



Our self-assessment of Adult Social Care in Bristol

Bristol City Council

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Table 1 Version control table



Adult Social Care in Bristol:

Supporting people in vibrant and diverse communities to live in a place they call home, with the people they love, doing the things that matter to them.

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A Introduction

a The golden thread

Our Vision

We are proud of our vibrant and diverse city.

Our vision is that all of us in Bristol city will have the support that we need to live in a place that we call home, with the people and things that we love, in communities where we all look out for one another, doing the things that matter to us.

Sometimes, **we or the people that we care about need help** to achieve this because of a disability or health condition.

This is the role of Adult Social Care.

People in Bristol have worked in partnership to understand what this vision means for our diverse community and what we need to do to help our vision become a reality.

Our Vision builds on the work of Social Care Future

Early in 2024, working with people who draw on care and support, carers and colleagues, we developed our Vision for Adult Social Care, based on the vision created by Social Care Future. The vision acts as a ‘north star’ which we use as a starting point for everything that we do. It is something to keep reflecting on to ensure that we are always strategically aligned with it, and to also give us a clear goal to keep striving for. For the people who draw on our care and support, their circles of support, and carers, the vision should provide reassurance that they will receive support that is tailored to them and driven by what is important to them.

The vision aligns with the values set out in the Bristol City Council Corporate Strategy 2022-27, which outlines the intention to develop an inclusive, sustainable and healthy city of hope and aspiration where everyone can share in the city's success.

The Bristol One City approach brings together civic partners to mobilise action around health, the economy, and the wider social determinants of health through several boards, including Bristol’s Health and Wellbeing Board. The One City Plan sets out a path to a 2050 Bristol that is a ‘fair, healthy and sustainable city, a city of hope and aspiration, where everyone can share in its success.’

b The city of Bristol

Bristol’s story is rich and complex, shaped and moulded by a significant period during which it was a major port in the transatlantic slave trade. We acknowledge this history and its lasting impact on our communities, some of which still include hidden ‘unheard voices’. Safeguarding trends and themes remind us that these citizens are frequently overrepresented where risk is highest, and liberty is threatened. Our city is a city of contrasts. It contains pockets of extreme deprivation, areas of affluence and much cultural plurality.

Bristol is the largest city in the southwest of England, covering an area of 110 square kilometres. It is the tenth largest city in the United Kingdom and one of the eleven Core Cities. It has a population of around 479,000. Bristol’s population grew by an estimated 45,800 people over the decade 2012-

22: a 10.6% increase (England and Wales grew by 6.5%) and is currently projected to grow by 15% over a 25-year period (2018 to 2043).

The population of Bristol has become increasingly diverse, and some local communities have changed significantly. There are now more than 287 different ethnic groups in the city, more than 185 countries of birth represented, at least 45 religions and more than 90 languages spoken by people living in Bristol.

Even with this intricacy, Bristol has an identity, a consciousness, with a new generation emerging demanding change. The toppling of the Edward Colston statue in 2020 is representative of the shift in political landscape both globally and in our communities, shaped latterly by the impact of the global pandemic and the lockdowns that followed. We understand that we have a responsibility to work closely with communities to improve outcomes and build community cohesion and trust.

More than 81,000 people in Bristol (17.2% of the population) have long-term physical or mental health conditions or illnesses resulting in their day-to-day activities being limited (England and Wales 17.5%). Disability prevalence increases with age: children 6.1% disabled, working age 16.0% disabled, older people 65+ 38.5% disabled.

In 2021, Bristol had 60,760 people aged 65 and over: 13% of the total population (England and Wales 19%). Of these, 27,890 people were 75 and over (6% total population; England and Wales 9%). 38.5% of people 65+ are disabled according to the Equality Act Definition. There are 6,660 older people providing unpaid care, this is almost one in ten people aged 65 and over.

c The council

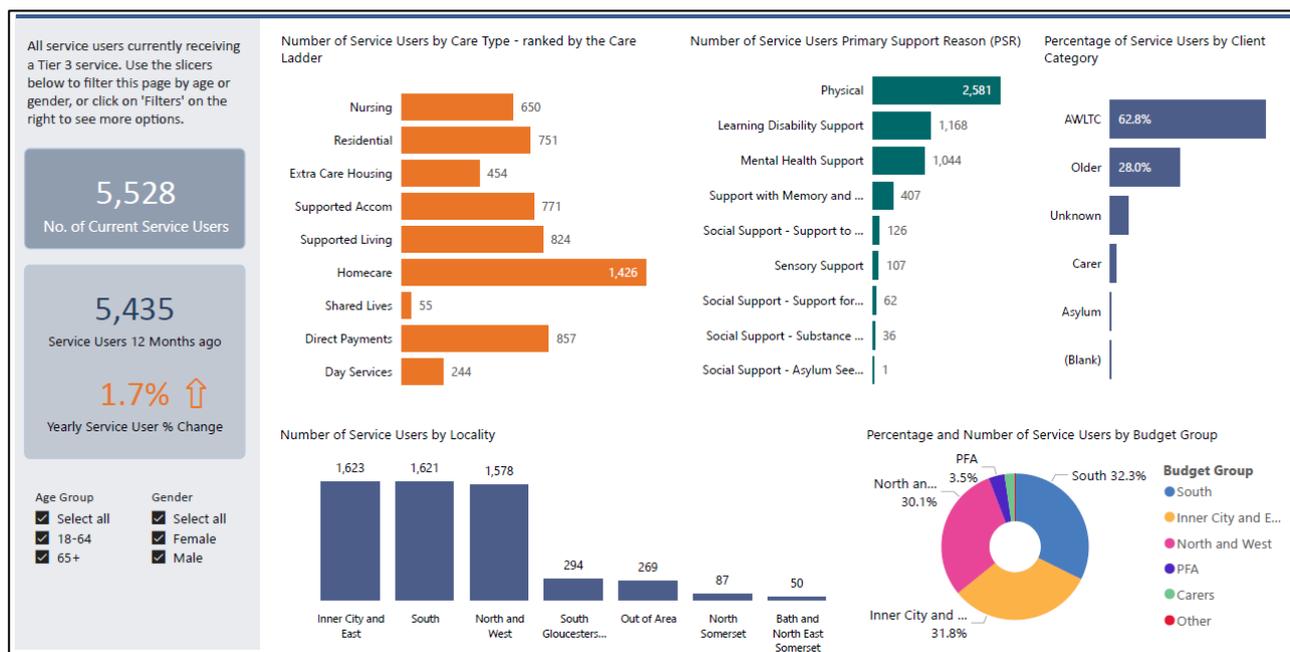
During 2023/24 the cost of operating and the increasing demand for the council's services have exacerbated existing financial pressures. Innovation and transformation of services has been necessary to ensure that the council remains solvent. Transformation programmes are delivering services more efficiently in Adult Social Care, Children's Social Care, Education, Temporary Accommodation and Property Services. These are essential programmes to place the council on a long-term sustainable footing, while continuing to adapt to and meet citizens' needs.

Following a public referendum in 2022, the Council's governance arrangements changed in May 2024 from a Mayor and Cabinet model to a committee system. Key decisions are now taken by eight Policy Committees, one of which is the Adult Social Care Policy Committee, which met for the first time on 1 July 2024.

d Adult Social Care

In recent years, we have built our knowledge about our population and the people we work with. We are increasingly developing relationships with, working with, and learning from people with lived expertise. This has improved our understanding of the needs of our population and the varied requirements of the individuals that comprise it. We have used this insight to co-develop our vision with the intention that we improve the way that we work to deliver better outcomes for people.

The people who draw on care and support in Bristol



Our governance processes, including our quality assurance framework, are well established, providing oversight and grip of quality, performance, and practice. Risks are identified and plans are put into place to mitigate them, and we have a system of continuous learning and improvement.

e Our self-assessment

In 2023, we produced an assessment of Adult Social Care in Bristol and invited the Local Government Association to carry out a 'Preparation for Assurance' Peer Challenge. The Peer Challenge took place in December 2023 and this self-assessment includes progress against key findings and recommendations for improvement. The self-assessment sets out for each of the Themes and Quality Statements in the Care Quality Commission Assurance Framework for local authorities

- What we do
- Our current position
- Strengths and what we are proud of
- Risks and challenges
- How we are addressing the risks and delivering improvements

It is intended to be read alongside the detailed information submitted as part of the CQC Information Return.

1 Theme 1: Working with people

1.1 Quality statement: Assessing needs

- We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing, and communication needs with them.
- I have care and support that is co-ordinated, and everyone works well together and with me.
- I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

1.1.1 What we do

Since 2018, our assessment, care planning and reviews process has been grounded in strengths-based practice.

The Swift Response Team is the first point of contact in adult social care following new referrals from citizens or professionals. The team is multidisciplinary, including occupational therapy and social work professionals, working collaboratively to ensure citizens benefit from the right professional expertise for their presenting needs at the earliest opportunity. The team undertakes work which needs a high priority or urgent response to avert crisis, prevent hospital admission, carer breakdown, and to safeguard individuals. Care Act assessments are undertaken in locality and specialist teams.

I would like to say a huge thank you to you. Your help and advice have been incredibly helpful. I am hopeful that things are now moving in the right direction for them both and I will continue to give my support to them both.

Feedback about Swift Response Team February 2024

The Changing Futures programme, a £3.3m multi agency programme for people facing multiple disadvantages, is creating sustainable change at individual, service, and system levels. One of the examples of the development of practice is the adoption of My Team Around Me approach from the Changing Futures programme, in our Homeless Move On team.

I also want to say such a huge thank you to you all as I know how much your care and kindness towards my son over the past couple of years has made such a huge difference and has saved his life.

Feedback about the Homeless Move On team, May 2024

Adult social care practitioners across all teams can undertake assessments and reviews for carers but we also have a specialist carers team dedicated to this task. We also commission third sector carers support organisations in the city to undertake assessments on behalf of the local authority. We are one of only a few local authority adult social care departments in the country to have a specialist team solely tasked with undertaking carers assessments, as evidenced through a recent commissioning benchmarking activity.

We use our Quality Assurance Framework including monthly audits and team visits to ensure our assessments are strengths-based and co-produced. Our Quality Assurance Framework now includes securing feedback from people who draw on care and support.

The Client and Carer Finance Team contacts people with a new or changed support plan within seven days of the support plan being authorised. The online Financial Assessment Tool is available and can either be completed for people to get an idea of their contribution without actually submitting it, or they can submit it so that we can process their assessment, carrying out the necessary checks.

1.1.2 Strengths and what we are proud of

- We have a dedicated, skilled, and supportive workforce that works to deliver our strengths-based practice model and approach to personalisation. This is embedded in practice and results in assessments which reflect people's strengths, choices and wishes. Our practitioners take pride in how they talk to people to find out what they are good at and what they want to do.

I feel very proud to be in a supportive, cohesive and hard-working team, who clearly all work really well together.

