighbourhood Clusters

Case data and rates are analysed daily at ward and sub ward level and action is taken at neighbourhood level when higher rates indicative of community transmission is identified.

The neighbourhood response is led by the Community Development Team working with ward councillors, the MP and the local community. Action is based on what the data suggests about the pattern of infection in the area and on local knowledge about local issues and sensitivities; and how to effectively communicate.

3.3 Working with the Joint Bio Security Centre

Covid-19 test results inform published numbers and rates. However, this method relies on people taking a test and the test results being analysed. To extend the ways in which we might better understand levels of transmission we are participating in the Joint Bio Security Centre (JBC) Wastewater monitoring programme. This national programme is using water sampling techniques to identify levels of virus which may be circulating in an area, to see if this might support early preventative action. Water sampling techniques are also being used to look for new Variants of Concern.

Stubborn transmission, that is when transmission rates stay high, is an issue of particular concern nationally. Bristol has supported the Joint Bio Security Centre in looking at what might be the underlying causes of this. Data from national investigations to date suggest that social and

economic conditions are the primary factor in stubborn transmission. This finding supports what is already well known, that disease thrives in poverty and is closely associated with economic conditions and social behaviours. If people cannot afford or are prevented from isolating, then the virus will continue to spread. Crowded households with little indoor space and lack of access to green space and clean air make safe exercise difficult, also allowing the virus to thrive. Immigration is also a factor, if individuals are fearful of authorities or are working in enslaved conditions the virus will go undetected. Action to address stubborn transmission requires both national and local action focused on income security, good quality homes, access to clean green environments, universal healthcare and a compassionate immigration system for those in poverty or modern slavery.

3.4 Research and Analysis

Bristol is home to two prestigious Universities, the University of Bristol and the University of the West of England. Bristol also hosts Bristol Health Partners Academic Health Science Centre, a research into practice collaboration working closely with the National Institute for Health Research. Supported by this rich research network Bristol has engaged in a number of Covid-19 research collaborations.

In March 2020 Bristol asked the Bristol Health Partners Academic Health Science Centre to undertake a rapid evidence review into **Race Equality and Covid** to inform local action. The report, whose findings were subsequently reflected in national studies and in two reports produced by the Black South West Network, highlighted the significance of racism, representation, voice and socio-economic factors as being the key drivers for the overrepresentation of Black, Asian and minority ethnic people experiencing severe Covid impacts. This research has informed action being undertaken by the Race Equality and Covid Group.

One key concern throughout the pandemic has been the impact of Covid on schools. In March 2020 Bristol University was successful in obtaining funding of £2.65 million for the Covid-19 Mapping and Mitigation in Schools (CoMMInS) study which is focused on understanding incidence and transmission in schools. This research project has recruited 5,000 staff and pupils across 20 schools with a view to developing systems to help schools prevent and cope with an outbreak and assess strategies to support the mental wellbeing of the school community.

4. Testing, Tracing and Isolating

4.1 Test, Trace and Isolate

It is vital that people continue to come forward for testing to be able to identify where the virus is. However, testing on its own does not stop the spread of the virus, this is only achieved through the isolation of both the case and all contacts of the case.

Testing – identifies cases

Tracing – identifies possible onward transmission

Isolating – cuts off the virus and stops the spread

4.2 Testing

Our local testing strategy is informed by the national intention to scale up testing capacity and capability (you can read about [the Government's scaling up programme](#) online) and the [NHS Test and Trace Business Plan](#) which has three objectives:

- Bring R below one and keep it there on a sustained basis
- Find new and more effective ways of managing the virus, including through vaccines, medical treatments and rapid testing
- Minimise damage to the economy and society, jobs and livelihoods, and safeguard education in schools, colleges and universities

Oversight of testing in our local area is undertaken through a number of forums:

- The Bristol Testing Oversight Group
- The South West Testing Coordination Group
- Bristol, North Somerset and South Gloucestershire Testing Oversight Groupⁱⁱⁱ
- The South West Test, Trace, Enable and Contain Group

The Bristol Testing Strategy (Appendix 6) sets out a framework for a citywide approach to testing. Our aims for local testing are that:

- Testing in Bristol is delivered with purpose and is informed by evidence
- Testing is used effectively to prevent the spread of Covid-19 within the community
- Testing can be delivered swiftly and effectively to contain and manage outbreaks
- Local testing for Covid-19 is informed by – and addresses – the particular needs of Bristol's diverse population

The Bristol Testing Strategy sits within the national strategy and testing framework and complements the South West Regional Public Health arrangements and the Bristol North Somerset and South Gloucestershire Health and Care System. The strategy is adapted as the national and regional testing system develops. Themes within the Bristol Testing Strategy include:

- Ensuring that **symptomatic testing** is available and accessible through a network of local testing centres
- Ensuring that **asymptomatic, rapid testing** is widely available within the community
- Ensuring that there is local **alignment between the different testing programmes**

- Arrangements are in place for the **testing of vulnerable individuals** and in complex or sensitive circumstances

There are currently two main types of test being used in the community. PCR (polymerase chain reaction) tests are highly sensitive and both positive and negative results are considered to be very reliable. PCR tests can be used for symptomatic and asymptomatic testing. This PCR test requires a swab to be taken from the back of the nose and throat which is then sent to a laboratory for processing to detect if the virus is present.

Lateral Flow (rapid) Tests are a new technology. These tests are quick and don't require laboratory processing. However, the Lateral Flow test is not as sensitive as the PCR Test and is therefore a red-light test, not a green light test. While the test is likely to detect high levels of the virus, negative results are less reliable. Anyone positive is required to isolate, however a negative result requires Covid-secure behaviours to be maintained.

No single test is perfect. Together, these different types of tests along with other types of tests and developing testing technologies are an important set of tools helping identify sources of infection.

Bristol has established a network of four **Local (Symptomatic) Testing sites** across the city and has deployed mobile testing units to support the management of localised outbreaks. These sites complement the Regional Testing Centres, our closest one being at Bristol Airport, and postal home tests. These sites all use PCR tests which require laboratory processing.

In preparation for schools opening on 8th March 2021, the Department of Health and Social Care has recently designated Local Testing Sites **as collection points for asymptomatic testing for households and household bubbles with children**. Local Testing Sites will be open in the mornings until 12.30 for symptomatic testing and in the afternoons from 1.30pm for the asymptomatic test collection. There is also limited availability for getting these household tests by posts. We are exploring the possibilities of other means of collection using community pop up and satellite asymptomatic testing sites.

We have established an asymptomatic **Community (Rapid) Testing programme** utilising Lateral Flow Devices. Our model has a central test centre and a number of satellite test centres. Our Rapid Community Testing is focused on essential workers and those who can't access rapid testing by another means. Participation is voluntary and we encourage everyone to undertake regular testing. It is a highly flexible model which can scale up or down as required.

Community Surge Testing has been undertaken in a number of areas in the country, including Bristol, as part of national efforts to suppress the spread of New Variants of Concern. Community Surge Testing is asymptomatic testing which focused on specific post codes to collect a population sample. PCR tests are used because of their reliability. Community Surge Testing identifies positive asymptomatic cases, helping to breaking chains of transmission and samples can also be further analysed to identify New Variants of Concern. We are planning for the eventually that the requirement to undertake community surge testing may become a feature of the new way of living as we come out of lockdown and into recovery.

4.3 Contact tracing

The primary objectives of the Contact Tracing are to control the Covid-19 rate of reproduction and reduce the spread of infection by identifying those people who have had close contact with someone who is infectious.

There are three tiers of action which support contact tracing the national test and Trace teams who follow up each positive case and their close contacts, either via an App or by phone call.

Complex situations are escalated to the regional Health Protection Team who work with the local Director of Public Health and their team to manage the situation using local knowledge and 'boots on the ground'. All outbreaks are managed at this level.

In November 2020, Bristol City Council set up a Welfare and Engagement Team to offer assistance to people who were self-isolating.

From 8 January 2021, a local contact tracing partnership has been active. This service follows up people who Test and Trace have not been able to contact. Our team contacts people from a local number and colleagues are able to communicate in various community languages. Door knocking is undertaken if all other contacts fail. This local level of contact tracing has been shown to be highly effective due to the local knowledge and high levels of trust. Our local contact tracing team will undertake Enhanced Contact Tracing when this responsibility is passed to local authorities, as expected, later this year.

Contact tracing becomes even more important when case rates are low. It is then a highly effective approach to reducing infection. We are planning to have our local contact tracing partnership in place until at least March 2022 and have identified Contain Outbreak Management Funding to support this. However, we anticipate that it may be necessary to maintain this resource into 2023, and if this is the case, further funding will be required.

4.4 Support to isolate

Enabling people to isolate is vital. Without isolation both Testing and Contact Tracing are of little use in preventing the virus to spread.

Support is available through the We Are Bristol Freephone helpline seven days a week providing access to help and support across a coordinated network of over 20 community and voluntary organisations (many of which also have their own helpline).

The helpline is a safety net for those who have not been able to find support through family, friends, neighbours and local community groups. Since June 2020 there have been 1198 requests for practical support by people who are shielding or self-isolating as follows: shopping (370) prescription collection (493), pet support (49) and befriending (488).

An alliance with Feeding Bristol and the many food-based initiatives across the city has ensured a coordinated food response with an increasing emphasis away from food 'relief' to more sustainable and empowering solutions e.g. food clubs.

In addition, the helpline provides access to food banks and emergency assistance; DEFRA online shopping slots for disabled people and makes welfare calls to clinically extremely vulnerable people.

Many individuals find that they are not eligible for support through the government's isolation support grants, around 75% of applicants are not eligible. This may be because they are just above the payment threshold or because they are not linked to the NHS App. Contacts required to isolate, for example, are currently not eligible.

Bristol has invested additional funds in the discretionary payment scheme to support isolation, but the funds available remain insufficient.

People in urgent need can call the free We Are Bristol helpline: 0800 694 0184 (Monday to Friday, 8.30am to 5pm and Saturday to Sunday, 10am to 2pm). For mental health support, call the 24/7 Support and Connect helpline 0800 0126 549.

More information can be found on our [We Are Bristol website](#).

For business support and the latest Covid-19 guidance, visit [the Bristol City Council website coronavirus pages](#).

5. Outbreak Prevention and Response Plans

5.1 Overview

A dynamic risk-based approach informs our approach to Outbreak Prevention and Response. Outbreak Management in any setting is undertaken within a set of Standard Operating Procedures which outline the approach to risk assessment and action to be taken in the management of a case, or cases of Covid-19.

This approach looks at four different levels of intervention:

- **Single cases** - individual cases of Covid-19
- **Clusters** - two or more cases associated with a specific setting in the absence of evidence of a common exposure or link to another case
- **Outbreaks** - two or more confirmed cases associated with a specific setting with evidence of a common exposure or link to another case
- **Community spread** - sporadic or linked cases on a limited or extensive basis

Individual cases are managed by the Test and Trace national team or if complex, by the Regional Health Protection Team supported by the local authority Public Health Team.

In the management of clusters, outbreaks or community spread an Incident Management Meeting is convened. The incident management meeting is chaired by a Consultant in Public Health from either the regional or local public health team. These meetings bring together all the people required to understand the situation, undertake the risk assessment and agree necessary action.

Outlined below are the broad remits, responsibilities, duties and powers which sit at individual, local authority, sub-regional and national level.

Where a local outbreak is of national significance, joint decision-making arrangements will be established to ensure local authorities have access to the powers they need to contain outbreaks in these circumstances.

Identified theme leads are responsible for different sectors (addressed in the section below) and for working with partners in that sector to develop the local response plan, ensuring that at all times that preventative measures and interventions address equality and inclusion.

All planning addresses action to:

Prevent an outbreak in the first place through:

- Social distancing
- Hygiene measures
- Isolating
- Testing
- Contact Tracing
- Shielding

Respond to an emerging outbreak as soon as possible:

- Early identification

- Management
- Testing and tracing
- Closure / containment
- Communication and engagement
- Management of other risks and issues

5.2 Care settings

There are 108 CQC-registered care homes in Bristol, owned by a variety of organisations, charities and private companies. The majority of care home residents are older people, but in Bristol 29.5% are adults of working age (aged 18 – 64). Arrangements to identify and respond to outbreaks in Bristol’s Care Homes and supported living sectors are well established and follow agreed standard operating procedures. This is undertaken in partnership with the Bristol Public Health team, Public Health England South West Health Protection Team, Adult Social Care and the NHS. Local action is supported by the Care Provider Cell for Bristol, North Somerset and South Gloucestershire as well as the BNSSG Strategic Infection, Prevention and Control Cell. There has also been outbreak recording in extra care housing schemes, supported living accommodation and within the domiciliary care workforce which have been supported and managed in similar ways.

The ‘Locking out Coronavirus’ outbreak management document has been co-produced with providers for care settings and community provision. The council have a multiagency response to supporting Care Homes and other care settings with outbreak management. There is an Incident Management procedure and the Adult Care Commissioning and Contracts team are in regular contact with providers following outbreaks. The team monitors intelligence from various sources to assess risk. The team produces a weekly Situation Report covering all aspects of Adult Care provision: Covid activity; quality assurance; market capacity; key issues; PPE; testing; vaccinations. We continue to work closely with provider organisations and run a monthly forum.

5.3 Schools and Further Education

There are seven Infant schools, seven Juniors’ schools and 99 Primary Schools in Bristol. There are 21 Secondary Schools, 12 Special Schools and 12 Independent Schools. We have 355 registered childminders, 128 PVI (private, voluntary and independent) Early Years providers and 12 maintained nurseries.

The City of Bristol College is the main further education provider, but Bristol is also home to a number of private foreign language Schools. The City of Bristol College has similar arrangements to schools, but apprenticeships have been severely affected due to restrictions. Foreign Language Schools have been closed, or have moved online during the past year, but as the economy opens up this will be a sector that we will be working with to ensure outbreak management arrangements are in place.

While evidence indicates a high degree of confidence that the severity of Covid-19 in children is generally lower than in adults, preventing the spread of Covid-19 is a key priority to protect children, early years and school staff and to minimise community-wide transmission. Bristol City Council is

working closely with school leaders to support schools opening and the Director of Public Health and the Director for Education provide regular information and briefings for schools.

The Public Health England South West protocol for Outbreaks in Schools is followed in event of possible or confirmed cases being identified, which includes access to the DfE coronavirus advice line to report single cases. Public Health England information has been widely circulated and Bristol City Council has established a dedicated point of contact for schools to request advice and to report cases to the local authority at the same time as Public Health England is notified. This ensures there is no delay in any risk assessment or local action. A dedicated education settings team on the Public Health duty desk has been providing support to schools to manage cases and outbreaks.

5.4 Universities

Bristol is home to the University of Bristol and the University of the West of England, as well as The Birmingham Law University, Bristol Institute of Music and Bristol Old Vic Theatre School. The Director of Public Health has signed off all of the 2020 University Outbreak Plans and chairs a monthly University oversight meeting to undertake horizon scanning and develop best practice approaches. University Outbreak Plans will be revised in 2021 in preparing for student return and unlocking.

In October 2020, following students' return we, jointly with PHE, supported the University of Bristol to manage a number of large outbreaks in halls of residence. The University activated its own Outbreak Response plan and the outbreak was effectively contained.

In preparation for student departure in December mass rapid testing provision was stood up and well received by students with high numbers choosing to test. This offer of regular LFD testing remains in place for those students who have needed to return to the city and for staff. We have continued to meet as a FE/HE system to review, in line with Government guidance, our local prevent and contain work across this sector.

5.5 Workplaces

Workplaces are a key area for prevention and control and a joint Public Health and Environmental Health review group was established in June 2020 to develop local outbreak management plans for this sector. The Covid Workplace group meets weekly to maintain oversight.

Guidance and information have been provided to over 18,000 local businesses and in addition high risk settings were identified; cold storage, close contact services and meat processing, with targeted support provided to these. Regulatory services have made over 8000 visits to business to support them to become 'Covid Secure'.

With an increase in workplaces reporting Covid, a daily sit rep with Public Health, Environmental Health and Public Health England, was developed in the autumn 2020 to agree tactical action to support specific settings to contain. A total of 165 workplaces clusters/outbreaks have been managed between June 2020 and January 2021. Incident Management Teams (IMTs) are set up when needed and visits to premises are made to review Covid-secure practice and site-specific risk

assessments. Where there is complexity; cross boundary, national or international, PHE have chaired the IMT's.

5.6 Events

Events are a large part of the Bristol economy and landscape. However, the events sector has been badly affected by Covid-19 and many events staff have not worked since March 2020.

Licensing and support for events is managed through the SAGE Group with oversight from public health. Where possible events have and will be enabled to take place safely within the current guidelines and regulations.

Bristol City Council will not be licensing events before June 2021 and this will be a key area of work throughout 2021 – 22.

5.7 Variants of Concern

It is in the nature of all viruses to constantly change and adapt. Covid-19 is no different and the global scientific community is studying changes in the virus closely. Some changes, or mutations, are harmless. Other changes may be more concerning. Concerns arise when changes may help the virus spread more quickly, cause more direct harm, or help the virus to evade the human immune response, and therefore impacting on the effectiveness of the vaccines.

The action in response to new variants of concern is no different to the management of current variants. It requires swift identification and isolation involving testing, contact tracing and support to isolate.

Bristol has already responded to the presence of new Variants of Concern, undertaking enhanced public health action including surge testing in February 2021. Over the coming year, we must be prepared to respond swiftly to new Variants of Concern and, drawing on the learning from our recent experience, we will need to continue to invest in both our local public health, communication, community engagement and logistics capability, including project management in order to be able to respond with the necessary speed and efficiency.

As a local authority Bristol is also highly reliant on the specialist support, currently provided to us through the Public Health Regional Health Protection Team. As Public Health England migrates into the new National Institute of Health Protection it will be extremely important that the quality of this relationship is maintained. The combination of specialist expertise, such as field epidemiology and communicable disease management with our local knowledge of people and place is the well-recognised critical combination in effective disease management.

Nationally this work comes under the New and Emerging Viruses Group (NERVTAG) which advises the government on action. Experience this year has taught us that timely and clear lines of communication and dialogue between national government intention and local government situational knowledge and response is helpful in managing a swift effective preventive response and in enabling us to work with our partners to maintain public confidence.

6. Protecting and supporting vulnerable people

Where individuals are unable to isolate due to their circumstances or vulnerability arrangements are made to support this. All homelessness providers and drug and alcohol services have been trained and have become experienced in infection, prevention and control. The local authority, the voluntary sector and faith communities have provided support for those shielding as well as developing a network of food provision for children, families and communities. We are also working with employers, city leaders, the benefits team, unions and DWP to maximise levels of compliance.

We will continue to develop joint working across sectors including mental health, learning disability, social care, health and housing to build the capacity and expertise that will be required.

6.1 Race Equality and Covid

Of particular concern is the protection of our Bristol Black, Asian and Minority Ethnic Communities who are at higher risk of harm from the virus. A Covid-19 Race Equality Working Group has been established, chaired by Councillor Asher Craig.

A rapid review of evidence^{iv} identified a series of actions which focus on social and economic issues, representation and communication and engagement.

Communication and engagement with the communities will be continuing to be an important element of being able to identify and respond to outbreaks within communities and neighbourhoods.

Close working relationships with faith groups will continue to be important in maintaining a dialogue with our communities, both listening and responding. Communities and faith groups have been at the forefront of supporting and enabling the vaccination campaign.

6.2 Disability and Covid

Disabled people have had challenges with Covid -19, being both likely to have conditions which increase risk, but also in being reliant on carers coming in and out of the home.

PPE has been made available for all personal carers and personal carers were recently entitled to regular testing, alongside care home staff.

Personal carers were eligible for the vaccine in an early cohort alongside all adult social care staff.

There will be more to do over the coming year, as we move through unlocking to make sure that the needs of our disabled people are met in terms of information, access and equity.

We are recruiting Disability Health Champions to help with this work.

6.3 Homelessness

At the end of December 2020, the council was housing 441 people who were rough sleeping, or at risk of rough sleeping, in emergency and short-term accommodation. We have ensured that there is suitable Covid-19 Protect accommodation available in the city, and additional accommodation is available should homeless individuals need to self-isolate. As part of the Bristol Vulnerable Populations Covid-19 Outbreak Prevention and Management Group, weekly meetings are held with providers, stakeholders and Public Health. Where there are issues around any individuals or outbreaks within homelessness accommodation settings, an Incident Management Team meeting is called immediately.

The initial 'Everyone in' approach has reduced the levels of rough sleeping in the city and accelerated our ambitions to end rough sleeping in the city and to provide affordable move-on accommodation. Our most recent count was in November 2020 when 50 people were found to be street homeless. At the time of writing, a long period of Severe Weather Emergency Protocol has been in place. However, 21 people remain street homeless who have refused accommodation.

Our move-on programme is focused on both addressing the lack of long-term accommodation, as well as ensuring co-ordinated, person-centred support. We continue to encourage landlords to work with the council's Private Rental Team to offer move-on tenancies. The council continues to work with registered providers, institutional investors, housing developers and other city partners to explore a range of measures to help secure the additional homes required. Officers remain in regular contact with Ministry for Housing, Communities and Local Government.

6.4 Prisons and the Criminal Justice System

We work closely with Public Health England and NHS England providing support to Bristol Prison and with Criminal Justice Partners in responding to the needs of vulnerable people in temporary and approved accommodation in the management of outbreaks and in accessing general healthcare. This work is closely linked to our work with homeless people.

6.5 Children

Bristol's children and families' services have operated on the principle of delivering services as near to normal as possible. Face-to-face contacts have been undertaken on a risk assessed basis and within government guidelines. Locality Offices have been made Covid secure and have remained open. There have been no significant outbreaks across our offices.

Bristol's children's homes are the section of the service that has been most significantly impacted by Covid outbreak and infection control measures (track and trace / isolation). One home was temporarily closed in November 2020 following an outbreak. However, another home continued to care for its children, with staff members effectively moving in through the period of infection.

Placement stability has been impacted by Covid as placements are less available. This has resulted in an increased use of independent residential provision and out of area options in order to meet need (ten more children than at the same time in 2019). As we recover, children will return to the city where this is the right option for them.

Bristol's foster carers have responded fantastically to the challenges of caring through Covid and have maintained placement stability and sufficiency. An early recruitment drive for emergency carers resulted in an additional 28 carers joining the team.

In relation to youth justice, courts have moved online with youth offending practitioners supporting young people and their families to access online hearings.

7 Enforcement

Bristol has taken a joint approach to regulation and weekly Regulatory Tasking meetings are attended by our regulatory services, marshal lead, the police and our universities to agree and prioritise targeted interventions.

In November 2020 Covid marshals were introduced. These roles quickly became popular and were effective. Marshals speak to people, nudging and encouraging appropriate behaviours. There are currently 19 marshals on patrol, visiting different parts of the city each day. The marshals have also provided support at vaccination centres and testing sites.

In general, businesses have been responsive and compliant and where issues have arisen, most have made improvements.

Alongside the police, Bristol has adopted the four E's approach of Educate, Encourage and Engage before Enforcing, however where serious non-compliance has occurred, Direction and Prohibition Notices / Improvement Notices and a number of Fixed Penalty notices have been issued.

The council will continue working with a wide range of city partners, through the One City approach, to provide consistent advice and support to organisations as they move to re-open workplaces and non-essential retail sites as and when restrictions are eased.

8. Communication and Engagement

8.1 Engagement

We are committed to engagement which is:

- Deep into neighbourhoods and communities
- Strongly focused on Black, Asian and minority ethnic and disabled communities
- Linked to faith communities
- Mindful of inclusion, access and equality

The efficacy of the Trace, Test and Isolate programme is entirely reliant on trust and voluntary compliance. It is recognised as hugely important to keep individuals and communities closely informed and to give them confidence through building a shared understanding of the programme and its benefits.

We are committed to working closely with the community and voluntary sectors; faith groups and directly with communities to listen and to respond; creating both structured and informal ways to engage with the council. This includes providing prioritised and co-produced engagement campaigns and interventions for vulnerable or seldom-heard groups.

We have maintained and developed arrangements where individuals and groups can contact the council to feed in questions, ideas and observations at any point. We also engage partners and various groups with specific interests through our continuing series of One City webinars, which have supported engagement with thousands of stakeholders. We have set up a local outbreak and vaccine taskforce for high risk neighbourhoods and communities. We are also using this taskforce to oversee vaccine engagement.

Local councillors, MPs and community advocates are important in facilitating effective engagement for Covid-19. We are committed to using a range of online channels with direct reach into communities. Our Local Engagement Board is cross-party and cross-sector providing strong and diverse leadership.

Bi-monthly community exchange meetings bring together community workers from across the city to hear the latest Covid updates, to raise local issue and to identify local action.

Case rates are analysed weekly and action taken and local ward and neighbourhood level when there is evidence that rates are high or rising. This action is led by local community groups and local ward councillors, supported by the community development and public health teams.

8.2 Communication

As a local authority, we have knowledge about the local area (and the wider region) and the complexities of the city. For our plan to be implemented meaningfully, we must ensure that we have reached out to and engaged with all communities and sectors, especially those who are most vulnerable and at risk. Bristol's One City approach is a very important part of the implementation of our plan.

