

### BRISTOL CITY COUNCIL CABINET 24<sup>th</sup> November 2011

**REPORT TITLE:** Delivering an effective social care system

**Ward(s) affected by this report:** All

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**Report signed off by executive member:** Cllr Jon Rogers, Cabinet Member for Care & Health

#### **Purpose of the report:**

The delivery of health and social care services to vulnerable people in Bristol is a vital function for the city council. Ensuring delivery of the high quality services people need is a key priority, both now and in the future and this report sets out our approach to delivering a 3 year programme of change to improve services. This supports our strategic aspiration to take a council wide family centred approach to supporting adults, children and young people who need our services.

The need for this change is set against local demographic and financial drivers, alongside the introduction of personalisation by the previous government, to deliver choice and control for service users. The planned improved performance in the delivery of personalisation will have a direct impact on how services are delivered in the future.

Any changes to the model of delivery will be undertaken using the following principles:

- Full involvement and consultation with current service users & carers
- Ensuring that any model provides a quality service to present and future users
- Full involvement and consultation with staff in developing services in an innovative way
- Building on the body of work already completed by the council eg Residential Futures
- Awareness of safeguarding and the need to protect vulnerable people
- For service specific plans and proposals on day opportunities and residential care to be the subject of further Cabinet reports in March 2012.

#### **RECOMMENDATION for Cabinet approval:**

1. To approve the work to deliver an improved and high performing care management function.

2. **To approve the focus and emphasis to improve the delivery of community services**
3. **To approve the approach to changing the shape and delivery of day opportunities, moving to a more creative and flexible way of delivery that offers a range of activities and supports the personalisation agenda.**
4. **To approve a consultation process for the development of a new model of day opportunities, with detailed proposals being presented to Cabinet in March 2012.**
5. **To revisit the Residential Futures decisions, made by the previous administration in September 2008, to close all council run elderly persons homes (EPHs) and re-provide a smaller number of Residential Home/Resource Centres and specialist dementia units. This decision was paused in October 2010.**
6. **To analyse the current level of need and approve a consultation process to determine a 3 year plan for future residential care delivery, with proposals being presented to Cabinet in March 2012.**

**The proposal:**

### **The Vision**

'People who need social care and support in Bristol will have easy access to support and services, real choice in the help they receive and maximum control over the way they live their lives.'

## **1 Health & Social Care**

- 1.1 This directorate is the largest in the council with a 2011/12 operating budget of £145 million. As a council we have a statutory adult care service responsibility, an arrangement that dates back to the National Assistance Act 1948 and our duties and powers include:
  - Provision of information
  - Assessment of need for social care services
  - Provision of support to people who meet local eligibility criteria
- 1.2 Since 2003, eligibility has been assessed by councils according to a set of four standard threshold criteria laid down in mandatory Fair Access to Care Services (FACS) guidance. In Bristol we are delivering services where need is substantial or critical and as part of our change process we are not proposing to make any changes to our threshold. Our interventions should be targeted and proportionate to meet the needs of the Bristol population. As of the 30/9/11 we were delivering services to 8,495 people with 6,752 people living in the community and 1,743 in care. We receive an average of 3,000 referrals per month.
- 1.3 Like most authorities, we need to transform the way in which the directorate operates and this report sets out the way in which we propose to deliver the changes.

## 2 Drivers For Change

### What citizens tell us

- 2.1 Personalisation is at the heart of our social care transformation programme. The emerging evidence base concludes that the use of self directed support and payments can offer increased choice and control for people, as well as having a positive impact on their health and well being. Our community engagement work supports the proposition that users and potential service users would like to see services delivered in a different way, with users very much in the driving seat. This approach is supported by successive governments, building on the Putting People First Programme. Currently self directed support can only be provided for people living in the community although as part of the Dilnot Report consideration is being given by government to extend this approach to residential settings.
- 2.2 A national comparison for 09/10 shows that the delivery of the personalisation agenda is less well advanced in the South West than other parts of the country:

<b>Region 09/10 percentages</b>	<b>% of people with self directed support</b>
North West	17.3%
Eastern	16.2%
West Midlands	14.5%
Yorkshire and Humber	13.6%
London	13.4%
East Midlands	11.7%
South East	11.4%
North East	9.3%
South West	7.4%
<b>Bristol</b>	<b>4.5%</b>

- 2.3 Although we have made significant improvements in Bristol, at the end of 2010/11 our percentage had risen to 15.9%, this is still a key area for us to address through our change programme. We need to make personalisation and direct payments a reality for more people by making the process simpler and providing the levels of support and assurance to make this a realistic choice for individuals.
- 2.4 Improved delivery in this area will fundamentally change our relationship both as a provider and a commissioner of services. The emerging national evidence base shows that service users with personal budgets are less likely

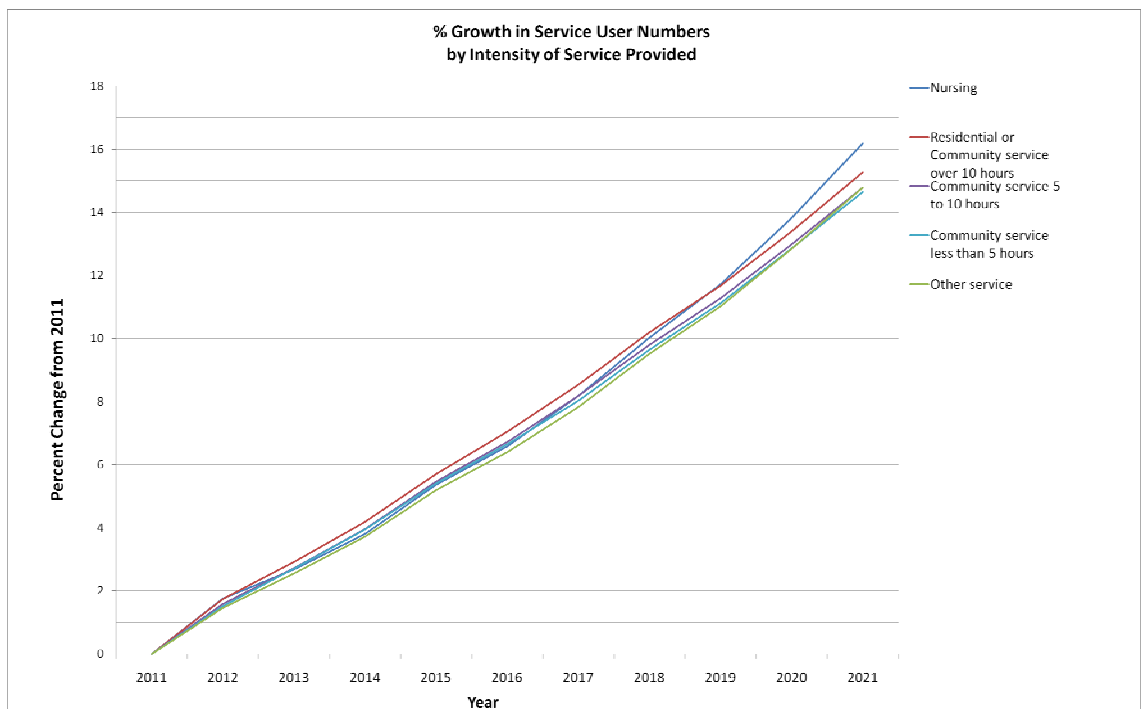
to choose what we might consider 'traditional' social care services.

### 3 Future Demand & Financial Pressures

3.1 Demographic changes and financial pressures are combining to increase the imperatives to deliver services in the most efficient way. Regionally the South West has:

- the highest proportion of older people (2009 MYE)
- the second highest prevalence of learning disability (Joint Strategic Needs Assessment 09/10)
- the greatest prevalence of people with moderate or serious personal care disabilities ( PANSI modelled using ONS & Health Survey for England 2011)

3.2 Within the directorate we are making savings of 8 million for 11/12 and will contribute to the further 42 million that the council is required to make in 12/13 and 13/14 as a consequence of a reduced financial settlement following the Comprehensive Spending Review.