Practitioner in a social work team, Sept 2023

- Evidence from our monthly audit of practice over the period May 2022 to March 2024 shows an overall rating of Good for practice, with a particular strength and consistency of practice demonstrated in the quality of assessment and support plans.
- We have a good working relationship with carers support organisations and draw regularly on the feedback carers provide. This is shared with us via the Bristol Carers Voice Forum, to assist with continuous improvement strategy and planning. Carers have told us that they value the assessments that have been completed by Adult Social Care in Bristol and the support that we provide. The 2023/24 Carers Survey results showed that carers in Bristol are included or consulted with about the person they care for, and this percentage has stayed the same since the previous survey.

I have help from the council which I am very grateful for. They are a real help to me. As it gives me a break. I can't thank everyone enough, it really can make a difference, no matter how small or big.

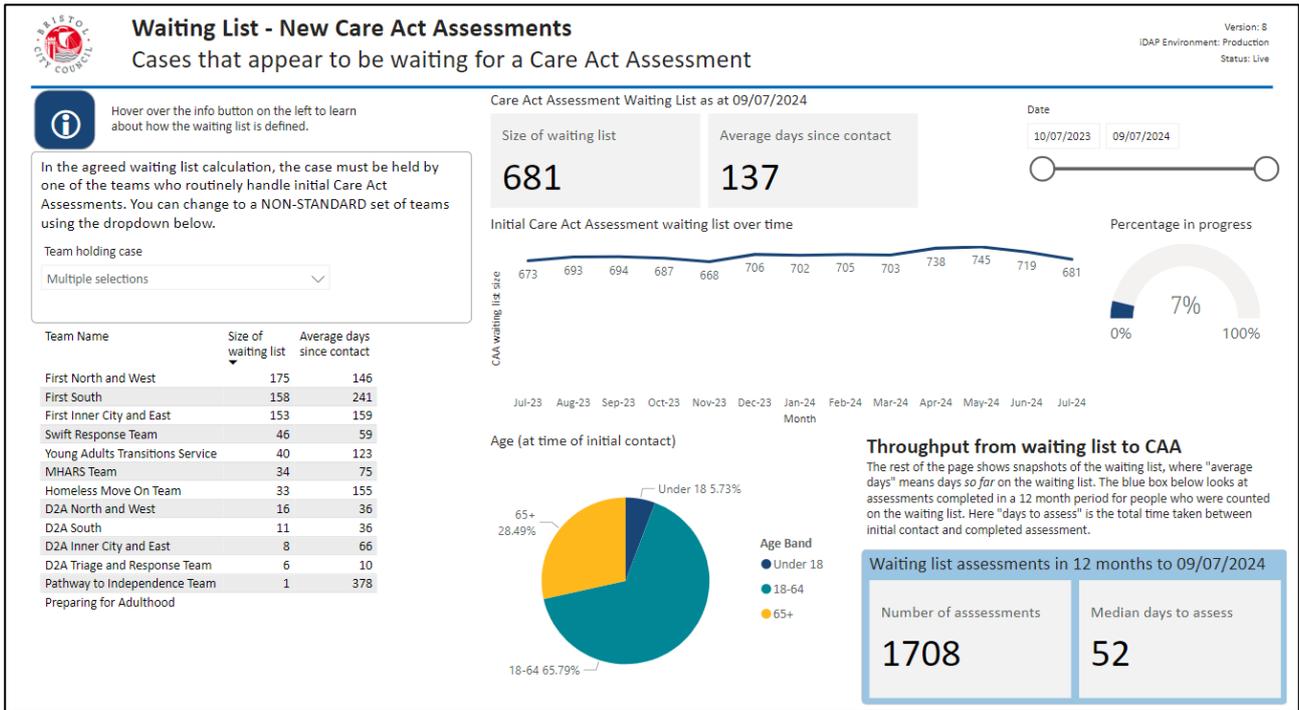
2023/24 Carers Survey

- We have developed separate short Easy Read versions of charging leaflets for care in the community (i.e. Home Care, ECH etc), for residential, and for Direct Payments. To provide accessibility, each of these has been translated into various languages all of which are available on BCC's public website.

1.1.3 Risks and challenges

- We know too many people are waiting too long for Care Act assessments, carers assessments and reviews. Some of the most urgent work with people is carried out by practitioners on duty desks. A reporting dashboard has been developed (see table below our current waiting times for new Care Act assessments) to provide a single and consistent view of who is waiting, where they are waiting, what they are waiting for, and how long they have been waiting.

Include key data



- Our waiting times for carers assessments are currently too long. Carers tell us, via statutory complaints and through feedback to carers support organisations, that they are waiting too long, and this detrimentally affects their wellbeing.
- Practitioners and people who draw on care and support have shared their views and experience of working in and contacting Adult Social Care. Some of the current pathways are fragmented, which can result in multiple hand-offs between teams causing delay and uncertainty for some people we support. We know current arrangements do not make the most effective use of our practitioners' skills across Adult Social Care.

When you get to a person they are good. It is getting to them that is the problem.

Person in a co-design session January 2024

- Workforce capacity has been a contributory factor in the steady increase, both in the number of people waiting and the length of time before they are able to see a practitioner. In June 2024, our social worker and occupational therapy vacancy rates stood at 20% and 9% respectively. This limited staffing capacity has also exacerbated difficulties around adult care pathways and citizen journeys through the adult care system.

1.1.4 Delivering improvements

Reducing waiting times

We have taken a systematic approach to understand and address the number of people waiting for assessment, both to reduce the risks to people and deliver good outcomes for those people who we work with. This includes the following:

- We have developed a prioritisation tool for people waiting and are embedding this across the operational teams. This tool will enable us to have a clear oversight across the whole of Adult Social Care. This includes who is waiting, for how long, as well as an agreed priority level for allocation. This allows us to consistently prioritise people who need a more urgent assessment or review across all our operational teams.
- We have commissioned locum social workers to carry out 1,000 reviews to reduce the amount of people whose annual review is overdue. Under the supervision and quality assurance of our existing leadership team, we have seen a significant reduction in the number of people whose review is overdue. As of June 2024, 34.6% of people with care and support needs were overdue a review, down from 50% in June 2023. This is currently well below the national average.
- We have commissioned another 1,000 assessments from a locum provider to reduce the backlog of people waiting for initial Care Act assessments. This will help us to meet our agreed target of no one waiting longer than six weeks for an initial assessment.
- We have introduced measures to reduce waiting times for contact at the front door of Adult Social Care that have already delivered measurable improvements for people contacting us, delivering on our commitment to ‘Build on your strengths, your networks and the resources available in your local community’.
 - Care Direct colleagues in our Customer Services team have had dedicated strengths-based training and learning sessions to embed a strengths-based approach at the front door. This has resulted in a reduction of onward referrals (reduced from 45.5% to 22.4%) and improved people’s knowledge about community-based support.
 - Care Direct advisors can make referrals directly to our Reablement team if they feel this service would be appropriate for the person.
 - Our duty system was recently updated to follow an ethos of ‘understand and resolve’ at first contact rather than continuing to use the system of waiting lists. This has reduced our waiting list by over 100 since the beginning of June 2024.
 - The existing Adult Social Care online self-referral form for the public is currently used in approximately 33.7% of contacts. We are improving the form to increase usage and to providing immediate feedback and support options.
- Using the Accelerating Reform Fund to support innovation and to secure additional capacity we are working to reduce waiting times for carer assessment to a maximum of six weeks, which will be in line with the national average.

Workforce capacity

In order to improve recruitment and retention of professional registered staff we have

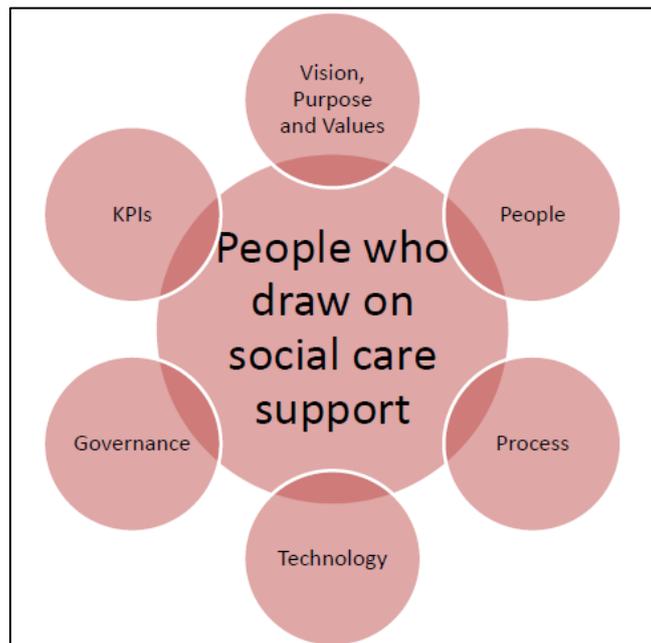
- Undertaken a job evaluation process for all our social work, occupational therapist and senior practitioner posts. This resulted in regrading and increased salary for all staff in those posts. This uplift was backdated to December 2023, and this is having a positive impact on staff morale, as well as the recruitment and retention of our workforce.
- Introduced additional non-pay benefits such as paying professional registration fees for Social Work England and Health Care Professionals Council.

Practice

With practitioners and managers, we have developed an Inter-professional Practice Framework for Adult Social Care, a model and map that sets out what practitioners do and why, as individuals and as teams, to deliver our vision for Adult Social Care. It has been informed by value-based practice, research, evidence and practice knowledge. It applies to all practice teams that support people through the Adult Social Care pathway, from support conversations and assessments, to planning and review. Our practice framework consists of 'We' and 'I' statements mapped around values, knowledge, skills, and reflection and learning.

Target Operating Model

To deliver further improvements for our citizens we have worked with our strategic delivery partner and colleagues alongside people who draw on care and support to develop a future Target Operating Model (TOM). The TOM is the blueprint of how we can achieve our vision and objectives by aligning core capabilities, resources and processes. It is more than just a structure. It describes the values, behaviours, capabilities and capacity needed to achieve our vision. It is aligned to our Continuous Improvement Plan. Our draft TOM has been developed and we are currently exploring the timeline for implementation.



1.2 Quality statement: Supporting people to live healthier lives

- We support people to manage their health and wellbeing so they can maximise their independence, choice and control.
- We support them to live healthier lives and where possible, reduce future needs for care and support.
- I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.
- I am supported to plan ahead for important changes in my life that I can anticipate.

1.2.1 What we do

We provide a range of in-house services including regulated residential and domiciliary services, day opportunities and prevention services.

- The Reablement Service provides a city-wide community-based service for people over the age of 18, delivering short term (up to six weeks) support at home from three locality-based teams. Senior Reablement Workers are trained as Trusted Assessors, and this enables our Occupational Therapy service to focus on work with people with more complex needs. Our Reablement Service is rated 'Good' by the Care Quality Commission.
- Our Community Links Hubs provide day support to adults living with disability or physical frailty.
- The Community Meals service delivers food and at the same time a wellbeing check service.

Occupational therapy practitioners work across multiple Adult Social Care teams and provide significant capacity at our front door. The longer-term specialist Occupational Therapy Team works with a large proportion of people who do not have commissioned support. Occupational therapy colleagues undertake assessments and support individuals in identifying solutions that prevent, reduce, or delay the need for care and support, for example by using equipment, reablement, adaptations, and technology.