Communications and engagement works to protect public health and keep Bristol safe, with two key aims:

1. **Prevent the spread of Covid-19 infections** through ongoing and robust communications and community engagement to inform the public on the best way to reduce the risk of catching / spreading Covid-19 and prevent the likelihood of outbreaks occurring
2. **Contain Covid-19 infections** so when there are outbreaks, or an area where there is a 'rising tide' of infections, communications are swift, clear, targeted and rooted in collaborative engagement with the communities they affect.

Supporting this work is the Local Engagement Board (LEB), made up of local leaders and health and community experts, who oversee strategy and share insights which enable us to communicate effectively with the right audiences. We are taking a multi-layered approach to communications and engagement. This means:

- We understand that a 'one size fits all' approach does not work
- Different communities have different ways of accessing information
- We must work in a deep-rooted way with (and within) communities to gain insight into what is driving infections / behaviours and provide them with the communications tools and tactics they need; this often goes beyond traditional communications 'products'.

Therefore, our approach is:

Overarching, widespread communications and campaigns that:

- Provide one version of the truth across all our channels
- Are accessible, with assets in plain English
- Repeat key messages to reinforce understanding
- Redistribute Government / Public Health England / NHS campaign assets

Stakeholder communication and collaboration that:

- Joins up communications across the region, working with the LEB, and other critical stakeholders (BNSCCG, Local Resilience Forum, neighbouring local authorities)
- Harnesses the shared reach across stakeholder channels
- Provides stakeholders with the tools and key messages relevant for their audiences.

Targeted and deep-rooted local engagement with groups and communities that:

- Works with communities and community leaders to understand what the issues are and what they need
- Identifies different communication approaches for different audiences, including local word-of-mouth and advocacy from trusted community figures
- Includes options for translated materials and offline techniques to ensure accessibility for all.



Ongoing / imminent activity

- **Vaccinations communications** are led by NHS England. A localised campaign plan is in production and may be incorporated into our Protect Bristol campaign.
- **Young people 'We've Got Your Back' videos** have been recorded with a number of participants across the city. These have been shared on Instagram and social media
- **Are You OK? campaign** was revamped in January to provide support and resources to residents during lockdown with a focus on mental health and domestic abuse support.
- **Ongoing media management:** supporting with ensuring media have correct information, setting up interviews with media, bi-weekly press conferences etc.
- **General prevention communications** are ongoing, with key themes including:
 - Mental Health
 - We Are Bristol
 - Hands, Face, Space
 - Testing, symptoms and isolation
 - Covid marshals and enforcement
 - Respecting frontline staff
 - Ventilation
 - Car sharing
 - New strain of the virus
 - Flu vaccine
 - Covid vaccine.

9 Recovery: Living with Covid-19

From 8 March, restrictions in England start to lift and the government's four-step road to recovery will begin.

However much remains unknown. The virus is still circulating locally and globally with the potential to cause harm. The vaccine has so far proved effective however, new variants may cause a threat, and it is not certain if the vaccines will be effective in preventing transmission as well as prevention severe disease and death.

The data will be continually reviewed as we move out of lockdown, but we will need to proceed with caution to avoid any need to return to lockdown.

The summer months are likely to provide a respite, if as in 2020, background rates of infection dropped to low levels. However, movements of people and the return of winter may result in increased infections which will require prompt and effective containment action.

9.1 Vaccination

Supporting the roll out of the vaccine and ensuring that there is high and equitable take up across all communities will continue to be a high priority for the local authority in the coming year. The local authority has and will continue to provide logistical support for local vaccination centres; promoted campaigns to challenge vaccine hesitancy; and supported the vaccination of local health and care workers. We will continue to work closely with communities and faith groups to ensure that the vaccine is equitable and accessible.

10. Resources

It will be important to ensure that there is resilience in the local system for at least the next twelve months to manage outbreaks and surges which may occur. A budget has been set against Contain Outbreak Management Funds to ensure that these costs can be met.

Wherever possible we have invested in local employment opportunities and the cyclical economy, ensuring that the funds have multiplier benefits. Resources are deployed prudently, and in discussion with partners, to mitigate our key risks, and to enable us to identify issues quickly, and respond swiftly and effectively.

We have invested in the specialist staff resource for public health, environmental health and civil contingency to provide seven-day services; and to have capacity to respond to multiple outbreaks in an effective and timely manner.

We have invested heavily in communication to make sure that there is a clear and inclusive dialogue between the council, the public, our business and diverse communities.

We have employed 19 local marshals who have been supporting, encouraging our communities and businesses to stay safe and supporting the vaccine roll out.

We have invested in a We Are Bristol helpline and in a network of volunteer support hubs supporting people to shield and isolate.

We have increased our community development capacity, including making grants directly to communities and establishing a network of community champions; and we have invested in vaccine equity to ensure diverse groups are reached.

We have invested in the mobilisation of Local Symptomatic Testing Sites and Mobile Testing Units to ensure local symptomatic testing is available to in our communities and in the capacity to mobilise surge testing for outbreak management as required.

We have established a rapid community testing network which has a central test centre, a number satellite test centres and a community collect facility supported by a booking system and courier and stock control system.

We have set up a local contact tracing partnership working with national Test and Trace. This service will become even more important as background rates of infection decrease with case finding and contact tracing becoming an effective public health tool in containing infection.

We remain mindful of new unknowns which we cannot easily foresee or plan for.

#WeAreBristol

Appendix 1: Covid-19 Local Engagement Board

Appendix 2: Bristol Outbreak Management Group

Appendix 3: Bristol Covid-19 Health Protection Advisory Board

Appendix 4: Bristol Multi Agency Coordinating Group

Appendix 5: Bristol Testing Strategy

References

ⁱ Bristol's Covid Communication and Engagement Plan

ⁱⁱ <https://www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information>

ⁱⁱⁱ TOR BNSSG Testing Oversight Group

^{iv} Mamluk, L. and Jones, T. The impact of Covid-19 on black, Asian and minority ethnic communities. 20 May 2020. **Available from:** <https://arc-w.nihr.ac.uk/research-and-implementation/covid-19-response/reports/the-impact-of-covid-19-on-black-asian-and-minority-ethnic-communities/>

Bristol Covid-19 Local Engagement Board

Terms of Reference

Version 1.2, approved 18.09.20

Purpose

- To provide oversight and direction regarding City-wide communication and engagement to support local management and response to Covid-19
- To develop and maintain public and community confidence and engagement with the local response

Objectives

- Visible and diverse leadership
- Effective and consistent communication through a range of channels
- Direct engagement with and through diverse community networks
- Ensuring diverse – and particularly under-represented and/or seldom heard – voices are heard

Background

Building on the foundation of the statutory role of Directors of Public Health at the upper tier local authority level, and working with Public Health England's local health protection teams, local government will build on existing health protection plans to put in place measures to identify and contain outbreaks and protect the public's health.

The Director of Public Health will be responsible for defining these measures and producing the plans, working through the Bristol Covid-19 Health Protection Board.

The Director of Public Health and the Bristol Covid-19 Health Protection Board will provide advice to the Bristol Covid-19 Local Engagement Board.

The Board will ensure messages are effectively communicated and that different sectors and communities are engaged and responded to.

Membership

- Mayor Marvin Rees (co-chair)
- Deputy Mayor Cllr Asher Craig, Cabinet Member Communities, Equality and Public Health (co-chair)
- Councillor Claire Hiscott, Conservative Group representative
- Councillor Paula O'Rourke, Green Group representative
- Councillor Tim Kent, Liberal Democrat Group representative
- Mike Jackson, Chief Executive, Bristol City Council
- Christina Gray, Director of Public Health, Bristol City Council
- Tim Borrett, Director, Policy, Strategy and Partnerships, Bristol City Council
- Huzaiifa Adamali, Respiratory Consultant, Southmead Hospital
- Nigel Costley, Regional secretary, TUC South West
- James Durie, Chief Executive, Business West
- Bishop Vivien Faull, Bishop of Bristol

- Oona Goldsworthy, Chief Executive, Brunel Care
- David Jarrett, Area Director, South Gloucestershire & Bristol, NHS Bristol, North Somerset & South Gloucestershire Clinical Commissioning Group
- Sado Jirde, Chief Executive, Black South West Network
- Sandra Meadows, Chief Executive, VOSCUR
- Sue Mountstevens, Avon and Somerset Police and Crime Commissioner

For the Local Engagement Board to be quorate either of the co-Chairs must be present and at least 50% of attendees who are external to Bristol City Council must be present.

Accountability and Powers

Members of the Local Engagement Board are accountable to their own organisations in line with those constituent organisations' governance arrangements.

The Local Engagement Board is advisory and does not make Key Decisions as defined in Bristol City Council's Constitution. Nor does it have any direct powers to compel or commit its member organisations to actions.

However its members have latitude to make any required operational decisions in line with their own individual organisational powers. For Bristol City Council as Chair, this includes powers as detailed in the Council's 'Schemes of Delegation'.

Engagement

The Engagement Board will maintain active communication and engagement through a range of local networks and forums, recognising the diversity of Bristol's communities as outlined in the Communication and Engagement plan

Frequency of meetings

The Local Engagement Board will meet fortnightly.

Additional meetings of the Board will be convened at the discretion of the Co-Chairs in consultation with the Director of Public Health. Additional meetings may be required in the event of a more complex outbreak (or multiple outbreaks); if case numbers are consistently rising and/or reach (or appear to be at risk of imminently reaching) a threshold of 20 cases per 100,000 of population over a 7 day period; or any other serious Local Outbreak-related matter which requires communication and engagement with the public.

To stay informed Board members can access the [bi-weekly Director of Public Health statement](#) which will be updated each Tuesday and Friday late afternoon after publication of national data.

Members will receive an update from the Director of Public Health at each meeting which will include:

- National / regional developments
- An overview of numbers and rates
- An overview of incidents and outbreaks

Members will be informed directly if there are any issues, incidents or outbreaks which:

- May attract additional public or community attention

- Are likely to impact on particular communities
- Or for general information

Bristol Outbreak Management Group
Terms of Reference

Membership

- Director of Public Health
- Consultants in Public Health - Health Protection
- Public Health Principle – Health Protection
- Public Health Service Manager
- Head of Public Health Intelligence and Analytics
- Environmental Health and Regulatory Services
- Head of Service Neighbourhoods and Communities
- Project Manager – Street Scene and Marshals
- Civil Protection
- Communications
- Clinical Commissioning Group – Bristol Area Manager
- Military Liaison
- Others as required

Purpose

- To oversee the delivery of all aspects of the Local Outbreak Management Plan
- To ensure that risks are assessed and addressed
- To manage resources
- To mobilise surge response

Meets

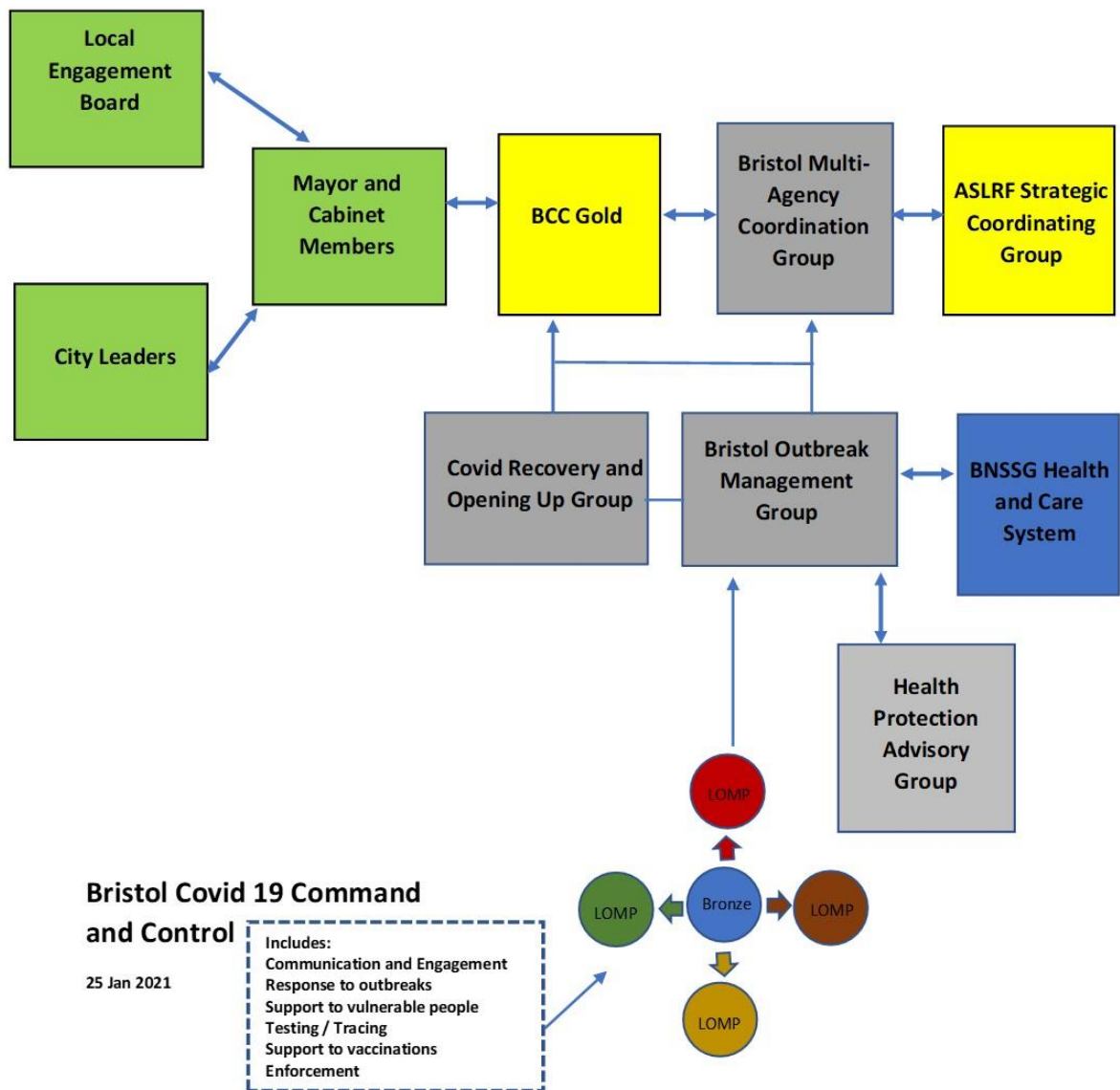
- Minimum of weekly and as required

Reports to

- Bristol City Council Gold Group
- Bristol Multi Agency Coordinating Group
- Bristol Covid-19 Health Protection Advisory Group
- Bristol Local Outbreak Management Group

Liaises with and informs

- BNSSG Bronze Group
- Bristol Opening Up Group
- Bristol City Leaders Group
- Bristol Health and Wellbeing Board
- Bristol Health Scrutiny Board



30.6.20

Bristol Covid -19 Health Protection Committee

Purpose

To provide oversight and assurance of Bristol's local outbreak management plan including:

- Plans for people, places and communities
- Support for vulnerable people who need to self-isolate
- Effective Testing and Contact Tracing
- Local response is informed by integrated data and local intelligence
- Systems for assessing and communicating risk

Objectives

- Outbreak management plans are in place for Care Homes and Schools
- High risk places, settings and places are identified and outbreak management plans are in place
- Vulnerable people are supported to self-isolate

Background

Building on the foundation of the statutory role of Directors of Public Health at the upper tier local authority level, and working with Public Health England's local health protection teams, local government will build on existing health protection plans to put in place measures to identify and contain outbreaks and protect the public's health.

The Director of Public Health will be responsible for defining these measures and producing the plans, working through the Bristol Covid-19 Health Protection Board.

The Director of Public Health and the Bristol Covid-19 Health Protection Board will provide advice to the Bristol One City, Local Engagement Board.

Data reports and alerts will be provided by the PH intelligence team, working with other local authorities, the NHS and PHE.

The Local Engagement Board will ensure messages are effectively communicated and that different sectors and communities are engaged and responded to.

Monitoring Risk

Data and alerts are reviewed on a daily basis by the Bristol Public Health team. Any anomalies are followed up with the PHE centre to look at for example, spikes or clusters. Information is shared with key partners, such as the NHS.

Operational Arrangements

Bristol Public Health Duty Team supported by environmental health provides the operational response to incidents and outbreak management following standard operation procedures, and informed by local outbreak plans and action cards.

A weekly Outbreak Management Group provides operational oversight.

Membership

- Director of Public Health
- Director of Adult Social Services
- Director of Education
- Consultant in Public Health – Health Protection
- Senior Public Health Analyst
- Head of Equality Bristol City Council
- Deputy Director Resilience Bristol City Council
- Environmental Health and Regulatory Services Bristol City Council
- Clinical Commissioning Group
- Sirona
- NHS Trusts
- University of Bristol
- University of the West of England
- Specialist Advisors

The Bristol Local Covid 19 Engagement Board

The Director of Public Health will provide advice to the Local Covid 19 Communication and Engagement Board

Frequency of meetings

- Monthly
- With additional task groups as required

Bristol Multi Agency Coordinating Group
Terms of Reference January 2021

Membership

- Director of Public Health (Chair)
- Director of Management of Place, Bristol City Council
- Bristol Police Commander
- Bristol Clinical Commissioning Group (CCG)
- Bristol Royal Infirmary (BRI)
- North Bristol NHS Trust
- Sirona Care & Health
- Office of the Police and Crime Commissioner
- University of Bristol
- University of the West of England
- Representatives of sectors required to manage consequences specific outbreaks or escalation

Purpose

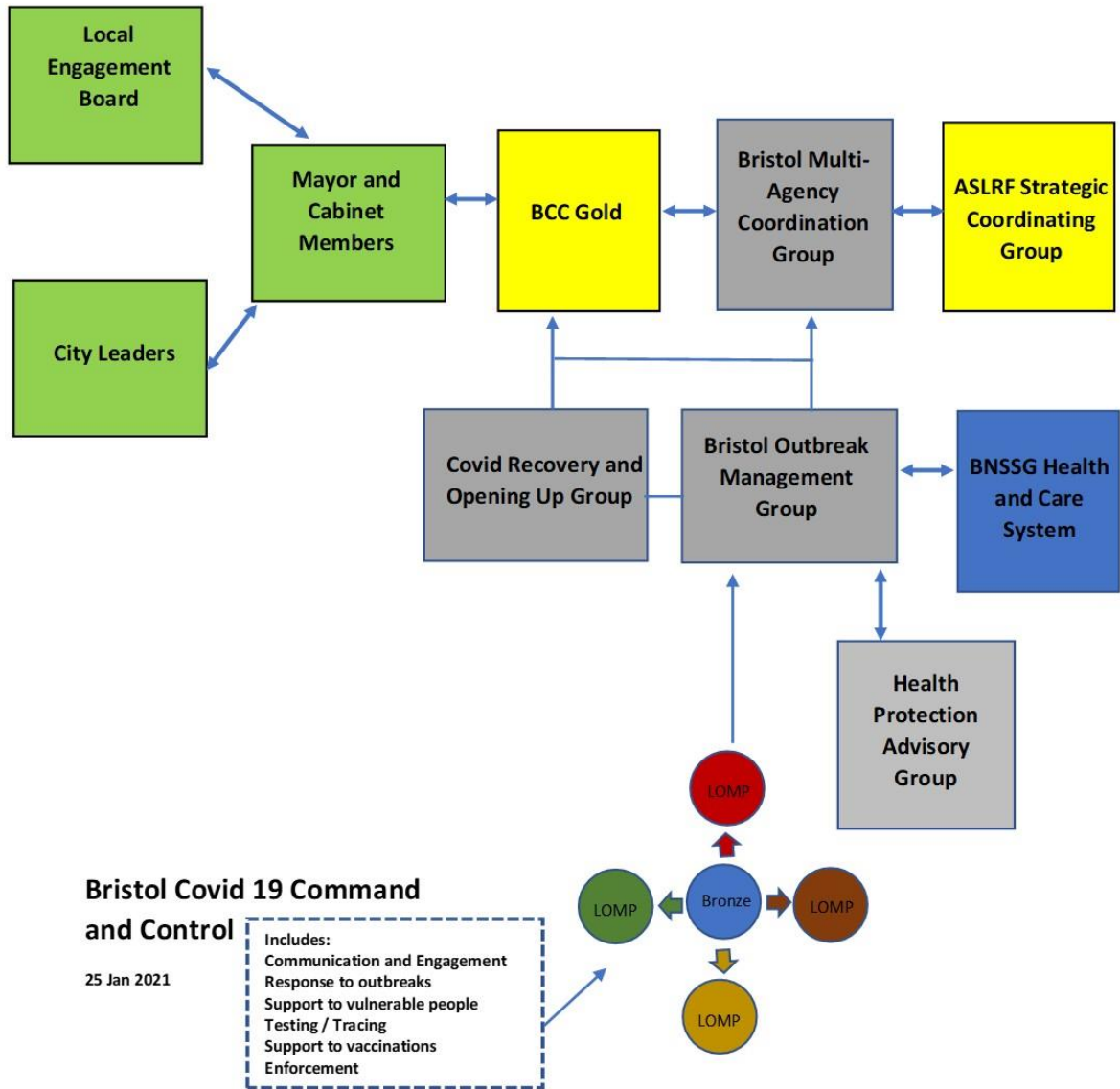
- Shared strategic situational awareness
- Strategic priority setting
- Resource allocation
- Risk management and assurance
- Provision of strategic advice and guidance to the Mayor and Cabinet Member

Meeting frequency

- Weekly when in escalation or as required

Shares Reports with

- Organisational Gold Groups
- Avon and Somerset Local Resilience Forum
- Department of Health and Social Care
- Healthier Together Executive
- Public Health England Regional Director



Bristol COVID-19 Testing Strategy 2020- 21 (revised March 21)

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Executive Summary

This Bristol Testing Strategy sets out a framework for a citywide approach to testing.

Our aims for local testing are that:

- Testing in Bristol is deployed purposefully and is informed by evidence
- Testing is used effectively to prevent the spread of Covid-19 within the community
- Testing can be deployed swiftly and effectively to contain and manage outbreaks.
- Local testing for Covid-19 is informed by and addresses the particular needs of Bristol's diverse population.

The Bristol Testing Strategy sits within the national strategy and testing framework and will maintain alignment with the South West Regional Public Health arrangements and the Bristol North Somerset and South Gloucestershire Health and Care System.

Themes with the Bristol Testing Strategy include:

- Alignment with local Pillar 1 Testing
- Alignment with the staff antibody testing programme
- Arrangements for whole care home, supported living, domiciliary care and extra care testing
- Effective deployment local testing centres
- Arrangements for the testing of vulnerable individuals
- Provision of Lateral Flow (rapid) testing in the community

This strategy will be adapted as national and regional testing system develops.

1. National and Regional Testing Context

On 4th April 2020 the UK government published a high-level paper outlining its plans to scale up testing capacity and capability. The report stated that the government's goal is that anyone who needs a test should have one. The report set out a phased approach, starting with patients, expanding to NHS workers and their families, then other critical key workers and subsequently expanding to the wider community over time. The paper can be viewed here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878121/coronavirus-covid-19-testing-strategy.pdf

The National Testing Strategy has five pillars each of which has a delivery programme:

- Pillar 1: NHS swab testing for those with a medical need and the most critical key workers: organised by local NHS hospitals (NBT and UHB).
- Pillar 2: Mass swab testing (commercial): booked through an online portal.
- Pillar 3: Mass antibody testing to help determine exposure: organised locally by the BNSSG CCG, rolled out to front line health care workers.
- Pillar 4: Surveillance testing to learn more about the disease and help develop new tests and treatments.
- Pillar 5: Spearheading a Diagnostics National Effort to build a mass-testing capacity at a completely new scale.

The Department of Health and Social Care is responsible for the national pillar 2 testing programme which consists of the establishment of regional, local and mobile testing sites. This programme is developing rapidly and includes a national ambition to have local testing available within 30 mins walk or cycle in urban areas and testing for care homes.

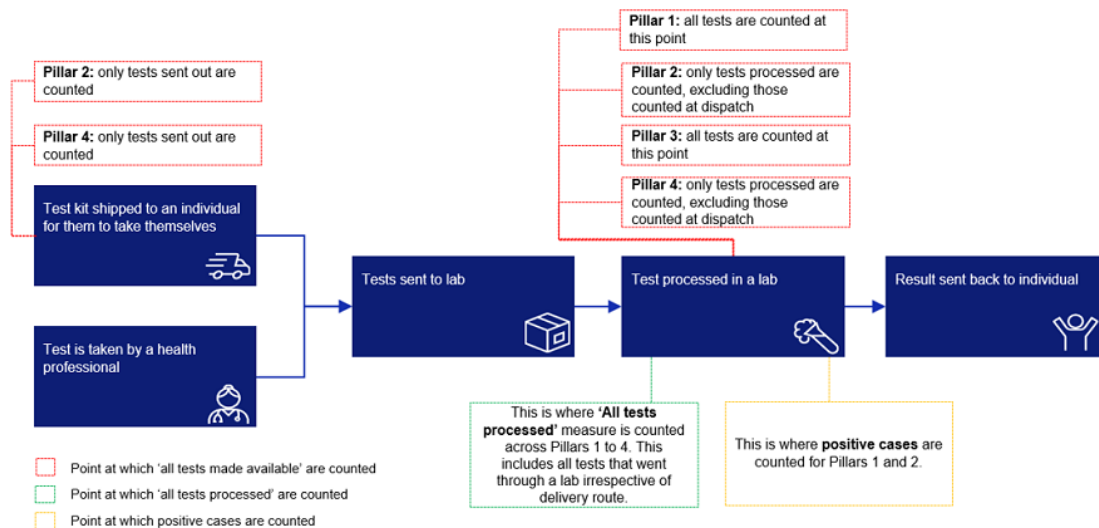
The South West Public Health community has worked closely since the start of the pandemic to ensure alignment and a systemic approach to testing and outbreak management.

