Bristol City Council: local authority assessment

How we assess local authorities

Assessment published: 30 May 2025

About Bristol City Council

Demographics

Bristol is the largest city in the southwest of England. It is the 10th largest city in the United Kingdom. It has a population of around 483,000 people. Bristol's population grew by an estimated 45,800 people over the decade from 2012 to 2022: a 10.6% increase and is currently projected to grow by 15% over a 25-year period from 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 are spoken by people living in Bristol. In terms of ethnicity, 81.09% people are white, 6.62% Asian or Asian British, 5.90% Black, Black British, Caribbean or African, 4.47% are of a Mixed or Multiple ethnic group and 1.92% are Other.

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. In 2021, Bristol had 60,760 people aged 65 and over: 13% of the total population. Of these, 27,890 people were 75 and over. There are 6,660 older people providing unpaid care, this is almost 1 in 10 people aged 65 and over.

Bristol's healthy life expectancy gap does not compare well with other local authority areas. Out of 149 local authorities in England, Bristol is 27th worst for males and 23rd worst for females. The council footprint has an index of multiple deprivation score of 7. A local authority with a decile of 1 means it is in the least deprived group (lowest 10%), while a local authority with a decile of 10 means it is in the most deprived group (highest 10%).

An integrated care partnership operates in Bristol comprising the Integrated Care Board (ICB), the voluntary sector and two other local authorities, North Somerset and South Gloucestershire. Bristol City Council has a Green party political majority.

Financial facts

The Financial facts for **Bristol City Council** are:

- The local authority estimated that in 2023/24, its total budget would be **£729,941,000**. Its actual spend for that year was **£769,651,000**, which was **£39,710,000** more than estimated.
- The local authority estimated that it would spend **£215,986,000** of its total budget on adult social care in 2023/24. Its actual spend was **£239,203,000** which is **£23,217,000** more than estimated.
- In 2023/2024, **31.08%** of the budget was spent on adult social care.
- The local authority has raised the full adult social care precept for 2023/24, with a value of **2%**. Please note that the amount raised through ASC precept varies from local authority to local authority.

- Approximately **6735** people were accessing long-term adult social care support, and approximately **1225** people were accessing short-term adult social care support in 2023/24. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

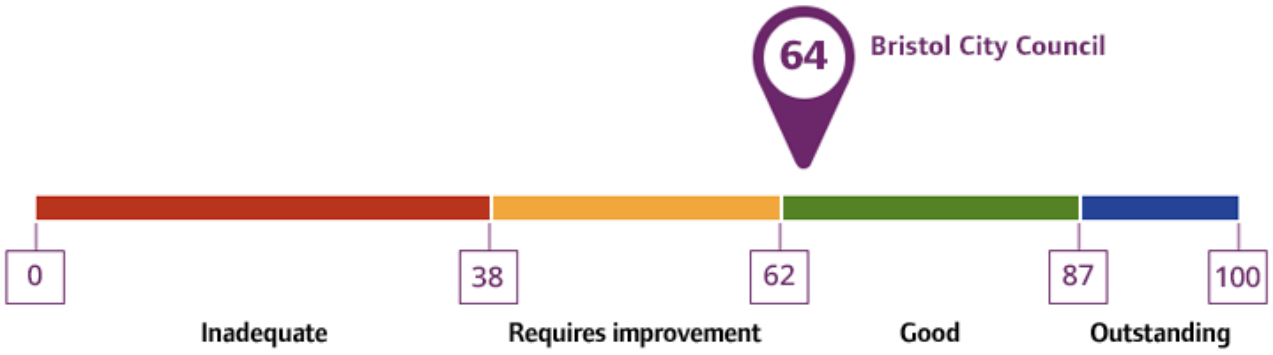
This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall summary

Local authority rating and score

Bristol City Council

Good



Quality statement scores

Assessing needs

Score: 2

Supporting people to lead healthier lives
Score: 3

Equity in experience and outcomes
Score: 2

Care provision, integration and continuity
Score: 2

Partnerships and communities
Score: 3

Safe pathways, systems and transitions
Score: 3

Safeguarding
Score: 2

Governance, management and sustainability
Score: 3

Learning, improvement and innovation
Score: 3

Summary of people's experiences

People's experience of their assessment and care planning was mainly positive. They shared they felt listened to and involved in the planning of their care and support. Social workers took an approach considering the needs of the whole family. Staff used strength-based approaches and people shared experiences of how they were being supported to be as independent as possible. However, some people and unpaid carers shared there had been long periods of time between assessments and some care reviews.

Overall, the support provided by occupational therapy (OT) was praised by people and unpaid carers. One person told us their current OT was excellent, and had worked with them to consider adaptations that would meet their needs and keep them independent for longer.

People moving between services were mainly happy with the support they had received. A young adult moving to a residential college shared this had been a positive experience for them. Another relative praised the discharge process of their family member from hospital to rehabilitation, then back home, as having gone smoothly. In contrast, an unpaid carer explained that moving from children to adults' services had been difficult in terms of the process. Partnership working was highlighted as being good between services. Although the sharing of information needed improvement, especially when people moved between health and social care.

Feedback from unpaid carers was more negative with many feeling their caring role was having a detrimental impact on their health and wellbeing. Respite options were currently more limited and unpaid carers felt having a short break was vital to be able to continue to provide good care. The process of assessments and reviews had taken too long for many unpaid carers along with delays with care starting.

Several unpaid carers told us direct payments had supported them in their caring role. People shared examples of how they were able to be creative in the use. For those not in receipt of direct payments, people told us they were aware of them but chose to receive care and support through a managed care package.

Summary of strengths, areas for development and next steps

The timeliness of assessment and reviews was improving after the local authority had taken a multi-pronged approach to address these, however, there were still further improvements required. Feedback from staff was improvements were also needed at the front door to the local authority, although some were underway. Staff worked in a strengths-based way and utilised systems to enable them to tell their story once. Improvements were underway to assessment times for unpaid carers alongside several other initiatives to provide support to them now and in the future. Advocacy was available to support people to contribute fully to care assessments, reviews and decision making.

Data provided by the Local Authority in January 2025 for care assessments showed a waiting list of 499 people. A shortage of staff was cited as the reason for the delays. Extra resources were now in place resulting in steady improvement with a 47% reduction since June 2024. For care reviews the waiting list was 1479 people, which was a reduction of 39% since January 2024. In terms of carers' assessments, 326 unpaid carers were waiting in January 2025, and this was an increase from January 2024 where there had been 262 people waiting.

A range of work was undertaken across staff teams to prevent, reduce and delay people's need for adult social care including occupational therapy support and provision of equipment and adaptations. Reablement services had been successful in supporting people and promoting independence. Work was underway to continue to improve usage of direct payments to give people more choice and control. People could access advice and information where needed, however, more work was being done to improve this, including a new directory of services. Some preventative projects were already in place, however, the local authority wanted to focus more on prevention in the future and partners agreed more could be done to further develop this area of work.