Our Accessible Homes and Technology Enabled Care team assesses individuals across all housing tenures to determine their eligibility for assistance and enables the installation of aids, adaptations, or equipment to help people to remain living independently at home or ensure quick discharge from hospital. The team works across the Integrated Care System to improve hospital discharge pathways and provide technology enabled care as soon as the need for preventative support is identified. A faster referral and assessment process has been introduced so people have a prompt assessment so that technology can be incorporated into the support they need.

As part of our range of preventative activity we commission Help When You Need It services. These services offer time-limited support to people to help them to maximise their independence including through housing-related support. This includes support to maintain accommodation/tenancy or secure accommodation; manage physical health and wellbeing; manage mental health and wellbeing; maximise income, reduce debts, or find paid work; prevent loneliness and isolation; and to stay safe. Our aim is to reduce reliance on support and build people's resilience and capability. These services are well-regarded and successful.

Our directory of services contract is jointly commissioned with South Gloucestershire Council (SGC) with contributions from the Bristol, North Somerset and South Gloucestershire, Integrated Care Board. The contract provides information, advice and guidance to around 1,000 people per year.

Public Health is part of the Adult and Communities Directorate. The Director of Public Health's annual report of 2023 (The Power of Us: One City, Many Communities), includes stories of community in action, explores why communities are important for health, and describes what we are doing in the city to create the conditions to help promote and support positive, thriving and resilient communities. This work recognises that vibrant, cohesive and inclusive communities are our most important asset. We know that creating the conditions for health through community requires commitment from everyone: individuals, businesses, the NHS, the voluntary sector, the council, and communities.

The Bristol Impact Fund was developed in collaboration with the community and voluntary sector and £6.4m was allocated to the second Bristol Impact Fund 'Growing the Power of Communities'. The 'Valuable not Vulnerable! Empowering Older People' work of the Bristol Older People's Forum is one of the funded projects.

As part of the Integrated Care System, there are three Locality Partnerships in Bristol that work at a local level in communities to improve health and wellbeing. Our locality working structure mirrors the three locality partnership areas. We have used our expertise to influence the shaping of these partnerships and to promote a person-centred model and a shift from a purely medical model focus. We have embraced the concept of place-based leadership to help support people to manage their health and wellbeing and to enable people to prevent, delay or reduce their needs for care and support. Projects include the Bristol Ageing Well programme.

Healthier with Nature is the Green Social Prescribing Programme for Bristol, North Somerset and South Gloucestershire. It is one of seven national 'test and learn' sites for green social prescribing across England. The Community Garden at the Wellspring Centre in Bristol provides inclusive, accessible gardening activities, and a chance for people to sit together, garden together and talk together. The aims of the programme are:

- To empower more people, in particular those experiencing health inequalities to connect with nature, in order to improve their physical and mental health.
- To embed nature-based practice in the health and social care sectors.

1.2.2 Strengths and what we are proud of

- Our reablement service is a key partner in the local health and social care economy, working with system partners to support better outcomes for people and best use of resources through effective system flow. Alongside our other in-house provider services, we make a positive contribution to the provider sector in Bristol.
- People who are supported by Occupational Therapists provide good feedback on their experiences. We ask people about their experiences when we come to the end of our work with them, either in direct consultation or by using a feedback form that is sent in the post. The outcomes data we collect shows us that Occupational Therapy intervention leads to reduced risk of falls and hospital admissions.

My occupational therapist was absolutely excellent. We worked together, she listened to my objectives and worked to these. We worked on the best way of achieving things and we taught each other. I felt we understood each other, and she understood my determination to do it for myself.

Feedback, May 2024

- The **Support Options Forum**, involving practitioners and commissioners, supports good practice, enabling consideration of wider support options beyond the traditional Adult Social Care menu of provision and looking at community-based support to prevent, delay and reduce needs for care and support. It is about seeing the whole person, building on their strengths, networks and the resources and the combination of support that will enable them to live the lives they want and to do the things that matter to them.
- We are proud of the partnerships we have forged across the city with the thriving voluntary, community and social enterprise sector and through the Locality Partnerships, which work to promote and support positive, thriving and resilient communities.

1.2.3 Risks and challenges

- In the Adult Social Care User Survey 2022/23 150 people (61.2%) of the 246 people who had tried to access information found it very / fairly easy to find information and advice about support, services or benefits and 96 people (38.8%), over one-third, found it difficult / very difficult. Many respondents said that they would ask for help from family or carers, but a number referred to the language used and the need for translated information. A review of the existing Adult Social Care Directory of Services indicates an opportunity to make improvements and modernise the service for the future. This would mean harnessing the diverse range of voluntary and community organisations across the city and explore whether an IT solution could improve access to this local information to benefit Bristol communities.
- Direct Payments and personalisation form part of the Adult Social Care Transformation Programme. We want to explore ways to improve use of these means of maximising and promoting independence, especially for adults of working age. Currently the average unit price per week for a Direct Payment is £416 while domiciliary care is £368 per week. This suggests we use Direct Payments primarily for higher level community-based needs. We need to explore the use of Direct Payments to meet lower-level needs and to attract voluntary, community and social enterprise providers to develop provision in this area of the market. We also know that the way our pathways are currently organised, it is easier and quicker to commission services than to arrange a Direct Payment. We want to change this.

1.2.4 Delivering improvements

Information, advice and guidance

We are designing and commissioning a new directory of services. This will be more accessible, more accurate and easier to use than the current system. The new directory will be jointly commissioned with South Gloucestershire Council.

The right support for people

We are piloting a Support Plan Peer Review to ensure that all requests for domiciliary care or other community resources are reviewed by the reablement lead and a social work manager. The pilot team will have the opportunity to check whether all options have been considered, and will work with people and the Brokerage team to come to a shared decision. This might include exploring alternative provision like reablement, community resources, Shared Lives, the Help When You Need It service, or the use of Direct Payments. The initial findings from this pilot have indicated that a proportion of people referred to Brokerage for domiciliary care were suitable for reablement provision, which improved their potential for greater independence.

Increasing the uptake of Direct Payments to promote choice and control

We are undertaking several actions to address and improve the uptake of Direct Payments.

- Piloting a twelve-month Direct Payment Support Hub team, which went live February 2024. The Hub has expert practitioners to support the set up and initial review of all new Direct Payments.
- Simplifying and clarifying our internal set up processes to reduce handoffs and make it easier to set up Direct Payments.
- Refreshing our training offer and making this mandatory for practitioners.
- We have made videos in English and Somali to highlight simplified processes and engage communities to encourage the take up of Direct Payments.
- As part of the new Single Commissioning Framework, there are clear contractual agreements with our Direct Payment support providers. Strong partnerships will be built with these providers to create clear understanding of the expectations of their roles and processes, making sure that these are clearly aligned with our vision for the uptake and use of Direct Payments.
- Early indicators are that our total numbers and percentages are levelling up with a small increase (0.6%) in Direct Payments in the past twelve months. The progress of these activities is monitored by our Direct Payment and Personalisation Steering Group.
- The 2024-25 iteration of the Bristol Adult Social Care Commissioning Strategy (2022-2025) sets out the strategic direction for commissioning activity in this financial year. To enable the shift away from the use of longer-term care providers, the Commissioning Team plans to increase the Direct Payment rate for personal assistants and encourage the voluntary, community and social enterprise market to support and work directly with people who receive a Direct Payment.

Reducing waiting times for equipment and adaptations

We have improvement plans in place to reduce waiting times to six weeks for teams primarily involved in assessment for equipment and eight weeks for the Accessible Homes Team which is responsible for major adaptations.

1.3 Quality statement: Equity in experiences and outcomes

- We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.
- I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

1.3.1 What we do

Bristol's communities are complex and changing. To ensure we provide the best support we can, we have a relentless focus on social justice, upholding human rights and trauma-informed practice. This has become even more important as we know that the 'cost of living' crisis is impacting on the most at risk and marginalised people in Bristol. Our Quality Assurance Framework aims to balance activity and values and ensure our practitioners are challenging inequalities and giving a voice to those who feel misrepresented, disadvantaged, or excluded. This is core to our professional values, and working in complex and ambiguous situations means we are well placed to support people to have better health and wellbeing outcomes.

In February 2024, the Council adopted a Multiple Disadvantage Strategy (2023-2026) with the aim to achieve long term improvements in services for people experiencing multiple disadvantage, which includes substance misuse, people experiencing homelessness and or domestic violence. The strategy recognises the evidence of complex needs and sets out how we must work together to address these. No single organisation can properly address the complexity of need reflected in the lives of the people in question, and so the intention is that the approach and ensuing work be co-owned by agencies across the city working with people facing multiple disadvantage. This will lead to significant changes in people's life chances and outcomes. The needs assessment identified approximately 1,300 people in Bristol who would meet the definition of multiple disadvantage, and it was also noted that people from Black African, Caribbean, Black British and White Other backgrounds are over-represented in this group.

The Multiple Disadvantage Strategy, along with our Changing Futures programme is helping us to embed a new system of joined up, trauma-informed partnership working to intervene earlier and improve outcomes for people experiencing multiple disadvantage. We are key partners in this approach and have a dedicated operational adult care team, the Homelessness 'Move On' Team, which is working alongside Changing Futures and has adopted the 'My Team Around Me' model of working with people experiencing homelessness and multiple disadvantage.

The national Community Mental Health Framework for adults and older adults sets out a fundamental change to the delivery of community mental health services for adults and young people moving into adult services. It seeks to address inequalities in accessing mental health care as these can add another layer of disadvantage for particular groups. The vision is for mental health services to be integrated, personalised, and delivered close to home. We are a partner in the development of new integrated services which will work alongside Primary and Secondary Care, the Integrated Care Board and voluntary, community and social enterprise partners. The new Mental Health Integrated Network Teams (MINTs) aim to address inequalities in accessing mental health care and support individuals who have been unable to access secondary mental health services.

There will be one team in each locality partnership area. As part of the process of true integration, the teams are collectively designed, developed, and managed by system partners. This co-operative approach is embedded in the infrastructure, governance, and culture. In addition, we are providing social workers to work in each locality team. Two social workers have been appointed with a further round of recruitment later this year. They will bring the specialism of Adult Social Care to the Mental Health Integrated Network Teams and maintain links with us, sharing their experience and expertise.

We provide dedicated social work capacity in the Bristol Autism Spectrum Service. This is a multi-disciplinary team supporting with autism assessments, post-diagnostic support and training and liaison support for professionals who work with autistic people. We have worked with the Bristol Autism Spectrum Service to develop practice guidance for working with autistic people and this includes an accessible leaflet about what to expect from a Care Act assessment.

We know that Direct Payments are a flexible way to enable people from diverse backgrounds to meet their needs in culturally appropriate ways. This is reflected in the demographic breakdown, with 9% of Direct Payment recipients being from the Somali community compared to less than 3% of the total population of people who draw on care and support from the council. We have worked with the Somali Resource Centre to develop a Somali language accessible video to help explain the purpose of Direct Payments and personalisation, and one of our Direct Payment support organisations (WECIL - the West of England Centre of Inclusive Living) has recruited Somali speaking staff to support that community with setting up and maintaining their Direct Payments.