The South West Public Health England Centre serves all local authorities in the region, working to tried and tested standard operating procedures to manage situations and outbreaks. Local Outbreak Management Plans have been aligned across the region and Public Health England has produced a Regional Outbreak Management Plan which sets the regional context and includes a statement on testing.

A South West Test, Trace and Enable Oversight Group brings together regional, local and national partners with responsibility for testing in the South West. South West Directors of Public Health are members of this group.

2 The National Laboratory System

The diagram below outlines how tests from the different pillars are processed through the laboratory system and counted.



Each Pillar utilizes different laboratories who provide their testing capacity estimates for the individual pillars each day. Estimates are collated centrally, and an updated time series is published weekly. For each pillar, capacity relates to the following labs:

- Pillar 1 capacity – projected lab capacity for NHS, PHE and Roche labs for England and lab capacity from Devolved Administrations.
- Pillar 2 capacity – projected lab capacity in the Pillar 2 network, including labs in Northern Ireland, Glasgow, Manchester, Milton Keynes and Cambridge
- Pillar 3 capacity – projected current capacity to process serology tests to show if people have antibodies from having had COVID-19
- Pillar 4 capacity – projected lab capacity for the Oxford University laboratory (COVID 19 infection Study, Biobank Seroprevalence Survey and an element from the care homes study), Eurofin lab capacity for Ipsos MORI swab tests

Positive test results are fed into the Second Generation Surveillance System (SGSS) managed by PHE. The individual and the Test and Trace System are notified of all positive results for follow up. Non identifiable information about numbers of cases is made available to Directors of Public Health via the secure Public Health Information system.

3 Bristol Local Outbreak Management Plan and testing

The Bristol Local Outbreak Management Plan sets out the local responsibilities for oversight and swift mobilisation of local testing capability; identifying methods for local testing to ensure a swift response that is accessible to the entire population; including accessibility of testing for vulnerable individuals; establishing local pop-up sites, hosting mobile testing units at high-risk locations, rapid asymptomatic testing and surge testing.

A Bristol, North Somerset and South Gloucestershire Testing Cell meets monthly with a particular focus on:

- Oversight of local pillar 1 (NHS) testing arrangements
- Maintaining a coordinated approach for essential staff testing
- Ensuring linkages with primary care
- Information sharing about the development of pillar 2 testing
- Mutual aid, gap analysis and the development of local solutions to risk management and surge capability

A Bristol, North Somerset and South Gloucestershire Care Provider Cell also meets weekly with a particular focus on care home support, supported living, domiciliary care and extra care including whole care home testing.

Coordination for mobile testing roll out now comes under the direct management of Department of Health and Social Care through regional coordinators.

This Bristol Testing Strategy sets out a framework for a citywide approach to testing.

Our aims for local testing are:

- Testing in Bristol is deployed purposefully and is informed by evidence
- Testing is used effectively to control the spread of Covid-19 within the community
- Testing can be deployed swiftly and effectively to contain and manage outbreaks
- Local testing for Covid-19 is informed by and addresses the particular needs of Bristol's diverse population and varying physiological responses both within and between individuals and groups.

4 Bristol Testing Framework

4.1 NHS Testing – Pillar 1

Pillar 1 testing of staff and patients is undertaken by NHS Trusts. Bristol will maintain an overview of Pillar 1 testing through the BNSSG monthly testing oversight group.

Positive cases are followed up through the Test and Trace system and managed by local NHS organisations in line with Covid-secure strategies.

All patient facing NHS staff are tested twice weekly with LFDs. In general practice GPs have stocks of PCR tests for symptomatic patients, staff and their households.

The local authority Public Health role lies in action to identify, prevent and contain widespread community transmission.

In prisons staff are tested twice a week with LFDs and once a week with PCR tests. New inmates are PCR tested on arrival, and resident inmates are LFD tested on court appearances, transfer and release.

4.2 Whole Care Home Testing – Pillar 2

All CQC registered care homes, have access to whole care home testing through a dedicated booking portal linked to Pillar 2 laboratories. This is a Department of Health and Social Care programme for residents and staff. Staff test with a PCR test and LFD test on day one of the week, followed by a mid-week LFD. Residents are tested using a PCR test once a month. Care home visitors and visiting professionals are tested on arrival at the home with LFD devices. Hospices have the same programme. It comes under the oversight of the Director Public Health and the Director of Adult Social Care.

When there is a single case in a care home the management will ensure that a confirmatory PCR test is taken (following a positive LFD), and the home will test all staff with LFDs for 7 days.

When an outbreak is identified (2 or more cases within 14 days), all staff and residents will have a PCR test, and those who test negative will have a repeat PCR test a few days later. Then return to the regular regime of testing. When the home has had no positives for 28 days the whole home will be tested to confirm that the outbreak is over.

A testing programme has been rolled out to day centres, domiciliary care and personal assistants where staff are tested weekly with PCR tests. Residents living in supported living and extra care settings are tested weekly with PCRs.

Children's Homes have a stock of PCRs to test any symptomatic staff or residents, or new residents on arrival.

4.3 Schools/ Department for Education led testing programme

Since January 2021 lateral flow (rapid) testing has been provided through school and further education settings. This programme is under the direction of the Department of Education for staff and secondary and FE students. Currently children under 11 are not routinely offered asymptomatic testing.

Access to lateral flow (rapid) testing is also being made available for all households or household bubbles as well as all other individuals working with children. These tests will be available from collection points within the community.

Phase	Date of LFD testing offer	Home or on site	Frequency
Early Years – staff, inc PVI settings	15 th March	Home with requirement for confirmatory PCR	2x per week
Primary - Staff	Jan 2021	Home with requirement for confirmatory PCR	2x per week
Secondary - Staff	Jan 2021	From March move to at home with requirement for confirmatory PCR	2x per week
Secondary – students (inc SEND)	Jan – Mar 2021 for those attending school sites.	On site supervised – no requirement for confirmatory PCR	2x per week
Secondary – students (inc SEND)	From 8 th of March full return to school planned	On site supervised for 3 tests as part of schools return to full opening and then move to home testing for those that can- with confirmatory PCR (onsite will remain an option)	2x weekly
Special School - staff	Jan 2021	Primary phase at home Secondary move to at home from March 2021 with requirement Both phases require confirmatory PCR	2x weekly
FE colleges	From 8 th of March full return	on site supervised for 3 tests as part of FE return to full opening and then move to home testing for those that can- with confirmatory PCR (onsite will remain an option)	2x weekly
Post 16 training providers - staff and students	From end of March 21	home testing for those that can- with confirmatory PCR (onsite will remain an option)	2x weekly

4.4 Antibody testing – Pillar 3

Oversight of local antibody testing is provided through the BNSSG Testing Cell.

Antibody testing is available locally through the NHS for frontline health care workers. A venous blood sample is taken to identify if a person has previously had Covid-19. A positive result does not guarantee immunity to infection. The purpose of the testing is surveillance.

In Bristol the testing was initially rolled out in stages. Staff at NBT, UHB, SWAFT, Sirona, Severnside and AWP were offered testing in the first phase; this was followed by opticians and dentists in the second phase; then One Care, the CCG, primary care, NHSEI and commissioned community services (e.g. Vita Health); following this hospices, CSU, national transplant and blood services. Antibody testing has been further extended by invitation to social care staff and care homes.

4.5 Local Testing Sites – Pillar 2

Local testing sites are a core ambition for the national testing strategy. Our role in the local authority is to identify locations based on need and local knowledge.

The local authority identified sites across Bristol. Sites are scoped by the Department of Health and Social Care (DHSC) and their agents (Deloitte) before they are approved.

Bristol now has established a network of four **Local (Symptomatic) Testing sites** across the city. These sites complement the Regional Testing Centres, our closest one being at Bristol Airport, and postal home tests. These sites all use PCR tests which require laboratory processing. It is the intention that local and mobile testing sites are deployed around the city to provide locally accessible testing:

- Where larger numbers of people do not have access to a car
- In areas of higher risk or vulnerable population
- Recognising the geography of the city
- Informed by epidemiological reports

Priority areas for local testing sites include:

- Areas where there are a high number of younger people and houses of multiple occupation and which are accessible to university and FE students
- Easton and Lawrence Hill; St Pauls and Ashely where there are of low car ownership and higher number of Black and Asian communities; and higher levels of deprivation
- South and North Bristol where there are areas of low car ownership and challenges getting to regional testing sites.
- Central Bristol where many people do not have cars.

Access to local testing is via a national booking portal and is available to symptomatic individuals. Options are to use the regional testing site at the Airport, or a MTU, or LTU's, or ask for a home testing kit. Testing is not generally available for asymptomatic testing (appendix 2).

If individuals arrive at the testing site without having booked a place, they will be seen, and the staff will assist them in making a booking there and then, so that their personal details are properly recorded in the Pillar 2 system. If the site is busy and has no capacity to test at that time, then they can be assisted to book a later appointment.

4.6 Mobile Testing Units

Bristol has also sites for the deployment of mobile testing units to support the management of local outbreaks.

When a need is identified to mobilise local testing in the event of an outbreak target at a specific location for instance a workplace, neighbourhood or school, then mobile units will be deployed at pace by DHSC. This deployment would be to settings identified in Public Health England (PHE) outbreak notifications, or to parts of the city experiencing higher prevalence of Covid-19 that are identified by Public Health Epidemiologists using heat maps.

4.7 Lateral Flow (Rapid) Tests

Lateral Flow (rapid) tests are a new technology. These tests are quick and don't require laboratory processing. However, the lateral flow test is not as sensitive as the PCR test and is therefore a red light test, not a green light test. While the test is likely to detect high levels of the virus, negative results are less reliable. Anyone positive is required to isolate, however a negative result requires Covid-secure behaviours to be maintained.

No single test is perfect. Together, tests along with other types of tests and developing testing technologies are an important set of tools helping identify sources of infection.

In preparation for schools opening on 8th March 2021, the Department of Health and Social Care has designated three Local Testing Sites **as collection points for asymptomatic testing for households and household bubbles with children**. Local Testing Sites will be open in the mornings until 12.30pm for PCR symptomatic testing and in the afternoons from 1.30pm for the asymptomatic test collection. There is also limited availability for getting these household tests by posts. We are exploring the possibilities of other means of collection using community pop up and satellite asymptomatic testing sites.

We have established an asymptomatic **Community (Rapid) Testing programme** utilising lateral flow devices. Our model has a central test centre, a number of satellite test centres. Our rapid community testing is focused on essential workers and those who can't access rapid testing by another means. Participation is voluntary and we encourage everyone to undertake regular testing. It is a highly flexible model which can scale up or down as required.

4.8 Testing arrangements for vulnerable individuals

Bristol has secured a modest supply of swabs for use when there is a need for urgent tests of complex single cases and vulnerable individuals, for instance a homeless person, or person with complex health or social needs. These are stored at Severnside.

Support for testing of vulnerable individuals has been secured through the Bristol North Somerset and South Gloucestershire (BNSSG) Testing Cell, provided by Bristol Ambulance Service through University Hospital Bristol.

4.9 Testing to support the management of an outbreak

Outbreak management plans are being developed for various settings, as set out in our Local Outbreak Management Plan. Public Health will work with the surrounding public health teams in South Gloucestershire, North Somerset and Bath and North East Somerset (BNSSG) councils to identify and respond to cross-boundary outbreaks. For instance, the University of the West of England (UWE) site in South Gloucestershire is on the border with Bristol; the university's workers and students mainly live and socialise in Bristol, so a coordinated approach would be needed if there were an outbreak linked to this site.

In the event of a localised outbreak the national test booking portal has a facility to open a dedicated web site for specific outbreaks.

4.9.1 Care Home Outbreak: PHE would deliver testing swabs for care home testing in addition to their stock of whole care home tests– for symptomatic and asymptomatic people who may be infected. The results would be reported through Pillar 1. PHE tracers would work with the positive people to identify contacts and contact them to ask them to self-isolate for 14 days. If two or more people tested positive the case would be escalated to PHE Level 1 as a complex case, an outbreak would be declared, and PHE would contact the home carry out a risk assessment, issue advice to the home and alert Public Health. Public Health would notify Adult Social Care, BNSSG Infection Prevention and Control Cell, CQC, Sirona and BNSSG CCG pharmacy leads; these people would then work directly with the Care Home.

4.9.2 School outbreak: Schools hold a stock of 10 PCR tests for emergency use where access to usual Pillar 2 symptomatic testing is difficult for the family. PHE could deliver testing swabs for symptomatic children and staff in each affected bubble however in practice this has not been needed and families have obtained tests through the online testing portal or 119. PHE, Public Health, BCC Education Department and the school would work together to manage the outbreak and also ensure student learning and safeguarding of vulnerable students is in place. If children were required to stay home for 10 days and normally had free school meals this would be addressed by the council.

4.9.3 Workplace outbreak: symptomatic staff would self-isolate and book a test through Pillar 2. PHE would deal with tracing exposed contacts including co-workers. If two or more people tested positive the case would be escalated to PHE Level 1 as a complex case, an outbreak would be declared, and PHE would contact the workplace to carry out a risk assessment, issue advice to the home and alert Public Health. Public Health would notify Environmental Health and work together to provide local support. MTUs and LTUs could be deployed at this stage. If the outbreak was more widespread then Public Health working with PHE would declare a large community outbreak.

4.9.4 Hospital outbreak: if two or more cases are identified in a hospital through Pillar 1 and Pillar 2 then the hospital will notify PHE (or PHE will identify the linked postcodes of positive cases), PHE will notify Public Health. PHE will call an outbreak management meeting with the hospital and Public Health. This group will be the expert group advising the hospital in addition to their own Infection Prevention and Control teams.

4.9.5 Community outbreak: symptomatic people would book testing through Pillar 2 or Pillar 1, the positive results would be sent to PHE. PHE data analysts would map all postcode information about positive cases and could identify community outbreaks. BCC epidemiologists would also map all positive cases in Bristol and Public Health, using their local knowledge, would check for community outbreaks. If the outbreak was more widespread then the local authority would declare a large community outbreak with PHE. This would lead to mobilisation of MTUs and LTUs.

4.9.6 Large outbreak: in the event of a large outbreak, an Outbreak Management Control Team would be instigated by Public Health England and Bristol City Council Public Health. Members would include PHE, BCC Public Health Director (or Deputy), BCC and PHE communications. Other people could be invited to join depending on the specific outbreak, for instance the manager of a workplace, police if the outbreak was in a community, and the Civil Protection Unit. The team would

decide on the way to address the outbreak, communications and request the deployment of MTUs or LTUs.

3.9.7 Management of multiple outbreaks: if a situation develops where there are more outbreaks than we have resources to manage then the Director of Public Health can declare a major incident and access support from the Local Resilience Forum and agencies that make it up. MTUs and LTUS would be deployed as appropriate.

3.9.8 Community Surge Testing: to support public health preventative action in the event of Variant of Concern being identified locally we would mobilise the sites identified for MTUs, our network of local testing centres, our network of community libraries for collect and drop and our networks of community partners to reach into communities. Community Surge Testing has been undertaken in a number of areas in the country, including Bristol, as part of national efforts to suppress the spread of new Variants of Concern. Community Surge Testing is asymptomatic testing which focuses on specific post codes to collect a population sample. PCR tests are used because of their reliability. Community Surge Testing identifies positive asymptomatic cases, helping to breaking chains of transmission and samples can also be further analysed to identify new Variants of Concern. We are planning for the eventually that the requirement to undertake community surge testing may become a feature of the new way of living as we come out of lockdown and into recovery.

5 Testing as part of research programmes

Schools and universities are important settings given the likelihood of young people as transmission agents. Two programmes are underway in Bristol, described below. Test and Trace data will be analysed by age.

5.1 Schools

A large local research programme led by Bristol University in collaboration with the local authority and school leaders will support schools to have confidence and better understand incidence and prevalence and patterns of transmission among the school population. The programme will utilise university laboratories so that there is no drain on the national laboratory infrastructure. A local contact tracing system will be established, and positive results will be fed into the national test and trace system.

5.2 Universities

To support universities safely manage returning students a similar sampling programme is proposed for university students. This will support and monitor the effects of a programme of behavioural interventions.

6 Communication and Engagement

The Department of Health and Social Care and the Government are ultimately responsible for communication about the national testing strategy; and for communication around booking and results of tests. However, Bristol City Council, and the Local Engagement Board have a role in interpreting messages locally and in engaging with and maintaining the confidence of local communities.

In a city such as Bristol communication and engagement will need to be tailored and mediated appropriately to different groups and communities.

Communication and engagement around the deployment of local testing centres will be particularly important. While DHSC is ultimately responsible for the communication and delivery of the local testing units and for instruction via the booking portal it will fall to the local authority to manage local relationships, monitor compliance to booking instructions and to apply communication effectively.

7. Contact Tracing and Isolation

Testing alone will not contain the virus; testing needs to be supported by isolation of both the person who has tested positive and the isolation of close contacts.

The majority of contact tracing is carried out by the national Test and Trace service, with completion rates currently above 80% of follow up.

The Bristol Health Protection Committee has placed a high priority on the importance of follow up of all contacts, and on arrangements in relation to adherence to isolation and quarantine instructions.

The rate of completion of follow up has improved to a good level, being consistently above the 80% at the time of writing.

A local authority Contact Tracing Partnership has been established to and this team will also undertake enhanced contact tracing in support of the specialist health protection teams.

The We Are Bristol helpline and network of community volunteers ensures that support can be swiftly provided to support isolation as required. The Benefits Team in the Council manages statutory and discretionary self-isolation payments. Local councillors, MPs and local community networks all help to make people aware of the support which is available.

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Bristol Local Outbreak Management Group

9.3.2021

Appendix 1: Bristol Testing Sites

Local Testing Sites

- Victoria Rooms Car Park, Queens Road, Clifton
- Netham Park, Barton Hill
- Hengrove Leisure Park, Hengrove
- Temple Street, Temple

MTU Sites (These are only used when required):

- MTU: Brislington Park and Ride
- MTU: Portway Park and Ride
- MTU: Long Ashton Park and Ride
- Imperial Retail Park, Hartcliffe Way
- Imperial Sport Ground, Whitchurch
- Computershare Car Park, Bishopsworth
- University Hall, Bristol University

Community Testing sites

- Bristol Rapid Testing Centre, Wellington Road, St Pauls, Lawrence Hill ward

Appendix 2: Local Testing Action Plan

Alignment with local Pillar 1 testing	Develop programme through BNSSG testing Cell	
Care Home Testing – P2	Maintain oversight with ASC Establish monthly meetings with the Care Sector Appoint to PH Care Home Liaison post	
Antibody Testing - Health and Care Staff	Develop programme through BNSSG testing Cell	
Local Testing Sites	Ensure access to testing for local areas Ensure students and FE students	
Testing for vulnerable individuals	Establish bank of local swabs Establish swift swab squad testing capability	
Testing to support Outbreak Management	Identify sites for fast mobilisation Understand mobile testing options and how to access these. Work with BNSSG testing cell and local partners to develop local outbreak response capability	
Enhanced local contact tracing partnership to support testing	Establish local enhanced contact tracing partnership with skills to undertake enhanced contact tracing	
Communication and Engagement	Develop protocol to support communication and engagement around local testing sites. Targeted communication jointly with partners	
Establish rapid Community Testing	Set up site/s and booking system Establish safe working protocol Promote as red light not green light test	
Establish capability to undertake community surge testing at speed and scale	Have MTU sites in readiness Have LTS capability to mobilise logistics Maintain and develop team capacity and capability Maintain strong community and volunteer networks and Communications capacity Develop local contact tracing hub to provide support	



Equality and Quality Impact Assessment EQIA DRAFT

Programme name:

Covid 19 Mass Vaccination Programme
implementation across BNSSG

Author:

Carol Slater, Health Equity Lead, Public Health
Sue Jones, Quality and Safety Lead

Version Control:

Version 1.0
3rd March 2021 –

Ratifying Committee:

Mass Vaccination Cell 10th March 2020 - Approved



Quality Impact Assessment

Quality Impact Assessment	Comments
<p>What is the impact on safety?</p>	<p>The purpose of the large-scale vaccination programme is to address the impact of the global pandemic on public safety by providing immunisation's efficiently and at scale to our local community.</p> <p>Hospital Hubs and Primary Care Networks (PCNs) have shared lessons learned and what worked well via the daily Operational Delivery Group. A workforce MOU for provider organisation's allows staff to work in different sites to their employing organisation this together with retired nurses returning to the temporary NMC register has ensured minimal impact on wards and facilitates a learning and sharing approach.</p> <p>The NMC and HCPC have re-opened the temporary register. Temporary registrants have been recruited at Ashton Gate with supervision provided by an RN with full registration. Retired staff and a model that included unregistered vaccinators also mitigates the pull on frontline staff.</p> <p>The large-scale centre at Ashton Gate follows a National model that was tested using 'exercise panacea' and lessons learned implemented before opening.</p> <p>The vaccination programme will have a direct impact on the reduction in the numbers of admissions to hospital and rates of Covid-19 within our communities, with the first 9 groups having a 99% impact on preventable mortality.</p>
<p>What is the impact on patient experience?</p>	<p>Feedback from citizens has been collated from a number of source and complaints and concerns via PALs or the CCG customer service team. Where there are common themes template responses will be developed using regional / national responses and local evidence. These concerns are typically those that are also being questioned in the media. The communications lead for the programme will also be involved in any local template response. Feedback is also encouraged from all platforms including a 'grafitti board' at Ashton Gate and</p>

Quality Impact Assessment	Comments
	Facebook pages for the PCNs. Patient stories where captured will help to remind us of the impact of Covid-19 on people's lives and the importance of the vaccine.
What is the impact on clinical outcomes?	<p>Reactions and adverse events will be recorded on Datix (or Ulysses for Sirona Care and Health) and the regional Covid CARs (Clinical Advice and Response service).</p> <p>Reactions will also be reported to the MHRA covid yellow card.</p> <p>The CovidCARs team provide a 7 day email response service to support clinical decision making on the day. An example has been under dosing and the Green Book requirement to administer another dose.</p> <p>The Green Book and PHE website contain all evidence required.</p> <p>The daily Operational Group includes medical and pharmacy expertise.</p>
What is the impact on access to services and waiting times?	Waiting times are not recorded, however queuing has been considered and numbers attending every 5 minutes can be flexed Additional vaccine pods can also be flexed up depending on staffing. All centre's have been set up to minimize queuing and ensure social distancing.
What is the impact across the Trust and/or the wider health economy?	The programme is system wide with all partners working together to ensure equitable and safe delivery across BNSSG. The impact will be vaccination of our population and reduction of the risk of infection and impact of Covid-19 on our hospitals and frontline services.
<p>What is the impact on equality and diversity?</p> <p><i>Refer to separate equality and diversity assessment</i></p> <p>Reasonable Adjustments</p>	<p>See EIA below</p> <p>BSL and language line interpreters can be provided as required. Leaflets are available in Easy read, and other languages.</p> <p>We are signed up to the Hidden Disability Sunflower lanyard scheme at the large-scale vaccination centre and at the Southmead Hospital Hub. We recognise the lanyard and can provide lanyards for people if</p>

Quality Impact Assessment	Comments
	<p>helpful. This is aligned to North Bristol NHS Trust who signed up to the scheme in 2020 for staff and patients. We have access to the training videos for all staff. At Ashton Gate St Johns Ambulance volunteers can provide individual advocates where assistance is needed.</p> <p>For learning disability and autism specifically, we are providing separate clinics at Ashton Gate, reasonable adjustments include support from the Community Learning Disability Team who are able to consent as well as vaccinate. Their specialist input is particularly helpful when capacity and best interest's assessments are needed. The CLDT also meet and greet and helping people through their vaccination journey and we have autism fidget toys that we can leave with individuals who might find them helpful.</p>
Which performance measures or quality metrics will be used to monitor the impact of this scheme?	<p>Numbers vaccinated by priority group</p> <p>Reactions and Adverse Events</p> <p>Complaints</p> <p>Service User Feedback</p>
EQIA Risk Score	<p>Consequence 2 x Likelihood 3 = 6</p> <p>Risk score reflects 75% plus uptake across the programme with mitigations in place to address areas where uptake has been disproportionate</p>

Consequence / impact score	Likelihood score				
	1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Almost Certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Low Risk	1-3
Moderate Risk	4-6

High Risk	8-12
Extreme Risk	15-25

Equality Impact Assessment Form

1. What are the main aims, purpose and outcomes of the proposal?

The objectives of the national COVID immunisation programme are to protect those who are at highest risk from serious illness or death. The Joint Committee on Vaccination and Immunisation (JCVI) considered the available epidemiological, microbiological and clinical information on the impact of COVID-19 in the UK and provided the Government with advice to support the development of a vaccine strategy. This was published in early December 2020, immediately after Medicines and Healthcare products Regulatory Agency (MHRA) approval of the Pfizer BioNTech vaccine for use in the UK on 3 December 2020. The Bristol, North Somerset and South Gloucestershire (BNSSG) programme is intended to offer the vaccine to all people within BNSSG identified as at risk by the JCVI.