3.3 The above graph shows how it is expected that the number of users of social care services in Bristol will grow over time. The estimate assumes that decisions about eligibility will remain constant. The current service intensities delivered today, are rolled forward, based on different population changes for different age groups in the ONS population projections. In 5 years time, HSC will need to deliver services to 6-7% more people. If we look 10 years ahead, the number of people will be 14-16% higher than it is today. The general picture within the different types of services delivered is that the number of people with a higher level of need will grow faster than those with lower needs with a very significant impact on costs.

3.4 In order to respond to the challenges of citizen expectation of choice and personalised budgets and mitigate against the demographic and budgetary pressures, the directorate must transform its entire way of operating to deliver a sustainable future. We will make the best possible use of available resources to:

- Help people to be independent for as long as possible
- Provide easy access to information and advice
- Make support available for people before they reach the point of crisis
- Offer real choice in the ways people receive help giving people maximum control over their lives
- Ensure high-quality assessment and care management services
- Empower people to support themselves and take an active role in their community
- Maximise resources by working in partnership with service users, family carers and providers
- Commission high-quality services, which support choice, dignity and independence
- Build community capacity so that people can make use of informal support in the community
- Promote social inclusion
- Continue to work to keep people safe from abuse or neglect
- Treat people equally and with dignity and respect

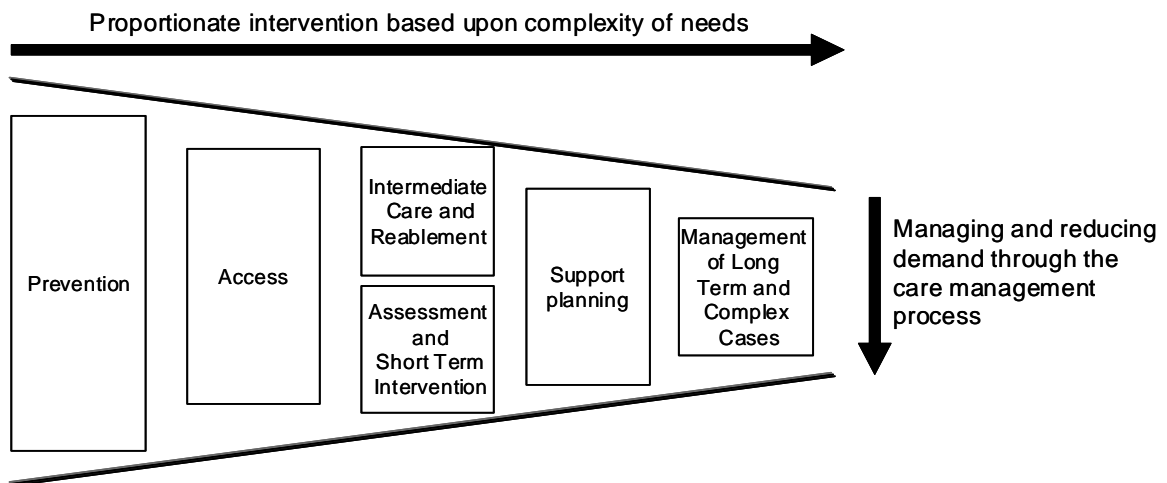
3.6 In order to deliver this we need to impact on the whole of the social care system. The next sections set out the main proposed areas of change in service delivery; care management, community services, day opportunities and residential care.

## **4 Care Management**

### **‘the way in which we assess people, agree their outcomes and arrange their support’**

4.1 The efficient and effective delivery of the care management function is fundamental to delivering change across the social care system. Our outline business case identified this as a key area on which to focus and streamline our activity.

4.2 The following diagram provides a high level overview of the proposed care management process. As part of the programme, detailed work streams are being developed behind each of the high-level process boxes to ensure we develop a streamlined approach and a new model of delivery. Staff and service users will be involved in this process to help shape and test out assumptions and there will be full staff consultation as we move towards implementation.



#### 4.3 What will be different?

- More effective use of signposting, prevention and re-ablement to increase the numbers of people who can live independently of formal social care provision.
- Implementation of a revised, simplified and more effective care management process, which supports all users groups
- A more comprehensive implementation of the personalisation agenda, with 95% of individuals being supported in the community to have a personal budget by April 2014 (50% as a direct payment)
- Care packages defined by individual need rather than based on service user group
- A more family centred approach
- A re-balancing of the skill mix of teams to more accurately reflect the skill requirement at each point in the care pathway
- A re-alignment of the staffing establishment to meet service requirements
- More effective use of mobile technology and flexible working

## 5 Community Services

### Re-ablement Services

**‘the way we support people to retain or achieve maximum independence and prevent admission to hospital or long term care’**

- 5.1 If more people want to stay in their own homes appropriately and safely then there is a need to further develop our community-based services to achieve that aim. Re-ablement services are a key platform for promoting and delivering improved independence for individuals, with Health and Social Care currently spending £6.3 million alongside £6.4 million from health.
- 5.2 The transformation of these services is being delivered through the re-commissioning of a joint service with Bristol Community Health, through a single service specification and integrated management structure. The newly specified service has been commissioned by BCC and NHS Bristol to deliver until April 2014, with a joint agreement to improve productivity and outcomes rather than the delivery of savings. The additional government social care

money, channelled through the PCT, supports this programme of transformation and protects this area of delivery. There is a strong evidence base that the delivery of timely and effective re-ablement services can significantly reduce the need for ongoing social care. The average reduction in home care for all those going through re-ablement between June – September 2011 was 6.1 hours per week.

5.3 The key deliverables for this service will be:

- A single point of assessment that filters people into the most appropriate care pathway to meet their needs
- A comprehensive urgent response service that responds to crisis and prevents unnecessary hospital admission or long term placement.
- A comprehensive planned rehabilitation and re-ablement service that provides both beds and community based rehabilitation.
- A jointly managed service, with the NHS, which works across health and social care so people move seamlessly in and out of re-ablement pathways.

5.4 What will be different?

- Reduction in the use of long term residential care
- Reduction in hospital admissions
- Optimal use of re-ablement beds to 85% (currently 55%)
- Improved waiting times standards
- Flexing of capacity to respond to winter pressures

## **6 Dementia Services**

6.1 The change in demographics mean that more people will be living longer and therefore there will be a significant increase in the number of people living with dementia. Population statistics anticipate for Bristol a 23% increase over the next 20 years. The development of the joint commissioning strategy with the NHS, 'Living Well With Dementia in Bristol' sets out how we will respond to this challenge over the next 3 years.

6.2 We are currently developing a new specialist dementia service, linked to re-ablement, to provide a short-term domiciliary service for people with dementia at points of crisis. The aim will be to prevent admission to hospital or residential care and will work alongside other care providers to improve skills and competencies across the social care system.

6.3 What will be different?

- Improved quality of existing services eg Dementia Care Mark
- Investment into new and existing services to meet the demographic need
- A shifting of resources from secondary care to prevention and early intervention
- A focus on improving the skills and competencies of staff
- Addressing the needs of people with dementia in BME communities
- Addressing the specific needs of people with dementia and learning

difficulties

## **7 Extra Care Housing (ECH) 'Independent housing with flexible support'**

- 7.1 ECH offers a real alternative to residential care for service users and an opportunity to remain living with a partner, which is not usually available to those entering a care home. The schemes provide flexible living where people can have their needs met and remain independent. If we are to reduce our reliance on the use of residential care, the development of this model provides a real alternative, in keeping with service users aspiration for community based living.
- 7.2 Bristol currently has 10 Extra Care Housing (ECH) schemes. There is further scheme planned to open in June 2012. Once this final scheme is open Bristol will have 600 flats providing a combination of one and two bedroom dwellings. Health & Social Care have 100% nomination rights to the 600 flats, which are nominated on the basis of service users having sufficient personal care needs. Individuals are able to choose their care provider and work is ongoing to embed personalisation into all ECH schemes.
- 7.3 The Stockwood scheme, opening in June 2012, will provide a total of 61 flats, 28 with 1 bedroom, 23 with 2 bedrooms and 10 with 2 bedrooms with shared ownership. The Council has invested over 1 million pounds to support the development of this scheme which provides a real opportunity for people to remain living independently in the community.
- 7.4 As a council we would wish to use our influence and leverage to encourage further development of these schemes in the city, both for rent and to buy. This could have an additional value in terms of potentially freeing up family sized accommodation as older people downsize.
- 7.5 What will be different?
- The council taking on an enabling and leadership role, making full use of our asset base, to encourage the further development of ECH schemes in the city
  - An exploration of the opportunities to develop the private ECH market with Neighbourhoods, i.e. for those service users who want to purchase a flat but may not have reached the HSC criteria in terms of their dependency or care needs.
  - An increase in numbers of people living within an ECH setting

## **8 Preventative Services 'services that help people maintain their physical, social , mental and spiritual health and preserve their independence for as long as possible'**

- 8.1 Increasing health and social care needs, due in part to an ageing population, will bring increasing pressure on our services. There is both an urgent need and an opportunity for us to improve health and wellbeing now and for the future and, at the same time, increase resilience to poor health so that the increasing pressures on health and social care services can be better

managed.