We are working with community anchor organisations to try and expand the Direct Payment offer using an introduction agency service. Our teams support people to use national introductory agency portals such as Curamcare. We are piloting a Direct Payment Hub with two Direct Payment practitioners who will support the person using the Direct Payment and teams to improve uptake of Direct Payments.

1.3.2 Strengths and what we are proud of

- The partnership work we continue to undertake as part of the Changing Futures programme and the role out of My Team Around Me approach to working with people who experience multiple disadvantage.
- Our work with key partners and community groups both in the Locality Partnership Boards Partnership and the Community Mental Health Framework Delivery Board is evidence based and is making progress on addressing health inequalities and delivering better outcomes for people.
- We have worked in partnership with the Bristol Autism Spectrum Service to develop practitioner tools for working with autistic people and reduce barriers to accessing our services.

1.3.3 Risks and challenges

- We don't yet know enough about all the people who attempt to access our services. This means we don't fully understand if there is an inequality of access to our service, or what barriers these might be. In June 2024, 7.7% of people receiving care and support in Bristol do not have their ethnicity recorded on our client record system. These gaps in recording have also been consistently noted in our quality assurance audits, and other demographic information around

religion and sexuality are also often not recorded. To better understand this, further work is required to ensure the consistent accurate recording of people's demographic data, and that this recording is regularly reported and monitored.

- We need to improve how we seek and receive feedback from people who have had contact with us to help understand and identify any barriers they have experienced. We have made changes to our audit process to include contacting people directly to seek their feedback on their experiences.
- We have developed good practice guidance with service experts around autism friendly assessments. Further engagement with people who draw on care and support is needed to improve the accessibility of our systems and practice, to ensure that we are inclusive for all our citizens with different needs.

1.3.4 Delivering improvements

- We are working with our Adult Workforce Team to deliver further guidance and communications on improving demographic recording and 'asking the right questions'. Demographic recording will be monitored through our Quality, Improvement and Performance board.
- We will continue to work closely with the Integrated Care Board and locality partnerships to ensure we have accurate data on health inequalities as well as using our relationship with voluntary, community and social enterprise partners to understand and meet the diverse needs of our communities.
- We will continue to develop and deliver on our action plan to improve the accessibility and take up of Direct Payments and aim to meet the national (England) target of Direct Payments uptake.

2 Theme 2: Providing support

2.1 Quality statement: Care Provision, integration, and continuity

- We understand the diverse health and care needs of people and local communities, so care is joined-up, flexible and supports choice and continuity.
- I have care and support that is coordinated, and everyone works well together and with me.

2.1.1 What we do

Working in partnership with Public Health and the Integrated Care Board, we understand the diverse health and care needs of people and local communities in Bristol. We apply this to our commissioning activities including strategy development, writing specifications, and producing Equality Impact Assessments.

The Joint Strategic Needs Assessment gives a detailed population overview and can be used to drill down into Health Needs Assessments looking at the specific health needs of different cohorts across the city. Data is also analysed by local communities, including ward profiles, and is used directly by our three Locality Partnerships to design their areas of focus for investment and improvement in key health indicators.

The Commissioning Strategy (2022-2025), which doubles as our Market Position Statement, is updated every new financial year. It includes our strategic vision, operating principles and data, and our tendering intentions, so the local care market is fully aware of our commissioning priorities and active tendering activity for the year ahead. It provides the 'golden thread' for team objectives and commissioning project priority areas for the coming year.

The Commissioning Forward Plan sets out all the active projects across both complex and community-based commissioning. From this planned position we enact our strategy for managing the local care market and facilitating strong, 'value for money' care services that offer choice and continue to be high quality.

We have long-established and effective working arrangements and relationships with most of our providers. We aim to ensure transparency and fairness in determining the cost of care and can demonstrate this through a variety of forums and communication arrangements. Examples include:

- Provider Forum – co-chaired in partnership with Care and Support West.
- Strategic Partners meeting.
- Engagement in development of single framework.
- Open book pricing (Care Cubed).
- Implemented Fair Cost of Care rates.

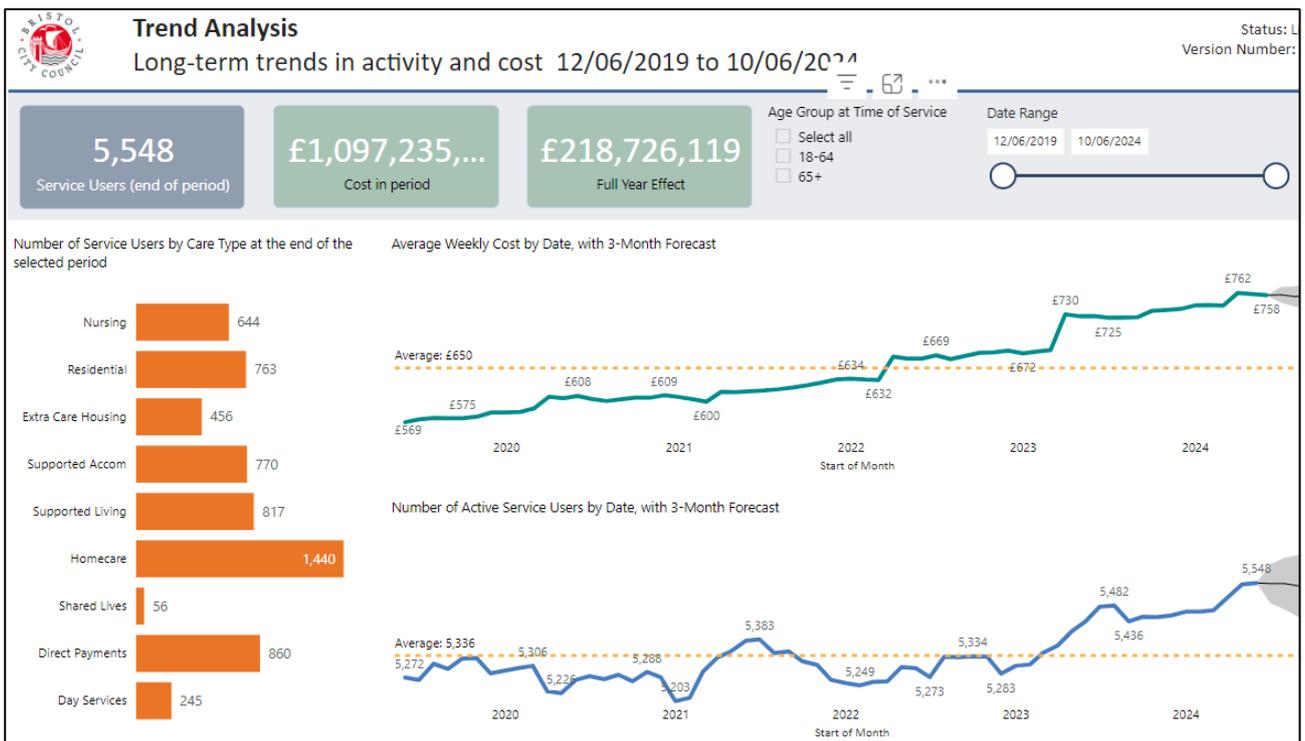
Using our updated Quality Assurance Framework, the Contracts and Quality Assurance Team gather intelligence from various sources and support providers to improve and maintain the quality of services. These include:

- On site visits to providers
- Feedback from people, carers and professionals
- Lay assessors
- CQC reports
- Safeguarding intelligence
- Use of regional information such as PAMMS data

We use this to prioritise our quality assurance interventions, working closely with safeguarding, operational services, and NHS colleagues as well as other local authorities and the Care Quality Commission. We have cross-service Business Relations Teams for each major contract to address sustainability issues and assess risks and responses.

The quarterly Adult Care Market Supply and Quality report is shared with senior leaders, including the Bristol City Council Corporate Leadership Board and lead elected members, to inform and escalate any issues of concern.

Commissioners have access to live data on both activity and spend for all existing residents receiving long-term care. The data is drawn from both our care management system and our provider payments system allowing commissioners to better understand the trends over time. The ability to instantly view this data by service type, age, locality, ethnicity, by provider and by primary support reason provides and richness to our analysis.



2.1.2 Strengths and what we are proud of

- The quality of our providers across Bristol has been consistently above the England average for many years, with overall CQC ratings being Good or Outstanding for 93.5% of the Bristol care home market compared to the England average of 77.1%, and 68.6% for the domiciliary care market, compared to an England average of 57.9%
- Supply is strong across domiciliary care, and an increasing proportion of people using long-term care services are supported in their own homes and in their own communities.
- We now communicate our commissioning intentions and discuss these with providers at the Provider Forum and have firm commissioning intentions where historical supply has been challenging (including complex Mental Health, Learning Disabilities)
- The Market Analysis Team has now been in place for over 18 months and works using an open book accounting method utilising the national pricing tool, Care Cubed. The team works with individual providers to better understand 'fair cost of care' and works to national benchmarks leading to fair and transparent negotiations.
- From our new Single Framework LOT 9 ('innovation') to our test and learn pilots on trusted assessor and voluntary sector link workers at the hospital, the team are proud of the **innovation** we can support when funding can be released.
- Our commissioning team now includes a dedicated specialist housing expert who collaborates closely with care commissioners and the housing department. We have secured dedicated access to planning resources to expedite the delivery of new schemes.

It has been a real pleasure working with BCC on Specialised Supported Housing, the work has been one of genuine partnership rather than a commissioner/contractor relationship. This I believe has led to much better outcomes for our clients.

Paul Smith, Elim Housing Association CEO

2.1.3 Risks and challenges

- The principal risk remains funding and being able to sustain a care market while remaining within the allocated budget. We have made significant strides into better understanding our care market and associated risks, and have plans to address areas of market weakness. Our main areas of focus are the development of strategic partnerships, the increased application of co-production in our commissioning work, and access to the right specialist and general needs housing.
- There are areas where it is difficult to secure the right quality supply in the city, for example for people with complex disabilities and mental health needs as well as emergency respite.
- In 2023 we commissioned Healthwatch Bristol to produce an independent report on Adult Social Care, which was the start of a greater focus on the voice of people with 'lived expertise'.
- We have identified that housing is a critical factor in the areas of service delivery where we either struggle for the right quality supply in the city or pay above national benchmarking. We recognise the critical importance of quality, accessible housing alongside care provision to ensure the delivery of successful outcomes and enable people to remain supported in their local community.

2.1.4 Delivering improvements

Strategic partnerships

We are creating strategic partnerships with local providers to help them grow their offer where there are gaps in supply including complex Learning Disabilities and Mental Health, and emergency respite. We are consulting with providers and people who draw on care and support and plan to go out for these call offs from September 2024 using our new Single Framework. In the interim, some small ‘test and learn’ blocks have been purchased by our joint Learning Disability and Autism team to test the ideas and build supply with a focus on supported accommodation as the right alternative for complex needs where, historically, residential care would have been used.

Improved levels of co-production

Since Summer 2023, we have been co-designing a co-production policy and process for Adult Social Care with a working group comprising people with lived expertise and community organisation representatives. The policy and process will be finalised Autumn 2024 and approved through the Adult Social Care Policy Committee. Once finalised, the policy and process will be used as guidance for officers to support the embedding of co-production throughout both our commissioning and assessment pathways. One of the working group members has stated that *‘this is the best group they have been involved with’*.