2. Does this proposal relate to a new or existing programme, project, policy or service?

This is a new programme. NHS England mandated national implementation and confirmed that the vaccination programme would initially be based in acute hospitals. On 8th December 2020, the first vaccines were administered to patients over 80 years and at risk staff in North Bristol Trust, the first designated BNSSG site, and rollout of the programme to cover the first JCVI priority risk groups in the eligibility programme continues at pace. On 31 December the national guidance (the Green Book) was re-issued to reflect approval of a second vaccine for administration (Astra Zeneca/Oxford).

3. If existing, please provide more detail

N/A

4. Outline the key decision that will be informed by this EIA

The focus of this Equalities Impact Assessment (EIA) is the implementation of the nationally mandated Covid 19 Vaccination programme across BNSSG. This document describes the local programme implementation plans, and how evidence has been used to assess its impact from an equalities perspective.

The EIA considers the potential impact of the BNSSG vaccination programme on the people groups who are protected under the Equality Act (2010) in relation to:

- Age
- Disability including physical disability, learning disabilities and autism, and mental health concerns
- Gender reassignment

- Marriage & civil partnership
- Pregnancy & Maternity
- Race, including nationality and ethnicity
- Religious Belief
- Sex - Men & Women
- Sexual Orientation

The EIA has been undertaken by Carol Slater, Health Equity Lead, Bristol City Council, on behalf of the BNSSG Covid 19 Vaccination Clinical Delivery Group.

Does this proposal affect service users, employees and/or the wider community?
Provide more information on: Potential number of people affected, potential severity of impact, equality issues from previous audits and complaints. The key decision that will be informed by this EIA

The JCVI ranked the eligible groups according to risk, largely based on prevention of COVID-19-specific mortality. Evidence from the UK indicates that the risk of poorer outcomes from COVID-19 infection increases dramatically with age in both healthy adults and in adults with underlying health conditions. Those over the age of 65 years have by far the highest risk, and the risk increases with age. Residents in care homes for older adults have been disproportionately affected by the COVID-19 pandemic.

JVCI Priority Risk Groups

1. residents in a care home for older adults and their carers
2. all those 80 years of age and over and frontline health and social care workers
3. all those 75 years of age and over
4. all those 70 years of age and over and clinically extremely vulnerable individuals^[footnote 1]
5. all those 65 years of age and over
6. all individuals aged 16 years^[footnote 2] to 64 years with underlying^[footnote 3] health conditions which put them at higher risk of serious disease and mortality^[footnote 3]
7. all those 60 years of age and over
8. all those 55 years of age and over
9. all those 50 years of age and over

It is estimated that taken together, these groups represent around 99% of preventable mortality from COVID-19.

JCVI advises that implementation of the COVID-19 vaccine programme should aim to achieve high vaccine uptake. An age-based programme will likely result in faster delivery and better uptake in those at the highest risk. Implementation should also involve flexibility in vaccine deployment at a local level with due attention to:

- mitigating health inequalities, such as might occur in relation to access to healthcare and ethnicity
- vaccine product storage, transport, and administration constraints
- exceptional individualised circumstance
- availability of suitable approved vaccines, for example for specific age cohorts

The programme initially affects all citizens within the first nine JCVI priority groups. The priorities list for this is nationally set by the JCVI (Joint Committee on Vaccination and Immunisation). The priorities are based on an evidenced based assessment of those most at risk of becoming seriously ill or dying due to the Covid 19 virus.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/955548/Greenbook_chapter_14a_v6.pdf.

The Secretary of State for Health set the initial goal of vaccinating all over 80's care home staff and residents, frontline health and social care staff and over 70's together with the clinically extremely vulnerable (around 214,000 across BNSSG) by mid-February 2021. This included planning for vaccination of the many thousands of citizens and employees across the BNSSG from mid-February onward.

5. Could the proposal impact differently in relation to different characteristics protected by the Equality Act 2010?

Assess whether the Service/Policy has a positive, negative or neutral impact in relation to the Protected Characteristics.

- **Positive** impact means reducing inequality, promoting equal opportunities or improving relations between people who share a protected characteristic and those who do not
- **Negative** impact means that individuals could be disadvantaged or discriminated against in relation to a particular protected characteristic
- **Neutral** impact means that there is no differential effect in relation to any particular protected characteristic

Age (Positive, Negative, Neutral)

Please provide reasons for your answer and any mitigation required

The majority of the 120,000 deaths involving COVID-19 have been among people aged 65 years and over, with a particular vulnerability for those aged over 80 years old. There is wide ranging evidence that older people experience isolation, and many may have limited access to their support network during the lockdown, exacerbated by the need to social distance from loved ones. Many may also be shielding due to being clinically extremely vulnerable.

The national guidance has identified age as the **single** most critical factor in Covid 19 survival rates. The BNSSG programme is focused on mitigating risk by vaccinating people in order of age as the highest priority, and the local programme is committed to vaccinating all over 80s by end January 2021. Older people may also be affected by multiple other protected characteristics, that affect their ability to access vaccination

including coming from a Black, Asian or ethnic minority background, or experiencing deprivation.

Programme Impact: Positive: vaccines have been demonstrated to significantly reduce the risk of serious illness and mortality in older people.

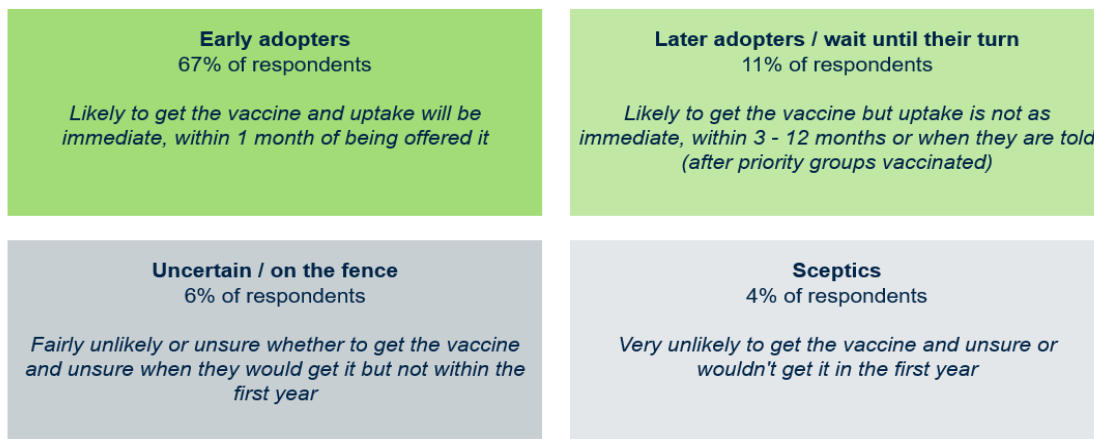
Local mitigation

A BNSSG wide online survey of public attitudes and expected uptake was conducted in December 2020 to inform local vaccination rollout planning (detailed in appendix B). Key findings from the 358 respondents to the survey were:

- Majority of respondents were likely to get the vaccine
- Perception of safety drives the largest change in claimed behaviour; age appears to be most correlated with safety concerns
- The primary drivers for uptake are ‘prosocial’ rather than individualistic (protecting others, reducing spread)
- The main concerns centre on the speed of development of vaccines and concerns around long-term safety and side effects.
- “Being able to review the evidence for myself” and “advice from my GP” appear to be the main drivers of reassurance.

The survey identified key areas of focus set out in the table below;

To help translate insight into action, our initial analysis has identified four broad attitudinal segments in our population (1/2)



It should be noted that the sample included a relatively small number of people from Black, Asian and minority ethnic communities (4%).

In line with national requirements, the vaccination programme delivery plan includes a large-scale vaccination centre at Ashton Gate as well as a network of primary care settings.

The vast majority of vaccinations being offered to older people are in primary care or care homes and data reports regarding local uptake is as high as 85%. Analysis of uptake

amongst people with protected characteristics within this cohort (over 80s) initially suggested national uptake amongst people from Black and Asian communities was lower than the general population, but this is less evident in the most recent reports ([Statistics » COVID-19 Vaccinations \(england.nhs.uk\)](#)).

Disability (Positive, Neutral, Negative) including;

Physical Impairment; Sensory Impairment; Mental Health; Learning Difficulty/ Disability; Long-Term Conditions

Depending on the impairment that people have (physical, sensory, cognitive or psychosocial difficulty), they may be at increased health risk during a pandemic, though this is not necessarily always the case. A blind or deaf person does not usually have an ‘underlying health condition’ that would put them in a vulnerable category for the coronavirus, but lack of accessible health care and information can increase their risks.

Generally this is covered under the clinically extremely vulnerable priority group, though this will, by definition, only refer to very specific categories of the most unwell people.

BNSSG underlying health related causes of disability adjusted life years (DALY) are set out below.

Bristol, % of DALY's		South Glos, % of DALY's		North Somerset, % of DALY's	
IHD	6.08%	IHD	6.04%	IHD	7.26%
Low back pain	5.02%	Low back pain	5.52%	Low back pain	4.72%
COPD	3.95%	COPD	3.86%	COPD	4.24%
Lung Cancer	3.66%	T2DM	3.37%	Lung Cancer	3.75%
T2DM	3.03%	Lung Cancer	3.23%	T2DM	3.44%

*IHD – ischaemic heart disease

*COPD – Chronic Obstructive Pulmonary Disease

*T2DM – type 2 diabetes mellitus

Programme impact: Positive

The local vaccination programme will have a positive impact on people who are clinically extremely vulnerable, as this group are significantly more at risk. Evidence suggests the vaccination will also be of benefit to people with underlying health conditions.

Gender Reassignment (Positive, Negative, Neutral)

Social isolation may be exacerbated for LGBT individuals, particularly if much of the support they receive is from people outside the home environment. Due to a lack of routine sexual orientation and trans status monitoring it is likely that the that number of trans people who die from Covid-19 in the UK will never be known. They may feel unsafe outside their homes due to hate crime and discrimination, and experience of trans phobic abuse either in person or online.

Programme impact: Neutral

Although there is no evidence that the vaccination programme has a specific impact on gender reassignment, people from LGBT communities may also be affected by other characteristics, including age, ethnicity health status.

Race Including nationality and ethnicity (Positive, Negative, Neutral)

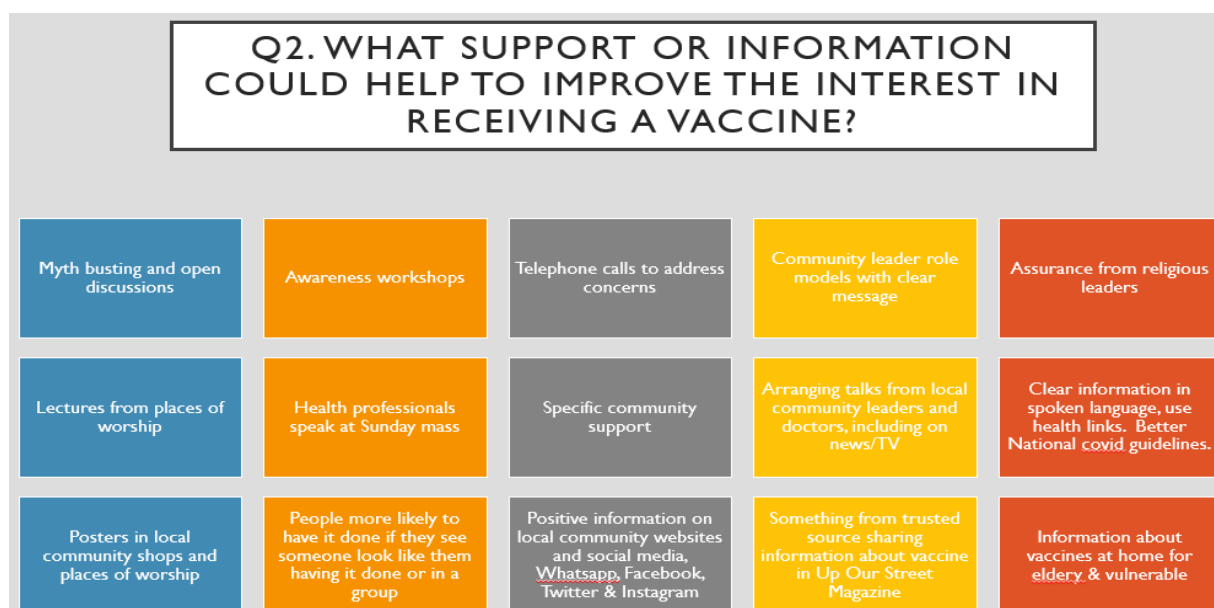
The risk of death from COVID-19 is generally higher amongst black, Asian, and ethnic minority (BAME) communities than white British people. This appears to be due to a complex mixture of factors, and no one factor alone can explain all of the difference. Contributing factors include, in no particular order: being poorer, where people live, overcrowded housing, types of job, other illnesses, and access to health services. Once infected, many of the pre-existing health conditions that increase the risk of having severe infection (such as having underlying conditions like diabetes and obesity) are more common in BAME groups and many of these conditions are socioeconomically patterned. For many BAME groups, especially in poor areas, there is a higher incidence of chronic diseases and multiple long-term conditions (MLTCs), with these conditions occurring at younger ages.

Programme impact: Positive

There is significant evidence that people from Black, Asian and minority ethnic communities are disproportionately affected by serious illness caused by Covid 19.

Within previous national vaccination programmes in the UK, reported vaccine uptake has been lower in areas with a higher proportion of minority ethnic group populations. There is therefore a significant risk that vaccine uptake for COVID-19 will also be lower among minority ethnic groups.

A local survey of conducted in January 2020 by Bristol inner city primary care network of 21 local community and faith groups (27 responses) to understand views and improve uptake found that:



These findings are consistent with a range of national reports and guidance

Local Mitigation

The vaccination programme focus on dedicated resources to maximise uptake amongst BNSSG Black, Asian and minority ethnic people will have a positive impact in terms of significantly reducing the risk to serious illness and mortality.

The GP inner city survey recommendations are now embedded in the work of the vaccination programme and are being taken forward within the BAME, refugee and asylum seeker subgroup within the covid 19 vaccination programme.

GP Survey recommendations & actions		
1.	Myth busting	Dedicated seminars on myths and misinformation targeting specific communities, including Black and Asian people, and people with disabilities
2.	Awareness workshops	Local faith and community leaders are offering a wide range of online , recorded awareness sessions *further information is available
3.	Telephone calls to address concerns	Local GPs, health professionals and community champions have been calling individuals with concerns to discuss directly on an ad hoc basis. Calls have been linked to vaccination clinic uptake
4.	Community leader role models	There have been excellent levels of engagement and leadership from communities, including many who are volunteering to be vaccinated on camera and promote this via their networks
5.	Assurance from religious leaders	Faith leaders have come forward in significant numbers to provide guidance and support for the uptake of the vaccine both verbally and in written sermons and texts
6.	Lectures from places of worship/Sunday mass	In addition to the above, faith leaders (including leaders who are also health professionals) are holding seminars for their congregation with invited experts to provide facts and offer time for clarification and questions
7.	Specific community support	Work with community groups
8.	Talks from local leaders inc TV	Videos of leaders being vaccinated at Ashton Gate vaccination centre widely disseminated. Leaders filmed in a variety of community clinics;
9.	Clear information	Information in different languages, including Polish, Urdu, Somali, and Bangladeshi, have been jointly produced with communities, including videos and posters
10.	Posters in churches & places of worship	In addition to the variety of comms above, letter distributed to 600 church contacts, aiming to counteract faith-based misinformation
11.	Reflective of communities	As above, community leaders have been proactive in leading “from the front”, and speaking to both individuals and groups
12.	Community websites	Embedded in the community activism above
13.	Up our street vaccine focus	Article promoting uptake produced in conjunction with the comms team
14.	Information about vaccines at home for the elderly and housebound	Primary care networks have adopted a set of principles to ensure that where inequities in vaccination access or administration arise over time, between groups of equivalent risk or eligibility, then as a system, we will use our ‘best endeavours’ to minimise those inequities, including for the elderly and housebound. The principles at attached at appendix C.

Religion or Belief (Positive, Negative, Neutral)

Members of religious groups may be concerned that specific vaccines may violate religious laws. Therefore, religious concerns can become a driver of vaccine hesitancy and may affect individual willingness to accept the vaccine.

Programme Impact: Positive

Local mitigation

Many faith leaders have made statements in support of vaccination and focused work is underway to address this at a local level. Local community faith leaders have proactively supported uptake of the vaccine to their congregations. For example, offering mobile clinics in a local mosque, and evening clinics during the Ramadan period (12 April-11 May).

Sex (Positive, Negative, Neutral)

JVCI data suggests that male gender as well as increasing age are significant risk factors for severe infection, although this is also linked to incidence of pre-existing underlying health conditions.

Programme impact: Positive

There is significant evidence that males are disproportionately affected by serious illness caused by Covid. The vaccination programme will have a positive impact in terms of significantly reducing the risk to men at risk of serious illness and mortality.

Sexual Orientation (Positive, Negative, Neutral)

Social isolation may be exacerbated for Lesbian, Gay, Bisexual and Transgender (LGBT) individuals, particularly if much of the support they receive is from people outside the home environment. It's widely acknowledged that LGBT people are more likely to experience poor mental health than the general population. Due to a lack of routine sexual orientation and trans status monitoring it is likely that the that number of LGBT people who die from Covid-19 in the UK will never be known. They may feel unsafe outside their homes due to hate crime and discrimination, and experience of LGBT phobic abuse either in person or online.

LGBT people are disproportionately more likely to be homeless with 24% of homeless young people (aged 16 to 25) being LGBT. 77% of homeless young LGBT people stated that being LGBT was a causal factor in rejection from home. (act. 2017. LGBT Youth Homelessness: A UK National Scoping of Cause, Prevalence, Response & Outcome. Available at: <https://www.akt.org.uk/Handlers/Download.ashx?IDMF=c0f29272-512a-45e8-9f9b0b76e477baf1>).

Programme impact: Neutral

Although there is no evidence that the vaccination programme has a specific impact on sexual orientation, people from LGBT communities may also be affected by other characteristics, including age, health status and homelessness.

Pregnancy and Maternity

Programme impact; Neutral

Although there's no evidence that the Covid 19 vaccine is unsafe when pregnant, the JvCI advises that more evidence is needed before it can be offered routinely. They recommend that pregnant women considering having the vaccination seek advice from a medical professional as they may be able to have the vaccine if they are at significant risk of acquiring or serious complications from coronavirus.

Mitigation; Advice is available for women who are considering pregnancy or are pregnant, online via the Royal College of Obstetricians and Gynaecologists <https://www.rcog.org.uk/en/guidelines-research-services/coronavirus-covid-19-pregnancy-and-womens-health/covid-19-vaccines-and-pregnancy/covid-19-vaccines-pregnancy-and-breastfeeding/>
Or via their GP.

Marriage & Civil Partnership (Positive, Negative, Neutral)

Programme impact; Neutral

The project is not considered likely to impact on this group any differently than current service provision and is therefore judged likely to have a Neutral Impact on Marriage and Civil Partnership groups.

Does the policy relate to an area with known health inequalities?

Disproportionate Impact

There is clear evidence that COVID-19 does not affect all population groups equally. Many analyses have shown that older age, ethnicity, male sex and geographical area, for example, are associated with the risk of getting the infection, experiencing more severe symptoms and higher rates of death. A Public Health England review of disparities in the risk and outcomes of COVID-19 ([COVID-19: review of disparities in risks and outcomes - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/reviews/covid-19-review-of-disparities-in-risks-and-outcomes)) shows that there is an association between belonging to some ethnic groups and the likelihood of testing positive and dying with COVID-19.

The Covid 19 Marmot review ([Health Equity in England: The Marmot Review 10 Years On | The Health Foundation](https://www.healthfoundation.org.uk/publications/health-equity-in-england-the-marmot-review-10-years-on)) published December 2020 highlighted that:

- inequalities in social and economic conditions before the pandemic contributed to the high and unequal death toll from COVID-19
- the nation's health should be the highest priority for government as we rebuild from the pandemic
- the economy and health are strongly linked – managing the pandemic well allows the economy to flourish in the longer term, which is supportive of health
- reducing health inequalities, including those exacerbated by the pandemic requires long-term policies with equity at the heart.

A diverse range of reports, including the Marmot review, conclude that Covid 19 has exposed and amplified inequalities, and that the economic harm caused by measures to control the virus also risk further damage to health and the widening of health inequalities.

****Following early identification of by apparent high levels of infections amongst individuals from a Black, Asian or minority ethnic (BAME) background, epidemiological data has described evidence of the following causes of Covid-19 inequality:**

<https://www.sahf.org.uk/covid19>

Gender	Increased risk of mortality in males
Age	Increased risk of mortality in older age groups
Ethnicity	Increased risk of mortality in some BAME populations
Comorbidities	Increased risk of mortality if comorbidities (obesity, heart disease, cancer etc)
Deprivation	Increased risk of mortality amongst people living in more deprived areas
Occupation	Health and social care staff have greater risk of exposure
Housing	Those living in overcrowded housing have greater risk of exposure

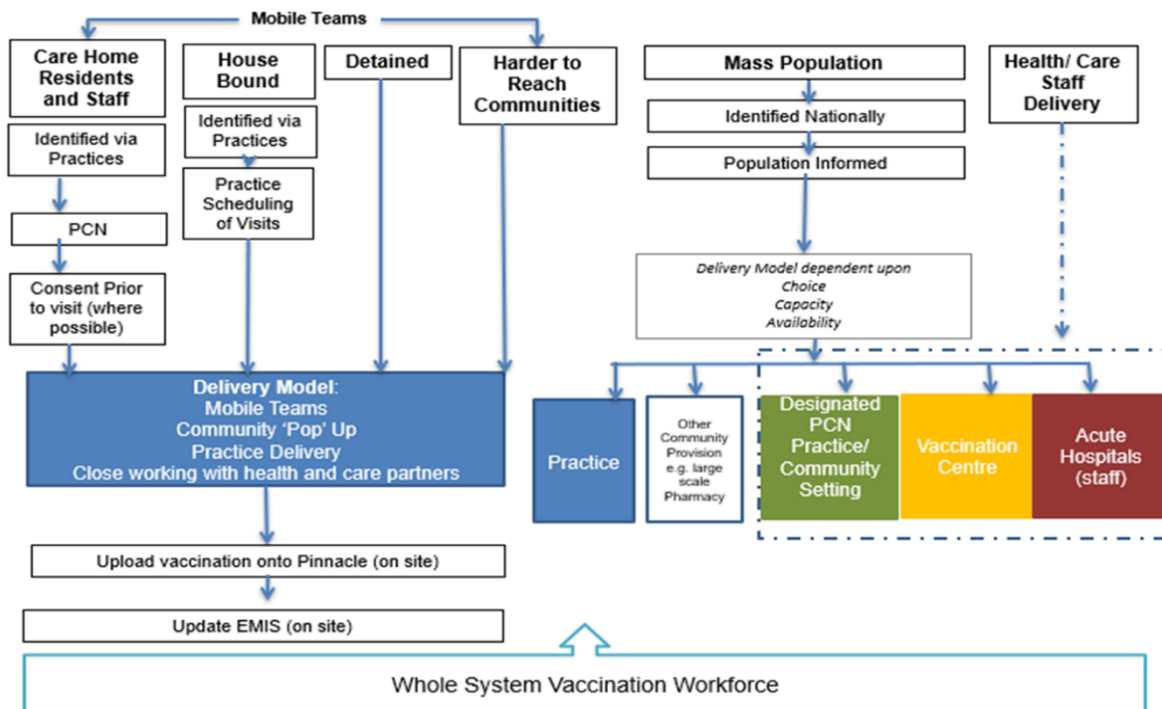
****The recent BNSSG health inequalities profile (Jan 2021, appended).**

Local mitigation

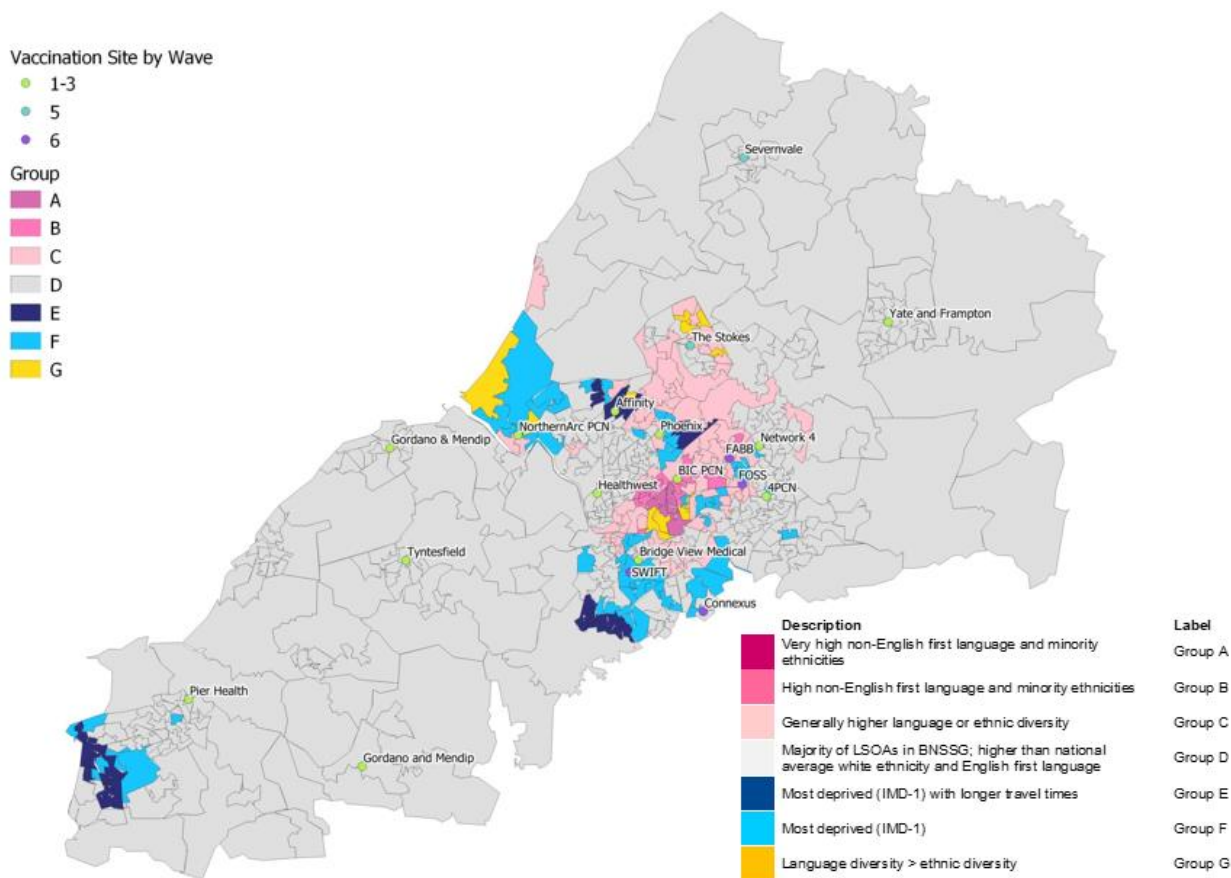
Recognising and addressing health inequalities has been fundamental to the vaccination programme from the outset. This includes understanding local communities and what will maximise vaccination uptake for all as a core element of the rollout.