- 8.2 The demands on our services need to be managed with our partners so we need joined up thinking across the council and health services in our day to day working, as well as the longer term planning and commitment of resources.

The Department of Health have identified 3 categories of prevention:

- Primary - Promoting Well being
- Secondary - Early Intervention
- Tertiary - Minimisation of deterioration

It is useful to make a distinction between:

- preventative activity that is part of health and social care core business (eg re-ablement services)
- preventative activity that may be funded through the directorate (eg. Carers Breaks, LinkAge, WellAware)
- preventative activity provided/funded by others in the council (eg. Healthy Walks, Gentle Activities, Dial-a-Ride, 'Care & Repair', Silver Surfers, Digital Inclusion),
- preventative activity provided by our partners (health promotion, Public Health activities)
- Preventative activity provided by communities and individuals (inc volunteers) themselves.

To enable a whole system approach towards prevention, we have already developed with the NHS a prevention and self care strategy aimed at:

- Developing preventative services
- Building resilience in communities for positive health and well being

This work will inform the development of our first Health and Wellbeing Strategy, which will be overseen by the Health and Wellbeing Board, currently in shadow form.

What will be different?

- A cross council enabling and leadership role for prevention, building on the planned integration of Public Health into the council in April 2013.

## **Supporting People**

### **'housing related support for vulnerable people'**

8.3 Health and Social Care commission a number of preventative services that have been funded through the Supporting People Programme. The ring fence for this funding stream was removed in 10/11 but we have continued to manage this as a distinct programme for this year. The total budget has been held within Health and Social Care but from 2012 we will mainstream it across Health and Social Care and Neighbourhoods to more accurately reflect the areas of focus and activity. We will therefore be able to integrate these former supporting people services into the prevention programme.

#### 8.4 Mental Health and Learning Disability

A total of 781 vulnerable people are supported – 252 in short-term services and 529 in long-term services. We currently deliver this through the following services:

- Short-term accommodation services.
- Short-term floating support services.
- The Shared Lives scheme, which support vulnerable people within host families
- Long-term support services, including both accommodation-based and floating support services.

#### 8.5 Older People and Physical & Sensory Impairment

- Sheltered housing services provide low-level support services to over 3,000 households at very low costs.
- Extra care services provide support services to 600 households in 11 new schemes for older people with high levels of need.
- The Home Improvement Agency provides information and advice, carries out minor repairs and help people organise larger repairs or adaptations.
- Four accommodation services support people with physical and sensory impairments with very specific support needs.
- A range of floating support services provide community-based support to vulnerable – ranging from generic housing-related support services, to services that provide support to specific groups, to extremely specialist services that provide housing-related support to service users with distinctive needs, such as dual sensory impairment

#### 8.6 What will be different?

- We will continue to fund these preventative services to as many people as possible by working with providers to ensure cost effective interventions
- Some services will be subject to a tender process to ensure best value, particularly where they can be commissioned in larger volumes (eg see current consultation on tendering for Home Improvement Agency services across the West of England)
- Where appropriate, we will look to provide support through more cost effective generic services rather than specialist ones. Our current generic providers deliver services to a very wide and diverse population

### 9 Day Opportunities

**‘ a range of community based opportunities that promote social inclusion and prevent isolation’**

9.1 The move and drive to delivering a strong personalisation agenda poses a

fundamental question as to whether day centres are a model of care that individuals will want to purchase when they manage their own budgets. Our in house day centres are currently operating at an average of 70% capacity. Bristol is not alone in exploring this issue and many parts of the country are disinvesting in building based services and reinvesting in more flexible community based services. Our starting point would be that this should be the direction of travel, but the final shape of services would be determined by the outcome of a formal review and consultation on day services and a full exploration of alternative models.

9.2 This report formally launches a review of day opportunities, guided by the following principles that any model should:

- Foster choice and control for individuals
- Maximise the use of personal budgets
- Be clear about the outcomes for individuals in accessing the opportunity
- Promote work opportunities for anyone of working age
- Be cost effective

9.3 The review will include:

- Analysis of the needs/preferences of current and future service users and carers
- The effect of personalisation on the demand for day opportunities
- How to support service users and carers through any change process
- Consideration of the role of building based services both in house and external
- Consideration of alternative models
- Consideration of the readiness of the market to provide alternatives
- Full Equalities Impact Assessment for carers as well as service users
- Full review of transport costs and efficiencies

9.4 Having developed a model of day opportunities, following completion of the review and consultation, proposals will be presented to Cabinet in March 2012.

9.5 What will be different?

- The identification of a new service model for day opportunities which supports the personalisation agenda

## **10 Residential Care for Older People 'accommodation services with 24 hour care on site'**

10.1 Traditionally, Health & Social Care (HSC) has supported a high number of service users in Residential and Nursing care when compared to similar areas nationally. The 2011/12 gross budget<sup>1</sup> for independent sector residential care is £34.4M and for nursing care £19.2M. Department of Health Guidance is that local authorities should be spending no more than 40% of their budget on residential and nursing care. Bristol commits 58% of its adult

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<sup>1</sup> Please note these figures do not include income from service user contributions, costs of any placements funded through CHC or S117.

care budget on these areas and consequently a lower proportion on supporting people to retain their independence at home. As of September 2011 there were 1075 people in residential care and 668 people in nursing home care.

- 10.2 Through the transformation of our care management processes and the use of personal budgets we would forecast a reduction in the reliance on residential care and a percentage shift to community based services. There are currently fewer older people in care now than at any point over the last 2 years and we would wish to see a consolidation of this trend.
- 10.3 As an authority we currently have 11 homes and a resource centre providing services for older people. A decision was made in September 2008, as part of the Residential Futures work, to close all council run elderly persons homes and re-provide a smaller number of residential/resource centres and specialist dementia units. This work was paused by Cabinet in June 2010 due to escalating capital and revenue costs following a fall in property market valuations and increased staffing costs. In house residential care has been the subject of much discussion through the life of the Residential Futures project and there is a need to provide clarity both for service users and for our staff and a clear plan as to the way forward.
- 10.4 The need for transformation of the in-house service is driven by a number of key factors:

*Buildings:* Whilst all our homes meet Care Quality Commission standards in terms of build and environment, investment will be required to maintain these, with an anticipated cost of £2.7 million.

*Relative Cost:* Based on 2010/11 unit cost figures <sup>2</sup> the average gross weekly cost to support an older person<sup>3</sup> in Local Authority residential care is £769 per week. The comparative cost in the independent sector is £463 per week. Therefore, there is a cost premium of approximately £306 per week on supporting a service user within a council run home compared to the independent sector.

- 10.5 There are a number of factors, which contribute to the cost premium of the in-house service:
- Dependency levels within in-house residential homes are high, as noted by the latest CQC inspection
  - All temporary placements have been made to in-house EPHs for a 6-week non-chargeable period, which has led to a loss in income.
  - Vacancies have been held in order to provide the head room to implement change programmes such as the redeployment of Continuing to Care staff and the development of Redfield Lodge.