The local authority understood more work was needed to identify people who used services as well as those who did not through their data. Commissioners took positive steps to ensure providers considered people's diverse needs and were culturally competent. Communities gave mixed feedback about working with the local authority, however there were some positive examples of working together well, such as working with the Somali community accessing direct payments. Feedback was that information provided by the local authority was accessible, however there were some areas which could still be improved.

Good relationships were evident with health, voluntary, community and social enterprise (VCSE) partners. Examples of strategic partnership working were given to areas such as the transfer of care hub with health partners. The partnership with mental health services was particularly highlighted as an area of focus and work was underway to implement a mental health hub to improve this further.

The local authority worked with local people and stakeholders using available data to understand the care and support needs of people and communities. Commissioning staff supported new and innovative approaches to care provision, which led to better outcomes for people. A key priority in Bristol was developing specialised housing for people with complex needs. The local authority had clear arrangements to monitor the quality and impact of care and support services and supported improvements where needed. Some care providers felt communication with the local authority had improved more recently and hoped this would be sustained.

Work had been undertaken to improve the process for young people transitioning to adult services, and feedback was this was making a positive difference to people and their families. Joint working with health partners in several areas was positive and this work continued to develop, for example with a new mental health integrated care team being established. Systems such as the emergency duty team worked well overall and work in relation to areas such as preventing provider failure was embedded with staff evidencing how they worked in person-centred ways to support people. Risks were managed by the local authority when a person moved out of the city to ensure relevant checks and communication had taken place. Access could be improved for staff in terms of having shared access to health partners IT systems.

Waiting lists for safeguarding were reducing due to a combination of factors including the introduction of a safeguarding hub. However, Deprivation of Liberty Safeguards remained an area where risks remained. Partners were positive overall in how safeguarding was managed by staff in terms of systems and processes, but there were areas for improvement needed in feeding back about safeguarding outcomes for people. The staff approach was person-centred and creative with people supported in the least restrictive way possible. A programme of work was underway to improve safeguarding which included the introduction of a new Multi-agency Safeguarding Hub and there was continued learning in relation to Safeguarding Adults Reviews.

A co-produced Vision for Adult Social Care had been developed to guide staff, along with a target operating model to improve systems, processes and how staff worked. A number of changes and improvements had been made as part of an ongoing transformation programme, for example, improving staff recruitment and retention, waiting lists and enhancing performance data. Senior leaders, staff and elected members on Policy Committees were committed to the changes underway whilst being aware of the challenges ahead.

There were many staff training and development opportunities, and we received positive feedback about these from staff. Some areas had been more recently developed by the local authority, such as the Interprofessional Practice and Competency Framework, whereas other areas were more established, such as the occupational therapy apprenticeship and social work assessed and supported year in employment (ASYE) programme. A co-production advisory group had been working with the local authority and were enthusiastic about their involvement in producing a co-production policy. The Technology Enabled Care team worked closely with staff and partners to support people with their care needs, safety and promoting independence. The local authority used feedback from people to improve service delivery. There were opportunities for staff to provide feedback to leaders in a number of ways.

Theme 1: How Bristol City Council works with people

This theme includes these quality statements:

- Assessing needs
- Supporting people to live healthier lives
- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

Assessing needs

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is coordinated, 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.

The local authority commitment

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key findings for this quality statement

Assessment, care planning and review arrangements

National data from the Adult Social Care Survey for 2023/24 showed 80.78% of people felt they had control over their daily life. This was similar to the England average (77.62%). However, national data from the same source showed 41.79% of people reported they had as much social contact as they wanted with people they like, which was somewhat worse than the England average (45.56%) and 58.81% of people were satisfied with care and support which again was somewhat worse than the England average (62.72%).

Most of the feedback we received from people in relation to their experiences of assessment and care planning were positive. Examples included being given a choice in relation to care, feeling listened to and people's opinions being considered. People praised the approach of staff and felt assessments were person-centred reflecting people's strengths, choices and wishes. Some areas which were identified could be improved were in relation to people not always having a named social worker and feeling some staff lacked knowledge in certain areas such as in relation to complex conditions or autism.

Assessment teams were skilled in carrying out assessments. Staff told us the local authority's approach and commitment to person centred practice enabled them to form meaningful relationships with people they supported. Staff had freedom and flexibility in how they approached interventions and could work closely with colleagues when appropriate. Assessments were person-centred and holistic, considering all potential needs, including assessing unpaid carers needs. Staff considered support from other community services where appropriate.

Areas staff felt which could be better were improvements at the 'front door' to the local authority. Care Direct were the initial point of contact for new referrals and staff felt systems could be confusing at times with people being moved from team to team. Feedback was there could also be significant delays in allocating work into the receiving teams. The recording system was also described as cumbersome where information had to be repeated. The local authority had recognised these issues and there was evidence that it was taking positive steps to address them through the new target operating model.

The local authority had introduced measures to reduce waiting times at the front door which had delivered improvements with an approach to 'build on your strengths, networks and resources available in the local community'. Care Direct staff had had strengths-based training to embed this approach resulting in a reduction in onward referrals from 45.5% to 22.4%. The duty system had recently been updated to follow the ethos of 'understand and resolve' at first contact which at the beginning of June 2024 had resulted in a reduction on waiting lists of over 100 people. The local authority continued to work on systems around managing demand. For example, they now had some voluntary sector partners as part of the front door team who worked directly with individuals to provide support and make referrals when necessary. People could access the local authority's care and support services through other channels, including online and self-assessment options.

The Swift Response Team was the first point of contact in adult social care for new referrals. The team was multidisciplinary and worked collaboratively to ensure people benefited from the right professional expertise at the earliest opportunity. The team undertook work which needed a high priority or urgent response to avert crisis, prevent hospital admission, carer breakdown or to safeguard individuals.

Staff worked in ways to maximise their contacts with people. For example, OT staff told us if a social work team knew they would be assessing someone for equipment, they could also be asked to review the existing package of care or support plan.

Overall, feedback from partners was more negative. Some partners explained once a person had a named worker the system worked well, referrals to their services were not always appropriate and sometimes they made referrals to the local authority but had to chase up or resubmit these again.

Timeliness of assessments, care planning and reviews

National data from the Short and Long Term Support for 2023/24 showed 46.11% of long-term support clients were reviewed (planned or unplanned). This was similar to the England average (58.77%).

Data provided by the Local Authority for care assessments in January 2025 showed a waiting list size of 499 people. The target timescale for contact was 42 days. A lack of staff was cited as the reason for the delay and extra resources were now in place resulting in steady progress with a 47% reduction in the number of people waiting for an initial assessment since June 2024. Over 12 months to January 2025,1911 assessment were completed with 57 median days to assess. The local authority confirmed there had also been a 1.8% increase in demand in the numbers of people receiving long term care from 5,458 in January 2024 to 5,557 in January 2025.

Data provided by the Local Authority for care reviews in January 2025 showed a waiting list size of 1479 people from 2434 in January 2024 which was a reduction of 39%. There was 45% of people overdue for reviews in December 2023 to 26% in January 2025. Feedback from the local authority was that the number of people now waiting for a review in Bristol was significantly better than the England average. The citywide review teams prioritised the most overdue reviews and people in receipt of a direct payment. A waiting list was not held for services such as hospital discharge and reablement as staff referred in daily due to the quick turnarounds.