The BNSSG programme is bringing together system-wide data (including flu vaccines, public health datasets) with system wide engagement to understand attitudes and concerns. These are being cross referenced with insight from community partners and continuously informed by community conversations and activated across a range of media, including online seminars, focus groups and materials.

The programme has established a partnership between primary care, community services, secondary care, the local authority, workstream leads and disease experts to inform planning and rollout of this complex programme.



A population management approach has been taken to identify the specific communities of interest and geographical areas where a targeted response is required.



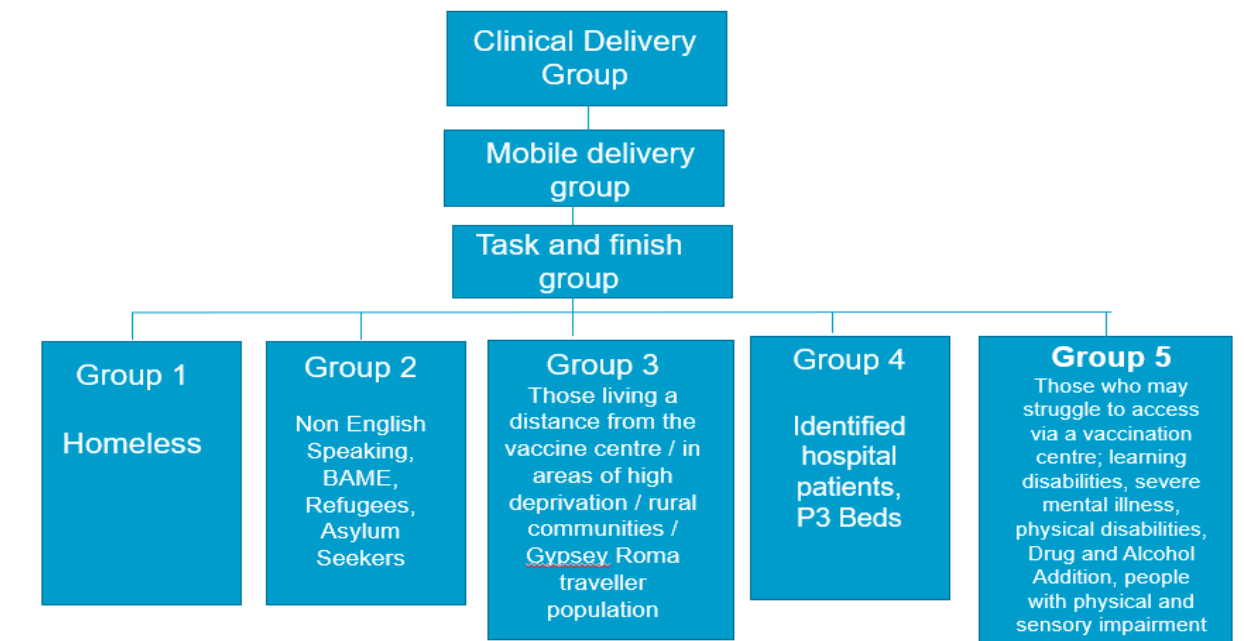
Intelligence based analysis has been integral to the overarching communications plan, set out below.

This BNSSG COVID 19 vaccination programme of work has been informed by robust population health and data analysis, national and local insights, and a wealth of information and guidance from local communities to understand and mitigate barriers to uptake.

A dedicated mobile model programme of delivery is well underway to specifically the address the inequalities identified by the data analysis. This has been designed based on the bringing together of a range of system data, and insights from local people from a variety of sources including dedicated webinars and surveys.

The governance of a robust delivery plan to reach under-served communities known to be disproportionately less likely to take up the vaccine, and to be most vulnerable the virus, is summarised below. Each of the 5 task and finish groups has multi-disciplinary stakeholder engagement and aims to have representation from those who are embedded within the target communities. The groups are tasked with building on the good work already underway and best practice from other initiatives.

Governance of mobile delivery group



Relevance to the Public Sector Equality Duty - Please select which of the three points are relevant to your proposal. There is a general duty which requires the system to have due regard to the need to:

6. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010?

Does this proposal address risk in relation to any characteristics?

Yes, as outlined above there are significant risks and mitigations set out above regarding age and ethnicity.

7. Advance equality of opportunity between people who share a protected characteristic and those who do not?

Will this proposal facilitate equality of opportunity in relation to particular characteristics? Yes

Please explain your reasons

The vaccination programme offers the opportunity to improve access to vaccinations in communities where there has historically been lower uptake. The large-scale mobile delivery model bringing the vaccination to local communities will increase accessibility. Delivering the model in partnership with communities, based on their views, will increase trust and acceptability. Support from communities will promote GP practice access in the medium and longer term.

8. Foster good relationships between people who share a protected characteristic and those who do not?

Will this proposal foster good relationships between one protected group and another or between one group and the organisation? Yes

Please explain your reasons

Jointly delivered clinics with mainstream services and local community clinical staff and advocates will support shared understanding. Clinicians from diverse communities have been at the forefront of planning and delivery of the mobile delivery model. Further information can be found in the BNSSG Covid 19 vaccination programme summary at appendix E.

9. Appendices

- a) BNSSG Health Inequalities Profile – January 2021



Inequalities%20profil
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- b) Insights – BNSSG Public attitudes topline report – January 2021



BNSSG%20-%20Covi
d-19%20vaccine%20-

c) Bristol Inner City Primary Care Network survey – January 2021



Covid%20vaccine%2
0survey%20results.ppt

d) Principles adopted by Primary Care Networks – Covid 19 Vaccination programme



Principles%20adapte
d%20by%20PCNs%20l

e) Vaccination programme summary – 25 February 2021



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pdated%201902201.ppt

February 2021



Contact us:

Healthier Together PMO Office, Level 4, South Plaza, Marlborough Street, Bristol, BS1 3NX

bnssg.htpmo@nhs.net



Decision Pathway – Report

PURPOSE: For noting

MEETING: Cabinet

DATE: 13 April 2021

TITLE	Quarterly Performance Progress Report (Q3 - 2020/21)		
Ward(s)	All wards		
Author: Guy Collings	Job title: Head of Insight, Performance & Intelligence		
Cabinet lead: Cllr Cheney	Executive Director lead: Mike Jackson		
Proposal origin: <i>BCC Staff</i>			
Decision maker: Officer Decision forum: <i>Officer Meeting</i>			
Purpose of Report: To brief Cabinet on the progress made by all directorates against the Key Performance Indicators (KPIs) for Q3 2020/21 (Appendix A1) – designed around the themes in the Corporate Strategy and Business Plan. A list of short definitions for each measure is shown on Appendix A2.			
Evidence Base: This performance progress report and appendix is designed around the Bristol City Council (BCC) Corporate Strategy 2018-23 and Business Plan for 2020/21. The Performance Framework and reporting arrangements for 2020/21 were approved by CLB in March 2020. This report is complemented by more detailed EDM sets of KPIs relevant to the business plans and directorate BAU defined with management teams. BCC measures and City-wide measures - This differentiates between indicators wholly owned by BCC, so are direct measures of our performance, and those where BCC is a key player but performance is dependent on other partners. Impact of Covid-19 – Many indicators are significantly affected, and some suspended; where relevant, targets were adjusted during Q1 to take account of this. Some adjusted targets have also been profiled to reflect significantly reduced activity in the first half of the year, so a target may not be delivering in four equal quarters. Individual details are in the management comments (Appendix A1). Note – Performance reporting looks at indicators on a quarter by quarter basis; for Covid-19 response work, other routes such as the BCC COVID-19 data site report data weekly. In terms of current performance against the Business Plan indicators, of note is the following: Performance summary: Taking the available KPI results this quarter (excluding duplicates), and noting the BCC / City-wide differentiation:			
<ul style="list-style-type: none"> • 56% of all Business Plan measures (with established targets) are performing on or above target (32 of 57) <ul style="list-style-type: none"> ○ 50% of BCC-only measures (12 of 24) ○ 61% of city-wide measures (20 of 33) • 50% of all Business Plan measures (with a comparison from 12 months ago) have improved (27 of 54) <ul style="list-style-type: none"> ○ 64% of BCC-only measures (14 of 22) ○ 41% of city-wide measures (13 of 32) 			
Corporate Strategy Themes:			
<u>Covid-19 Recovery & Renewal:</u>			
This section was a new addition to the BCC Business Plan and Performance Framework, first published in Sept 2020. This is a mixture of new indicators specific for this section and existing indicators that are also relevant.			

Note – this is formal Performance reporting which looks at indicators on a quarter by quarter basis; for Covid response work, other routes report Covid data and indicators more frequently.

The reablement service, to help people to live a more independent life at home, has demonstrated solid resilience during the pandemic and achieved the highest ever contact with service users at an average of 197 per week. It is hoped that this will reflect well on people not requiring re-admittance to hospital when reported next quarter.

The recently introduced measure of the number of 'people housed in emergency Covid accommodation and subsequently resettled' grew to 543 for the reporting year, with 172 taking place in the last quarter. Whilst pleasing, this is a slight reduction from Q2, attributable to a reduction in availability of affordable rented and supported accommodation.

Another new measure concerns the average weekly number of regulatory contacts requesting COVID 19 advice and guidance. The number of interactions has increased considerably over the year, rising from 37 a week in Q2 to 59 in Q3. The increase in enquiries has been driven by lockdown requirements and the introduction of and changes to the tier system restrictions.

Continuing financial pressure caused by the Covid-19 pandemic has meant a drawdown from general Reserves, and although below target, this remains within the policy limit of between 5-6% as set in the Council's Medium Term Financial Plan. As we near the end of the financial year, it is expected service areas with forecasted overspends will have implemented recovery plans/actions to address this.

The overall employment rate of the working age population is reported with a 3 month data lag and shows a very slight drop from Q2 to 75.6%, which although slightly worse than last year remains well above the minimum target set. There has however been a rapid rise in unemployment across the City and as of November 2020, the claimant count was 19,905 or 6.3% of the working age population, rising from 2.7% in March 2020. The Council has received £347,000 to launch a new "One Front Door" programme of employment support, bringing together the City's unemployed, those on low incomes, employers and support providers. The impact of this will be closely monitored.

Empowering & Caring:

There continue to be successful interventions in preventing homelessness with the annual target of 1,100 already exceeded (1,132) and this at a time when more people are presenting to the council as homeless or in imminent danger of becoming so. This success however is tempered by the fact that more people are in temporary accommodation for longer periods, in Q3 this stands at slightly under 1,000 against a target of 700.

The percentage of children becoming subject of a child protection plan for the second or a subsequent time, although very slightly up from Q2, is still on target and in a stronger position than the same period last year. Of the 206 Child Protection Plans started between 01/04/2020 and 31/12/2020, 48 had a previous plan.

The number for the indicator 'permanent admissions aged 65+ to residential and nursing care, per 100,000 population' has increased for the third quarter in succession. However, the service area advise the actual number of people over 65 currently in residential/ nursing care has in fact reduced by 94 over the last 12 months. It is proposed that due to recording differences this indicator will be replaced next year to one providing a more accurate figure of total funded placements.

The percentage of older people at home 91 days after discharge from hospital into reablement/rehabilitation remains above target with the reablement service continuing to support people in maintaining their independence. It should be noted that this indicator is subject to considerable seasonal fluctuation.

The target for numbers engaged with community development work (excluding volunteer response) was revised downwards from last year as the country went into the first lock down and the council is on track to meet the new target of 3000, with just under 2,500 currently reported. The 2020/21 Quality of Life survey however reported an increase (up to 47%) in those volunteering or helping out in their communities at least three times a year.

Fair & Inclusive:

The percentage of Educational Health Care Plans that are issued within timescales continues to improve steadily; early indications are that this will continue to improve into Q4.

The total number of apprenticeships created and managed by the Council is currently 38 below its target of 527. The

hoped for growth in this area was impacted by Covid and the cessation of new starts between March and September coupled with a high number of apprentices completing their programmes. A pleasing number of predicted starts during Q3 reflects significant activity to raise awareness across the council and Directors were encouraged to consider this in the Learning & Development aspect of their annual service plans.

There has been a significant focus on driving down the numbers of empty homes and the measure is above its target for the first time this year, standing at 238 against a target of 250.

Work experience opportunities for priority groups remains well below target (644 against 2,500). Delivery has been further impacted in Q3 by ongoing school closures. Increased use is being made of virtual technology with live employer Q&A sessions and workshops, but the realities of the pandemic are proving particularly challenging.

Delivery of affordable homes continues to be significantly below target (118 against 500), although a further sixty homes were completed in Q3 and over 300 units are forecast for completion in Q4. It should be noted that overall there are fewer applications across all planning categories being presented for decisions.

Wellbeing:

For Q3 the Quality of Life (QoL) survey results feature prominently in this theme. A particularly worrying result reflects the damaging effects on mental health throughout the repeated lockdowns in 2020. One in five people across the city reported below average mental wellbeing, with this rising to one in three people in the most deprived areas of the city. Addressing this will be a priority for a range of statutory and voluntary agencies over the coming months and years.

The second QoL indicator relates to the percentage of people living in the most deprived areas who do enough regular exercise each week (self reported). The 2020 survey showed this remaining at 55%, which is 13% below the city wide figure, but 16% above target. The pandemic has had a huge impact on people having access to sport and physical activity opportunities with leisure facilities being closed. The Council is working closely with leisure operators and Sport England to understand what can be done to support the recovery of leisure and physical activity for Bristol.

Participation in cultural activities has also been severely impacted by the pandemic and this is reflected in the reported result of 33% (down from 46% in 2019). Many venues have been closed since March 2020 and whilst some reopened during the summer, this was with significantly reduced capacity. Venues closed again as the second lockdown started and have not reopened since and there have been virtually no events and festivals in the city this year.

There continue to be challenges in delivering waste and recycling services although the civic amenity sites are now fully re-opened albeit with social distancing in place to ensure safe use. The percentage of waste sent for reuse, recycling and composting stands at 45.7% against a target of %50.

Well Connected:

Performance around the number of people able to access care and support though the use of technology enabled care is now well below target as the hoped for improvements in Q3 have not materialised. The current number stands as 356 (up by 146 from Q2) against a year end target of 753. Work related to home adaptation and technology enable care continues to be impacted by difficulties in gaining access to properties due to concerns around this vulnerable group from Covid. This may improve slightly as the vaccination programme is rolled out, though it is likely the annual target will not be met.

The number of adults in low paid work & receiving benefits accessing in-work support stands at 501 against a target of 820, however with the launch of the One Front Door service in January it is hoped there will be a significant rise in the Q4 client base.

There has also been an increase reported through the QoL survey of those with access to the internet at home in deprived areas, however there is still four percentage point gap compared to home access citywide (92% vs 96%). Access to the internet at home has been recognised as being increasingly important during the last year as a result of

Covid-19, with the extended periods of home-schooling combined with wider issues around social isolation.

Another 2020/21 QoL indicator relates to the percentage of people who feel they can influence local decisions. The result (21%) is slightly above target and a 3% improvement on the previous year. This likely to have been influenced by a wide range of factors, but the improvement may be due in part to the Council's work with communities in its response to the pandemic and the 'Your City Our Future' programme leading to Bristol's first citizens' assembly.

Organisational Priorities:

The collection of non-domestic rates stands at 77.1% and is on course to reach the revised target of 91.7%. Council Tax collection continues to be lower than last year but is performing well (80.9%) against the revised target of 93.5%. Priority has been to provide support to people in financial difficulty, helping to increase take up of benefits and avoiding taking recovery action where residents are temporarily unable to pay.

The rate of non-statutory complaints responded to on time has remained above target (by 4%) and work is continuing to find ways to maintain this position. Conversely, performance around the Council's response to FOIs continues to perform well below target and further work is being carried out to identify ways to improve in this area.

This quarter saw a small improvement in sickness absence, decreasing to 8.1 days and when Covid-19 related absences (3,256 days) are excluded from the calculation, average working days lost are at their lowest (7.6) in the last 12 months.

Whilst there is less overall recruitment taking place at the present time, it is pleasing to note an improvement in the percentage of job offers being made to employees in the most deprived areas. This had dropped to 4.6% in Q2 but has risen to 6.1% in Q3 (against an annual target of 6.5%).

The Quality of Life survey results are published for the first time this quarter; with overall citywide satisfaction with the way the council runs things has increased again, up 4.6% on 2019. This has improved by 12% since 2018 and now stands at its highest level since this question was introduced in 2010

Note - For all themes, attention is drawn to the commentaries where the service has indicated exception in delivery, and/or details of plans and activities underway.

Cabinet Member / Officer Recommendations:

1. That Cabinet note the report and measures underway to improve performance.

Corporate Strategy alignment: All BCP PIs contained within Appendix A1 are designed to demonstrate our progress towards the Corporate Strategy (2018/23).

City Benefits: Understanding whether BCC is delivering outcomes for the citizens and city ensures organisational effort can be focussed on benefit realisation.

Consultation Details: Performance progress has been presented to relevant DMTs and EDMs prior to the production of this report.

Background Documents:

1. [BCC Corporate Strategy 2018-23](#)
2. [BCC 2020/21 Business Plan & Performance Framework](#)
3. [2020/21 Performance Measures and Targets](#)

Revenue Cost	£0	Source of Revenue Funding	N/A
Capital Cost	£0	Source of Capital Funding	N/A
One off cost <input type="checkbox"/>	Ongoing cost <input type="checkbox"/>	Saving Proposal <input type="checkbox"/>	Income generation proposal <input type="checkbox"/>

Required information to be completed by Financial / Legal / ICT / HR partners:		
1. Finance Advice: There are no specific financial implications as part of the report. Identification and delivery of meeting key performance indicators is a major part of annual service planning including budget setting. Identifying key outcomes and targets should have a significant impact on allocation of resources through annual budget setting process, similarly availability of resources to delivery outcomes will impact the achievability of targets. Performance information should be viewed alongside services financial information and progress of delivery of key projects.		
Finance Business Partner: Michael Pilcher – 22 March 2021		
2. Legal Advice: Reporting performance against the business plan and corporate strategy assists the Council to comply with its duty to make arrangements to secure continuous improvement in the way in which the Council's functions are exercised, having regard to a combination of economy, efficiency and effectiveness. This needs to be balanced with and kept under review to take in to consideration the impact of Covid-19 on the Organisation and the Organisation's Equality Act duties. Any specific legal issues arising from this report will be dealt with separately.		
Legal Team Leader: Nancy Rollason – 22 March 2021		
3. Implications on IT: There are no direct IT implications arising from publication of this report		
IT Team Leader: Gavin Arbuckle - 22 March 2021		
4. HR Advice: There are no direct HR implications arising from the report. However, to achieve the targets proposed resources may need to be deployed differently, and additional resource may be required in some areas.		
HR Partner: Mark Williams, Head of Human Resources - 22 March 2021		
EDM Sign-off	All Directorates - Executive Directorate Meetings	03/02/2021
Cabinet Member sign-off	CLlr Cheney CMB	08/02/2021
For Key Decisions - Mayor's Office sign-off	N/A	N/A

Appendix A – Further essential background / detail on the proposal Appendix A1: Quarterly Performance Progress Update Appendix A2: A list of short definitions for each measure is shown on Appendix A1	YES
Appendix B – Details of consultation carried out - internal and external	NO
Appendix C – Summary of any engagement with scrutiny	NO
Appendix D – Risk assessment	NO
Appendix E – Equalities screening / impact assessment of proposal	NO
Appendix F – Eco-impact screening/ impact assessment of proposal	NO
Appendix G – Financial Advice	NO
Appendix H – Legal Advice	NO
Appendix I – Exempt Information	NO
Appendix J – HR advice	NO
Appendix K – ICT	NO
Appendix L – Procurement	NO

BRISTOL CITY COUNCIL - Q3 2020/21 Performance Summary

OVERALL SUMMARY:
56% (32) PIs On / Above target
50% (27) PIs are the same or better than Q3 last year

Covid-19 Recovery and Renewal			
	Title	Target status	DoT
BCC-only	BCPB281: Average change in level of homecare following short-term assessment and reablement episode	Well Above	↑
	BCPB358: Number of people housed in emergency Covid-19 accommodation who have subsequently been re-settled	543 (No target)	N/A
	BCPB563: Average weekly number of regulatory contacts requesting COVID 19 advice and guidance	59 (No target)	N/A
	BCPB501b: Forecast level of Bristol City Council financial reserves	Below	↑
wide	BCPC041: Improve the overall employment rate of working age population	Above	↓

EMPOWERING & CARING			
	Title	Target status	DoT
BCC-only	BCPB353: Increase the number of households where homelessness is prevented	Well Above	↑
City-wide	BCPC216: Percentage children becoming the subject of a child protection plan for a second/subsequent time	Above	↑
	BCPC276a: Reduce the permanent admissions aged 65+ to residential and nursing care, per 100,000 population	Well Below	↓
	BCPC278: % of older people at home 91 days after discharge from hospital into reablement/rehabilitation	Above	↑
	BCPC311: Levels of engagement with community development work	Well Above	↓

FAIR & INCLUSIVE			
	Title	Target status	DoT
BCC-only	BCPB225: Increase the percentage of Final EHCPs issued within 20 weeks including exception cases	Above	N/A
	BCPB264: Increase the total number of apprenticeships created and managed by Bristol City Council	Below	↓
	BCPB375: Reduce the number of empty council properties to 250 by 2020 (true voids)	Above	↑
City-wide	BCPC270: Increase experience of work opportunities for priority groups	Well Below	↓
	BCPC425: Increase the number of affordable homes delivered in Bristol	118 (No target)	↓

WELLBEING			
	Title	Target status	DoT
City-wide	BCPC250: Reduce the percentage of people in Bristol who report below national average Mental Wellbeing (QoL)	Well Below	↓
	BCPC255: Increase % of people living in the most deprived areas who do enough regular exercise each week (QoL)	Well Above	=
	BCPC411: Increase the percentage of people who take part in cultural activities at least once a month (QoL)	Well Above	↓
	BCPC541: Increase the percentage of household waste sent for reuse, recycling and composting	Below	↓

WELL CONNECTED			
	Title	Target status	DoT
BCC	BCPB308: Increase number of people able to access care & support through the use of Technology Enabled Care	Well Below	↓
City-wide	BCPC268: Increase the number of adults in low pay work & receiving benefits accessing in-work support	Well Below	↓
	BCPC438: Increase the % of people living in deprived areas who have access to the internet at home (QoL)	On target	↑
	BCPC533: Increase the percentage of people who feel they can influence local decisions (QoL)	Above	↑

WORKPLACE ORGANISATIONAL PRIORITIES			
	Title	Target status	DoT
BCC-only	BCPB504: Non-domestic rates collected as a percentage of approved budget	Well Above	↓
	BCPB518: Increase the percentage of stage 1 non-statutory complaints that we respond to within 15 days	Above	↑
	BCPB522: Reduce the average number of working days lost to sickness	Below	↑
	BCPB528: Increase the percentage of employment offers made to people living in the 10% most deprived areas	Below	↑
	BCPB530: Increase the satisfaction of citizens with our services (QoL)	Above	↑