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<sup>2</sup> Source: 2010/11 PSSEX1 return

<sup>3</sup> This includes all service users aged 65 and over, which will include people with mental health problems and people with learning disabilities

- 10.6 *Staffing*: the current workforce profile does not appropriately reflect the skill mix required to deliver the dependency levels of the residents, which has increased significantly. Examples of this would be the level of dementia and challenging behaviour prevalent within the homes. A more appropriate skill mix would require additional investment in the workforce.
- 10.7 Alongside our in-house residential care there is significant development needed in our commissioned market. We will be working closely with our providers to improve value for money and raise quality of care through the way we commission.
- 10.8 Building on the considerable body of work already completed through the Residential Futures work it is proposed:
- To analyse and determine the current and future level of need to determine a 3 year plan for the in house service
  - To fully involve service users, carers, staff and other key stakeholders in shaping the proposals
  - To undertake a full review of cost and efficiencies
  - To evaluate the condition and standard of buildings
  - To consider closures alongside more creative approaches to service provision with detailed proposals coming back to Cabinet in March 2012
- 10.9 What will be different?
- A clear plan and direction for the delivery of in-house residential services

### **Consultation and scrutiny input:**

#### **a. Internal consultation:**

An additional Health and Social Care Scrutiny meeting is planned for 16<sup>th</sup> November 2011 to scrutinise and comment on the proposals prior to Cabinet. Further Scrutiny will be undertaken as service models are developed.

Service Manager briefings have been undertaken and staff briefings are planned for 11<sup>th</sup> November 2011, with further consultations as service models are developed

#### **b. External consultation:**

Three public engagement events were held over the summer to discuss direction of travel.

Following Cabinet approval formal consultation will begin with service users and carers before proposals are brought to cabinet in March 2012 (see Appendix 3)

### **Other options considered:**

#### **1. Do Nothing**

This is not a viable option given:

- The rise in demand for services, which would see an increase of 7% in 5 years and 16% in 10 years.
- We would need raise our threshold for access to services to 'critical' to manage this demand, meaning vulnerable people would be without services.
- The likelihood of an increase in Judicial Reviews
- The social care system would become unaffordable without a very significant

- increase in resources
- It would not be strategic or transformational
- It would not allow us to maintain or deliver improved outcomes

## 2. Financial Savings Activity Only

Given our ambition to deliver an effective social care system, a focus on the delivery of savings only was rejected as:

- It would not deliver a secure platform for future service improvement
- It would not be strategic or transformational
- It would be tactical and not bring about lasting change
- It would fail to deliver any non financial benefits and increase the impact of dis-benefits

### Risk management / assessment:

<b>FIGURE 1</b>							
<b>The risks associated with the implementation of the (subject) decision :</b>							
No.	RISK Threat to achievement of the key objectives of the report	INHERENT RISK (Before controls)		RISK CONTROL MEASURES Mitigation (ie controls) and Evaluation (ie effectiveness of mitigation)	CURRENT RISK (After controls)		RISK OWNER
		Impact	Probability		Impact	Probability	
1	Service user concern re. changes in service delivery models resulting in adverse publicity, potential challenge and delays in implementation resulting in non achievement of the MTFP	High	Medium	Effective communication and consultation with current service users and carers to ensure views are taken into account and services are designed and commissioned which offer personalised approaches to care within a reduced financial envelope	High	Medium	AC
2	Providers are unable to respond as rapidly as the change programme requires and services are not available when needed, resulting in delays to the programme and non achievement of the MTFP savings.	High	Medium	Effective stimulation of the market to ensure providers are aware of the councils future commissioning intentions so that services are in place. Pace of programme change reflects the availability and capacity of the market	High	Medium	NM
3	If service users take direct payments who were previously using in-house day care then there may be high levels of vacancies in HSC daycare centres with the consequent funding pressures.	High	Medium	Consultation on the future model of day services which ensure the impact of personalisation is considered and which provides sufficient capacity for future needs	High	Medium	VB
4	Training: Care providers are insufficiently skilled to cope with people with complex care packages. Impact: Care providers will be unable to respond with services that provide dignity in care	Low	High	Strategic Commissioner works with strategic commissioning teams to ensure work carried out to prepare providers - including outcome based commissioning. Training to look at workforce development issues for all sectors. Specific work on Dignity in Care to be lead by SCT Team. Build into contractual framework.	Medium	High	NM
5	Provision of below standard services in service areas covered by star ratings and inspection carried out by CQC. Budget pressures resulting in inability to	High	Medium	Follow up remedial action in relation to poor performance areas. Identify areas of potential poor performance through ongoing service improvement. Involvement of Continuous Service	Medium	Medium	AC

	make placements in zero-rated homes, creating voids and potential for homes to become financially unviable..			Improvement Plan. Monitor casework practice and other areas known to be on CQC inspection agenda.			
7	Failure to develop use of technology to assist In signposting and prevention. e.g increased use of Wellaware..	High	Medium	Provide adequate resources. Regularly monitor project progress.	Medium	Medium	AC
8	Internal staff concern re. changes in service delivery and care management pathways. <b>Impact:</b> HSC not ready or equipped to deliver the change when necessary	Medium	High	Effective communication with staff to ensure they understand the drivers for change .Workforce development strategy and training programme.	Low	Medium	MH/ VB

**FIGURE 2**

The risks associated with not implementing the (subject) decision:

No.	RISK  Threat to achievement of the key objectives of the report	INHERENT RISK		RISK CONTROL MEASURES  Mitigation (ie controls) and Evaluation (ie effectiveness of mitigation)	CURRENT RISK		RISK OWNER
		Impact	Probability		Impact	Probability	
1	<b>HSC Budget:</b> The revenue savings identified in the Medium Term Financial Plan will not be achieved. The capital shortfall identified in the Residential Futures programme will need to be funded from elsewhere in the Council's capital programme.	High	High	Identify alternative savings	Medium	Low	AC
2	Resources for future investment in prevention and early intervention will not be available to support the programme resulting in people accessing care services earlier than they otherwise have done.	High	High	Realignment of existing social care budgets.	High	Medium	AC
3	Our care management service is not modernised and our customers experience a service which does not enable them to receive self directed support in a timely and effective way. Bottlenecks and delays for people who use services, inefficient and therefore more costly processes.	High	High	Revised operating model is put in place	Medium	Medium	AC
4	The organisation is unlikely to achieve a longer term switch to more sustainable ways to provide support to a growing population resulting in significant financial pressures due to demographic change.	High	High	Raise eligibility criteria to critical to reduce demand	High	High	AC

5	The council will not achieve the programme's vision for giving people choice and control The Council offers services which people no longer wish to receive and are of deteriorating quality and opt for direct payments. Low occupancy results in high unit costs and poor value for money.	High	High	Council services modernised to deliver personalised services which may require revenue and capital funding to be identified to fund services changes	High	High	AC
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### Public sector equality duties:

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

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

b) There are very important equalities issues, which will need to be considered as part of any changes to how social care services are delivered. Appendix 1 provides a high level equalities impact assessment on the likely impacts of the changes outlined in this report. This will need to be further refined to reflect the specific proposals which emerge following the public consultations on future service options and are presented to Cabinet in March 2012.

As these proposals are developed a full equalities impact assessment will be completed for each of the project work streams. Full equalities impact assessments will be included in the reports returning to cabinet in March 2012, in order that Cabinet can make informed decisions on future service proposals and the likely impacts of any changes.

## Environmental checklist / eco impact assessment – Appendix 2

The significant impacts of this proposal are:

These proposals describe a headline programme for changing the scope and delivery of services within HSC. It is not possible at this stage to describe in detail the aspects likely to occur, but it is anticipated that they will include the following:

- Changes to business mileage
- Changes to the use and management of buildings, with effects on energy consumption and waste.
- Changes to the scope and provision of transport services
- Increased commissioning of services, transferring environmental impacts from the Council to external providers.

The proposals include the following measures to mitigate the impacts:

- Specific Cabinet reports related to this headline proposal will have their own eco-impact assessments, which will consider impacts and appropriate mitigation in more detail.

Change projects pursued through the Centre of Excellence will also have individual

- eco-impact assessments to quantify, describe and mitigate environmental impacts arising. Environmental considerations will form part of the governance arrangements.
- Commissioning will be subject to procurement procedures, which include an environmental risk assessment and appropriate contract criteria/ assessments.
- Impacts from accommodation changes in corporate buildings will be considered through the New Ways of Working Programme.