Feedback from people was that assessments and reviews were not always completed in a timely way, however when they were done, they were good. Senior staff told us they used data to help identify risk where there was the highest demand. For example, indicating additional staff capacity might be needed or detailing waiting times. One of their challenges, was now introducing more capacity to proactively contact and support people waiting on lists. Other waiting lists were reducing such as their Accessible Homes Team who had a significant waiting list in 2024, however the numbers of people waiting was now reduced by a third.

Staff were communicating with people on the waiting list by writing to them and providing advice and guidance. They also held 'shut down' days where non priority work was paused and staff focussed on ensuring people were ‘waiting well’ by speaking with them, to ensure their needs had not changed.

Staff had seen an increase in agency staff usage to reduce the waiting lists. A duty system triaged referrals coming into teams, helping to prioritise cases and put in any interim measures to help manage risk while people were waiting. However, there were duty capacity issues, and staff said it could take a week for a person whose referral was high priority to be contacted, with those lower priority taking longer, those with urgent needs were assessed immediately. This could be a small short-term increase to existing funding, a referral for equipment or technology enabled care, or signposting to the community services.

Some teams described the waiting lists as a challenge to manage, which resulted in constant reprioritisation of cases. They said there was always a risk that people waiting who were not making regular contact could get missed. Staff told us there was a need for more resources and staff as there was limited capacity and this was causing delays across services.

The local authority had been aware of the length of waiting lists for care assessments and reviews and had taken a multi-pronged approach to address this. This included commissioning additional social work capacity to undertake up to 1000 initial Care Act assessments and up to 1000 planned reviews in 2024. Recruitment of more staff, better use of data and use of a prioritisation tool were strategies to address this. The prioritisation tool included who was waiting, where, what for and how long, as well as an agreed priority level for allocation. This allowed the local authority to consistently prioritise people who needed a more urgent assessment or review across teams.

The local authority shared their data on their pathway 3 discharge to assess (D2A) (where someone went into a 24-hour care setting) and the number of care act assessments completed. The data showed there had been a reduction in the length of stay for people in hospital since October 2023 (when the transfer of care hub was set up) from approximately 80 days in October 2023 to 50 days in December 2024. The local authority recognised a key area for improvement was the time from referral to allocation. This was sometimes delayed as people were still undergoing intervention with other professionals or services.

Overall feedback from partners was people were not always followed up by staff in a timely way, especially if there was a change in their needs which impacted them negatively. Processes could sometimes be too slow, and they felt a contributing factor to this may be a lack of resources and funding in the social care front door teams. One partner said delays had caused them to raise a safeguarding concern in the past because of the impact of waiting on one person. One health partner commented having a better understanding of how the local authority prioritised cases may be helpful. Some care providers also felt they could be better consulted with when reviews were undertaken so they could contribute.

Assessment and care planning for unpaid carers, child's carers and child carers

National data from the Survey of Adult Carers in England for 2023/24 showed 69.72% of carers felt involved or consulted as much as they wanted to be in discussions. This was the same as the England average (66.56%). Additionally, the same national data showed 35.65% of carers were satisfied with social services which was the same as the England average (36.83%), and 85.00% of carers had enough time to care for other people they were responsible for which again was the same as the England average (87.23%).

In most other national data from the Survey of Adult Carers in England for 2023/24 this was either somewhat worse or worse for Bristol. For example, 54.04% of carers experienced financial difficulties because of caring. This was worse than the England average (46.55%). Additionally, only 15.53% of carers felt they had control over their daily life, which was somewhat worse than the England average (21.53%), and 27.33% of carers felt they had encouragement and support which was somewhat worse than the England average (32.44%).

Data provided by the local authority for carer assessments showed 326 unpaid carers were waiting in January 2025. This was a 9% reduction from December 2024 when there were 358 people waiting, however an overall increase from January 2024 where there was 262 people waiting. The median wait time was 18 days down from 20 days in the last 6 months with the target timescale being 6 weeks. A continuous improvement plan was in place with regular updates to the local authority Adult Social Care Quality, Improvement and Performance Board and oversight was carried out by the Principal Social Worker (PSW).

The experiences of unpaid carers we spoke with in Bristol were positive overall. Comments included feeling listened to (although the local authority was not always able to meet their needs). Another unpaid carer talked about the social worker taking a whole family approach and really helping them. People told us about assessments resulting in a one-off payment being provided which enabled them to take a short break. Also, assessments considered the impact of caring responsibilities and if there were any adjustments needed to ensure the unpaid carer continued to get the right support in their role. Feedback from unpaid carers was they valued the assessments that had been completed and the support that was provided. However, other people felt the local authority had not taken future needs into consideration, had not heard anything about their assessment and cited delays, for example, in relation to waiting for the one-off carer's payment.

Staff told us about several priorities they were involved with to improve support to unpaid carers, such as better identifying unpaid carers and carers breaks. They were currently working with an organisation who specialised in working with local authorities to support unpaid carers. For example, by ensuring flexibility of carers assessments to enable these to be done to suit people better. Some staff felt the local authority support options could be improved as this was primarily a one-off payment of £300 or a sitting service. This support also could take time to be agreed through the local authority processes. Support for unpaid carers was provided in a few other ways including the Carers Line (phone and online), carer support groups, Information, advice & guidance and through the Carers Emergency Card.

The number of carers assessments had risen year on year. Senior leaders were aware of the long waiting time for unpaid carers to receive assessments and support through statutory complaints they received and feedback to carers support organisations. They had been engaging more with people at unpaid carers events and workshops. They were aware there remained significant challenges, but improvements were underway. Overall waiting times were getting better, and this was due to a mixture of new staff roles, recruitment, use of some agency workers, better use of data, having clearer KPI's (key performance indicators) and better oversight and management of teams. This had given them a greater understanding of the demand and trends in relation to unpaid carers. For example, the use of direct payments was high for carers, for accessing breaks, sitting services and companionship.

Practitioners across all teams could undertake assessments and reviews for carers but the local authority also had a specialist carers team dedicated to this task. Third sector carers support organisations were commissioned to undertake assessments on behalf of the local authority. The local authority had good working relationships with the carers support organisations and drew regularly on the feedback unpaid carers provided, to assist with a continuous improvement strategy and planning. The local authority grant funded some community groups to support unpaid carers too.

An 'All Age Carers Strategy' was being launched in 2025 along with a coproduced working group with the aim to deliver on actions against the strategic priorities, including reducing unpaid carer wait times. People were given information about waiting after an assessment, such as useful telephone numbers and information to seek help. The local authority had put this in place to help manage expectations, keep people safe whilst waiting for services and help keep them informed. The Integrated Carers Team Plan 2024-25 was produced to ensure it met the commitments of the vision for adult social care in Bristol.

Partners told us people waiting for an allocated social worker, carers fatigue and social isolation were the biggest challenges faced by unpaid carers. This had been fed back to the local authority who were keen to learn, but they reported a large turnover in staff and some partners were unsure what more was happening to address this.