The service has taken several opportunities to focus on co-production in new and emerging projects. Projects include:

- Accelerating Reform Fund projects focus solely on improving outcomes for carers. Key areas of focus include identifying carers, improving carers assessments and opportunities for carers breaks. Carers voice and experiences have been central to the formation of the bid and the development of the projects.
- The Learning Disability and Autism Programme includes a workstream around voice and influence. A separate budget to fund this activity has been identified in the programme and it will be guided by the emerging co-production policy and process to ensure that there is alignment around best practice.
- All staff within commissioning have a performance objective on co-production focused on ‘embedding co-production and participation into everything we do’. This objective aims to put co-production and participation on everyone’s agenda and create the shift within the service towards embedding it into everyday commissioning practice.
- Work continues with partners across the Integrated Care System (ICS) to look for opportunities to align co-production principles across the wider health and care system. Partners include BNSSG ICB, Changing Futures, Experts by Experience, Public Health, Community Development, SEND, Homelessness and Employment and Skills. The partnership aims to sign up to an agreed set of co-production principles that can be applied across the ICS and to explore opportunities to collaborate and pool resources. Partners involved in the collaborative work have commented that they are, *“excited to be involved and join up co-production across the system for the benefit of people with lived expertise”*.

Increasing and improving access to housing supply

We are actively working to increase access to general needs housing for people assessed under the Care Act, as well as supported accommodation and specialised housing provision within the city. The council has developed preferred housing delivery models and pathways for general needs, supported and specialised housing provision, with a pipeline of supply being developed to complement and align with our care purchasing through our single framework.

The Specialist Supported Housing Board has been established bringing together the Adults and Communities, Children's and Education, and Growth and Regeneration Directorates at Executive Director level to drive this work forward and increase supply. The work strives to facilitate the provision of high-quality accommodation that caters to the diverse and complex needs of our population.

A refocus on prevention and other service alternatives

The need to refocus commissioning around prevention and other service alternatives is challenging in the context of budget pressures and as existing long-term funding is tied into traditional care home and domiciliary care services. While we can demonstrate progress with projects and 'test and learns' including the new link worker service and the trusted assessor model as well as a significant investment in reablement, we recognise that a greater focus on prevention is needed.

We aim to use the single framework's LOT 9 ('innovation') to drive some more 'test and learn' projects, especially with the voluntary, community and social enterprise sector where we can target more localised solutions for key groups of people. We also plan to focus our priorities towards increasing self-directed care options for people and increase the number of people who choose to use Direct Payments.

Commissioners will develop a locality focus on prevention and support the new Target Operating Model through more strengths-based alternative support for social workers to access when they create support plans.

Care market workforce

Recognising the high turnover and lower pay across the sector both nationally and locally, BNSSG has a Health and Wellbeing Lead for Social Care Workforce. The work was reported on in March 2024 to the Bristol Health and Wellbeing Board. This is being addressed with the support of local care sector representative body Care and Support West and the projects that have been funded by the council or through alternative funding streams to provide training and peer support.

2.2 Quality statement: Partnerships and communities

- We understand our duty to collaborate and work in partnership, so our services work seamlessly for people.
- We share information and learning with partners and collaborate for improvement.

2.2.1 What we do

Commissioners have worked with over 450 care providers across numerous frameworks and individual contracts. Over the past 18 months we have consolidated and streamlined the buying of care to make things simpler for the provider market as well as less administratively intensive to manage. We tendered a new Adult Social Care Single Framework in September 2023. So far, over 500 providers have applied to join the framework with one set of Terms and Conditions, one Quality Assurance Framework and one forward plan for tenders. The Single Framework moves into 'business as usual' from September 2024.

Providers are encouraged to apply for multiple lots and join our innovation lot (LOT 9) that allows commissioners to quickly and efficiently run test and learn projects as new best practice emerges. LOT 9 was recently used to procure Positive Behaviour Support training and a development contract designed to encourage providers to share best practice in communication and de-escalation techniques for people with complex learning disabilities. The lots have capped amounts to control price given our budgetary constraints, but we do this in the context of being a top quartile payer of care rates nationally according to the LGA's Use of Resources annual report.

Supply is strong across domiciliary care and older people's care homes.

We co-chair the provider forum with Care and Support West and support the work they do regionally to support the care market through their membership. They have several great initiatives underway to support the care market, including toolkits and coaching support to use on new tech solutions to promote smarter ways of working.

We have effective relationships with voluntary sector partners, built upon several years of partnership and engagement. The 'Make it Local' initiative, which commenced in 2019, brought together city partners to explore opportunities for the sector to sustainably provide services and interventions in Adult Social Care. This enabled some voluntary sector partners develop services to support self-directed care at a local community level. We have been able to use the relationships and trust built through this initiative to further develop other pilots such as the Hospital Link Worker Scheme, and we have encouraged voluntary sector partners to join the Adult Social Care Single Framework so we can target future commissioning opportunities, creating a more sustainable environment for the sector. In addition, we have been working with the Integrated Care System to collaborate on the development of the voluntary sector alliances and mechanisms to improve how the Integrated Care System works with the sector, such as the development of the VCSE Alliance brokerage model.

We funded Black South West Network, an infrastructure organisation for Black and minoritised organisations in the South West, to address barriers for the sector in accessing procurement and commissioning opportunities in social care. The 'Make it Work' project included specific support and coaching for Black and minoritised organisations and focused on addressing organisational barriers

with partners. The outcome of the project saw several organisations win contracts across Adult Social Care. Due to the success of the project, phase three is underway funded independently from the local authority, focusing specifically on including children services and the Integrated Care System.

In 2021, Bristol was awarded funding from central government to set up the Bristol Changing Futures programme (also referred to in Theme 1), which is dedicated to improving local services for adults and young people who face multiple disadvantage. The programme centres around multi-agency partnership and co-production with people with lived expertise, with an aim to create sustainable change. People experiencing multiple disadvantage achieve poorer outcomes and place significant pressure on budgets across the system. Taking a continuous learning approach, the programme has the following aims.

- Embed a different way of supporting people who face multiple disadvantage so they are not failed by the system.
- System partners to intervene earlier to reduce the incidence, duration and impact of multiple disadvantage.
- Build an evidence base to support integrated commissioning.
- Make collaborative practice a default way of working.
- Ensure lived expertise is reflected in everything we do.

The outcomes of the programme include the creation of Bristol's Multiple Disadvantage Strategy (referred to in Quality Statement: Equity in experiences and outcomes) which underpins our strategic intent and how the legacy of the programme will continue when the programme ends in 2025.

Strong links are in place with health partners, and we take an active role on the ICB and in wider system discussions. Practical commissioning examples of our joint work can be found in the Learning Disability and Autism Programme, Discharge to Assess (D2A) and carers support work.

The Learning Disability and Autism Programme is the only current example of a joint commissioning team across BNSSG. The team is jointly funded, including with resource provided by the NHS through a section 256 agreement, and is managed within the council's strategic commissioning team under the commissioning lead for Complex Care. The team has a comprehensive two-year work programme, aiming to be extended beyond March 2025 and to take on the challenges of care supply for Mental Health, which requires similar solutions in terms of housing and care. The Integrated Care Board has been supportive of the new housing strategies and strategic partnership plans designed and consulted on by this team. The team is focusing on creating the right supply for the future, encouraging quality care providers to support complexity as well as supporting 'move on' and working alongside community providers in their localities to develop pathways for people stepping down from complex bed-based care.

Our Discharge to Assess (D2A) teams work closely alongside NHS colleagues to support discharges from hospital, improve flow through the acute hospitals and discharge pathways, and ensure people are receive 'the right care in the right place'. Hospital demand continues to be challenging, with the reduction of 'No Criteria to Reside' numbers in hospital a key improvement target for NHS England, and the BNSSG system.

Our Discharge to Assess Transfer of Care (ToC) hubs have changed the way people leave hospital. Multi-disciplinary teams work within the acute hospitals to support discharge from hospital with NHS partners, social work, occupational therapy, and Voluntary and Community Sector professionals working together in co-located office spaces. Shifting the conversation to 'Home First' principles, moving capacity as a system from bed-based pathways to Pathway Zero and Pathway One, and having creative multi-disciplinary conversations about discharge, means more people are able to return home.

Your patience in explaining the procedures involved in the assessment process, post discharge, e.g. Mental Capacity Assessment, as well as the complexities of funding was much appreciated! I was also very grateful for your ongoing readiness to liaise with other agencies, NHS, Dementia Wellbeing Service, as well as the care home staff. Your interest in B's background both pre and post dementia was exceptional and was obvious from your initial meeting with him.

Family member, 2024

Reablement is a key element of our work with people following discharge from hospital, supporting both hospital flow and delivering 'promoting independence' outcomes for and with people, and reducing the demand for long term support.

We work closely with partners across the Integrated Care System to discuss the important issues and key considerations for carers. Bristol Carers Voice is our partnership board for carers. Membership includes carer and parent carer representatives, carers support organisations, Avon and Wiltshire Mental Health Partnership (AWP), the Integrated Care Board, Sirona (Community Health Provider) and Senior Leadership from Adult Social Care. Bristol Carers Voice plays a key role in highlighting key emerging issues for carers and serves as part of our governance for strategy and improvements. Current areas of focus include the development of Accelerating Reform Fund projects for carers across the Integrated Care System and the refresh of the All Age Carers Strategy. Co-production and 'people's voice' is central to Bristol Carers Voice activity, placing carers' experience at the centre of all our work.

2.2.2 Strengths and what we are proud of

- The Provider Forum works well and is a space where we have honest and robust conversations with providers about the financial situation and our tendering plans.
- Our work on Discharge to Assess (D2A), the relationships we have built, and commitment to service improvement and delivery have been recognised by NHS partners. This was highlighted during the height of winter pressures where our willingness to act in an agile and constructive way was recognised as a key factor in the system ability to manage significant demand pressures.
- The joint commissioning with the Learning Disability and Autism team, working alongside the Integrated Care Board to develop plans to address areas where supply is hard to find both in terms of quality and price.
- The Adult Social Care Equalities Forum where we work with partners across the city, including voluntary organisations, community led groups and disabled people organisations to discuss challenges and solutions to improve adult social care.

- Bristol Carers Voice where we work with carers, providers and system partners to discuss and create action to improve outcomes for carers across our city.

2.2.3 Risks and challenges

- There is a risk that financial pressures could result in organisations across the health and care system taking a protectionist view of their own individual capacity and resources rather than looking for more innovative and integrated solutions and service pathways. We are committed to finding solutions to our financial issues as set out in our strategy, and to developing and improving our partnerships with the NHS including use of shared budgets at a time where both the Local Authority and the Integrated Care Board are under significant financial pressures.
- Whilst we are proud of some great work across the corporate span of Bristol City Council (see p.22 – Increasing and improving access to housing supply), in other areas of activity potential collaboration with colleagues (e.g. ‘transitions’ work, and broader strategic preventative approaches) have been more difficult to mobilise. This can stifle opportunities for innovative solutions to improve outcomes for people.

2.2.4 Delivering improvements

Learning Disability and Autism Programme

The following have already been delivered via the programme.