The net effects of the proposals are:

Not yet fully known. The proposals present significant opportunities and risks, and the net outcome will depend on the actions taken for specific projects and proposals. Further eco-impact assessments will be required.

### Resource and legal implications:

**a. Financial (revenue) implications:** As noted in paragraph 5 Bristol City Council is intending to align budgets with Bristol Community Health to provide intermediate care services. The share provided by Bristol City Council will be £6.3m.

The options emerging from the HSC transformation programme will need to be subject to further financial modelling depending on the options emerging from the consultation proposals. These proposals will need to be met from within the existing HSC budget envelope for 2012/2013.

If redundancy costs are incurred these will be picked up corporately.

**Advice given by** Rob Murphy, Finance Business Partner

**Date** 31/10/11

### a. Financial (capital) implications:

As noted in the report to Cabinet of 28<sup>th</sup> October 2010 capital costs of £3.9m were incurred

to create Redfield Lodge and the Westleigh Resource Centre. The funding of these costs still need to be identified by the Transformation Programme.

**Advice given by** Rob Murphy, Finance Business Partner

**Date** 31/10/11

**c. Legal implications:**

Consultation must take place when proposals are at a formative stage. The consultation exercise should include a clear statement setting out the relevant content of the proposals under consideration so consultees can give an informed response. Adequate time should be given to those consulted to respond. The outcome of the consultation must be conscientiously taken into account when finalising proposals.

The s.149 Equality Act 2010 public sector equality duty is set out in the main body of the report. In relation to the functions described in this report, when future decisions are made about how services will be provided and/or commissioned, due regard must be had to the need to eliminate discrimination, advance equality of opportunity and foster good relations.

**Advice given by** Sarah Sharland, Senior Solicitor

**Date** 3/11/11

**d. Land / property implications:**

The Corporate Property team will need to be involved at the contemplation stage of new strategies / new initiatives, since changes to the property portfolio will require input from a number of subject matter experts and in some cases involve long lead in times.

**Advice given by** Rod Taplin, Corporate Property Manager

**Date** 7/11/11

**e. Human resources implications:**

The impact on our staff will be dependent upon what the specific Cabinet Reports, following consultation, offer as solutions and/or recommendations. At which point it will be pertinent to start consultation with staff on how any changes may affect the ways in which they currently work.

No changes will be made without due consultation with staff and their representatives and it may be an option to offer voluntary severance to those staff who would like to take that opportunity.

**Advice given by** Lorna Whitehead HR, Strategic Business Partner

**Date** 31/10/11

**Appendices:**

Appendix 1 – Equalities Impact Assessment

Appendix 2 – Eco Impact Assessment

Appendix 3 – Communication Plan

**Access to information (background papers):**

[Improving Value For Money in Adult social care Audit Commission 2011](#)

[Personalisation, Productivity & Efficiency Social Care Institute For Excellence Dec 2010](#)



Name of policy, project, service, contract, review or strategy being assessed (from now on called 'the proposal'):

Delivering An Effective Social care System

**Directorate and Service:** Health and Social Care

**Lead officer** (author of the proposal): Denise Hunt Programme Manager

**Additional people completing the form** (including job title):

Sarah Salter, Project Manager; Philippa Drewett, Project Manager

**Start date for EqIA:** October 2011

**Estimated completion date:** tbc

Author	
File name	HSC Transformation Programme EqIA
Version	0.4
Status (Draft/ Final)	Draft
Date	28 <sup>th</sup> October 2011
Approved by	
Date effective from	
Date for Review	
Policy/ Strategy Lead	

Glossary	
Bristol City Council	BCC
Health & Social Care	HSC
Intermediate Care Services	ImCS
Learning Difficulties	LD
Medium Term Financial Plan	MTFP
Mental Health	MH
Physical Impairment	PI
Resource Allocation System	RAS
Self Directed Support	SDS
Service User	SU

## 1. What is the purpose of the proposal?

The Health & Social Care (HSC) Transformation programme seeks to review the functions of the department across all services and to implement changes that will deliver an improved way of working within a reduced budget envelope. The changes will affect many aspects of service that HSC provide to the citizens of Bristol and therefore due consideration must be given to the impact of these changes on existing service users, their carers and those who may be requiring the support of HSC in the future.

The national context of the HSC Transformation Programme is driven by policy to develop personalisation, choice and control, prevention and community integration reducing dependencies whilst improving outcomes. This must be achieved alongside delivering a significant level of savings to effectively manage best use of resources over the next three years of a reducing budget.

The high level aims for HSC Transformation Programme are:

- Developing a sustainable function for HSC which will support all service users with eligible needs, their carers and those who seek advice and support before reaching the point of intervention
- Developing services that will meet the needs of an ageing population in Bristol
- Increased choice and control for Service Users and Carers
- Market stimulation and improved social capital resulting in a range of service models within the independent and 3<sup>rd</sup> sectors.

(It is important to note that there are some pieces of work already underway to achieve savings, as identified in the MTFP. These sit outside the programme and will have their own EqlAs.)

This EqlA aims to provide a high level overview of the impact that a number of projects within the programme may have on Bristol's equalities communities. Individual projects will do more detailed work on equalities, in relation to their specific aims, but the programme will maintain an overview of these and ensure all necessary links are made. This will mitigate against the risk of cumulative impact - that one or more groups may be adversely impacted upon by a number of projects being implemented at the same time.

Areas of work include:

➤ **Care management:**

To deliver an improved customer pathway, maximising independence for older and disabled people, and providing choice and control for those requiring ongoing support. This will be facilitated through an improved, cost effective and high performing care management function.

➤ **'In House' Residential homes:**

To analyse the current level of need and approve a consultation process to determine a 3 year plan for future residential care delivery. To consider and consult on a range of options.

➤ **Review of Day Opportunities:**

A review of Day Opportunities across the board - commissioned from the independent sector, the voluntary sector and provided 'in house' by Bristol City Council (BCC) HSC.

To look at best practice for the provision of services for those who currently attend these day services in the context of personalisation and access to mainstream activities and facilities in the community. Service Users and Carers needs will need to be reviewed and services developed within the community to meet those needs.

➤ **Intermediate Care (ImCS) and Reablement:**

**This work is already underway and is simply being pulled into the programme in order to identify interdependencies.**

To improve the function of ImCS and reablement and strengthen the provider partnership with Bristol Community Health to deliver an excellent service.

➤ **Supporting People:**

**This work is already underway and is simply being pulled into the programme in order to identify interdependencies.**

To recommission Supporting People (SP) services in line with available resources and strategic priorities for early intervention and prevention.

➤ **Prevention and Self Care:**

To finalise the Prevention and Self-Care Strategy in readiness for this to inform the Health & Wellbeing Strategy (which will be written in 2012). The strategy is to empower communities and develop services to ensure resilient health and wellbeing amongst Bristol citizens - 2010 to 2015.

	High	Medium	Low
2. Could this be relevant to our public sector equality duty to:			
a) Promote equality of opportunity	X		
b) Eliminate discrimination	X		
c) Promote good relations between different equalities communities?		X	
<b>If you have answered 'low relevance' to question 2, please describe your reasons</b>			
n/a			
<b>3. Could the proposal have a positive effect on equalities communities?</b>			

**Please describe your initial thoughts as to the proposal's positive impact**

More equitable allocation of resources through the implementation of Self Directed Support (SDS).

Greater choice of services to meet the diverse needs of individuals and equalities groups.  
Improved outcomes for all communities.

A greater sense of social integration and well being.

**4. Could the proposal have a negative effect on equalities communities?**

**Please describe your initial thoughts as to the proposal's negative impact**

The significance of the changes within the scope of the programme may impact on many service users and carers who may perceive these as having a negative impact on the services they currently receive.

HSC will have fewer resources to provide to more people. As the focus of the function of HSC may shift from being a major provider of services to one which commissions and enablers, the impact on staff and independent sector providers is likely to be significant.