Help for people to meet their non-eligible care and support needs

With people's care records reviewed as part of our assessment, we found evidence of clear records of eligibility decision-making. This included recording ineligible needs, and identifying any actions required to meet those needs. For example, one person had been originally assessed in 2020, however most recently reviewed again in 2024. It was clear ongoing occupational therapy involvement had continued during this time although the person was not eligible for support under the Care Act due to their increased independence.

People were given help, advice and information about how to access services, facilities and other agencies for help with non-eligible care and support needs. Staff told us about the range of prevention and early intervention services they regularly used which included the Technology Enabled Care (TEC) service, 'Help When You Need It' services, and working with some further charities and support services. 'Help When you Need it' services were funded by the local authority so local services could provide support to people who fell below care act eligibility. This time limited support included help with housing related issues, independent living skills and connecting to the community. Sometimes people's needs would be addressed by for example, providing simple equipment.

Some staff felt there was a gap in support for those who don't meet eligible care needs under the Care Act. For example, young people with mental health needs as they transitioned from children's and adolescent mental health services to adult mental health services as this was only in specific circumstances.

Feedback from partners was that communication could be better at times from the local authority when people's eligibility changed and there was currently no support for people who were waiting to hear about an autism diagnosis.

Eligibility decisions for care and support

National data from the Adult Social Care Survey for 2023/24 showed 67.72% of people did not buy any additional care or support privately or pay more to 'top up' their care and support. This was the same as the England average (64.39%).

Support Options Forums (SOFs) were held for initial practice discussions and cases with requests for increases in care packages or new care packages costing under £350 per week. Case Discussion Forums (CDFs) were held for cases similarly, but for over £350, and for all placements. These forums provided assurance that staff were considering the best options for people, and these remained within the scope of budgets. Changes to the process for approval of care were consistently mentioned by staff as lengthy. Some staff felt the senior leadership team did not understand the impact of this process on people waiting, which could cause delays in meeting needs (although this was improving). Some staff felt there was a high level of scrutiny and systems could hinder creativity. Staff were getting used to the processes but had found it difficult. Feedback from partners was similar as they felt cases at SOF and CDF were delayed and lengthy and they were concerned cost was considered over people's needs.

Local authority guidance documented the SOFs and CDFs were robust, critical, and friendly discussions where all members contributed to critically deliberate and develop creative solutions for individuals requiring support from Adult Social Care. The aim of forums was to provide a strategic and multi-professional lens to the support provided to people to ensure practice was safe, in line with the Care Act 2014, evidence based, and cost-effective. Emergency cases were reviewed separately.

Financial assessment and charging policy for care and support

Data provided by the Local Authority in July 2024 for financial assessments confirmed the current waiting list was 32 with a median wait time for people of 7 days. This was also the target time for first contact. Staff wrote to everyone needing a financial assessment giving them details of the online financial assessment tool and a copy of a paper self-assessment form.

One person told us they had challenged a decision around charging in relation to being in a care service where they wanted to return home and had been successful in this decision being reversed by the local authority. Feedback to Healthwatch by one unpaid carer was they felt they would benefit from additional information on financial support and direct payments. Healthwatch is the independent champion for people who use health and social care services. Healthwatch gathers and represents the views of the public about health and social care services in England. The local Healthwatch network supports people to share their experiences of care or access advice.

Staff had established links between teams with good reporting systems around financial assessments. Financial assessments were normally carried out remotely but could be done in person if preferred. Feedback from staff was they could be done quicker, so people could know how much care would cost, information could be improved and the number of processes staff had to follow could be streamlined.

The Financial Protection Team managed corporate appointeeships and deputyships. They reported having good capacity and worked well with social work teams providing guidance and support. There was a project worker on the team who could support people to try and resolve their financial difficulties and maintain financial independence, so formal financial protection measures were only implemented when there was no other option.

The local authority produced a leaflet for people in relation to pricing and charging (dated April 2024 to March 2025). It contained a tool which individuals could use to calculate their probable financial contribution to care, in both residential and non-residential settings. Sections included deferred payments, third party top ups and self-funding care. The leaflet concluded with a list of organisations who could offer independent advice and information for people.

Feedback from partners was there could be occasions when it was difficult to obtain one to one funding for people to preserve placements and delays in getting funding agreed.

Provision of independent advocacy

Timely, independent advocacy support was available to help people fully participate in care assessments and care planning processes. Staff were aware of when and how to refer for advocacy support which was straightforward. The advocacy service had recently changed but referrals were the same and there were good relationships where staff could call to discuss referrals.

A new advocacy provider took over in November 2024 to provide statutory advocacy services to the local authority. Several existing staff remained which ensured continuity for people. There was a range of support across Safeguarding, Independent Mental Capacity Advocates, DoLS, Community Advocacy and Health and Social Care Complaints. The local authority undertook joint commissioning with the ICB to fund elements of advocacy support. Partner feedback was the local authority were approachable and responsive.

With the new provider, the local authority ambition was to improve advocacy services further to be more streamlined and easier for people to navigate. In some cases, referrals could be made sooner to advocacy and be for the whole assessment process, not just specific decisions. The advocacy provider planned to promote the service further by attending events, use of social media and having an advocacy presence in acute settings. Promotion of advocacy had been done to increase usage by talking to staff teams. Following this, the number of referrals increased slightly for Care Act assessments.

Supporting people to live healthier lives

Score: 3

3 - Evidence shows a good standard

What people expect

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.

The local authority commitment

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this quality statement

Arrangements to prevent, delay or reduce needs for care and support

Data for people using services in Bristol indicated a positive picture. For example, national data from the Adult Social Care Survey for 2023/24 showed 65.11% of people said help and support helps them think and feel better about themselves. This was somewhat better than the England average (62.48%). Additionally, 71.08% of people reported that they spend their time doing things they value or enjoy. This was the same as the England average (69.09%). National data from the Adult Social Care Outcomes Framework for 2024 showed 78.08% of people who have received short term support who no longer require support which was the same as the England average (79.39%).

In terms of unpaid carers, data was more mixed. National data from the Survey of Adult Carers in England for 2023/24 showed 11.80% of carers were able to spend time doing things they enjoy. This was somewhat worse than the England average (15.97%). However, 88.60% of carers said they found information and advice helpful, which was somewhat better than the England average (85.22%).

In the Bristol Joint Strategic Needs Assessment 2023/24, the considerable health disparities were documented within and across Bristol between those living in the most deprived and least deprived areas. Locality partnership health profiles had been developed for each of the three Bristol localities, Inner City and East Bristol, North & West Bristol, and South Bristol. These combined with ward data, helped the local authority identify hotspots of higher demand.

Senior staff explained in Bristol there was one city but many communities who were each very different. Life expectancies had really wide divisions. In the inner city and east there were high levels of deprivation. Northwest Clifton and Henbury had more care homes. In the south there was more deprivation and higher rates of safeguarding referrals. Historically Bristol has had high smoking rates (linked to being a centre for cigarette manufacture) which had an associated impact on people's health.