- Live mapping of all existing provision, allowing commissioners to better understand available supply and how much is purchased through other local authorities (LAs) and NHS Partners.
- Integrated Care System-wide Learning Disability Needs Assessment, that allows a more nuanced understanding the growth in demand and the types of services people in our communities with learning disabilities want and need.
- Transitions data forecasting. Commissioners are aware that the transitions phase between children and adult services can be difficult. Through better integration of children’s social care data with adults (14+) we can better forecast the housing and support needs of young people who are likely to require support when they reach the age of 18. With the information and attendance at the Transitions Forum we can plan and meet demand against the rising number of complex packages of care.
- Positive Behaviour Support (PBS) contract, commissioned to support the market more effectively in terms of staff training and development in communication and de-escalation for people with the most complex needs (see Quality statement: Care provision, integration and continuity).
- Forty-eight units of new accommodation are in the planning or building stage. They cover a range of tenanted accommodation types, shared and individual, to help address the gaps in the local housing market supply. This will be a rolling area of work as we seek to expand to other cohorts such as mental health.

To be delivered by the end of the programme period (March 2025).

- The Strategic Partner contracts for learning disability support contracts will be managed in a locality based 'hub and spoke' model designed to address gaps in the market locally in line with assessed demand. The partners will then be responsible for developing sufficient supply of care, in line with housing, to meet demand and to develop new services including employment and volunteering opportunities.
- A complex Learning Disability Pathway will include refined processes for the step-down from acute settings and transfer from residential children's provision to ensure that all best practice is managed with clear lines of accountability and support for young people.
- A Dynamic Support Register (ford delivery in 2025/26) will support multi agency working and identification of vulnerable adults with a learning disability though informed information sharing between agencies.

Discharge to Assess (D2A)

We have created more domiciliary care 'bridging' capacity via contracts with specific providers which improves flow through Pathway 1 and Pathway 2. People needing a Care Act assessment are supported in these 'bridging' services which provide Pathway One therapy, rehabilitation and reablement. There is no charge for these services as they are part of the Intermediate Care pathway. One referral is now needed, where previously two were required.

Preliminary data suggests the increased number of domiciliary packages of care and reduced number of residential placements is being supported by the Discharge to Assess focus and a Home First approach.

Link Workers

A commissioned partnership with Age UK Bristol to place voluntary sector link workers on site in both acute hospitals to support the discharge of Pathway 0 and 1 patients who would benefit from advice, information and the support of non-statutory services.

Trusted Assessors

In partnership with voluntary sector stakeholders, Care and Support West is delivering support and guidance to care homes for people who need or are returning to their long-term care home placement, and minimising related discharge delays.

Bridging Service

A short-term domiciliary service with a promoting independence approach available at the end of reablement and intermediate care services, whilst waiting for the completion of a Care Act Assessment. This supports people by promoting independence outcomes and supports hospital and community service discharge flow.

Step-Up Beds

Reablement-focused step-up beds targeting points of crisis in the community where a bedded approach would prevent an avoidable admission to hospital and support the person to return home. This is an important point of local innovation for the Bristol-facing BNSSG health and social care economy because it supplements and supports the dominant hospital discharge focus and narrative.

Partnerships with NHS partners

We recognise the need to develop at a greater pace the level of integration with NHS partners at a practical level that delivers pooled or aligned budgets, integrated multi-agency operational teams, and joint commissioning and brokerage.

Provider partnerships

Commissioners recognise in the past 18 months, activity with local providers has become too transactional as we have put the necessary building blocks in place (Care Cubed, single framework, MAT team etc). With the Single Framework now live we can accelerate the Commissioning Forward Plan and start to tender through a number of strategic partnerships. Over the next 12 months these will focus on areas where supply has been difficult: Complex Learning Difficulties and Mental Health.

These tenders will start to move the market away from being primarily focused on spot purchasing to having a percentage of care brought under a block arrangement to support providers in areas where supply is currently either poor quality or very expensive. We will work with providers on a longer-term and more detailed basis to drive innovation and service development.

We will encourage local providers to grow their offers and to look to create a wider 'move on' approach to maximising people's independence with the security of knowing they have the cost and volume that allows them to successfully sustain their business models.

3 Theme 3: How the local authority ensures safety within the system

3.1 Quality statement: Safe systems, pathways and transitions

- We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured.
- We ensure continuity of care, including when people move between different services.
- When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.
- I feel safe and am supported to understand and manage any risks.

3.1.1 What we do

The Young Adults Transitions Service includes social workers, social care practitioners and occupational therapists, working with young people from 14-25, with a focus on ensuring prevention, early planning, independence through freewill, with a focus on positive outcomes through a transitional safeguarding lens. It was formed in 2023 from a merger of the Pathway to Independence and Preparing for Adulthood Teams. The Transitions project set up in 2023 created a new business case for the project with a new direction for the future of the service.

As part of our Provider Financial Sustainability process we present 'providers at risk' to a monthly Departmental Management Team meeting where senior leaders can assess the financial issues and consider appropriate support options. The Provider Failure/Service Interruption process allows us to mobilise officers with key skills and experience to help manage a closure, suspension or major service interruption. We have provided expertise and capacity to help support restructures, review provider operating models, and explore new opportunities with providers to support their viability and sustainability. We have also reviewed pricing structures and implemented solutions like long term payments. Weekly Strategic Commissioning meetings share information and risks and plan mitigations. Regular information and alerts are received from D&B credit ratings to assist in assessment of financial risk. Supply and demand are monitored daily via Brokerage and Contracts and Quality Assurance Teams and via a monthly Supply and Demand report.

To minimise breakdown of care packages (particularly where there are repeat breakdowns), we hold a weekly Brokerage surgery, which is a peer support forum that includes decision-makers and commissioners. To ensure continuity of care when an individual has chosen to move outside the city boundary, our Brokerage Team notifies the host authority using an Off Framework Contract Request and undertakes quality checks with that authority, alongside checking for any concerns or restrictions and the Care Quality Commission ratings. Placements will only be agreed when satisfactory information is received. Following a Safeguarding Adults Review we updated our practice to ensure that we notify other authorities where placements are made outside of Bristol. A central process of risk assessment has been developed to support practitioners when placing individuals at high risk in settings. This includes compatibility assessments which focus on contextual as well as individual risk.

3.1.2 Strengths and what we are proud of

- Two young people with lived experience are part of the interview teams for all upcoming recruitment for the Young Adults Transitions Service, and we seek feedback from young people and families following involvement with the service.

You have got him support from other teams, such as help with the shower from Occupational Therapy, which was something we haven't considered before. He has made a lot of progress and that is wonderful.

Feedback for the Young Adults Transitions Service, August 2023

- In the Young Adults Transitions Service, we now understand the cohort of young people from age 14-25 years. We are proud of this work as it has enabled us to confidently say 'we see you' and if you have a transitional need, 'we will support you'.
- Our creative approach to provider financial sustainability means we can proactively or reactively work with providers who have the confidence to approach the council when they need additional support. Our work here has helped key 'difficult to replace' providers to avoid service interruption or failure.

We all feel much more relaxed and positive around changes to the residents' home. My head is full of ideas for the future. Thank you so much for your support.

Provider, 2023

3.1.3 Risks and challenges

- We know that we must improve pathways and planning for young people transitioning to adult services from children's and education services. This forms part of the Transitions project.
- Improving our understanding of the young people moving between Children's and Adults services will mean we commission appropriate housing and support provision and have better financial forecasting and planning.
- We need to use our influence across our education and children's partnerships to ensure a strong independence culture is embedded in children's planning from age 14, to ensure aspirations are raised and better outcomes for young people are achieved.
- For care-experienced young people who may fall outside of the scope of the Care Act, working with children's services, education, and safeguarding leads across partnerships, we need to ensure there is a transitional pathway supportive of prioritising protection from abuse and exploitation.

3.1.4 Delivering improvements

Young Adults Transitions Service

- The new **Transitions Forum** includes Children's Social Care and Education, Adult Social Care, Commissioning and Housing. The forum is led by Adult Social Care, and its purpose is to discuss

young people who are likely to be supported by Adult Social Care when they are 18. The aim is that this results in well-managed and seamless transitions for our young people between council services, improving outcomes and providing clearer pathways that will prevent them waiting for a response along the journey into adulthood.

- In April 2024, we adopted the systemwide prioritisation tool to help us better manage the lists of our young people waiting for a response and to support better tracking, assessment of risk and timely allocation. Partners are referring in a timely way from age 14, so referral numbers are going up, but activity is robust, and the waiting list trajectory is going down.

Provider financial sustainability

- Our approach to provider failure or service interruption was subject to an independent internal audit undertaken in May 2023. This audit concluded that many appropriate procedures are in place. We will implement a system to risk assess and rate providers.

3.2 Quality statement: Safeguarding

- We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this.
- We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect.
- We make sure we share concerns quickly and appropriately.
- I feel safe and am supported to understand and manage any risks.

3.2.1 What we do

We deliver safeguarding in keeping with the ethos 'safeguarding is everyone's business' with the whole system undertaking safeguarding activity at various levels. Our current pathway is a model where the front door acts as the gateway to onward support, serving the teams in the locality areas. The strategic Safeguarding Team is at the front door and has multiple functions to support other teams.

The Safeguarding Team's main function is to undertake triage of s42.1 (Care Act) referrals where the Locality Teams are not already involved or best placed to undertake them. The team usually triages an average of 600 referrals each month, closing referrals safely where criteria is not met or progressing s42.2 enquiries to the most relevant team as appropriate. The team undertakes s42 enquiries using a person-centred approach. The team is strategic and services multi-agency meetings like the Multi-agency Risk Conference (MARAC), and leads on systemwide practice audits to track outcomes.

Link practitioners from the Safeguarding Team are allocated to locality area teams to provide direct expertise and support where this is required. The team provides a joint and collaborative response to problem-solving to address and target risk in the locality areas where this impacts on the safety of people waiting for a response.

The Organisational Safeguarding Team also sits within the Safeguarding Team, undertaking s42 enquiries in the provider and organisational space, while managing concerns related to Persons in Positions of Trust. Established working relationships with key partners including the Police and the Care Quality Commission are an integral part of the response provided by the team.

Individual s42 enquires (and some triage for known people) is carried out by the locality and specialist teams. The front door (First Teams) undertakes enquiries for people without an ongoing support plan. Each team supporting an adult will carry out safeguarding activity where they are already working with the person or where they are best placed. This is designed to ensure that safeguarding expertise and skill is far-reaching in keeping with the spirit of a learning organisation.

The Safeguarding Discussion Forum was created in 2021 to provide a space for practitioners and leaders to discuss the people they are working with and receive peer guidance and advice, to support effective decision-making. Practitioners can nominate external partners involved in an enquiry to attend the forum to be part of the discussion.

In April 2024 as part of the work to reduce waiting times and to address concerns about the risks to individuals as a result of the waiting times, we developed the Safeguarding Hub, a new small team

of social workers (five social workers and one senior practitioner) within the Safeguarding Team. The Hub provides additional resource to locality First Teams where data highlights that there are risks. In the first two months, the Hub reduced safeguarding enquires in the South Bristol area by 63. We are seeing the number of people waiting for a safeguarding enquiry decision or allocation reducing due to the work of the Safeguarding Team and the Hub.