If the proposal has low relevance and you do not anticipate it will have a negative impact, please sign off now. Otherwise proceed to complete the full equalities impact assessment

Service director..... ..Equalities officer

Date

Step 2	Describe the Proposal
2.1	<p><b>Briefly describe the proposal and its aims? What are the main activities, whose need it designed to meet, etc.</b></p> <p>The high level aims for HSC Transformation are:</p> <ul style="list-style-type: none"> <li>• Developing a sustainable function for HSC which will support all service users with eligible needs, their carers and those who seek advice and support before reaching the point of intervention</li> <li>• Developing services that will meet the needs of an ageing population in Bristol</li> <li>• Increased choice and control for Service Users and Carers</li> <li>• Market stimulation and improved social capital resulting in a range of service models within the independent and 3<sup>rd</sup> sectors.</li> </ul> <p>Detail of the projects within the programme and the way work will be phased is not yet defined, but the following areas will be looked at:</p> <ul style="list-style-type: none"> <li>• The process and structure of care management</li> <li>• Our in house residential care</li> <li>• Day services</li> <li>• Preventative options for all levels of need</li> </ul>

	<ul style="list-style-type: none"> <li>Existing work on ImCS and reablement will be brought into the programme</li> </ul> <p>Given the magnitude of change required to meet budget saving targets, alongside the desire to provide support to people in a more sustainable way for the future, it is likely that the work in HSC Transformation may impact upon all current SUs, their carers and potential users of services in the future.</p>
2.2	<p><b>If there is more than one service* affected, please list these:</b> All areas of HSC are likely to be affected.</p>
2.3	<p><b>Which staff or teams will carry out this proposal?</b> The Social Care Transformation team will manage the change projects with support from Service Managers, operational teams, finance, commissioning, corporate ITC, and the Centre of Excellence.</p>

<b>Step 3</b>	<p><b>Current position: What information and data by equalities community do you have on service uptake, service satisfaction, service outcomes, or your workforce (if relevant)?</b></p>
<p>Equalities information is derived from the HSC Equalities data pack 2010 for SUs, and for staff the HR Management Information report dated September 2011 was used.</p> <p>The HSC Equalities data pack is intended to facilitate "Equalities monitoring that is collated, interpreted and used in service planning" for HSC. It follows similar reports that have been produced for the previous three years, providing equalities data on services particularly for use in Equality Impact Assessments.</p> <p>The figures have been produced from analysis of HSC service users throughout 2009/10, with some benchmarking with other core cities and commentary added by some service managers.</p> <p>Service users are analysed by age group, ethnicity, gender, client group, religion and sexuality. Note that religion and sexuality are not available on our information from Mental Health. Furthermore sexuality information is gathered at referral so the question hasn't been asked to many ongoing service users, but the level of recording should increase in future years.</p> <p>The profile of Bristol's BME population is strongly age related (decreases from 9.6% for those aged 18-34 to just 0.7% for aged 85+). This is also true, to a lesser extent, for the male / female split (51.9% of the population aged 18-34 being male and 31.3% of those 85+). Because our services are used more by older people, we will therefore tend to have fewer BME and more women service users than would be expected if compared against the overall Bristol population.</p> <p>Consequently it is imperative to take into account the ages of service users when considering how representative our service users are of Bristol's population in terms of ethnicity and gender. Although it's appreciated that the 2001 census information is getting out of date, it is the most recent source of information that combines age and ethnicity. For gender we can use the more recent mid year estimates of 2009 since they combine age and gender.</p>	

## Key issues

### **Care Management**

- Stats show that the workforce is predominantly female and in the 25-59 age range.

### **In House Residential**

- Over 95% of SUs who use in house residential care are older people, and 57% are over 85 years of age.
- 72% of residents are female – this is a higher figure than residents in the independent sector.
- Staff are predominantly female.

### **Day Services**

- BME service users are under represented in current day service provision – 79% are white British. In LD services this rises to 87%. The proposed changes may present an opportunity to provide more equitable access to services.
- Overall women are have a higher number attending day services (53%) but are under-represented (45%) in the users of LD services.
- 55% of all service users attending day services are under the age of 65. In LD this rises to 89% whilst for PI reduces to 20%.
- 59% - 70% of the workforce in various day centres are female

### **Intermediate Care and Reablement**

The work on Intermediate Care predates the start of HSC Transformation so already has its own EqIA

### **Prevention and Self Care**

The population of Bristol is growing due to international migration and to increasing birth rates. A strategic response to the need for a preventative approach is needed from all partners.

Bristol's Black and Minority Ethnic (BME) population makes up 12% of the total population and this is increasing, particularly amongst the 16 to 59 year old age group, and within this age group amongst people from Somalia and Eastern Europe.

Estimates in 2008 show an increase of 1,300 people aged 85+ years (to 8,350) in the next ten years and it should be noted that a preventative approach is crucial given that this group are high consumers of health, social care and housing services.

Limiting Long-Term Illnesses (LLTI)/Disabilities/Sensory Impairment –The census shows there are expected to be increases in the numbers of people with a LLTI (estimated at 23,000 in Bristol in 2001). A further 10,000 people are predicted to have a LLTI over the next 15 years.

There will also be an increase in dementia as the population ages.

### **Supporting People**

The work in Supporting People predates the start of HSC Transformation so already has its own EqIA

3.1	<p><b>Summarise how equalities communities are currently benefiting from your service* here (&amp; add an electronic link to the information if possible).</b></p> <p>By the very nature of what HSC do, all SUs will come under the category of disabled in some way. However, this category is further broken down into types of disability.</p> <p>Age is also a significant equalities group as “About half the people we come into contact with (54% of all service users and 49% of new people referred) are aged 75 or over”</p>
3.2	<p><b>Then compare to the relevant benchmark (eg. the % of people from each community who use your services* with the % of people within the relevant equalities community who live in your local area or in the city of Bristol).</b></p> <p>As explained above, due to the people we work with benchmarking in this way is not meaningful - the way the HSC Equalities data pack is put together takes this into consideration.</p>
3.3	<p><b>Evaluate what the data in 3.1 &amp; 3.2 tells you about how the current position affects people from equalities communities (see Guidance for further information and examples).</b></p> <p>As referenced previously, it is known that the current support to SUs is not equitable from one equalities group to another once they are receiving support.</p>

<b>Step 4</b>	<b>Ensure adequate consultation is carried out on the proposal and that all relevant information is considered and included in the EqIA</b>
4.1	<p><b>Describe any consultations that have taken place on the proposal. Please include information on when you consulted, how many people attended, and what each equalities community had to say (&amp; provide a web link to the detailed consultation if possible).</b></p> <p>Consultation has not yet begun as the phasing for the programme is not yet defined. However, a robust communications plan with detailed stakeholder mapping has started so the foundations for thorough engagement will be there when we are ready to consult.</p>
4.2	<p><b>Please include when and how the outcome of the consultation was fed back to the people whom you</b></p> <p>n/a</p>

<b>Step 5</b>	<b>Giving due regard to the impact of your proposal on equalities communities</b>
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5.1a – The information in this table refers to Service Users

<b>Possible Impact on Equalities Communities, whether or not you will address the impact</b>	<b>Actions to be included in the proposal</b>
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**AGE**

Under the category of age older people are most likely to be affected by the changes in HSC Transformation – positively or negatively. This is because as “About half the people we come into contact with (54% of all service users and 49% of new people referred) are aged 75 or over”

**Care Management –**

A review using SDS may increase the amount older people SUs receive to meet their outcomes – due to the RAS scores. Further changes will be made to improve the accuracy of the Resource Allocation System (RAS).

Any change to how HSC is accessed that uses increased online technology must consider the risk of excluding groups who do not have access to the internet. It is argued there is a growing ‘digital underclass’ where older people are particularly prevalent. (Age UK figures suggest that around 60% of people over 60 have never used the internet)

**In-house –**

Any review of the residential care HSC provide in-house will impact particularly on older people as 95.8% of residents in these homes are over 65yrs of age.

**Day Opportunities –**

The review of day services may have a positive affect on people under the age of 65 where alternative opportunities to traditional based buildings services may focus on employment, education and leisure activities within mainstream community provision.