The local authority worked with people, partners and the local community to make available a range of services and resources to promote independence, and to prevent, delay or reduce the need for care and support. Feedback from people was overall positive, however unpaid carers feedback less, mirroring the data. People told us about their positive use of technology to support them and success learning new skills. Another person liked the flexibility of the support they received. Unpaid carers feedback related to wanting to take a break from their caring role but not feeling able to do this, and a need for an increase in the availability of respite care which was a recurrent theme.

Staff teams were positive about the ways they were able to support people around prevention and OTs did a lot of preventative work, for example, social prescribing which could prevent the need for a formal package of care. Examples included an electronic falls detector for a person with epilepsy and a vibrating watch to remind someone to take their medication. Equipment was funded through the disabled facilities grant. Some staff reflected pressures could prohibit preventative working at times when risk was their primary focus.

Senior leaders told us plans were to develop a much more preventative approach to stop as much crisis driven work and to develop their reablement offer. They were aware earlier interventions could resolve issues for people.

Preventative services were having a positive impact on well-being outcomes for people. There was a strong cohort of providers working to prevent needs escalating, which included a VCSE sector. There was a number of specific projects that prevented, reduced or delayed needs. This included work being done with the ICB and other local authorities to create a support register that would identify at an early-stage people with a learning disability who also had a mental health risk, to enable earlier intervention and prevent escalation. Other teams such as the sensory impairment team supported people in a variety of ways to prevent the escalation of needs.

A local authority partnership with a development trust co-ordinated local community volunteers to meet people's low-level care needs as well as offering a befriending service. The focus was on preventative work to avoid longer term provisioned services. The local authority provided initial financial support to launch the project, and an evaluation of the service was carried out by a local university in January 2024, confirming it demonstrated an effective social return and financial savings.

Partners were able to tell us about a range of services in Bristol to prevent, delay or reduce the need for care and support. For example, a carers centre provided social and financial support to unpaid carers as well as connecting unpaid carers to other community groups supported by local authority. Another preventative service who received grant funding from the local authority supported people with mental health needs offering peer support with walk in and online sessions. Feedback was most people felt the service had prevented them from needing acute mental health services.

Another partner said that whilst the local authority focused on prevention and early-intervention strategies, they feel more could be done to address the health and wellbeing of people in more holistic way. For example, the local authority worked on reducing falls and hospital admissions but other aspects of wellbeing, such as occupational and social aspects, needed a greater focus. Common feedback from partners was the local authority were less able to do preventative work due to the pressures they were under.

Provision and impact of intermediate care and reablement services

National data from the Adult Social Care Outcomes Framework for 2024 showed 2.48% of people aged 65+ receive reablement/rehabilitation services after discharge from hospital. This was the same as the England average (3.00%). National data from the Short and Long-Term Support for 2023/24 showed 92.31% of people aged 65+ were still at home 91 days after discharge from hospital into reablement/rehab. This was better than the England average (83.70%).

The majority of feedback we received from people using services was positive. Comments included the support provided by the local authority enabled one person to live as they wished and their safety was enhanced by having a falls alarm. Assessment documents clearly evidenced a strength based approach by staff, fully taking into account the wishes of the people to remain as independent as possible. Adaptations and interventions by the OT involved, showed careful consideration of the person's needs with adaptations being specially made.

As part of the initial conversation with the person, the duty worker could signpost to community services (including the Technology Enabled Care service) or make a referral to reablement. Some staff said they had experienced some capacity issues with the reablement team at times where they had been unable to accept more referrals, resulting in a package of care being commissioned instead.

The Reablement Service provided a city-wide community-based service for people over the age of 18, delivering short term (up to 6 weeks) support at home from 3 locality-based teams. This was following an injury, stay in hospital or a period of poor health at home and was free. The local authority worked with partners to deliver intermediate care and reablement services that enabled people to return to their optimal independence. Reablement was a key part of the local authority work following hospital discharge, supporting flow, promoting independence and reducing the demand for long term support.

Senior Reablement Workers were trained as Trusted Assessors so were able to support people with lower level needs, assess and arrange for smaller, basic pieces of equipment, enabling OT services to focus on people who had more complex needs. A trusted assessor is a suitably qualified person who carries out assessments of health and/or social care needs to facilitate speedy and safe transfers from hospital. A short-term domiciliary care bridging service with a promoting independence approach was available at the end of reablement and intermediate care services, if required, whilst waiting for the completion of a Care Act assessment.

Feedback was the reablement service was good overall at supporting people to be as independent as possible. However, some staff told us referrals were not always accepted when the person had a mental health need, as the preference of the service seemed to be on providing reablement to people whose needs were physical.

A hospital avoidance project for 'step up' beds was underway working with the ICB, colleagues from reablement and the hospital social work team. People at risk of hospital admission were provided with up to 6 weeks bed-based rehabilitation support to stabilise their needs. The project was in the pilot stage and yet to be fully evaluated, but data from the first 7 people using the service showed that positively 60% returned home without the need to go into hospital.

Access to equipment and home adaptations

Waiting lists for OT assessment and major adaptations were decreasing. This was due to there now being a full complement of OTs and Occupational Therapy Aides (OTAs) in post. External OT agency support was also in place until June 2025 to ensure they were equipped to deal with the back log of people waiting.

Data provided by the local authority for January 2025 showed a rise in numbers of referrals for OT assessments, however progress had been made in reducing waiting times. The median waiting time for the last 12 months had reduced by 58%. Approximately 70% of referrals to OT in adult social care over the last 12 months had been for people who did not have a commissioned service at the time of referral. In total 903 Technology Enabled Care assessments had been completed from May 2024 to January 2025 with the average days to assessment of 11.06. The major adaptations waiting list as of 20 January 2025 was 457 in December 2024 from 685 in July 2024, so reduced by 33%.

Referrals for assessment were triaged by an OT to ensure any immediate risks were mitigated. A lot of OT work related to short term prevention and preventing hospital admissions. Staff told us the biggest challenge for them remained waiting lists, as by the time they got to work with someone who had been waiting, it could be difficult to build a rapport if they were unhappy about the delay, however this was improving. A continuous improvement plan for adaptations was in place was in place governed by the Adult Social Care Quality, Improvement and Performance Board (QUIP) to ensure oversight of this work.

A new framework for contractors was being procured. Improvement plans were in place to reduce waiting times to 6 weeks for teams primarily involved in assessment for equipment and 8 weeks for the Accessible Homes Team which is responsible for major adaptations.

The Adaptations Continuous Improvement plan set out the local authority's action plan under four key objectives: reduce waiting times for assessment, demand management strategy, measuring outcomes/impact, reducing times for completion of work. Some actions on the plan had been completed already.

People could access equipment and minor home adaptations to maintain their independence and continue living in their own homes. People gave us some mixed feedback about access to equipment and home adaptations. For example, for one person there had been some confusion across teams which they felt delayed the adaptations they were waiting for. However, other people told us the OT support was very good, and they were happy with the equipment they received. Partners gave us positive feedback in relation to the OT service too, feeling this was something the local authority did well.