DoT = 'Direction of Travel' compared to this time last year


CLB - Quarter 3 (1st April - 31 December '20) Performance Progress Report

Corp Plan KC ref	Code	Title	+/-	2019/20 Outturn	2020/21 Target	Q1 Progress	Q2 Progress	Q3 Progress	Comparison over last 12 months	Management Notes	Directorate
2020/21 Corporate Plan: Covid 19 - Recovery and Renewal											
Bristol City Council (BCC) owned performance indicators:											
CV1	BCPB281	Average change in level of homecare following short-term assessment and reablement episode	+	5.3 hrs	5.5 hrs	6.0 hrs	7.4 hrs	6.6 hrs	↑	The service continues to support people in maximising their independence. In December 2020 we worked with the most citizens per week ever achieved of 197.	PE
CV1 WC2	BCPB308	Increase number of people able to access care & support through the use of Technology Enabled Care	+	559	753	128	210	356	↓	Installations have been lower this year due to a number of factors: The TEC HUB started in April and did not start receiving referrals at the beginning of May. Training the team has meant there was reduced capacity for the earlier part of the year; most Adult Care practitioners only completed training and therefore able to refer from the end of Q2. There has also been a reluctance to allow visits and installation from service users due to the pandemic.	G&R
CV1	BCPB358	Number of people housed in emergency Covid-19 accommodation who have subsequently been re-settled	+	n/a	New KPI 2020/21	89	282	543	n/a	A further 172 people were resettled in the last quarter, bringing the year to date total to 543. The numbers are lower in Q3 compared to Q2 due to a reduction in the availability of affordable rented and supported accommodation.	G&R
CV2	BCPC563	Average weekly number of regulatory contacts requesting COVID 19 advice and guidance	+	n/a	New KPI 2020/21	24	37	59	n/a	There has been a significant increase in COVID related work as a result of lockdown requirements and change in tiers and related enquiries. This is a new measure responding to the Covid-19 Recovery and Renewal theme in the Corporate Plan.	G&R
CV3	BCPB501b	Forecast level of Bristol City Council financial reserves	+	3.90%	5.50%	5.05%	5.05%	5.00%	↑	In setting the budget the Council reinstated the Council's general reserve to above 5% following the 2019/20 overspend.	RE
CV3 WOP2	BCPB521	Increase % of colleagues reporting they have the equipment to do their work effectively	+	61.0%	65.0%	n/a	63.0%	See Q2	↑	There has been an increase in performance to 63%, compared with 62% the previous year. The next annual survey will take place in March 2021. There is on-going work in relation to the Covid-19 recovery phase and how we continue new ways of working. The roll-out of Office 365 in 2020 as part of the IT Transformation Programme has been continuing and this will provide additional tools and opportunities for more efficient ways of working. A support package of training and guidance will help employees adapt to the new facilities. In the shorter-term, colleagues have been using Lync, Skype for business and Zoom to help stay connected whilst homeworking – these tools have been used in accordance with our information governance procedures.	RE
CV3 WOP3	BCPB522	Reduce the average number of working days lost to sickness (BCC)	-	8.55 days	8.00 days	8.79 days	8.20 days	8.10 days	↑	Sickness in Q3 has seen a decrease from 8.2 days in Q2 to 8.1 days in Q3. When excluding COVID-19 sickness (3,256 days lost) from the calculation average days lost decreases to 7.6. Total days lost excluding COVID-19 sickness are at the lowest in the last 12 months and are significantly less (3545.5 days lost) than January 2020. We are working with our new service provider on integrating occupational health, employee assistance and physiotherapy provision to support our employee health and well-being priorities. The Council continues to take preventative measures to reduce sickness absence through our revised Workforce Strategy. Workforce sickness trends continue to be regularly monitored through the HR Dashboard by senior leaders.	RE
City Wide Performance Indicators that BCC contributes to:											
CV1	BCPC245c	Improve the Bristol Schools' pupil attendance rate	+	94.7%	n/a	n/a	n/a	n/a	n/a	Suspended owing to C-19 The DfE have recently classified this data as 'Official-Sensitive' and may not be published.	PE
CV1	BCPC259	New COVID19 cases occurring in the final 7 days of the month per 100,000 population	-	n/a	New KPI 2020/21	2.2	38.2	343.3	n/a	The rate for the last week of Q3 (w/e 31st December 2020). Along with the rest of the country Bristol's case numbers have risen rapidly from just before Christmas.	PE

Corp Plan KC ref	Code	Title	+/-	2019/20 Outturn	2020/21 Target	Q1 Progress	Q2 Progress	Q3 Progress	Comparison over last 12 months	Management Notes	Directorate
CV2	BCPC041	Improve the overall employment rate of working age population	+	76.7%	70.0%	76.3%	76.0%	75.6%	↓	There is a slight drop in the figures however there is a lag in the reporting of this, (currently showing Jun 2020 figures). There has been a rapid rise in unemployment across the City and as of Nov 2020, the claimant count is 19,905 or 6.3% of the working age population, rising from 2.7% in March 2020. We have received investments of £70,000 from the DWP Flexible Support Fund to launch a Rough Sleeper programme and £347,000 to launch a new "One Front Door" programme of employment support, bringing together the City's unemployed, those on low income, employers and support providers.	PE
CV2	BCPC103	Black, Asian and minority ethnic-led businesses supported	+	n/a	New KPI 2020/21	n/a	n/a	Data not due	n/a	Grant funding of the Covid 19 Emergency Response for BAME led businesses and social enterprises commenced in October 2020, alongside the South Bristol Enterprise Support project which also has BAME entrepreneurs as a target group (among others). The emergency project led by BSWN was delayed commencing, due to staff recruitment until October 2020. First quarterly data will not be available until late February 2021.	G&R
CV2 FI3	BCPC270	Increase experience of work opportunities for priority groups	+	5,131	2,500	271	412	644	↓	Delivery has been impacted this quarter by the ongoing school closures, we continue to be guided by each school. Where possible the EofW sessions have been made virtual, with live employer Q&A sessions and workshops. One cohort have managed to redesign the schools green space with the support of the Avon Wildlife trust. Realising Talent, career coach and 16 delivery have blended some face to face and virtual session to keep the momentum of the projects running. BCC WEX was postponed from March 20, there is now a virtual offer being trialled in Jan 21, after evaluation to gauge the quality and impact, it is planned to share this 2.5 day offer more widely. The team are actively involved with the delivery of school staff CPD and the careers events in the local area. Despite the COVID challenges the work experience inspirational work is continuing as best it can.	PE
CV2 W2	BCPC480	Increase the % of monitoring sites that meet the annual air quality target for nitrogen dioxide	+	76.5%	80.0%	n/a	n/a	Data not due	n/a	For the calendar year of 2019 76.5% of monitoring sites had an annual NO2 concentration below 40µg/m3 when annualised (where necessary) and adjusted for bias and distance to relevant exposure, in accordance with Local Air Quality Management exposure criteria. This equates to 24 sites out of 102 being in exceedance of the annual 40µg/m3 limit after appropriate adjustments have been made.	G&R

2020/21 Corporate Plan: Empowering and Caring

Bristol City Council (BCC) owned performance indicators:

EC2	BCPB353	Increase the number of households where homelessness is prevented	+	1,241	1,100	346	733	1,132	↑	The number of households where homelessness is prevented is above target; this reflects ongoing work to protect some of our most vulnerable citizens over this period when more people are presenting to the council as homeless or in imminent danger of becoming so.	G&R
EC2	BCPB357	Reduce the number of households in temporary accommodation	-	728	700	895	910	984	↓	We continue to accommodate high numbers of people as part of response to the pandemic. The number of vulnerable single people sleeping rough and threatened with homelessness is increasing.	G&R
EC3	BCPB280	Increase the % of people who contact Adult Social Care and then receive Tier 1 and 2 services	+	51.5%	60.0%	62.8%	53.8%	54.5%	↑	Improved since last quarter due to increased contacts at Care Direct. We also know that the actual no of people accessing tier 1 and 2 is higher as people are supported directly via the voluntary sector, some services which are commissioned specifically by BCC to provide tier 2 services. We are looking for a better way of reporting this. (Q3 617 T1 / T2 outcomes / 1,132 total outcomes = 54.50)	PE
EC3	BCPB307	Increase the number of people enabled to live independently through home adaptations	+	4,151	3,400	674	1,389	2,237	↓	Although Q3 performance is way ahead of target as delivery has accelerated this quarter following the commencement of two direct award contract. Outcome were weighted towards Q3 & Q4 and hopefully given this quarters performance the service is on track to meet the end of year target.	G&R

Corp Plan KC ref	Code	Title	+/-	2019/20 Outturn	2020/21 Target	Q1 Progress	Q2 Progress	Q3 Progress	Comparison over last 12 months	Management Notes	Directorate
City Wide Performance Indicators that BCC contributes to:											
EC1	BCPC216	Percentage children becoming the subject of a child protection plan for a second/subsequent time	-	27.4%	24.0%	21.6%	22.2%	23.3%	↑	206 Child Protection Plans started between 01/04/2020 and 31/12/2020. Of these, 48 had a previous plan at any time. This quarter shows a sustained positive reduction in repeat CP for the third quarter which reflects the impact of the improvement plan work and Strengthening Families agenda in Children's. We undertook an audit of these children's records in November to identify how it could be further improved. This highlighted that there was good oversight from managers and CP Chairs to prevent drift and delay for children. We identified some opportunities to strengthen sustainability through family networks and universal services after plans end. The service are working on improvements in these areas recognising the pressures on universal services through COVID.	PE
EC1	BCPC222	Increase the take-up of free early educational entitlement by eligible 2 year olds	+	64.0%	66.0%	62.0%	n/a	See Q1	↓	The Early Years team has reviewed DWP information for 1,679 children who will be eligible in the autumn term. Through targeted support 64% of these families have now applied for places. Further work is on-going to increase this further. Fliers and information have been provided to key LA teams in education and social care to promote the offer. The offer has also been publicised on BCC Twitter and Facebook accounts as well as through the Family Information Service. The team have identified some localised hotspots are liaising with family support leads to target families and increase take-up. Inclusion officers have also worked with families where a child is receiving the Disability Living Allowance. Almost every child is now expected to access their place.	PE
EC1	BCPC223	Percentage of children achieving a good level of development at Early Years Foundation Stage	+	70.6%	n/a	n/a	n/a	n/a	n/a	This national assessment data has been cancelled for 2020/21 (Covid-19)	PE
EC1	BCPC244	Key Stage 4: Improve the Average Attainment 8 score for Children in Care pupils	+	16.0 points	n/a	n/a	n/a	n/a	n/a	This national assessment data has been cancelled for 2020/21 (Covid-19)	PE
EC2	BCPC245	Improve the Bristol Schools' pupil attendance rate	+	94.70%	n/a	n/a	n/a	n/a	n/a	Suspended owing to C-19	PE
EC2	BCPC352b	Reduce the number of people sleeping rough on a single night in Bristol - BCC quarterly Count	-	93	75	35	69	Data not due	n/a	NOTE - national release of results from Ministry for Housing Communities and Local Government (MHCLG) not due until 25th February; local results have public embargo prior to that date. The annual count is generally done during November and will now be reported at Q4.	G&R
EC3	BCPC276a	Reduce the permanent admissions aged 65+ to residential and nursing care, per 100,000 population	-	591.2	550	586.1	592.7	620.7	↓	The number for this indicator has increased in the last quarter. However the total no of people over 65 currently in residential/ nursing care has actually reduced by 94 people (10%) in the last 12 months. The reason for the discrepancy is the way this national indicator is recorded (for SALT return) as it includes every single incident of a new placement which can include temporary placements. There has been an increase in temporary placements due to the change in Hospital discharge arrangements and increase in people leaving hospital into temporary discharge to assess arrangements, many of who return home. We are proposing to replace this PI with a different indicator from April which provides a more accurate figure of total funded placements. Q3 (1,114/179,487) x 100,00 = 620.7	PE
EC3	BCPC277	Percentage of adult social care service users, who feel that they have control over their daily life	+	74.0%	78.0%	n/a	n/a	n/a	n/a	User Experience Survey suspended owing to C-19	PE
EC3	BCPC278	% of older people at home 91 days after discharge from hospital into reablement/rehabilitation *	+	86.4%	88.0%	84.1%	90.6%	See Q2	↑	This performance indicator is reported with a 3 month data lag. Improved performance this quarter over the summer period. Reablement continues to support people in maintaining their independence. This indicator does fluctuate due to seasonal variations impacting on peoples health.	PE
EC4	BCPC311	Levels of engagement with community development work	+	8,000	3,000	0	1,041	2,447	↓	This target was revised downwards from last year as we went into the first lock down. This reflects community building conversations we are continuing to have, much but not all related to Covid 19 community response. We are on track to hit the target of 3,000. Please note this does not include the volunteer response.	PE
EC4	BCPC312	Increase % respondents who volunteer or help out in their community at least 3 times a year (QoL)	+	47.6%	44.0%	n/a	n/a	47.2%	↓	Given the level of neighbourly and community led response to the pandemic we might expect this to be much higher. However, experience tells us helping out and being kind to neighbours is, for many people, just part of life and would not produce a 'yes' in response to this describe as helping out their neighbours or it is also the case much of the usual activity has stopped or significantly reduced	PE

Corp Plan KC ref	Code	Title	+/-	2019/20 Outturn	2020/21 Target	Q1 Progress	Q2 Progress	Q3 Progress	Comparison over last 12 months	Management Notes	Directorate
EC4	BCPC314	Reduce the percentage of people who lack the information to get involved in their community (QoL)	-	27.8%	28.0%	n/a	n/a	30.5%	↓	In the context of Covid 19 this is not surprising. Covid 19 has seen an increase in digital connection and information for some while others are feeling very cut off. In addition, community activity has, by necessity significantly reduced.	PE

2020/21 Corporate Plan: Fair & Inclusive

Bristol City Council (BCC) owned performance indicators:

FI1	BCPB124a	Increase % of major residential planning applications processed within 13 weeks or as agreed	+	96.5%	92.0%	100.0%	91.3%	89.5%	↓	Just below target on major residential applications and predicted to be just below target at year end. The service hasn't been able to bring in the level of additional capacity required to deliver to the performance target due to a significant drop in income in 2020-21.	G&R
FI1	BCPB375	Reduce the number of empty council properties to 250 by 2020 (true voids)	-	248	250	n/a	257	238	↑	Significant focus has been on driving down the numbers of empty homes. Regular reports enable managers to have a holistic overview to enable swift decision making on repairing for Temporary Accommodation or general needs accommodation.	G&R
FI2	BCPB225	Increase the percentage of Final EHCPs issued within 20 weeks including exception cases *	+	1.5%	20.0%	7.4%	14.8%	19.3%	n/a	The service has seen an increase in the number of EHC Needs assessment being requested so the demands on the team are increasing year on year. Despite the increasing demand, the team have been able to improve their performance and 19.3% of EHCP were completed on time. At the same time the team have also been able to complete a significant number of cases where the families have been waiting for EHCP to be finalised. The commitment to significantly improve the quality and compliance to statutory timeframe for an EHCP remains. Between Jan - Sept 2020, 571 Education, Health and Care Plans were finalised, of these 110 were completed within the 20 week timescale.	PE
FI2	BCPB264	Increase the total number of apprenticeships created and managed by Bristol City Council	+	527	527	487	483	489	↓	Need revised targets here for 2020/21 and beyond. Anticipated ongoing growth delayed due to COVID lockdown and cessation of new starts between March and September and a high % of apprentices are completing programmes. Predicted starts during quarter 3 of 50 or more reflects significant activity to raise awareness through Heads of Service.	PE
FI2	BCPB265a	Increase the amount of Bristol City Council Apprenticeship Levy spent	+	n/a	£1,000,000	£151,164	£318,496	£515,120	n/a	Contributions this year to date total £818,273 versus spend £515,120 (63%) which remains significantly lower than anticipated. This reflects the cessation of new apprenticeships starts until late autumn, delays in achievements and an increasing number of programmes that have ceased. The indicators for Q4 are that on programme spend will gradually increase as a % of contributions. Since 1st August an incentive scheme to assist new employees through apprenticeship training is in place but the Council has not yet been able to take full advantage of this scheme.	PE

City Wide Performance Indicators that BCC contributes to:

FI1	BCPC310	Increase the number of private sector dwellings returned into occupation	+	499	490	109	232	304	↓	Performance currently slightly behind target for Q3. There is ongoing engagement with property owners to return long term empties back into use however now there is a further lockdown, making owners refurbish long empty properties and return them back into use. It may be challenging and difficult to recover the lost ground in Q3.	G&R
FI1	BCPC425	Increase the number of affordable homes delivered in Bristol	+	312	500	30	58	118	↓	Little has changed in terms of the impact of Covid on affordable housing completions this quarter. Our affordable housing delivery partners have completed a further 60 affordable homes in quarter 3 and are forecasting the completion of over 300 units in quarter 4. We are not confident that this is achievable given the continued impact of Covid-19 and are working to refine this with them and understand how many of these units will slip into quarter 1 of 21/22 or beyond.	G&R
FI1	BCPC430a	Increase the number of new homes delivered in Bristol	+	1,498 (2018/19)	2,000	n/a	1,332 (2019/20)	See Q2	↓	The completions figure for 2019/20 is lower than expected; it had been anticipated that delivery would be maintained at similar levels to 2018-19. There is some evidence from the sector that continuing uncertainties related to Brexit have impacted on completions. However there were 12,764 dwellings with planning permission or agreed subject to s106 agreement at 31st March 2020 which is an increase from 11,066 at 31st March 2019.	G&R
FI2	BCPC230a	KS2 - Increase the % of pupils achieving the expected standard in reading, writing and maths	+	65%	n/a	n/a	n/a	n/a	n/a	This national assessment data has been cancelled for 2020/21 (Covid-19)	PE
FI2	BCPC230b	KS2 - increase the % of disadvantaged pupils, at KS2, achieving the expected standard in RWM	+	49%	n/a	n/a	n/a	n/a	n/a	This national assessment data has been cancelled for 2020/21 (Covid-19)	PE

Corp Plan KC ref	Code	Title	+/-	2019/20 Outturn	2020/21 Target	Q1 Progress	Q2 Progress	Q3 Progress	Comparison over last 12 months	Management Notes	Directorate
FI2	BCPC231a	Key Stage 4: Improve the Average Attainment 8 score per pupil	+	45.3 points	46.0 points	n/a	n/a	n/a	n/a	It is not yet clear how the arrangements for awarding grades in 2020 will affect the attainment 8 score. However, as the OFQUAL standardisation process uses previous performance as part of the review of centre assessment grades, it is likely that attainment 8 will be similar to previous years.	PE
FI2	BCPC231d	Key Stage 4: Attainment 8 - Reduce the Points gap between the Disadvantaged and Non-Disadvantaged	-	16.4 points	17.0 points	n/a	n/a	n/a	n/a	The LA responded to the OFQUAL consultation on the approach outlined above and made a series of recommendations based on evidence and research, highlighting key considerations that could negatively impact on disadvantaged and vulnerable learners.	PE
FI2	BCPC246	Increase percentage of schools and settings rated 'Good' or better by Ofsted (all phases) (OCP)	+	n/a	80%	79%	79%	79%	n/a	Routine inspection of all schools and settings was originally paused until January 2021. However, this has now been extended until at least the summer term 2021. Therefore the proportion of settings judged good or better will not change by the end of the performance cycle. Support continues for those settings judged less than good to ensure they are well prepared for inspection when it resumes. Monitoring visits will take place for all inadequate schools and some schools that require improvement. These visits will not be inspections and will not be graded and will be held remotely up until February half term.	PE
FI3	BCPC217	Improve the % of 17 - 18 year old care leavers in EET (statutory return - recorded around birthday)*	+	73%	72.0%	71.0%	70.0%	See Q2	n/a	This performance indicator reports with a 3 month data lag. Of the 40 Care Leavers aged 17 and 18 whose birthdays fell in the report period 1 Apr 2020 to 30 Sep 2020, 28 were ETE at the time of the 'Birthday Contact'. This measure does not include 4 young people who are recorded as being Returned Home or Deceased. This performance is about stat neighbours and all England and although a small cohort is a result of the focussed work of the Through care Teams and Reboot in a very challenging climate.	PE
FI3	BCPC263a	Reduce the % of young people of academic age 16 to 17 years who are NEET & destination unknown	-	15.0%	15.0%	14.5%	16.3%	11.3%	↑	There had been a reduction each month in this % from 17.3% in Oct to 7.1% in Dec. There has been a big focus on data cleansing with 300+ records transferred to the correct local authority or abroad who would otherwise have fallen in the Not Known category. Data cleansing continues to best use data from NCCIS and update EYES with correct data (addresses) provided by schools so that the cohort is accurate.	PE
FI3 CV2	BCPC270	Increase experience of work opportunities for priority groups	+	5,131	2,500	271	412	644	↓	Delivery has been impacted this quarter by the ongoing school closures, we continue to be guided by each school. Where possible the EofW sessions have been made virtual, with live employer Q&A sessions and workshops. One cohort have managed to redesign the schools green space with the support of the Avon Wildlife trust. Realising Talent, career coach and 16 delivery have blended some face to face and virtual session to keep the momentum of the projects running. BCC WEX was postponed from March 20, there is now a virtual offer being trialled in Jan 21, after evaluation to gage the quality and impact, it is planned to share this 2.5 day offer more widely. The team are actively involved with the delivery of school staff CPD and the careers events in the local area. Despite the COVID challenges the work experience inspirational work is continuing as best it can.	PE
FI4	BCPC248	Increase the number of hate crimes reported	+	1,902	1,950	490	1,142	1,521	n/a	This indicator looks at the number of Hate Crimes reported, and reflects current work to encourage people to report concerns; the actual figure remains higher than the target which indicates a continued rise in reporting which is considered as positive. The increase above this Quarters target is lower than the previous quarter (51 above in q1 & 162 above in q2). It is suspected that the impact of the pandemic and subsequent restrictions will be inhibiting exposure of those individuals who are vulnerable to hate incidents. We are underway with a Hate Crime/Hate Incident needs analysis which will assist in identifying emerging trends and inform on gaps in the service provided in Bristol – thus shaping future service delivery and the Keeping Bristol Safe Partnership Strategic plan	PE
FI4	BCPC324	Increase the percentage of people who feel they belong to their neighbourhood (QoL)	+	62.0%	60.0%	n/a	n/a	62.8%	↑	There is no doubt that local communities have come together in the pandemic - neighbourly connections, community-led responses and local shops and amenities continue to play an important role in getting us through	PE
FI4	BCPC327	Reduce the percentage of people who have noted "mainly negative effects" from gentrification (QoL)	-	21.4%	25.0%	n/a	n/a	24.7%	↓	Negative effects tend to be increased living costs, house and rent prices and cultural disconnect/feeling excluded, changes in the local amenities. Covid 19 has increased neighbourly and community connections, possibly there has been less movement of people. This may correlate with the improvement in residents satisfied with where they live.	PE

Corp Plan KC ref	Code	Title	+/-	2019/20 Outturn	2020/21 Target	Q1 Progress	Q2 Progress	Q3 Progress	Comparison over last 12 months	Management Notes	Directorate
2020/21 Corporate Plan: Well Connected											
Bristol City Council (BCC) owned performance indicators:											
WC2 CV1	BCPB308	Increase number of people able to access care & support through the use of Technology Enabled Care	+	559	753	128	210	356	↓	Installations have been lower this year due to a number of factors: The TEC HUB started in April and did not start receiving referrals at the beginning of May. Training the team has meant there was reduced capacity for the earlier part of the year; most Adult Care practitioners only completed training and therefore able to refer from the end of Q2. There has also been a reluctance to allow visits and installation from service users due to the pandemic.	G&R
WC4	BCPB636	Ratio of consultation response rate for the most and least deprived 20% of Bristol citizens	-	2.32	1.8	2.39	1.7	2.05	↑	The 2020/21 Q3 PI value of 2.05 is slightly higher (worse) than the Q3 target of 1.93, and is higher than the Q2 PI value. This is mainly due to COVID-19 limitations on face-to-face approaches which are usually used to encourage responses from more deprived areas, together with some capacity issues with the production of paper copies which are also a preferred means of contact in some areas of the city.	RE
City Wide Performance Indicators that BCC contributes to:											
WC1	BCPC471	Improve journey time reliability during the morning peak travel period	+	n/a	Establish baseline.	n/a	n/a	Data not due	n/a	Work on-going to establish baseline complicated by the COVID 19 impact on traffic.	G&R
WC1	BCPC474	Increase the number of single journeys on Park & Ride into Bristol	+	1,687,558	n/a	n/a	n/a	n/a	n/a	Directly impact by CV-19; not be reported in 20-21	G&R
WC1	BCPC475	Increase the number of passenger journeys on buses	+	40,776,023	n/a	n/a	n/a	n/a	n/a	Directly impact by CV-19; not be reported in 20-21	G&R
WC2	BCPC436	Improve the percentage of premises that have access to Gigabit capable full fibre	+	n/a	Establish baseline.	n/a	n/a	Data not due	n/a	There is no in-year target as the annual report Connecting Nations will not be published by Ofcom until December 2020, however this has been delayed. New indicator replacing previous "Improve % of premises that have access to Ultrafast Broadband"	G&R
WC2	BCPC438	Increase the % of people living in deprived areas who have access to the internet at home (QoL)	+	88.7%	92.0%	n/a	n/a	92.0%	↑	There has been an increase in those with access to the internet at home. Further analysis of the Quality of Life survey will be presented which will give more detail of type of access (e.g. fixed broadband, mobile broadband) as this varies across different parts of the city. Access to the internet at home has been recognised as being increasingly important during the last year as a result of Covid-19 with the extended periods of home-schooling which have been needed as well as the wider issues around social isolation.	G&R
WC3	BCPC266	Increase % of adults with learning difficulties known to social care, who are in paid employment	+	5.2%	6.0%	5.2%	5.2%	5.2%	↑	No change this quarter however we have been undertaking intensive work setting up the new £4.5m WE WORK for Everyone programme to improve the employment of people with learning difficulties. A successful project launch event was held in December attended by 98 stakeholders. With new project staff being appointed we are preparing for commencement of service delivery from February 2021.	PE
WC3	BCPC268	Increase the number of adults in low pay work & receiving benefits accessing in-work support	+	820	820	97	289	501	↓	With the launch of our New One Front Door Service in January 2020 we anticipate a significant rise in our final quarter client base, which has been impacted by the second Lockdown and our ability to deliver face to face and outreach services other than online.	PE
WC3	BCPC323	Increase % of people who see friends and family as much as they want to (QoL)	+	82.1%	70.0%	n/a	n/a	73.2%	↓	We would expect this to be down from last year. It is surprising it hasn't gone down further given the impact of Covid 19 on connections and the high levels of isolation and disconnection. The reason for this is not clear. Possible explanation is that some people are seeing their family and/or friends as much as they would like because of Covid 19 and facilitated by online platforms whilst others are seeing them far less. With other activity curtailed some people have more time to connect with others.	PE
WC4	BCPC533	Increase the percentage of people who feel they can influence local decisions (QoL)	+	18.1%	20.1%	n/a	n/a	21.1%	↑	2020-2021 PI actual is above target and is 3 percentage points above (better than) the 2019-2020 PI The 2020 result is above target and is 3 percentage points above (better than) the 2019 actual. This likely to have been influenced by a wide range of factors, but the improvement may reflect the council's work with communities in its response to the COVID-19 pandemic plus the 'Your City Our Future' programme leading to Bristol's first citizens' assembly.	RE