For people over the age of 65 consideration will need to be given to the needs that current day service models provide including social isolation, frailty and dementia.

Full consultation will be undertaken on any work to be carried out that will impact upon this group.

<p><b>DISABILITY</b></p> <p>By definition, all SUs supported by HSC will have some sort of disability.</p> <p>Within the disability community there are further distinctions made in HSC by type of disability – so this may be more relevant here.</p> <p>SU groups are currently separated in the following way:</p> <ul style="list-style-type: none"> <li>Learning Difficulties</li> <li>Mental Health</li> <li>Physical Impairment</li> <li>Sensory Impairment</li> </ul> <p><b>Care Management –</b></p> <p>Any change to the structure of operational teams will have to consider the impact on SU groups. Currently teams are separated by locality <i>and</i> SU group.</p>	<p>Full consultation will be undertaken on any work to be carried out that will impact upon this group.</p>
<p><b>ETHNICITY</b></p> <p>Overall we engage with more people for BME ethnic groups than would be expected from the age profile of our service users</p> <p>This may be because the current figures on BME communities in Bristol are based on the 2001 census which are known to be unreliable.</p>	<p>Any redesign of services will give us an opportunity to ensure the views and needs of all equalities communities are taken into consideration.</p> <p>In relation to BME communities, this will be an opportunity to consult with them on ideas for redesign and ensure groups are not adversely impacted.</p>
<p><b>GENDER</b></p> <p>About 60% are female (62% of all service users and 59% of new people referred).</p>	<p>Full consultation will be undertaken on any work to be carried out that will impact upon this group.</p>
<p><b>PREGNANCY &amp; MATERNITY</b></p> <p>There is no formal collection of data on pregnancy and maternity for SU groups. ‘Associated people’ are recorded on PARIS, but this is not consistent for pregnancy so no meaningful analysis could be made.</p>	
<p><b>RELIGION AND BELIEF</b></p> <p>The data on religion and belief and our existing SUs is roughly in line with Bristol’s proportions, but the information isn’t always recorded on the system.</p>	<p>Any redesign of services will give us an opportunity to ensure the views and needs of all equalities communities are taken into consideration</p>

<p><b>SEXUAL ORIENTATION</b></p> <p>Currently we do not have reliable data on sexual orientation in relation to our SUs. This makes it difficult to draw conclusions on how current services met this communities requirements and, therefore, how changes will impact upon them.</p>	<p>Any redesign of services will give us an opportunity to ensure the views and needs of all equalities communities are taken into consideration.</p> <p>In particular, we do have reliable information on the sexual orientation of the population who will be our future SUs. Consultation on proposals for changes will engage with the LGBT community to ensure this is taken into consideration.</p>
<p><b>TRANSGENDER</b></p> <p>As above, we do not currently have reliable information on the transgender community.</p>	<p>Any redesign of services will give us an opportunity to ensure the views and needs of all equalities communities are taken into consideration.</p> <p>Consultation on proposals for changes will engage with the LGBT community to ensure this is taken into consideration.</p>
<p>Any other relevant specific groups</p>	

**5.1b** – The information in this table refers to staff

<b>Possible Impact on Equalities Communities, whether or not you will address the impact</b>	<b>Actions to be included in the proposal</b>
<p><b>AGE</b> 51.12% of staff in HSC are within the 25-49 age group, with 44.46% in the 50-64 group.</p>	<p>Any changes to staff will go ahead through a formal management of change process, which will include more detailed work on equalities. This will be done on a project by project basis and will allow for more specific equalities issues to be dealt with.</p>
<p><b>DISABILITY</b> 6.28% of staff in HSC identify themselves as disabled</p>	
<p><b>ETHNICITY</b> 7.65% of HSC staff are identified as BME</p>	
<p><b>GENDER</b> 83.83% of HSC staff are female</p>	
<p><b>PREGNANCY &amp; MATERNITY</b> Data on this group is available, but as it is not a fixed situation the individual projects will look at the statistics at the right time for their more detailed EqlAs.</p>	
<p><b>RELIGION AND BELIEF</b> 62.15% of staff are in the ‘unknown’ category for religion. 25.34% have a religion/belief.</p>	
<p><b>SEXUAL ORIENTATION</b> 63.84% of staff are in the ‘unknown’ category for sexual orientation. 34.57% are heterosexual and 1.58% LGB.</p>	
<p><b>TRANSGENDER</b> Data on this group is not available.</p>	
<p><b>Any other relevant specific groups</b></p>	

<b>5.2</b>	<b>Next Steps</b>
<p>In the table above you have identified ‘actions to be included in the proposal’. Some of these will be in-hand (already acknowledged and mitigating actions are underway) but some may be new.</p> <p><b>So that we can more clearly demonstrate what has changed as a result of this equalities impact assessment, please list below new actions identified and say when and how you will put these new actions into practice.</b></p>	



## Appendix 2

### Eco Impact Checklist

<b>Title of report: Delivering an effective social care system (formerly called Transforming Health &amp; Social Care)</b>				
<b>Report author: Alison Comley HSC Interim Strategic Director. Denise Hunt Transformation Programme Manager Vareta Bryan Service Director Care Services Netta Meadows Service Director Strategic Planning &amp; Commissioning</b>				
<b>Anticipated date of key decision 24 November 2011</b>				
<b>Summary of proposals: To consult widely on day &amp; residential opportunities and work towards delivering an effective social care system.</b>				
Will the proposal impact on...	Yes/ No	+ive or -ive	If yes...	
			Briefly describe impact	Briefly describe Mitigation measures
Emission of Climate Changing Gases?			See summary	
Bristol's vulnerability to the effects of climate change?				
Consumption of non-renewable resources?				
Production, recycling or disposal of waste				
The appearance of the city?				
Pollution to land, water, or air?				
Wildlife and habitats?				
<b>Consulted with: Steve Ransom, Environmental Performance Programme Coordinator</b>				
<b>Summary of impacts and Mitigation - to go into the main Cabinet/ Council Report</b>				
<p>The significant impacts of this proposal are:</p> <p>These proposals describe a headline programme for changing the scope and delivery of services within HSC. It is not possible at this stage to describe in detail the aspects likely to occur, but it is anticipated that they will include the following:</p> <ul style="list-style-type: none"> <li>● Changes to business mileage</li> <li>● Changes to the use and management of buildings, with effects on energy consumption and waste.</li> <li>● Changes to the scope and provision of transport services</li> <li>● Increased commissioning of services, transferring environmental impacts from the Council to external providers.</li> </ul>				

The proposals include the following measures to mitigate the impacts:

- Specific Cabinet reports related to this headline proposal will have their own eco-impact assessments, which will consider impacts and appropriate mitigation in more detail.

Change projects pursued through the Centre of Excellence will also have individual

- eco-impact assessments to quantify, describe and mitigate environmental impacts arising. Environmental considerations will form part of the governance arrangements.
- Commissioning will be subject to procurement procedures, which include an environmental risk assessment and appropriate contract criteria/ assessments.
- Impacts from accommodation changes in corporate buildings will be considered through the New Ways of Working Programme.

The net effects of the proposals are:

Not yet fully known. The proposals present significant opportunities and risks, and the net outcome will depend on the actions taken for specific projects and proposals. Further eco-impact assessments will be required.

**Checklist completed by:**

Name:	Claire Craner-Buckley Environment Adviser
Dept.:	Health & Social Care
Extension:	9224459
Date:	8.11.11
Verified by Environment and Sustainability Unit	Steve Ransom Environmental Performance programme Coordinator

Communications Strategy

**Purpose of the Communications Strategy (WHO and WHY)**

Health & Social Care communicates regularly with employees, service users, carers, families and other stakeholders both through periods of stability and times of significant change. This document signifies a communication commitment to:

Who	Why
Service users, their families, carers and our partners	<ul style="list-style-type: none"> <li>• Effective communication is a <b>key driver in achieving improved outcomes</b>. Quality, accuracy and consistency of messages positively influences the perceptions of audiences, especially our service users</li> <li>• Effective communication also enables us to <b>harness the capabilities of our partners as ambassadors for Health &amp; Social Care</b> and it enables us to proactively manage and develop our relationships with a diverse range of individuals and groups</li> <li>• Effective communication ensures that we hear what key stakeholders want from our services and how they feel about our current offer</li> </ul>
Our workforce	<ul style="list-style-type: none"> <li>• Effective internal communication enables us to <b>best harness the wealth of capability and resource</b> we have in our staff into consistently delivering the best possible services</li> <li>• Improved internal communication will ensure that everyone is <b>clear about the vital role they play</b> in the service that impacts on improving outcomes for service users</li> <li>• Communication is key in improving staff morale and ensuring that the organisation embodies key behaviours for change</li> </ul>

The overall aim is for Health & Social Care to be an open, transparent and forward looking organisation, focused on good outcomes for Bristol’s citizens and providing value for money.