Our Keeping Bristol Safe Partnership works to keep adults, children and communities safe across Bristol. The Executive Director for Adults and Communities is a member of the Keeping Bristol Safe Partnership Executive. Following extensive consultation, the Keeping Bristol Safe Partnership: Strategic Plan 2023–2026 was published in August 2023. It sets out a vision: *To develop a culture that promotes continuous improvement, where partners work together in providing effective and timely safeguarding responses and high-quality accessible services are provided to our families and communities.*

The Keeping Adults Safe business delivery group is one of the Keeping Bristol Safe Partnership's six sub-groups. The delivery group is chaired by the Director of Adult Social Care. We work in partnership with our Keeping Adults Safe group including responding to, sharing, and disseminating the learning from Safeguarding Adults Reviews. One example of this is that self-neglect is a priority area for the partnership. We have a self-neglect group to take forward a review of current safeguarding adults' policies, procedures, and pathways to improve outcomes. In doing this we also hope to see reduction in the number of inappropriate referrals into Adult Social Care and an improvement in early intervention for people presenting with complex needs.

3.2.2 Strengths and what we are proud of

- The **Safeguarding Discussion Forum** is valued by practitioners and is effective, improving outcomes for the person, sharing learning and providing an additional layer of strategic oversight of practice in the teams.
- We are proud to have developed three decision support tools to improve practice around **intersectionality in safeguarding decision making**. This came about from learning gained through the 'Bakar' Safeguarding Adults Review, which showed that the local authority and partner agencies did not consider the 'layers of risk' inherent in intersectionality to inform protection planning. The tools have been used in the safeguarding team since June 2023 to support consistency of practice and decision-making. Following a series of workshops, the tools will be launched across Adult Social Care in July 2024.

3.2.3 Risks and challenges

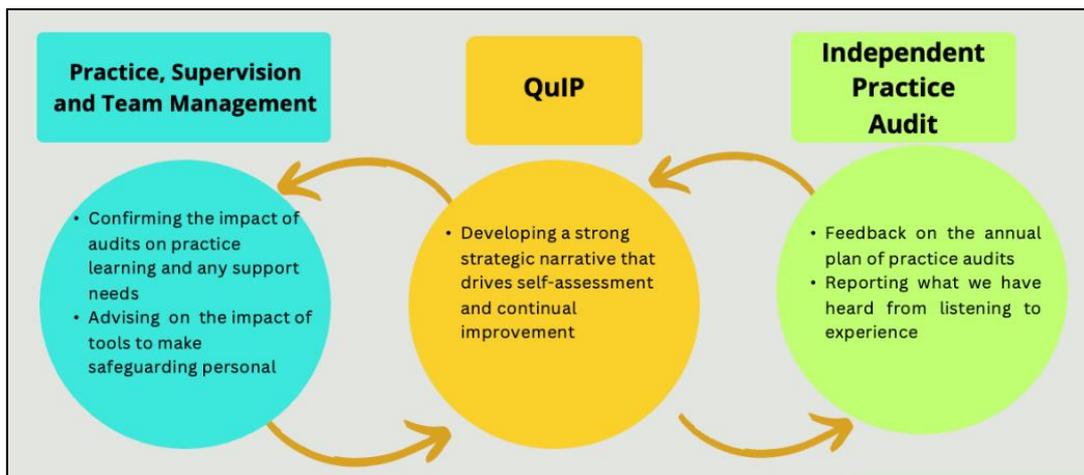
- In December 2023, the LGA Peer Challenge identified the need to listen to and learn from the experiences of people who have experienced safeguarding issues. It also found that the monitoring of progress on action plans for Safeguarding Adults Reviews needed to improve.
- There is work to do to ensure that the Making Safeguarding Personal (MSP) approach is embedded through systems and processes and trackable at the first stage of the journey from the referral to team level, by amending the forms used to record safeguarding activity. This will ensure there is consistent personalised practice to support the person to lead the decision-making, in line with what 'being safe' means to them.

- We need to ensure themes like ‘intersectionality’ and ‘layers of risk’ become the foundations of protection. When true person-centred practice is absent, we cannot support people across our diverse communities to live a life safe from abuse and exploitation.
- Risk-averse practice can lead to decision-making and protection planning which excludes the voice of the adult at the centre. The cost can be financial for the council, but life altering and oppressive for our citizens.
- Our learning from Safeguarding Adult Reviews reminds us of the impact siloed partnership working can have, becoming a barrier to timely protection planning required to keep people safe from serious harm.

3.2.4 Delivering improvements

Safeguarding quality assurance framework

- Following findings of the LGA Peer Challenge in December 2023, we have taken action to improve the strategic oversight of safeguarding linked to our data and overall performance management. We had externally funded support to develop a new quality assurance framework (see below), which is under the governance of our Quality, Improvement and Performance Board.



- Strategic safeguarding is now part of the Adult Social Care quality assurance framework and this includes ‘the listening audit’, where we ask for feedback from people with lived expertise after a safeguarding intervention and use this to create the ‘feedback loop’ to service improvements. The framework launched in April 2024, and we have since undertaken audits on intersectionality, repeat referrals, and risk and protection planning.

Embedding ‘Making Safeguarding Personal’

- The forms that record our safeguarding activity and inform our national data returns are being reviewed to fully embed Making Safeguarding Personal and include a ‘how have we helped you to you feel safer’ box to be completed with the person at the closure of the enquiry. Currently, following the closure of an enquiry, we are only able to successfully obtain feedback from 38%

of people. For those people 98% said we meet their desired outcomes successfully, but we need to consistently obtain feedback.

- We are updating our external referral form for safeguarding and are embedding Making Safeguarding Personal themes within. The focus is ensuring consent is taken seriously and people are consulted in support of referrals made. We have embedded a new process to ensure that a greater number of referrals are subject to discussion before they are submitted to manage demand, but also to ensure that in keeping with personalisation, we can reduce the number of referrals being made inappropriately, or without the persons awareness.

Multi-Agency Safeguarding Hub

- In May 2024, the Keeping Bristol Safeguarding Partnership Executive agreed to work towards establishing an adult Multi-Agency Safeguarding Hub (MASH) this year.

Safeguarding training offer

- We are developing bespoke training sessions on intersectionality, poverty and multiple disadvantage, to launch as webinars. We are recruiting a learning and development lead for safeguarding to support practice improvement and learning from Safeguarding Adults Reviews.

Improving practice

- A pilot of a **Financial Protection Lead Officer (FPLO)** role has been successful and extended a further six months. The role focuses on prevention where it relates to all aspects of financial protection. This is done in partnership with locality teams, visiting people and reducing the risk of exploitation utilising statutory functions like appointeeship. This ensures timely protection by adding bespoke expertise to working with people in real time, preventing the situation being escalated to the Community Finance Support Scheme, Court of Protection, or people being subjected to a protracted s42 enquiry that has limited positive outcomes.

4 Theme 4: Leadership

4.1 Quality statement: Governance, management and sustainability

- **We** have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support.
- **We** act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

4.1.1 What we do

With our communities, we have co-designed a Vision for Adult Social Care in Bristol which informs our outlook, the way that we operate and the way that we engage with people. The Vision has been warmly welcomed by stakeholders, including our workforce, and we continue to work on all the different ways it will influence future strategy. In short, we think of it as our 'North Star'.

The Adult Social Care Senior Leadership Team consists of the Executive Director: Adults and Communities (DASS), who also has Public Health and Communities in their portfolio, the Director, Adult Social Care, and the Deputy Director, Commissioning with integral support from the finance business partner and the transformation programme team. We work in partnership with colleagues from other Directorates including Children's and Education on the SEND Partnership Board, and Growth and Regeneration on the Specialist Supported Housing (SSH) Board.

The new governance arrangements, moving from a Mayor and Cabinet model to a Committee system, were introduced in May 2024. The Adult Social Care Policy Committee is now the focal point for decision making at a strategic level. The Committee Chair is a registered social worker and they and their committee provide scrutiny and oversight. We are already working to embed and work effectively within this new model for elected member decision making.

We have a strong governance framework which joins up our quality assurance framework with our risk register, internal audit process and reporting methodology. We are increasingly data- and insight-informed and performance-driven.

Our reporting methodology ensures line of sight by the Director and Executive Director (DASS) of practice and performance via the Quality Improvement and Performance (QUIP) Board, Divisional and Executive Director management teams through to the Corporate Leadership Board, which receives a Quarterly Assurance Report.

The Quarterly Assurance Report provides assurance on how Adult Social Care has delivered its Care Act duties in the previous quarter. Furthermore, it reports on in-house Care Quality Commission regulated services and provides an update from the Adult Social Care Principal Social Worker. The report highlights key risks and the potential impacts of these, and sets out mitigations. This reporting system provides a clear escalation route where risks and good practice are identified and supports corporate ownership, championed by the Chief Executive and the Adult Social Care Policy Committee Chair.

As part of the quality assurance framework, monthly quality assurance audits and planned and reactive quality assurance team visits take place across the year. These are reported to the QUIP Board and followed up by the submission of a Continuous Improvement Plan for ongoing oversight and delivery of actions to improve our work.

The Corporate Risk Register is up to date and is actively reviewed at least quarterly, acting as a vehicle for corporate oversight and reporting of risk, as well as focusing improvement efforts and allocation of resources. The corporate performance methodology provides a clear framework for Key Performance Indicators and the annual Adult Social Care Business Plan.

We have a communications strategy led by the Director, Adult Social Care, and guided by the Vision for Adult Social Care, which supports us in our engagement with our workforce, ensuring visibility and transparency by the Senior Leadership Team.

Adult Social Care has strong connections with Public Health and Communities, supporting place-based interventions, informed by population level data.

The Chief Executive is a member of the Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (ICB). We have embraced a place-based leadership role and been influential in the development of the three Locality Partnerships, promoting a model of person-centred and community-based ways of working. Adult Social Care is represented by a Head of Service on each of the Locality Partnerships.

The Executive Director is a member of the Keeping Bristol Safe Partnership Executive, and the Director chairs the Keeping Adults Safe Delivery Group. These key governance arrangements allow directors to engage with system partners in learning and service improvement.

Robust information governance arrangements are in place supported by an internal information governance service which provides oversight and guidance and implements our information governance framework. The Director of Legal and Democratic Services is the SIRO (Senior Information Risk Owner) and the Executive Director: Adults and Communities is the Caldicott Guardian, ensuring that data is held confidentially and protected, and is used for making legal, ethical and fair decisions and information asset owners. Lead information custodians are in place for all Adult Social Care programs and information systems.

We have Connected Care arrangements in place within the BNSSG health and social care system, providing data sharing access to support coherent delivery of care, supported by a data sharing agreement.

4.1.2 Strengths and what we are proud of

- Our work to develop a Vision for Adult Social Care sets a clarity of purpose and demonstrates our commitment to co-production. It was vital that it was created collaboratively with the people who draw on our care and support, their circles of support and carers and with colleagues and system partners.
- Our data and insights improvements have been significant over the last couple of years. We continue to develop our data and reporting capability, and crucially, the confidence of our managers and colleagues to use the data and insights available to them to drive improvements

in performance. This is enabling a performance-driven approach to continuous improvement which has been welcomed by our operational managers.