Corp Plan KC ref	Code	Title	+/-	2019/20 Outturn	2020/21 Target	Q1 Progress	Q2 Progress	Q3 Progress	Comparison over last 12 months	Management Notes	Directorate
2020/21 Corporate Plan: Wellbeing											
Bristol City Council (BCC) owned performance indicators:											
W1	BCPB279	Improve the monthly Delayed Transfers of Care for BCC (Delayed Days per 100,000 population)	-	295.1 (11/12)	Not set	n/a	n/a	n/a	n/a	DTOCs are suspended under national guidance due to Covid-19	PE
W3	BCPB335	Increase the number of households in fuel poverty receiving energy and debt advice	+	1,621	1,200	n/a	n/a	Data not due	n/a	Data not due to be reported.	G&R
W4	BCPB253	Increase the number of attendances at BCC leisure centres and swimming pools	+	2,373,178	695,145	0	171,613	399,343	n/a	Although the actual numbers initially appeared to be exceeding the target, another national coronavirus lockdown in November and the announcement of Bristol being in "tier 3" following the lockdown has had a considerable impact on the totals going forward. The attendances however, were well ahead of target and remain ahead, without adding the November data. December will see a natural dip in attendances.	PE
W4	BCPB410	Increase the number of visitors to Bristol Museums, Galleries and Archives	+	1,066,787	213,400	0	11,891	28,917	↓	Bristol Archives and M Shed re-opened 8th September, and Bristol Museum & Art Gallery reopened 15th September. Visits through booking only. However sites closed again when the 2nd Lockdown started on 4/11/21 and have been closed ever since. It is unlikely that sites will reopen before Easter 2021. Despite the doors being closed there continues to be a good uptake of the on-line offers such as live events and talks, virtual exhibitions and increased subscription rates to newsletters. Website visits have significantly increased by 15% in this quarter, as well as 64% more orders from the on-line shop.	G&R
City Wide Performance Indicators that BCC contributes to:											
W1	BCPC250	Reduce the percentage of people in Bristol who report below national average Mental Wellbeing (QoL)	-	14.7%	14.7%	n/a	n/a	19.7%	↓	The COVID-19 pandemic and lockdown measures have been extremely detrimental to mental health. A whole system response has been developed since April 2020, including public health measures with a focus on community resilience, workplaces and children and young people.	PE
W1	BCPC251	Reduce the rate of alcohol-related hospital admissions per 100,000 population	-	916	839	919	881	864	↑	The number of alcohol admissions has reduced this quarter, but this may be down the effect of lockdown. We are currently reviewing the responses to the drug and alcohol strategy. The final strategy is due to be signed off in March.	PE
W1	BCPC255	Increase % of people living in the most deprived areas who do enough regular exercise each week(QoL)	+	55.3%	38.7%	n/a	n/a	55.2%	=	QoL 2020 data just out shows that this indicator is only 0.1% lower than the 19/20 target, and above the 20/21 target by 16.5% points. Targets for 20/21 (reaching 70% of previous target figures) were set based on the insight and predictions of the leisure industry in light of the Coronavirus pandemic. The Covid 19 pandemic has had a huge impact on people having access to sport and physical activity opportunities with the first national lockdown in March, and all leisure facilities being closed. The slight decrease is likely to be a combination of the restrictions in place to make leisure 'Covid safe' places for customers on reopening, not all facilities reopening and peoples personal circumstances. We are working closely with our leisure operators and Sport England to understand what we can do to support the recovery of leisure and physical activity for Bristol.	PE
W2	BCPC333	Increase the percentage of residents visiting a park or open space at least once a week (QoL)	+	52.9%	55.0%	n/a	n/a	60.3%	↑	The service is experiencing a surge in usage across all of its parks and green spaces.	G&R
W2	BCPC433	Reduce the total CO2 emissions in Bristol City (k tonnes)	-	1,471K Tonnes (2017)	1,551K Tonnes	1447.0 K tonnes (2018)	n/a	See Q1	↑	The target set in 2009 was to reduce emissions by 40% between 2005 and 2020. Therefore the target for this year (2018 data) is a 34.7% reduction from 2005. That target has been achieved with emissions reduced by 39%. A new trajectory has been set from 2020 to 2030 in line with the One City Climate Strategy Goal of Carbon Neutrality by 2030. This measure is reported at around 18 months after the end of the calendar year.	G&R
W2	BCPC434	Reduce the proportion of deaths attributed to particulate air pollution	-	5.4% (2017)	4.3%	n/a	n/a	Data not due	n/a	This indicator is based on Public Health England data and calculations. These show that for the last year of data (2017) the fraction of deaths attributable to pollution from particulates rose significantly reversing a general downward trend of the previous 5 years. It is based on the fraction of very small particles (<2.5 micro metres) arising from human action. The main sources of this within the city are traffic and combustion.	G&R

Corp Plan KC ref	Code	Title	+/-	2019/20 Outturn	2020/21 Target	Q1 Progress	Q2 Progress	Q3 Progress	Comparison over last 12 months	Management Notes	Directorate
W2	BCPC480	Increase the % of monitoring sites that meet the annual air quality target for nitrogen dioxide	+	76.5%	80.0%	n/a	n/a	Data not due	n/a	For the calendar year of 2019 76.5% of monitoring sites had an annual NO2 concentration below 40µg/m3 when annualised (where necessary) and adjusted for bias and distance to relevant exposure, in accordance with Local Air Quality Management exposure criteria. This equates to 24 sites out of 102 being in exceedance of the annual 40µg/m3 limit after appropriate adjustments have been made.	G&R
W2	BCPC540	Reduce percentage of people who feel that street litter is a problem in their neighbourhood (QoL)	-	81.1%	80.0%	n/a	n/a	82.4%	↓	Work needs to be undertaken to understand the disparity between the improved Local Environmental Quality (LEQ) monitoring survey of performance and residents perception. It is possible that private land, parks or other places off the highways are creating a negative impression.	G&R
W2	BCPC541	Increase the percentage of household waste sent for reuse, recycling and composting	+	46.8%	50.0%	48.0%	46.0%	45.7%	↓	This is a provisional figure, data is currently being verified. This year's performance is being significantly affected by Covid. There is more waste being collected at the kerbside, negatively impacting recycling rate.	G&R
W3	BCPC249	Prevalence of child excess weight in 10-11 year-olds	-	31.3%	34.0%	n/a	n/a	n/a		NCMP in Bristol has remained paused since March 2020 due to Covid 19, and has not been restarted in January 2021. National data for 2019/20 is however now available.	PE
W3	BCPC257	Increase the number of food outlets holding a 'Bristol Eating Better Award' in priority wards	+	29	35	n/a	34	n/a	n/a	(April - September) We have kept in contact with Bristol food outlets during the covid pandemic, inviting them to engage via webinars and offering support during lockdown and re-opening post July. Businesses have been encouraged to consider health and sustainability of their offers during this time, but many are struggling to survive and applying for BEB awards has not been a priority. Numbers have increased since last reporting mainly due to extensive work with Chartwells (school meal provider) who have been successful for all their Bristol Primary Schools. We will be revalidating many of the original BEB businesses prior to March 2021 and this may see numbers decrease as some may not be trading and others may not wish to revalidate for various reasons (Covid only being one of them). The Christmas period is also likely to create a dip in applications. Although diversion of Public Health work to Covid-19 duty response has reduced capacity to work on the award, we are working on a Coms strategy and further engagement is planned, linked to G4G. We hope to achieve 225 total by year end, with the number in priority areas on target for 35.	PE
W3	BCPC258	Reduce the percentage of households which have experienced moderate or worse food insecurity (QoL)	-	5.0%	7.2%	n/a	n/a	4.2%	↑	While the Bristol average for people experiencing moderate and severe food insecurity appear to have reduced, it is likely that this is not true for all areas of the city, particularly the most deprived wards. Our partners working in emergency food support have seen a significant increase in need. In addition, those reporting to have been in receipt of food from a food bank or charity during the last 12 months increased from 1% to 2% between 2020 and 2021.	PE
W3	BCPC334	Reduce the percentage of the population living in Fuel Poverty	-	11.7% (2017)	10.0%	n/a	n/a	9.80%	↑	National Fuel Poverty data is produced by Ministry for Business, Energy and Industrial Strategy (BEIS) and the data has a 2 year lag. This is based on modelled government data.	G&R
W4	BCPC256	Increase the % of adults in deprived areas who play sport at least once a week (QoL)	+	33.1%	23.2%	n/a	n/a	27.5%	↓	QoL 2020 data just out shows that this indicator is 5.6% lower than the 19/20 target, and above the 20/21 target by 4.3% points. Targets for 20/21 (reaching 70% of previous target figures) were set based on the insight and predictions of the leisure industry in light of the Coronavirus pandemic. The Covid 19 pandemic has had a huge impact on people having access to sport and physical activity opportunities with the first national lockdown in March, and all leisure facilities being closed. The decrease is likely to be a combination of the restrictions in place to make leisure 'Covid safe' places for customers on reopening, not all facilities reopening and peoples personal circumstances. We are working closely with our leisure operators and Sport England to understand what we can do to support the recovery of leisure and physical activity for Bristol.	PE
W4	BCPC411	Increase the percentage of people who take part in cultural activities at least once a month (QoL)	+	43.3%	25.0%	n/a	n/a	33.4%	↓	Participation in cultural activities has been severely impacted by Covid-19 and this is reflected in both the reported result and the reduced target for 2020. Venues closed since March 2020 and whilst some reopened during the summer, this was at significantly reduced capacities. Venues shut again as the 2nd Lockdown started, and have not reopened since. There have been virtually no events and festivals in the city this year. There has been some engagement with on-line cultural events, as cultural organisations pivoted to provide cultural content.	G&R
W4	BCPC412a	Increase the % satisfied (in deprived areas) with the range and quality of outdoor events (QoL)	+	67.0%	25.0%	n/a	n/a	40.3%	↓	Satisfaction with the range and quality of outdoor events was severely impacted by Covid-19 and this is reflected in both the reported result and the reduced target for 2020. Outdoor events cancelled and where there were activities, these were for a limited period and with much reduced numbers.	G&R

Corp Plan KC ref	Code	Title	+/-	2019/20 Outturn	2020/21 Target	Q1 Progress	Q2 Progress	Q3 Progress	Comparison over last 12 months	Management Notes	Directorate
2020/21 Corporate Plan: Workplace Organisational Priorities											
Bristol City Council (BCC) owned performance indicators:											
WOP1	BCPB523	Maintain appropriate staff turnover	-	9.9%	12.5%	8.7%	7.7%	7.3%	↑	Turnover in Q2 was 7.7% and has reduced to 7.3% in Q3. Turnover has continued to fall due to the impact of CV-19, this is also shown by a fall in new starters. There were 25.6% fewer leavers and 22.9% fewer starters than in January 2020.	RE
WOP1	BCPB530	Increase the satisfaction of citizens with our services (QoL)	+	42.8%	45.8%	n/a	n/a	47.4%	↑	Overall city wide satisfaction with the way the council runs things has increased again and has improved by 12% since 2018 and now stands at its highest level since this question was introduced in 2010. For reference, 25% of people were dissatisfied, with 27% expressing no opinion. In contrast, those living in the 10% most deprived areas were less satisfied, the figure falling from 31% in 2019/20 to 29% this year, some 18% lower than the overall result.	RE
WOP2	BCPB518	Increase the percentage of stage 1 non-statutory complaints that we respond to within 15 days	+	78.5%	80.0%	85.0%	84.5%	84.0%	↑	Services have worked hard to improve performance across the Council to maintain above target rates.	RE
WOP2 CV3	BCPB521	Increase % of colleagues reporting they have the equipment to do their work effectively	+	61.0%	65.0%	n/a	63.0%	See Q2	↑	There has been an increase in performance to 63%, compared with 62% the previous year. The next annual survey will take place in March 2021. There is on-going work in relation to the Covid-19 recovery phase and how we continue new ways of working. The roll-out of Office 365 in 2020 as part of the IT Transformation Programme has been continuing and this will provide additional tools and opportunities for more efficient ways of working. A support package of training and guidance will help employees adapt to the new facilities. In the shorter-term, colleagues have been using Lync, Skype for business and Zoom to help stay connected whilst homeworking – these tools have been used in accordance with our information governance procedures.	RE
WOP2	BCPB524	Increase the percentage of staff with a completed annual appraisal	+	n/a	75.0%	n/a	n/a	Data not due	n/a		RE
WOP3 CV3	BCPB522	Reduce the average number of working days lost to sickness (BCC)	-	8.55 days	8.00 days	8.79 days	8.20 days	8.10 days	↑	Sickness in Q3 has seen a decrease from 8.2 days in Q2 to 8.1 days in Q3. When excluding COVID-19 sickness (3,256 days lost) from the calculation average days lost decreases to 7.6. Total days lost excluding COVID-19 sickness are at the lowest in the last 12 months and are significantly less (3545.5 days lost) than January 2020. We are working with our new service provider on integrating occupational health, employee assistance and physiotherapy provision to support our employee health and well-being priorities. The Council continues to take preventative measures to reduce sickness absence through our revised Workforce Strategy. Workforce sickness trends continue to be regularly monitored through the HR Dashboard by senior leaders.	RE
WOP3	BCPB527	Increase the % of staff who are "clear about what the council is here to do and its priorities"	+	76.0%	80.0%	n/a	83.0%	See Q2	↑	There has been a significant increase in performance to 83%, compared with 76% the previous year. The next annual survey will take place in March 2021. As part of the actions from the 2019 survey, a refreshed communication strategy and corporate narrative was developed to provide a consistent way of describing the city and council. This will be used in our communications externally and internally to help colleagues understand what the council is here to do and its priorities.- Directors have been holding events with their teams and with cross team sessions to create a shared understanding of what a one-council approach looks like in practice and how we can best work with each other.- Each division also has their own local action plan with activities to improve cascade of information and priorities.	RE
WOP4	BCPB502	Increase the percentage of invoices paid on time (BCC)	+	81.00%	85.00%	86.00%	86.27%	86.76%	↑	Performance out turn at end of P9 2020/21 is 86.76%, 1.76% ahead of target. We continue to review Accounts Payable processes to improve performance in this key area.	RE
WOP4	BCPB503	Council Tax collected as a percentage of approved budget	+	96.76%	93.57%	27.32%	53.94%	80.91%	↓	Council tax collection as at 31 December 2020 stands at £215.2m equivalent to 2% above the revised target, a surplus of £5.4m. This represents a variance of -£5.3m when compared to December 2019 (previous years collection plus uprating). Council tax collection for 2020/21 is expected to achieve target of 93.57%.	RE
WOP4	BCPB504	Non-domestic rates collected as a percentage of approved budget	+	98.34%	91.77%	19.00%	50.91%	77.13%	↓	Business Rates collection as at 31 December 2020 stands at £116.35m equivalent to 2.9% above the revised target, a surplus of £4.4m. Recovery and enforcement has been suspended since mid-March 2020. Collection for 2020/21 is expected to achieve target of 91.77%	RE

Corp Plan KC ref	Code	Title	+/-	2019/20 Outturn	2020/21 Target	Q1 Progress	Q2 Progress	Q3 Progress	Comparison over last 12 months	Management Notes	Directorate
WOP4	BCPB505	Percentage of procurement spend with 'Small and Medium sized Enterprises' (SME's)	+	51.9%	55.0%	n/a	n/a	Data not due	n/a	This is an annual measure and will be reported at year-end. 51.9% of BCC's spend in FY19/20 was with Small-Medium size Enterprises (SMEs), which is comparable with the percentage of UK business's total turnover attributed to SMEs (52%, from 2019 ONS figures). The target for FY20/21 is set at 55% in order to continue our push to ensure that opportunities are open to smaller local organisations. Actions include: less onerous procurement processes below £25k; and taking the impact on the local economy into account when selecting suppliers.	RE
WOP4	BCPB528	Increase the percentage of employment offers made to people living in the 10% most deprived areas	+	5.5%	6.5%	4.9%	4.6%	6.1%	↑	Most deprived offer rate = 6.1% The percentage of job offers being made to employees in the most deprived areas has increased to 6.1% in Q3 from 4.55% in Q2. During Q3 there has been a reduction of job offers across the whole council 164 less (in total) than the same period last year. It is likely that this measure has been impacted by CV-19 as recruitment numbers reduce. Please see the Advancing equality and inclusion: new actions for 2020/21 for further detail on the work we are doing on Recruitment, selection and talent management - a positive action strategy to address diversity gaps.	RE



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 WORSENERD compared to same period in the previous year

Directorate	
PE	People
G&R	Growth and Regeneation
RE	Resources

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.

Appendix A - Definitions and reporting timescales for Performance Indicators

2020/21 Corporate Plan: Covid-19 Recovery and Renewal

1. Community and People

PI ref	Measure	Frequency/period reported	Method of calculation
BCPB281	Average change in level of homecare following short-term assessment and reablement episode	Quarterly (Cumulative)	For cases where the service user completed an episode of STAR service during the month, the average change in level of homecare between the initial level of homecare in Short Term Assessment and Reablement (STAR) and the subsequent follow-on homecare package
BCPB308	Number of people able to access care and support through the use of Technology Enabled Care	Quarterly (Cumulative)	This measure records the number of people enabled to live more independently in their own home as the result of the installation of Technology Enabled Care, and is linked to BCP307 which records the number of homes which has received home adaptations as part of enabling independent living.
BCPB358	Number of the rough sleepers emergency housed during Covid pandemic who are subsequently re-settled	Quarterly (Cumulative)	This is the overall number recorded in the "Move On" section of the weekly return to MHCLG and is made up of: 1) people who were moved straight into settled accommodation and those who were accommodated as a result of the emergency Covid-19 response who have since been moved into settled accommodation. 2) people moved into rough sleeping pathways that sit outside of temporary accommodation
BCPC259	New COVID19 cases occurring in the final 7 days of the month per 100,000 population	Quarterly (Snap shot)	Using figures for the last 7 days of the month; 100,000 x number of positive covid cases with a specimen date falling between the last day of the month and 6 days before the last day of the month (inclusive) DIVIDED BY mid-2019 population of Bristol
BCPC245c	School attendance (Covid-Recovery)	Quarterly (Snap shot)	This measures the percentage of Children attending schools across Bristol. This is a daily summary of school attendance (absence) starting at the beginning of the school year. Totals for Bristol. This is a crude measure and doesn't conform to the usual DfE methodology. All schools with zero attendance are excluded as the assumption is that they were closed due to non-Covid relate reasons (e.g. INSET days)... The DfE have embargoed this data as 'Official Sensitive'

2. Economy and Business

BCPC041	Employment rate of the working age population	Quarterly (Snap shot)	This is the proportion of the working age population (16-64) who are in employment according to the International Labour Organisation (ILO) definition. Using National Statistics: https://www.nomisweb.co.uk/Default.asp
BCPC103	Number of Black, Asian and minority ethnic-led businesses supported	Annual	This counts the number of Black, Asian and minority ethnic-led businesses supported through work commissioned with Black South West Network
BCPC270	Increase experience of work opportunities for priority groups	Quarterly (Cumulative)	This measures the number of people who gain experiences of work for identified priority groups - Young people at risk of and currently not engaging in education, employment and training, Children in care or Care leavers (CIC/CL), people with a Learning difficulty and/or disability, people with a disability, Black, Asian and other non-white minority backgrounds (BAME), Returning to work, living in the 25% most deprived lower super output areas, over 55'.
BCPC480	Percentage of monitoring sites that meet the annual air quality target for nitrogen dioxide	Annual (Financial year)	This measures the percentage of monitoring sites across the city which achieve the annual air quality target. [Note - in previous years this has been published as the % that did <u>not</u> meet the air quality target]
BCPC563	Average weekly number of regulatory contacts requesting COVID 19 advice and guidance Average weekly number of businesses given Environmental Health advice	Quarterly (Snap shot)	This measure counts the number of business who request EH / Reg C-19 service requests for advice that produced through the Council customer call centre. (Inc Trading standards / Neighbourhood enforcement / Food Safety / H&S / Infectious Diseases / Licencing)

3. Organisational Change

BCPC521	Percentage of staff reporting they have the equipment to do their work effectively	Annual (Staff Survey)	Using the staff survey, this measures the percentage of respondents (colleagues) reporting they have the equipment to do their work [counting those who chose 'strongly agree' or 'agree' as a percentage of all responses to the question]
BCPC522	Average number of working days lost to sickness	Quarterly (Rolling year)	This performance indicator measures the levels of sickness each quarter is reported on a 'rolling year' basis and the last quarter will reflect the whole year's performance - The quartly reports are presented: • 2020/21 Q1 will report the 1 Jul '19 - 30 Jun '20 figure • 2020/21 Q2 will report the 1 Oct '19 - 30 Sept '20 figure • 2020/21 Q3 will report the 1 Jan '20 - 31 Dec '20 figure • 2020/21 Q4 will report the 1 Apr '20 - 31 Mar '21 figure
BCPB501b	Forecast level of Bristol City Council financial reserves	Quarterly (Snap shot)	The level of general reserves (which is the £20m) as a percentage of the net General Fund Budget – and shouldn't fall under 5%. 2018/19 financial outturn balanced with an appropriate level of reserves to ensure sustainability and resilience

2020/21 Corporate Plan: Empowering & Caring

1: 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.

PI ref	Measure	Frequency/period reported	Method of calculation
BCPC216	Percentage children becoming the subject of a child protection plan for a second/subsequent time	Quarterly (Cumulative)	The percentage of children who became subject to a Child Protection Plan at any time during the year, who had previously been the subject of a Child Protection Plan, or on the Child Protection Register of that council regardless of how long ago that was.
BCPC222	Increase the take-up of free early educational entitlement by eligible 2 year olds	Annual (Previous Financial Year)	Take up of free educational provision for 2 year olds. Data provided by the DfE and relates to the previous financial year: https://www.gov.uk/government/statistics/education-provision-children-under-5-years-of-age-january-2019
BCPC223	Percentage of children achieving a good level of development at Early Years Foundation Stage	Annual (Previous Academic year)	Percentage of children achieving a good level of development at Early Years Foundation Stage. The level of development is a measure of the average of the cohort's total point score across all the early learning goals.
BCPC244	Key Stage 4: Improve the Average Attainment 8 score for Children in Care pupils	Annual (Previous Academic year)	Attainment 8 will measure the achievement of a pupil across 8 qualifications including mathematics (double weighted) and English (double weighted), 3 further qualifications that count in the English Baccalaureate (EBacc). This measures the small cohort of Children in Care (CIC) - ultimately trying to reduce the gap between the Bristol average and the CIC average.

2: Reduce the overall level of homelessness and rough sleeping, with no-one needing to spend a 'second night out'.

PI ref	Measure	Frequency/period reported	Method of calculation
BCPB353	Increase the number of households where homelessness is prevented	Quarterly (Cumulative)	This measure reports the number of households where homelessness is prevented as a result of advice provided through a dedicated Housing Advice service funded by a local authority, or in-house housing advice service, to fulfil the authority's statutory duties under section 179(1) of the Housing Act 1996 part VII, as amended by the Housing Act 2002.
BCPB357	Reduce the number of households in temporary accommodation	Quarterly (Snapshot)	This measure reports on the numbers of households living in temporary accommodation provided under the homelessness legislation.
BCPC352b	Reduce the number of people sleeping rough on a single night in Bristol - BCC quarterly Count	Quarterly (Snapshot)	The number of people sleeping rough on a single night within the area of the authority. This is a local count done to the same methodology as the annual count and is intended to provide a snapshot each quarter.

3: Provide 'help to help yourself' and 'help when you need it' through a sustainable, safe and diverse system of social care and safeguarding provision, with a focus on early help and intervention.