The longer-term specialist OT team worked with a large proportion of people who did not have commissioned support. Occupational Therapy was primarily provided via the Independent Living Team (equipment and minor adaptations) and Accessible Homes Team (major adaptations). Both teams accepted referrals from the public and professionals. New referrals were triaged by the Swift Response Team and directed to the most appropriate service. OT's were also based in the front door of the local authority, in transitions services for young people and hospital discharge services. The outcomes data collected by the local authority showed that OT intervention led to reduced risk of falls and hospital admissions.

Staff in the Accessible Homes Team told us about the 'Making Best Use of Stock' Team. If a person's home was not suitable to meet their needs and could not easily be adapted, this team helped to identify an alternative suitable property from existing housing stock. This could be a property that was already appropriately adapted, or one that was suitable for the required adaptation. There was sometimes a delay in adaptations taking place following an OT assessment because of capacity issues with surveyors and contractors that carry out the work. This was particularly the case with more complex adaptations, which they said were increasing in frequency. They told us whilst someone was waiting, they would remain involved and supply any interim equipment or liaise with social work teams to try and manage risk and promote independence.

There was a wait for adaptations of around 18 months. Staff would always try to source the most cost-effective option to assist. For those who were still waiting for adaptations they would try to find an interim plan. They gave an example of supporting people to access washing facilities in other ways whilst waiting for a wet room to be fitted.

Staff told us it was an easy process to refer for OT support. For more minor equipment this could be sourced relatively quickly. Staff told us that often small changes were those that made the biggest difference to people's lives. For example, one person had purchased their own bath stool but slipped off it and this had knocked their confidence, impacting on their wellbeing. The OT Aide carried out a bathing assessment and arranged for a standard shower chair to be delivered so they could now bathe with confidence.

The Technology Enabled Care (TEC) Hub explained that as well as considering any new equipment, they asked people about their current devices to maximise their potential. For example, a helpful app that could be downloaded onto a smart phone, or a smart speaker function could be utilised. This approach could avoid the need to introduce new, unfamiliar equipment unnecessarily. There were TEC Champions in some teams and the hub lead met with champions to update them on new technology.

The external equipment provider service was jointly commissioned by Bristol City Council, North Somerset Council, South Gloucestershire Councils, in the area known as BNSSG with the Integrated Care Board (NHS). Staff told us the local authority equipment supplier was good, with no issues around stock availability or timeliness of deliveries. Most items were delivered within 5 days but could be delivered sooner if urgent. The local authority gave staff scope and autonomy to research and test out specialist equipment if they felt standard equipment stock items were not suitable.

The Accessible Homes and Technology Enabled Care team assessed individuals across all housing tenures to determine their eligibility for assistance and enable the installation of aids, adaptations, or equipment to help people to remain living independently at home or ensure quick discharge from hospital. The team worked across the Integrated Care System (ICS) to improve hospital discharge pathways and provide technology enabled care as soon as the need for preventative support was identified.

Provision of accessible information and advice

People could access information and advice of their rights under the Care Act and of ways to meet their care and support needs. This included unpaid carers and people who fund or arrange their own care and support. National data from the Adult Social Care Survey for 2023/24 showed 67.87% of people who use services found it easy to find information about support. This was the same as the England average of 67.12%. Also, national data from the Survey of Adult Carers in England for 2023/24 showed 61.61% of carers found it easy to access information and advice. This was the same as the England average (59.06%).

Unpaid carers were complimentary about the carers support services offered in Bristol, feeling able to access these for advice and support. Other people told us information had been sent to them by the local authority, for example, in relation to groups for people living with dementia.

Some staff and partners felt the online information and advice offered by the local authority was difficult to navigate and could be improved, and they did not routinely use it when providing information and signposting for people. Instead, they had developed their own list of local community services details, which was a working document they updated regularly. A review of the existing Adult Social Care Directory of Services was now underway to make improvements. The local authority was working with another local authority to develop a new directory of services. The new directory would provide information and guidance to meet the requirements under the Care Act, it was anticipated this would be available in April 2025. The information portal people accessed was being improved, along with the self-referral form, professional referral form, advice and guidance. The local authority had developed easy read versions of charging leaflets for care in the community, residential care and direct payments, each were translated into various languages as well as being available on the website.

Staff working with people with sensory impairments explained there had been a recent redraft of the accessible communications policy. Some other staff felt there was a lack of accessible information around assessments for young people, there previously was a film with young people explaining what to expect of the service, but this was not relevant now. Access to interpreters and the internal translation services were described as good.

Some partners were engaged in conversations with the local authority about how they could make information sharing easier. They were also in discussion with commissioners around a piece of work to give promotional information to people when they first accessed social care services.

Direct payments

National data from the Adult Social Care Outcomes Framework for 2024 showed 20.17% of people received direct payments. This was lower than England average (25.48%). Also, 26.22% of people aged 18-64 received direct payments. This was significantly lower than England average (37.12%). Finally, 97.53% of carers received direct payments, this was lower than expected. However, national data from the Adult Social Care Outcomes Framework for 2024 showed 11.95% of people aged 65 and over received direct payments which was similar to the England average (14.32%).

Data provided by the local authority in July 2024 provided further detail about the use of direct payments. Ninety-nine direct payments were ended in the year prior to 30 June 2024, 90 were people using services and 9 were unpaid carers. This represented an 18.2% decrease on the same period in the previous year. Most direct payment users were female at 63.6%, with males at 36.4%. Of these 73% were white, with 20% black, Asian or other ethnic minority background. More younger people used direct payments, with only 20% being over the age of 70, and 71% were identified as having a long-term condition.

Several unpaid carers told us they were aware of direct payments or in receipt of these. Other feedback was there could be better information provided about what direct payments were and how they could be used.

Senior staff told us there had been a national decline in the uptake of direct payments which was also reflected in the local authority's figures for the past 12 months. Action was being taken to increase the uptake of direct payments and was one of the local authority transformation projects. For example, the local authority were piloting a direct payment support hub, simplifying their internal processes and refreshing their staff training around direct payments, making this mandatory. Contractual agreements with providers ensuring expectations of roles and processes were being aligned with the local authority vision for direct payments. In the past 12 months and since the actions had started there had been a 0.6% increase in direct payments usage indicating an improving trend, although small.

The Direct Payment Support Hub team was being piloted for 12 months. Staff told us they hoped this would become permanent, as they were excellent. The Hub had practitioners who had had specialised training to support the set up and initial review of all new direct payments. The purpose of the pilot was to increase the uptake of direct payments by streamlining the process and improving information provided to people. The local authority were in the process of reviewing the success of the pilot by reviewing data on the uptake, practitioners' confidence and finance data. Further support was provided through a virtual direct payments café which provided practitioners with a place to share learning, seek advice and support, leading to increased confidence and competence. Feedback from staff demonstrated the success of the cafes.