- We are committed to continuous improvement and foster a culture of learning. We welcome feedback and have a robust quality assurance system. We are proud of the way we challenge ourselves and our teams to improve and use evidence to improve outcomes. Examples of this include initiatives to improve the voice of people we support as well as learning from Safeguarding Adults Reviews, e.g. through the development of a Decision Support Tool that supports practitioners to recognise the risks related to intersectionality.
- The transition to the committee system has been surprisingly smooth, and we are already working closely with our Chair, Vice Chair and wider Policy Committee.

4.1.3 Risks and Challenges

- Some of our systems and processes are burdensome and do not maximise opportunities to enhance the experience of people who draw on care and support and our colleagues. This means that sometimes delays occur in the way people access support at various stages of their customer journey. We are addressing this through the development of a new Target Operating Model (TOM) which is focused on a multitude of priorities, including creating a stronger front door which resolves requests first time and without delay, building a sufficient workforce better able to respond, supported by a newly designed interprofessional practice framework, informed by the Vision for Adult Social Care (see Theme 1: Working with people).
- Workforce sufficiency remains a real challenge, and this affects how well we meet our Care Act duties. Steps have been taken to address this and further opportunities to improve the working environment of colleagues are under active consideration.
- Adult Social Care in Bristol operates in an extremely challenged financial environment, exacerbated by an increased demand for services. The Executive Director: Adults and Communities works closely with the Council's Section 151 Officer who provides corporate ownership of the Adult Social Care Transformation Programme. We recognise that relentless focus on savings over a sustained period has been challenging for our workforce, and we remain mindful and vigilant, through our communications strategy, to ensure that we focus on better outcomes for people who draw on care and support through the delivery of our statutory duties.

4.1.4 Delivering Improvements

Communications across adult social care

Our communications strategy was developed in response to a staff survey which highlighted the need for greater visibility of the senior leadership team and greater clarity on departmental priorities. It includes regular staff briefings, some with 'live Q&A' with the senior leadership team, a monthly newsletter where colleagues across the department provide updates on key projects and achievements, and a six-monthly staff conference where we provide opportunities to celebrate good practice and to work together on topical issues. This has enabled transparent and joined up leadership in a complex environment and has begun to enable greater employee engagement.

Workforce

In response to serious challenges in recruitment and retention and concerns for employee welfare, social work and occupational therapy job roles were reviewed during 2024 and enhanced pay was put in place to ensure that Bristol City Council remains a competitive employer. We are now seeing early signs of improvement in recruitment and retention and colleagues report improved morale. Overseen by the Social Work and Occupational Therapy Board, jointly chaired by the Directors of Adult Social Care and Childrens Services, we are also working through several non-pay options to support the workforce and to make sure Bristol is a great place to work, such as a referral scheme which was launched in 2023. This is a work in progress and a high priority, and this is reflected in the Corporate Risk Register.

Data and Insight

One of our key areas of improvement over the past year has been our ability to collect and report on data relating to the experience of people through our front door, assessment and review pathway. This has enabled us to use real-time data, e.g. in relation to waiting times and risk prioritisation, to monitor progress and to target improvement effort and resources. This has given our operational managers, and the Director and Executive Director, a 'sense of grip', which in turn enabled accurate escalation of risk. This is now reflected in our regular reporting cycle, including through to the Corporate Leadership Board and the Adult Social Care Policy Committee.

4.2 Quality statement: Learning, improvement and innovation

- We focus on continuous learning, innovation and improvement across our organisation and the local system.
- We encourage creative ways of delivering equality of experience, outcome, and quality of life for people.
- We actively contribute to safe, effective practice and research.

4.2.1 What we do

Adult Social Care in Bristol has a strong tradition and culture of evidence-based practice development supported by a comprehensive approach to learning, innovation and development. Accountability for this sits within the portfolio of the Principal Social Worker alongside responsibility for quality assurance. Aligned with our Vision for Adult Social Care, we are challenging ourselves to improve the ways we listen and learn from the experiences of people who draw on Adult Social Care and carers, and how we co-produce our systems and ways of working.

The roles of the Principal Social Worker and the Principal Occupational Therapist are well defined and embedded and connect the pursuit of good practice with research and development. The Principal Occupational Therapist reports to the Principal Social Worker, and the Principal Social Worker reports to the Director, Adult Social Care, and has a direct line to the DASS. Separate Social Work and Occupational Therapy Forums provide opportunities for reflective learning and innovation in practice.

Overseen by the Learning and Development Team, there is a wide range of high-quality learning and development offered to ensure our teams have the experience and knowledge necessary to carry out their duties, including specialist interventions such as BIA, AMHP, and Safeguarding. There is a strong commitment to utilising research to promote evidence-based practice and this is evident in the ConnectED project, a three-year National Institute for Health and Care Research (NIHCR) collaboration, focused on embedding research evidence in decision-making in Adult Social Care, and building research capacity across the organisation. Our Research Practice Partnership (Evidence Champion and Researcher-in-Residence) visit teams to talk to them about how they currently use research in their decision-making and identify key practice areas where they would like to be more informed about research. Briefings are produced, for example, on the impact of moving to a care home, and training provided for practitioners to improve understanding and practice.

There are practice leads with expertise in legal literacy, Assisted and Supported Year in Employment (ASYE), Mental Capacity Act, Evidence Champions, Direct Payments and Applied Mental Health Practitioner (AMHP). This resource enables us to adapt our offer to reflect the changing needs of practitioners to support them to respond to the needs of the people we work with.

Every year we support a number of social care practitioners and occupational therapy aides to apply for apprenticeships. In 2024 six practitioners were successful in their application to study social work and we support at least one applicant to pursue the occupational therapy apprenticeship each year, meaning that three students access this opportunity at any one time.

Earlier this year we launched the Adult Learning Hub, bringing together all strands of learning, development, and innovation into one place to make it easily accessible to practitioners.

Equalities principles are embedded in the council's corporate values. These are also well embedded in practice at management level, and we work well with partners in this area. In 2021, we volunteered to take part in the social care Workforce Race Equality Standard (WRES): a year-long initiative run by the Department for Health and Social Care with Skills for Care. The WRES programme encourages workforce race equality in Adult and Children's Social Care, and empowers councils to address any gaps or concerns of inequality in their workforce. We are pleased to be leaders in this field. The work continues, and in 2024 we signed up to further engagement with Skills for Care on the WRES programme. This work is complemented by collaboration with Black South West Network to research the benefits of implementing a relational approach with Black and minoritized people within the Adult Social Care sector in Bristol.

We are members of Research in Practice (RIPfA): a resource which is well-used by practitioners to support their learning and practice.

Adult Social Care works closely with Bristol Health Partners (BHP), a strategic collaboration between the two universities (University of the West of England and the University of Bristol), NHS and care providers, commissioners, and councils. BHP is an Academic Health Science Centre. Its stated aim is to improve the health of those who live in Bristol, North Somerset and South Gloucestershire, and the delivery of the services on which they rely.

The Executive Director: Adults and Communities and the Executive Director: Children and Education are members of the Bristol Health Partners Board, and the Director of Adult Social Care is a member of the Research and Innovation Steering Group. We are involved in several health integration teams (HITs) including the Bladder and Bowel Confidence (BABCON) Health Integration Team, and have worked closely to raise awareness, develop good practice and share learning, including through presentations at staff briefings.

We value feedback from the people we support and our communities, and we are committed to seeking new and different ways to learn from people's experiences. As an example, as part of our learning we commissioned Healthwatch to undertake a small listening research project to help inform our self-assessment.

We routinely collect data about complaints and compliments. This is reported through our quality assurance framework, which twice annually includes a thematic review. Learning from complaints and compliments has increased our awareness of the value placed by people we support on high quality, skilled intervention, but also reminding us of the struggles some people have had getting timely assessment or support.

The council undertakes a staff survey each year. The 2023 survey showed generally positive scores on working environment and wellbeing, and responses indicate good, supportive and inclusive team working. Most staff (80%+) feel their manager is approachable and open to discussion, and that they can count on colleagues to work in a 'collaborative and supportive way'. Areas of focus for improvement are the visibility of the senior leadership and ensuring that staff know that their feedback is acted upon. Our learning from the staff survey and our response is developed and

communicated through our employee engagement and communications plan throughout the year. The results of the 2024 survey had not published in time for this self-assessment.

Adult Social Care engages with communities through collaborative gatherings such as Bristol Carers Voice and the Adult Social Care Equalities Forum. These groups provide opportunities for real time feedback about matters that concern our communities and an opportunity for both individual and collective voices to be heard; the Equalities Forum includes representation from groups such as Bristol Black Carers and the Chinese Wellbeing Society.

4.2.2 Strengths and what we are proud of

- We have an established Assisted and Supported Year in Employment (ASYE) programme which was recently recognised by Skills for Care and highly valued by newly qualified social workers. Feedback about practitioners on the ASYE programme demonstrates a good standard of practice.
- Our learning and development offer is exceptional, and our colleagues benefit from continuous professional development and opportunities for reflective supervision.
- Our culture of learning and strong connections with higher education and research provides a strong foundation for continuous improvement.

4.2.3 Risks and Challenges

- Overall, we want to strengthen the voice of people who draw on care and support and carers and to improve the systematic ways in which feedback influences our improvement plan and impacts on systems and practice. We are particularly keen to make sure that marginalised communities and individuals have opportunities to be heard, including people with learning disabilities and people experiencing mental health issues, and those from minority ethnic communities.
- We have more to do to improve the effectiveness of the Keeping Adults Safe Delivery Board to ensure that it is data informed and that there is clear evidence of listening and learning to drive system improvements.

4.2.4 Delivering Improvements

Learning from people's feedback and co-production

We have introduced new listening mechanisms (e.g. in relation to Making Safeguarding Personal) to improve our insight into people's experiences, and this is beginning to drive a culture which starts with the voice of people with lived expertise and values feedback. We have made good progress and have recent examples of co-production already, such as the development of the Vision for Adult Social Care and inclusive and values-based recruitment, but we want to get even better at embedding good practice more widely.

The Co-production Protocol will support us to drive improvement, and we are currently working on ways to frame this work with a statement of intent by the Senior Leadership Team. The Protocol is due to be presented to the Adult Social Care Policy Committee in September 2024.

Practice development

Together with Dignifi, an external partner, we are embedding trauma-informed practice across Adult Social Care, building on work already taking place across the Council and the ICB to ensure services are delivered in a way that promotes safety and trust and prevents retraumatizing people, with a specific focus on supporting workforce wellbeing.

Multi-Agency Safeguarding Hub

Learning from Safeguarding Adults Reviews has identified that Bristol would benefit from a Multi-Agency Safeguarding Hub (MASH) to improve the ways in which we safeguard individuals and the way we work with system partners to respond to complex risk, particularly for people who experience multiple disadvantage. We have been able to use the Keeping Bristol Safe Partnership governance structure to bring urgency to this priority, and also to use our influence on the Integrated Care Board to highlight and seek support for the development of the MASH. Although at the time of writing the MASH is not yet operational, system partners have now made a commitment to funding the future multi-agency arrangements, and work is underway to develop the MASH.