PI ref	Measure	Frequency/period reported	Method of calculation
BCPB280	Increase the percentage of people who contact Adult Social Care and then receive Tiers 1 & 2 services	Quarterly (Snapshot)	There is a count of count of requests for Adult Social Care support requests and also a record of how many were either signposted to alternate support or provided with lower level support. The inverse percentage being the percentage of requests for support that went onto receive the higher levels of support. Performance is reported on a quarter by quarter basis e.g. Q1 - 55%, Q2 58% etc
BCPB307	Increase the number of disabled people enabled to live more independently through home adaptations	Quarterly (Cumulative)	This measure records the number of people enabled to live more independently in their own home as the result of a home adaptation. the Home Adaptations Service operates across both the public and private housing sectors.
BCPC276a	Reduce the permanent admissions aged 65+ to residential and nursing care, per 100,000 population	Quarterly (Snapshot)	This is a two part-measure reflecting the number of younger adults (part 1) and older people (part 2) whose long-term support needs are best met by admission to residential and nursing care homes relative to the population size of each group. The measure compares council records with ONS population estimates. Performance is reported on a quarter by quarter basis e.g. Q1 - 55%, Q2 58% etc
BCPC277	Increase the percentage of adult social care service users, who feel that they have control over their daily life	Annual (Survey)	Performance is recorded as a result of service users survey questionnaires, compiled throughout the year and reported at year end.

BCPC278	Increase the percentage of older people at home 91 days after discharge from hospital into reablement/rehabilitation *	Quarterly (Cumulative & 3 months in arrears)	Performance is reported with a 3 month data lag owing to the way the statutory measure is recorded. It records the proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital.
4: Help develop balanced communities which are inclusive and avoid negative impacts from gentrification.			
PI ref	Measure	Frequency/period reported	Method of calculation
BCPC311	Levels of engagement with community development work	Quarterly (Cumulative)	This measures the number of residents who actively engage in community building conversations throughout the year. This supports an approach which is based on Asset Based Community Development.
BCPC312	Increase the percentage respondents who volunteer or help out in their community at least 3 times a year (QoL)	Annual (Survey)	The Quality of Life (QoL) survey is carried out annually and asks Bristol residents about a wide range of topics such as health, lifestyles, community, local services and living in Bristol.
BCPC314	Reduce the percentage of people who lack the information to get involved in their community (QoL)	Annual (Survey)	The Quality of Life (QoL) survey is carried out annually and asks Bristol residents about a wide range of topics such as health, lifestyles, community, local services and living in Bristol.
2020/21 Corporate Plan: Fair & Inclusive			
1: Make sure that 2,000 new homes (800 affordable) are built in Bristol each year by 2020			
PI ref	Measure	Frequency/period reported	Method of calculation
BCPB124a	Increase the percentage of major residential planning applications processed within 13 weeks or as otherwise agreed	Quarterly (Cumulative)	Percentage of major residential planning applications by type determined in a timely manner (within 13 weeks) n.b. this includes the category of "applications for prior approval" which are NOT included as part of the statutory returns PS1 and PS2.
BCPB375	Reduce the number of empty council properties (true voids)	Quarterly (Snapshot)	The current number of empty properties as at the end of the measuring period. A property is classified as empty when there is no tenancy in force and the property is void. The number should include all standard voids as well as those classed as undergoing major works, or pending a decision to dispose or demolish.
BCPC310	Increase the number of private sector dwellings returned into occupation	Quarterly (Cumulative)	This measures the number of non-local authority-owned vacant dwellings returned to occupation or demolished during the financial year as a direct result of action by the local authority.
BCPC425	Increase the number of affordable homes delivered in Bristol	Quarterly (Cumulative)	This records the numbers of social rented and intermediate housing units added to the city's overall housing stock during the year. Affordable housing is defined in the Planning Policy Statement 3 (PPS3) from the Ministry for Housing Communities & Local Government (MHCLG).
BCPC430a	Increase the number of new homes in Bristol	Annual (1 year lag)	This measures the net increase in dwelling stock over one year and is calculated as the sum of new build completions, minus demolitions, plus any gains or losses through change of use and conversions.
2: Improve educational outcomes and reduce educational inequality, whilst ensuring there are enough school places to meet demand and with a transparent admissions process			
PI ref	Measure	Frequency/period reported	Method of calculation
BCPB225	Increase the percentage of Final EHCPs issued within 20 weeks including exception cases *	Quarterly (Cumulative & 3 months in arrears)	Number of Education Health Care Plans in the last quarter that were issued within 20 weeks, including exception cases, as a percentage of all such statements issued throughout the calendar year. The reported data aligns with the SEN Census reporting (ie a Calendar year).... This means that this KPI is reporting cumulatively and 3 months in areas: Q1 reports Jan – Mar / Q2 reports Jan – June / Q3 reports Jan – Sept / Q4 reports Jan – Dec
BCPC230a	Key Stage 2 - Increase the percentage of pupils achieving the expected standard in reading, writing and maths	Annual (Previous Academic year)	Key Stage 2 is the end of Primary school (Years 3-6). Scaled scores help test results to be reported consistently from one year to the next. National curriculum tests are designed to be as similar as possible year on year, but slight differences in difficulty will occur between years. Scaled scores maintain their meaning over time so that two pupils achieving the same scaled score in different years will have demonstrated the same attainment. This performance indicator measures the percentage of children in Bristol Schools who achieved the expected standard in all three subject combined and is reported for the previous academic year.
BCPC230b	Key Stage 2 - increase the percentage of disadvantaged pupils, at KS2, achieving the expected standard in reading, writing and maths	Annual (Previous Academic year)	This is the same measure as above, except the focus is on the attainment of disadvantaged pupils. Pupils are defined as disadvantaged if recorded as: • Eligible for Free Schools Meals (FSM) in the last six years • Looked After Children (LAC) continuously for one day or more • Post LAC: because of an adoption, a special guardianship order, a child arrangements order or a residence order.
BCPC231a	Key Stage 4: Improve the Average Attainment 8 score per pupil	Annual (Previous Academic year)	Key Stage 4 is the GCSE phase of Secondary school. Attainment 8 was introduced in 2016 by the Department for Education (DfE) for pupils at the end of Key Stage 4 (age 16), to measure overall GCSE performance and encourage students to take at least 8 qualifications. A full DfE explanation of this measure is at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/583857/Progress_8_school_performance_measure_Jan_17.pdf
BCPC231d	Key Stage 4: Attainment 8 - Reduce the Points gap between the Disadvantaged and Non-Disadvantaged	Annual (Previous Academic year)	This is the same measure as above, except the focus is on the attainment of disadvantaged pupils. (definition of disadvantaged, two rows above). Except this measures the gap in the attainment levels of Disadvantaged pupils and non-disadvantaged pupils and is reported for the previous academic year.
BCPC245	Improve the level of Bristol Schools' pupil attendance	Annual (Previous Academic year)	Whilst there is in year reporting of attendance levels across the city; this performance measure uses the official DfE figures published in March of each year and records the previous academic year.
BCPC246	Increase percentage of schools and settings rated 'Good' or better by Ofsted (all phases)	Quarterly (Snapshot)	This records the present percentage of schools, across all phases, where the Ofsted inspection rating is 'Good' or better. The DfE published this information at: https://www.gov.uk/government/statistical-data-sets/monthly-management-information-ofsteds-school-inspections-outcomes#history
3: Develop a diverse economy that offers opportunity to all and makes quality work experience and apprenticeships available to every young person.			
PI ref	Measure	Frequency/period reported	Method of calculation
BCPB264	Increase the total number of apprenticeships created and managed by Bristol City Council	Quarterly (Cumulative)	This measures the number of apprentices currently (at data capture date) receiving training support through and Education and Skills Funding Agency approved programmes (taken from ESFA ILR data) PLUS No. of BCC staff undertaking development through an apprenticeship scheme.(taken from Digital Apprenticeship Service record also known as Levy Account)
BCPB265	Increase the amount of Bristol City Council Apprenticeship Levy spent	Quarterly (Cumulative)	This measures the amount of apprenticeship levy spent throughout the year.
BCPC217	Improve the % of 17 - 18 year old care leavers in EET (statutory return - recorded around birthday)*	Quarterly (Cumulative & 3 months in arrears)	Performance is reported with a 3 month data lag owing to the way the statutory measure is recorded. The percentage of former care leavers aged 17 - 18 who were looked after under any legal status (excl V3 or V41) on 1 April in their 17th year, who were in education, employment or training. These figures also include those care leavers who we are not in contact with.
BCPC263a	Reduce the percentage of young people of academic age 16 to 17 years who are NEET & destination unknown	Quarterly (Snapshot)	This measures the percentage of 16 to 17 year olds who are not in education, employment or training (NEET). AND Destination Unknown. Whilst this records data quarter by quarter, unusually the DfE return (and therefore the Q4 figure) is the snapshot for the 3 month period 1st December - last day of February.
BCPC270	Increase experience of work opportunities for priority groups	Quarterly (Cumulative)	This measures the number of people who gain experiences of work for identified priority groups - Young people at risk of and currently not engaging in education, employment and training, Children in care or Care leavers (CIC/CL), people with a Learning difficulty and/or disability, people with a disability, Black, Asian and other non-white minority backgrounds (BAME), Returning to work, living in the 25% most deprived lower super output areas, over 55'.
4: Help develop balanced communities which are inclusive and avoid negative impacts from gentrification.			
PI ref	Measure	Frequency/period reported	Method of calculation
BCPC248	Number of hate crimes	Quarterly (Cumulative)	Hate Crime data recorded by Avon & Somerset Police
BCPC324	Increase the percentage of people who feel they belong to their neighbourhood (QoL)	Annual (Survey)	The Quality of Life (QoL) survey is carried out annually and asks Bristol residents about a wide range of topics such as health, lifestyles, community, local services and living in Bristol.
BCPC327	Reduce the percentage of people who have noted "mainly negative effects" from gentrification (QoL)	Annual (Survey)	The Quality of Life (QoL) survey is carried out annually and asks Bristol residents about a wide range of topics such as health, lifestyles, community, local services and living in Bristol.

2020/21 Corporate Plan: Well Connected

1: Improve physical and geographical connectivity; tackling congestion and progressing towards a mass transit system.

PI ref	Measure	Frequency/period reported	Method of calculation
BCPC471	Improve journey time reliability during the morning peak travel period	Annual	This measure uses data from the network of traffic cameras at key points across the city with average travel times between points being calculated. It has been identified that journey time reliability is generally of more importance to road users than actually speeds.
BCPC474	Increase the number of single journeys on Park & Ride into Bristol	Quarterly (Cumulative)	This measures the number of journeys made on Park and Ride (P&R) services in Bristol. Data is supplied by the various commercial operators of P&R designated services
BCPC475	Increase the number of passenger journeys on buses	Quarterly (Cumulative)	This measures the number of journeys made on all services which has a boarding point in Bristol. Data is supplied by the various commercial operators of P&R designated services

2: Make progress towards being the UK's best digitally connected city.

PI ref	Measure	Frequency/period reported	Method of calculation
BCPB308	Increase the number of people able to access care and support through the use of adaptive technology	Quarterly (Cumulative)	This measure records the number of people enabled to live more independently in their own home as the result of the installation of Technology Enabled Care, and is linked to BCP307 which records the number of homes which has received home adaptations are part of enabling independent living.
BCPC436	Improve the percentage of premises that have access to Ultrafast Broadband	Annual	This measure is informed by the annual report from OfCOM "Connected Nations" report which tracks progress in fixed and mobile services in the UK. Data is available at a local authority level and can be seen here https://www.ofcom.org.uk/research-and-data/multi-sector-research/infrastructure-research
BCPC438	Increase the percentage of people living in deprived areas who have access to the internet at home (QoL)	Annual (Survey)	The Quality of Life (QoL) survey is carried out annually and asks Bristol residents about a wide range of topics such as health, lifestyles, community, local services and living in Bristol.

3: Reduce social and economic isolation and help connect people to people, people to jobs and people to opportunity.

PI ref	Measure	Frequency/period reported	Method of calculation
BCPC266	Increase the percentage of adults with learning difficulties known to social care, who are in paid employment	Quarterly (Cumulative)	The measure shows the proportion of adults with a learning disability who are "known to the council", who are recorded as being in paid employment. The information would have to be captured or confirmed within the reporting period 1 April to 31 March. The definition of individuals 'known to the council' is restricted to those adults of working age with a primary support reason of learning disability support who received long term support during the year. The measure is focused on 'paid' employment. Voluntary work is excluded from the measure. Paid employment is measured using the following two categories: • Working as a paid employee or self-employed (16 or more hours per week); and, • Working as a paid employee or self-employed (up to 16 hours per week).
BCPC268	Increase the number of adults in low pay work & receiving benefits accessing in-work support	Quarterly (Cumulative)	This is a cumulative count to show the growth of the Future Bright in work support programme and the new Get Well - Get On programme which focusses on supporting people in work who have mental health of muscle, joint or bone conditions.
BCPC323	Increase the percentage of people who see friends and family as much as they want to (QoL)	Annual (Survey)	The Quality of Life (QoL) survey is carried out annually and asks Bristol residents about a wide range of topics such as health, lifestyles, community, local services and living in Bristol.

4: 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.

PI ref	Measure	Frequency/period reported	Method of calculation
BCPC533	Increase the percentage of people who feel they can influence local decisions (QoL)	Annual (Survey)	The Quality of Life (QoL) survey is carried out annually and asks Bristol residents about a wide range of topics such as health, lifestyles, community, local services and living in Bristol.

2020/21 Corporate Plan: Wellbeing

1: Embed health in all our policies to improve physical and mental health and wellbeing, reducing inequalities and the demand for acute services.

PI ref	Measure	Frequency/period reported	Method of calculation
BCPB279	Improve the monthly Delayed Transfers of Care for BCC (Delayed Days per 100,000 population)	Quarterly (Snapshot)	This measures the number of Delayed Days of care, during the reporting period, of Acute and Non-Acute, for NHS Organisations in England by the responsible organisation. (EXCLUDING NHS CASES AND WHERE BOTH were CULPABLE) Divided 100,000 population... Therefore, - Social Care delays ONLY. Occasionally the latest monthly data from NHS England is delayed and in those instances the month indicated in brackets.
BCPC249	Prevalence of child excess weight in 10-11 year-olds	Annual (1 year lag)	This performance data is measured by NHS Digital, National Child Measurement Programme and records 10-11 year olds Proportion of children aged 10-11 classified as overweight or obese. Children are classified as overweight (including obese) if their Body Mass Index (BMI) is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.
BCPC250	Reduce the percentage of people in Bristol who report below national average Mental Wellbeing (QoL)	Annual (Survey)	The Quality of Life (QoL) survey is carried out annually and asks Bristol residents about a wide range of topics such as health, lifestyles, community, local services and living in Bristol.
BCPC251	Reduce the rate of alcohol-related hospital admissions per 100,000 population	Quarterly (Rolling year 3 months in arrears)	This indicator measures the rate of alcohol related admissions per 100,000 population using Hospital Episode Statistics. The rate is calculated using data on those finished in-year admissions that are classified as ordinary or day cases and that have a primary or subsidiary diagnosis code. Q1 covers April to March, Q2 = July to June, Q3 = October to September, Q4 = January to December.
BCPC255	Increase the percentage of people living in the most deprived areas who do enough regular exercise each week(QoL)	Annual (Survey)	The Quality of Life (QoL) survey is carried out annually and asks Bristol residents about a wide range of topics such as health, lifestyles, community, local services and living in Bristol.

2: 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.

PI ref	Measure	Frequency/period reported	Method of calculation
BCPC333	Increase the percentage of residents visiting a park or open space at least once a week (QoL)	Annual (Survey)	The Quality of Life (QoL) survey is carried out annually and asks Bristol residents about a wide range of topics such as health, lifestyles, community, local services and living in Bristol.
BCPC433	Reduce the total CO2 emissions in Bristol City (k tonnes)	Annual (18 month lag)	This measures the annual amount of end user CO2 emissions across an agreed set of sectors (housing, roadtransport and business).
BCPC434	Reduce the proportion of deaths attributed to particulate air pollution	Annual (2 year lag)	This measure is reported by Public Health England
BCPC480	Increase the percentage of monitoring sites that meet the annual air quality target for nitrogen dioxide	Annual (Financial year)	This measures the percentage of monitoring sites across the city which achieve the annual air quality target. [Note - in previous years this has been published as the % that did <u>not</u> meet the air quality target]
BCPC540	Reduce percentage of people who feel that street litter is a problem in their neighbourhood (QoL)	Annual (Survey)	The Quality of Life (QoL) survey is carried out annually and asks Bristol residents about a wide range of topics such as health, lifestyles, community, local services and living in Bristol.
BCPC541	Increase the percentage of household waste sent for reuse, recycling and composting	Quarterly (Snapshot)	This measures the percentage of household waste which is sent for reuse, recycling and composting.

3: Tackle food and fuel poverty.

PI ref	Measure	Frequency/period reported	Method of calculation
BCPB335	Increase the number of households in fuel poverty receiving energy and debt advice	Quarterly cumulative	The number of households each quarter who have been given energy and debt advice via specific BCC-funded services
BCPC257	Increase the number of 'Bristol Eating Better Awards' issued to food outlets in priority wards	Bi-annual cumulative	This is a count of the number of food outlets with a Bristol Eating Better Award in 10 priority wards (with high levels of deprivation and obesity) The Bristol Eating Better (BEB) award is a tool used to reward and support food businesses across the city to offer healthier food options and promote sustainability. BEB awards are at Bronze, Silver or Gold level. There are 30 'core actions' to be met in order to achieve the Bronze Level. Progress is reported twice a year (Q2 & Q4)
BCPC258	Reduce the percentage of households which have experienced moderate or worse food insecurity (QoL)	Annual (Survey)	The Quality of Life (QoL) survey is carried out annually and asks Bristol residents about a wide range of topics such as health, lifestyles, community, local services and living in Bristol.
BCPC334	Reduce the percentage of the population living in Fuel Poverty	Annual (2 year lag)	Fuel poverty in England is measured using the Low Income High Costs (LIHC) indicator where a household is considered to be fuel poor if: - They have required fuel costs that are above average (the national median level) and were they to spend that amount, they would be left with a residual income below the official poverty line. The data for this measure is supplied by the Department of Business, Energy and Industrial Strategy

4: Keep Bristol a leading cultural city, helping make culture, sport and play accessible to all.			
PI ref	Measure	Frequency/period reported	Method of calculation
BCPB253	Increase the number of attendances at BCC leisure centres and swimming pools	Quarterly (Cumulative)	This measures attendances at BCC leisure centres and swimming pools on a monthly cumulative basis. Occasionally the latest month is delayed and in those instances the month indicated in brackets.
BCPB410	Increase the number of visitors to Bristol Museums, Galleries and Archives	Quarterly (Cumulative)	This measures visitors to Bristol Museums, Galleries and Archives and is taken from automated counters as well as snap shot surveys.
BCPC256	Increase the percentage of adults in deprived areas who play sport at least once a week (QoL)	Annual (Survey)	The Quality of Life (QoL) survey is carried out annually and asks Bristol residents about a wide range of topics such as health, lifestyles, community, local services and living in Bristol.
BCPC411	Increase the percentage of people who take part in cultural activities at least once a month (QoL)	Annual (Survey)	The Quality of Life (QoL) survey is carried out annually and asks Bristol residents about a wide range of topics such as health, lifestyles, community, local services and living in Bristol.
BCPC412a	Increase the % satisfied (in deprived areas) with the range and quality of outdoor events (QoL)	Annual (Survey)	The Quality of Life (QoL) survey is carried out annually and asks Bristol residents about a wide range of topics such as health, lifestyles, community, local services and living in Bristol.

2019/20 Corporate Plan: Workplace Organisational Priorities

1: Redesign the council to work effectively as a smaller organisation.

PI ref	Measure	Frequency/period reported	Method of calculation
BCPB523	Maintain appropriate staff turnover	Quarterly (Cumulative)	This measures staff turnover by considering the numerator as the total number of leavers; including those who retire, or leave involuntarily due to dismissal or redundancy over the period; and the denominator as the average total number of staff employed over the period....The aim is to keep the level at between 10-15%
BCPB530	Increase the satisfaction of citizens with our services (QoL)	Annual (Survey)	The Quality of Life (QoL) survey is carried out annually and asks Bristol residents about a wide range of topics such as health, lifestyles, community, local services and living in Bristol.

2: Equip our colleagues to be as productive and efficient as possible.

PI ref	Measure	Frequency/period reported	Method of calculation
BCPB518	Increase the percentage of stage 1 non-statutory complaints that we respond to within 15 days	Quarterly (Snapshot)	The percentage of stage 1 non-statutory complaints that were respond to within 15 days.
BCPB521	Increase the percentage of colleagues reporting they have the equipment to do their work effectively	Annual (Staff Survey)	Using the staff survey, this measures the percentage of respondents (colleagues) reporting they have the equipment to do their work [counting those who chose 'strongly agree' or 'agree' as a percentage of all responses to the question]
BCPB524	Increase the percentage of staff with a completed annual appraisal	Annual	This indicator is based on figures for the latest performance lifecycle (i.e. at least one face-to-face appraisal must have taken place in that 12 month period), and calculated using headcount of staff eligible for a performance review. Apply to permanent and temporary staff only. Casual staff (i.e. those not employed on a regular basis but when a particular need arises) and those employed by outside contractors (e.g. private companies), are not to be counted.

3: Make sure we have an inclusive, high-performing, healthy and motivated workforce.

PI ref	Measure	Frequency/period reported	Method of calculation
BCPB522	Reduce the average number of working days lost to sickness (BCC)	Quarterly (Rolling year)	This performance indicator measures the levels of sickness each quarter is reported on a 'rolling year' basis and the last quarter will reflect the whole year's performance - The quarterly reports are presented: <ul style="list-style-type: none"> • 2020/21 Q1 will report the 1 Jul '19 - 30 Jun '20 figure • 2020/21 Q2 will report the 1 Oct '19 - 30 Sept '20 figure • 2020/21 Q3 will report the 1 Jan '20 - 31 Dec '20 figure • 2020/21 Q4 will report the 1 Apr '20 - 31 Mar '21 figure
BCPB527	Increase the percentage of staff who are "clear about what the council is here to do and its priorities"	Annual (Staff Survey)	Using the staff survey, this measures the percentage of respondents (colleagues) reporting that they are "clear about what the council is here to do and its priorities" [counting those who chose 'strongly agree' or 'agree' as a percentage of all responses to the question]

4: Be responsible financial managers and explore new commercial ideas.

PI ref	Measure	Frequency/period reported	Method of calculation
BCPB502	Increase the percentage of invoices paid on time (BCC)	Quarterly (Cumulative)	This measures the percentage of undisputed invoices for commercial goods and services paid to external contractors and suppliers during the year by the authority within mutually agreed terms or 30 days if such terms do not exist, as a percentage of all such invoices paid by the authority in the year. Authorities may exclude invoices sent to schools and paid from delegated school budgets if they wish. Time starts from the date the authority (not the payment section) receives the invoice.
BCPB503	Maintain the percentage of Council Tax collected	Quarterly (Cumulative)	This measures the percentage of the estimated net collectable debit for council taxes net of benefit. Against the total receipts council taxes; net of refunds granted in respect of the present year only.
BCPB504	Increase the percentage of non-domestic rates collected	Quarterly (Cumulative)	This measures the percentage of the estimated net collectable debit in respect of non-domestic. Against the total receipts of non-domestic rates, net of refunds granted in respect of the present year only.
BCPB505	Increase the percentage of procurement spend with 'Small and Medium sized Enterprises' (SME's)	Annual	This PI measures the percentage of Bristol City Council's overall procurement expenditure committed to SME's. The aim is to support BCC's policy to ensure that SMEs have the opportunity to bid for and win council contracts. The calculation is: (SME procurement spend / Total procurement spend)*100.
BCPB510	Increase the percentage of Grant applications, Funding bids or Contracts that are successful	Quarterly (Cumulative)	Commercialisation Development is a new support and enabling function. Income generation is only one of the outcomes of commercialisation. Additional/alternative income or funding may be secured through a number of routes to include applying/bidding for funding, grants or contracts. This measures the percentage of successful funding applications made.
BCPB528	Increase the percentage of employment offers made to people living in the 10% most deprived areas	Quarterly (Cumulative)	This performance indicator measures the percentage of employment offers made to people living in the 10% most deprived areas as a percentage of all offers made.
BCPC636	Ratio of consultation response rate for the most and least deprived 20% of Bristol citizens	Quarterly (Cumulative)	Ratio of the consultation response rate per 10,000 citizens from people living in the 20% least deprived parts of the city (quintile 5) and the response rate from the 20% most deprived areas (quintile 1). Calculated as the mean of responses for all city-wide consultations with 500 or more respondents, which closed during the year ending in the reporting quarter.

Key / further notes

- 1/ Covid-19 impact - Planned Performance Indicators are continuing to be measured, if possible, and 2020/21 Targets have been adjusted where relevant to take account of the expected impact of the Covid-19 pandemic.
- 2/ Indicators "shaded out" - Where the indicator and definition are shaded in grey, these Performance Indicators have been *suspended* for 2020/21; the impact of the Covid-19 pandemic is such that it is not possible to meaningfully measure these indicators, and no 2020/21 Target has been set.