Staff felt direct payments encouraged people to be more creative around their care and support. Some barriers were due to the complexity around managing direct payments. Adult Social Care Policy Committee Members explained direct payments had been an area raised to them by constituents, and they were aware uptake was lower in Bristol. They understood the price of direct payments had not yet caught up with homecare prices and local authority senior leaders were keen to develop this further.

Partners told us in response to challenges facing the direct payments process, they had worked with the local authority to trial the specialist direct payment hub. Other partners said the local authority had undertaken a lot of work in trying to address challenges and make the system work more effectively. For example, they had created a network of all local authorities across Southwest England with the aim of working collaboratively in finding solutions to overcoming the barriers to usage. This work was strategic, looked at practical solutions for improving the system and they saw the local authority as a leader in this area. Partners reported anxiety surrounding financial pressures and administration were barriers for some people.

Equity in experience and outcomes

Score: 2

2 - Evidence shows some shortfalls

What people expect

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.

The local authority commitment

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.

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority had taken steps towards ensuring equity was high on people's agendas and actions were being taken to address any areas identified for improvement. We received positive feedback from partners and people accessing services regarding the work the local authority had done so far. However, further work embedding equity in experience was needed in some areas such as ensuring data collection and recording improved, and information was accessible and clear.

The local authority acknowledged recording around equality and diversity needed to improve. They shared they did not yet know enough about all the people who attempted to access their services. This meant they did not fully understand if there was an inequality of access to services, or what barriers there might be for people. In June 2024, local authority data showed 7.7% of people receiving care and support in Bristol did not have their ethnicity recorded on the client record system. These gaps in recording had also been consistently noted in the local authority quality assurance audits. They were aware that further work was required to ensure a consistent and accurate recording of people's demographic data, and this recording was regularly reviewed and understood. Improvements could be seen in the use of a new software data tool which allowed the data team to identify gaps in data and give feedback to relevant teams if improvements in recording were needed.

Staff involved in quality assurance told us records like assessments and case notes could better reflect the identity of the person and the impact of this on their needs. For example, the local authority had undertaken an equality impact assessment for commissioned services in HMP Bristol (His Majesty's Prison Bristol). This revealed there was a lack of profile data on race. Only 38% of prisoners had their race recorded, all of which stated they were 'White British'. The local authority was aware that people from Black African, Caribbean, Black British and White Other backgrounds were over-represented in rough sleeping, within prison leavers, and there were disproportionate numbers of people identifying as Mixed Race. For people in prison the local authority told us internal reporting of protected characteristics at the care management assessment stage needed to be strengthened to ensure these are being considered in the care assessment and referral stage. They said they would resolve this by introducing mandatory answers at the assessment stage for care management teams.

In February 2024, the local authority adopted a Multiple Disadvantage Strategy (2023-2026) linked to a programme called Changing Futures, with the aim to achieve long term improvements in services for people experiencing multiple disadvantages, which included substance misuse, people experiencing homelessness and or domestic violence. The strategy recognised the number of people living with complex needs and set out how they would work in partnership to address these. The local authority provided an example of the Changing Futures programme and the 'My team Around Me' collaborative partnership approach. This approach had enabled the person to reconnect with services and secure accommodation which in turn had let to improved health, a reduction in offending and no longer having frequent attendance at the emergency department.

Partners told us people were falling through the gaps in systems currently especially those people with complex needs. They felt there was a need for more joined up working between the local authority, health and the voluntary sector to better address these problems and improve outcomes for people. Senior staff told us some work had already been done within the local authority. For example, with the commissioning team working more closely with the transitions and homeless teams, to better consider people's needs in these areas. The Homelessness Move on Team supported people that had never used services before, and ensured they were reaching out to people as far as possible. Leaders also told us of a range of co-production and equality forums that were held to help promote a diverse care market, bridge inequality gaps and improve outcomes for people.

The Bristol One City approach brought together 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 local authority showed a good understanding of the health inequalities which existed in Bristol, which had become more prominent since the COVID-19 pandemic. There was a city-wide approach to reduce inequalities and to understand and reduce barriers to care and support. Partners were confident the local authority worked with communities to gain a good insight into how the barriers needed to be addressed. Leaders within the local authority told us 20% of children had been recorded as having special educational needs and this was an area the local authority needed to consider and to put in place an effective approach for the future. Bristol also saw a steady growth in the number of people aged over 75 and the local authority needed to ensure they were prepared for both these changes in demographics and meeting changing needs.

Partners told us there were some areas of work which needed to be improved. For example, there were some unpaid carers from ethnically diverse communities who were unaware of how to access carers support services, however due to the support of other voluntary and faith groups within the city people had been identified and supported.

Feedback about the Bristol Impact Fund (2017-2021) was that this had been greatly supportive of the voluntary and community sector. The grant aimed to support community groups in Bristol which experienced the most inequalities, through building capacity and giving people the ability and resources to act on issues which they were affected by. Partners felt more work needed to be done in supporting other marginalised communities within the area who may experience inequalities. For example, more provision was needed for the LGBTQ+ community and those with complex needs. The local authority acknowledged this was an area where improvements could be made.

The local authority's Equality Action Plan 2023-2024 set out to review its mechanisms and processes for hearing the voices and experiences of people who draw upon care and support to help them understand whether services were being inclusive and enabling citizens of Bristol. The plan stated they aimed to build an inclusive organisation where the workforce reflected the city they served and the needs of all citizens, and where staff felt confident about being themselves at work. Leaders told us they were working to ensure their workforce was becoming ethnically diverse in both staff and at senior management level to better reflect the community. They acknowledged there was still work to do, however they were reviewing their recruitment strategies and continuing to look at ways they could achieve this. For example, the local authority had taken positive steps towards this through their ongoing involvement in the Workforce Race Equality Standards (WRES) pilot by Skills for Care, and by launching 'No Space for Hate' guidance for staff and managers, supporting them to address racism and other forms of discrimination against staff, commissioned carers and other professionals.

The Equality Action Plan set out that service specifications would require all care providers to deliver services that were culturally appropriate. Staff told us the brokerage team were sensitive to people's cultural needs and always tried to identify culturally appropriate services for people. For example, the local authority had provided support to meet the individual and cultural needs of an unpaid carer and the person they cared for by arranging respite care from a suitable home care provider, supporting the person in their family home and enabling the unpaid carer to go away for a period of time.

The local authority through the Adult Social Care Equalities Forum worked with partners across the city, including voluntary organisations, community led groups and disabled people organisations. They held collaborative gatherings which provided opportunities for feedback about matters that concerned their communities and an opportunity for both individual and collective voices to be heard.

The local authority actively worked with minority communities to recognise barriers in relation to the current commissioning process. Work was being carried out to develop systems which were inclusive and transparent. The objective was to encourage smaller organisations to understand and tender for services. Leaders told us how the local authority utilised the 'Make it work' programme to ensure inclusion of black and minoritised organisations, supporting them to win adult social care contracts. Its primary goal was to strengthen their business position for securing commissioned programs in health and social care, which also boosted overall business sustainability and development. The local authority used the views of the community in developing the care commissioning framework.