A Health & Social Care Communications Plan supports this document.

**Our vision for Health & Social Care (WHAT)**

The Communications Strategy aims to support the achievement of the **future vision for Health & Social Care** so that we:

- help people to stay independent for as long as possible
- provide easy access to information and advice
- make support available for people before they reach the point of crisis
- offer real choice in the ways people receive and maximum control over the way they live their lives
- ensure high-quality assessment and care management services
- empower people to support themselves and take an active role in their community
- maximise resources by working in partnership with service users, family carers and providers
- commission high quality services which support choice, dignity and independence

- build community capacity so that people can make use of informal support in the community
- continue to work to keep people safe from abuse or neglect
- treat people equally and with dignity and respect.

### Communications principles (HOW)

The Communication principles provide guidance as to **how** we will communicate to ensure consistent high standards of content, presentation and method are maintained. Our communication will:

- Be timely and current.
- Ensure people know about any changes to their service that will directly affect them and know why things are happening.
- Use plain English and be clear, simple and user-friendly.
- Be accessible to all members of the community or, where appropriate, targeted effectively at specific equalities groups.
- Take special access needs into consideration when planning communication and provide information in the most appropriate and relevant format.
- Be honest, open and accurate. We won't pretend to have all the answers and will actively invite questions and feedback.
- Equip managers with the information and context they need to drive progress and manage change.
- Be monitored and reviewed to check whether it is effective.

### Outcomes

<b>Outcome 1</b>	Service users and carers feel well informed about the services they receive and positive about the way in which they are communicated with during times of change
<b>What we will do:</b>	<ul style="list-style-type: none"> <li>• Follow the Council's Code of Good practice on Consultation for all consultation with service users and carers and HSC's Carers and Change Toolkit</li> <li>• Work closely with the Press Office to implement a proactive approach to local media</li> <li>• Establish a dedicated e-mail address for service users, carers and families to give comments about our services</li> <li>• Manage the Health &amp; Social Care section on the Council website to ensure it is user friendly and holds easily accessible, current and relevant information for service users and carers</li> <li>• Use Bristol Cares and Our City to keep people informed about services, access and new developments</li> <li>• Develop a systematic approach to the development and distribution of information and leaflets to ensure they are available for members of the public in council and other buildings</li> <li>• Monitor the feedback received by the Performance Team in relation to service provision</li> </ul>

<b>Outcome 2</b>	Staff feel clear about priorities and equipped and motivated to improve outcomes
<b>What we will do:</b>	<ul style="list-style-type: none"> <li>• Share this Communications Strategy with staff, in particular the principles by which all communication activity should be measured</li> <li>• Ensure all staff are aware of the council's strategic priorities and the vision for Health &amp; Social Care and are clear about their role in delivering them</li> <li>• Introduce the monthly staff newsletter 'The Scene' to ensure there is a regular cascade of information from the Strategic Director to all staff including details and progress of the Transformation Programme and engaging staff in its implementation</li> <li>• Introduce area based 'H&amp;SC Conversation' meetings with the Strategic Director for Health &amp; Social Care to engage with staff on key issues</li> <li>• Introduce a schedule of team visits by the Strategic Director to reinforce priorities and invite feedback</li> <li>• Key Messages workshop with DLT and Business Change Managers for Transformation Programme in December 2011</li> <li>• Undertake work with corporate Organisational Development team to ensure the values and behaviours we required to deliver our priorities are embedded within our workforce</li> </ul>

<b>Outcome 3</b>	Staff feel that they understand their role and other people's roles in improving outcomes and feel that their contributions are valued
<b>What we will do:</b>	<ul style="list-style-type: none"> <li>• Hold quarterly Senior Managers Forum (Strategic Director, Service Directors and Service Managers) to embed key messages, promote understanding of the wider agenda through discussion and enable team working across the directorate</li> <li>• Hold quarterly Managers' Forum (all managers) meeting to embed key messages, promote understanding of the wider agenda through discussion and enable team working across the directorate</li> <li>• Use cases studies in the staff newsletter and on the Source to promote a shared understanding of work across the Directorate, new developments and enable staff to learn from each other</li> <li>• Encourage joint team meetings across Health &amp; Social Care to develop the understanding of different elements of the Directorate and to share information and learning</li> <li>• Promote more active and constructive discussion opportunities for staff including the use of Yammer</li> <li>• Establish a 'calendar of consultation and engagement activity' that can sit on Groupwise to ensure staff are aware of forthcoming consultation</li> </ul>

<b>Outcome 4</b>	Providers feel positive about their relationship with Health & Social Care and are motivated to develop flexible services to respond to the needs and demands of individual service users
<b>What we will do:</b>	<ul style="list-style-type: none"> <li>• Redesign Provider Forums to ensure effective communications</li> <li>• Publish Commissioning Intentions on a regular basis</li> <li>• bi-monthly Provider News distributed via e:mail</li> <li>• Hold an event for providers on the implications of the Transformation programme</li> <li>• Work proactively with organisations such as Skills for Care to ensure the market can respond to new challenges and requirements</li> <li>• Follow up training sessions to ensure the training needs of the independent sector workforce are understood and that providers are encouraged to respond</li> <li>• Comply with the Bristol Compact and work with VOSCUR and The Care Forum to build positive relationships, utilising existing forums and networks</li> <li>• Survey providers about further support or communication needs</li> </ul>

<b>Outcome 5</b>	Partners feel fully informed about the priorities of Health & Social Care, positive about the future direction of services, involved and motivated to build positive and constructive working relationships
<b>What we will do:</b>	<ul style="list-style-type: none"> <li>• Redesign Partnership Boards to ensure effective use for service user and carer groups and linking of these to the Health and Wellbeing Board</li> <li>• Establish Health &amp; Wellbeing Board to ensure partnership approach across key organisations</li> <li>• Undertake consultation to best practice principles in relation to any reviews or proposed changes</li> <li>• Communicate regularly with the social care network run by VOSCUR with The Care Forum</li> <li>• Explore the use of social media, interactive and online tools e.g. Facebook to engage with partners</li> </ul>

<b>Outcome 6</b>	The Bristol public understand the role of Health & Social Care and how they can access information and support
<b>What we will do:</b>	<ul style="list-style-type: none"> <li>• Work closely with the Press Office to implement a proactive approach to local media</li> <li>• Effective use of Partnership Boards to inform and engage with key stakeholder groups</li> <li>• Communicate regularly with Bristol LINK or similar organisations</li> <li>• Publish articles in 'Our City' to promote the work of Health &amp; Social Care and promote an understanding of the relevance of good social care services to individuals and society</li> <li>• Publicise and make news releases in community newsletters</li> <li>• Seek to establish a council-wide 'big conversation' style approach to the development of public services at a time of budget constraint.</li> </ul>

<b>Outcome 7</b>	We have in place a comprehensive understanding of who our priority audiences are and the tools needed to communicate effectively with them
<b>What we will do:</b>	<ul style="list-style-type: none"> <li>• Develop a comprehensive map of service users, carers and other external stakeholders</li> <li>• Undertake Stakeholder Analysis to determine the type of communication/engagement that would be most effective</li> <li>• Communicate effectively with Bristol’s diverse community through careful consideration of the needs of all equalities groups as well as service user and carer groups</li> <li>• Work to target and signpost information more directly to meet the needs of all of Bristol’s diverse population</li> <li>• Establish a Stakeholder Reference Group for any major change programme</li> </ul>