Leaders told us about their social value policy for procuring care which resulted in them having an abundance of care services who were locally owned. For example, a Somalian owned organisation was one of their biggest care providers. One partner told us however, they felt that care home provision was mainly 'euro-centric' and didn't provide anything for the South Asian population and so further consideration was needed in this area.

The local authority Quality Assurance Team were able to tell us about how they ensured equality in service delivery. They gave an example of a provider who was commissioned to deliver home care services in prison and also provided support in the community. They carried out quality assurance processes for both aspects of the service side-by-side with a view to being assured the services were equitable and people in prison were receiving the same quality of service.

All staff had access to annual online equality and diversity training which was mandatory. Some staff had received additional training around anti-oppressive and anti-racist practice, others had undertaken some training to provide a better understanding of the cultural needs of certain communities. There were mixed responses in relation to the training provided with some staff telling us that given the cultural diversity of the local population, they felt the formal training offer around equality, diversity and cultural awareness was limited. However, others spoke about anti-racism training and Oliver McGowan training (training in relation to Learning Disability and Autism) as positive training. They also shared that equality and diversity issues were a standing item at supervision and team meetings, where they were encouraged to discuss cases and share learning and knowledge with colleagues. The local authority had also implemented anti-racism team action plans. The template for these had been developed by the Black Lives Matter Working Group which promoted a clear commitment to anti-racism and racial equity. The outcome of these plans was to provide evidence to inform and develop their departmental Equality Action Plans and target resources in the future.

Inclusion and accessibility arrangements

People's experience of accessing services and support around their communication needs was good overall. A person who had additional needs due to English not being their first language commented that the social worker was understanding and gave them time to process some of the words they were not sure about, were patient and considerate to help them consider their needs.

People's communications needs were considered by the local authority and staff had access to translation services although there could be times when staff had found it difficult securing translators in sufficient time. Staff told us improvement was needed to get all documents translated to reflect the range of communication needs they worked with. For example, a partner told us the local authority could do more work around supporting people living with a learning disability including having more accessible, easy to read information.

The sensory team were able to adapt information to a person's communication preferences. They produced information in braille, large print, and text speak. They also had access to British Sign Language (BSL) interpreters and relay interpreters as well being able to use BSL in the team. Co-production workshops identified there was a need for increased access to culturally appropriate services including the ability to support people who don't speak English. The local authority had committed to producing information related to adult social care in an accessible format.

Staff feedback was that the authority's website translation function could be better and was not user friendly. They gave an example where a person had to use email to access care support instead as the website translation service was too complex. By contrast a partner told us they found that the website was accessible for someone with a sight impairment, but it wasn't clear how accessible services would be if everything was to become digitalised, especially for the older population who sometimes struggled with technology or those people with a number of complex conditions. They were concerned that digital exclusion could be a risk for some people.

Partners told us there were lots of different community and faith groups who were involved in the carers sector within Bristol and that it was a difficult task to knit all the groups together as Bristol was such a diverse city, however they felt the local authority did a good job. The local authority had helped organisations to build up connections with groups such as the Somali community, a Chinese community society and a Bristol black carers group. These groups worked with the local authority to provide targeted support to these members of the community.

The local authority had identified that members of the Bristol Somali community were the second largest group of citizens using direct payments. This had been achieved by staff understanding that written information on this subject was not as accessible to the Somali community as verbal information was, so a Somali language video had been made to promote direct payments, working with a local Somali centre. Additionally, one of the local authority direct payment support organisations had recruited Somali speaking staff to support that community with setting up and maintaining their direct payments.

The local authority provided dedicated social work capacity in a community autism spectrum service. This was a multidisciplinary team supporting with post-diagnostic support and training and liaison support for professionals who worked with autistic people. The service had worked with the local authority to develop practice guidance for working with autistic people and included an accessible leaflet about what to expect from a Care Act assessment.

The local authority sought feedback from people and held a Sensory Support Service drop-in to support people with sensory needs as well as gaining feedback about services. They then used the information gained to consider themes and trends for improvements. Actions were then agreed against the identified areas.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

We may not always review all quality statements during every assessment.

Care provision, integration and continuity

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is co-ordinated, and everyone works well together and with me.

The local authority commitment

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

Understanding local needs for care and support

The local authority worked with local people and stakeholders and used available data to understand the care and support needs of people and communities. Commissioners had access to live data on both activity and spend for all people receiving long term care. This was drawn from care management and provider payments systems and allowed commissioners to better understand trends.

Staff explained data and intelligence from across the health and social care systems were critical to understanding and meeting current care and support needs, and in planning for the future. Data helped them to make better decisions, evidence what was working and capture the impact of pilots and projects.

Bristol's commissioning team was split across two service areas, Accommodation and Complex Care, and Community Based Care and Support. Their goal was to enable people to optimise their independence in their own home and thrive within communities of their choice. The commissioning teams included a dedicated housing specialist expert who collaborated with care commissioners and the housing department, reflecting the local authority focus on this particular area.

The local authority had developed a comprehensive understanding of local care and support needs for 2024/25 by analysing 2023/24 data and applying growth forecasts. From this, efforts had been made to improve areas such as patient discharge pathways from hospital. It was noted that despite increased demand for community reablement and rehabilitation, capacity gaps persisted, leading to longer wait times. Actions taken in response to this included introducing a bridging domiciliary care service so people could be supported leaving hospital or a care setting quickly, whilst an ongoing package of care was arranged.

Brokerage staff worked with care providers to ensure people received suitable care. For example, staff sent pen pictures to providers detailing people's specific needs to ensure potential placements would be suitable, meeting with practitioners in complex cases. Staff gave one example of where they wanted to support a person who was HIV positive, and they faced difficulty in finding services to support them due to a lack of understanding around HIV. Staff arranged for further training to be provided to educate some care providers which resulted in HIV being destigmatised and subsequently care provided.

Partners told us the local authority had actively tried to diversify the services available in the adult social care market. For example, the local authority had utilised the expertise and voices of people from ethnically diverse groups to inform commissioning choices.

One care provider told us a strategic partner group used to be held however, this was ended around 18 months ago due to procurement considerations and had not been reinstated. This meant there was an increased risk of partners being unable to share information, concerns and ideas they had or be involved in the development of policies and strategies. However, there had been conversations more recently between care providers and local authority leaders about how to improve areas identified and these meetings went well.

Market shaping and commissioning to meet local needs

National data from the Survey of Adult Carers in England for 2023/24 showed 10.19% of carers accessed support or services allowing them to take a break from caring at short notice or in an emergency. This was the same as the England average (12.08%). Additionally, from the same data source, 18.87% of carers accessed support or services allowing them to take a break from caring for more than 24 hours. This was the same as the England average (16.14%) and 21.52% of carers accessed support or services allowing them to take a break from caring for 1-24 hours. This was also the same as the England average (21.73%).

National data from the Adult Social Care Survey for 2023/24 showed 72.64% of people who used services felt they had a choice over services. This was the same as the England average (70.28%). However, data from the Short and Long Term Support for 2023/24 showed 74.29% of adults with a learning disability lived in their own home or with their family. This was worse than the England average (81.66%).

Commissioning staff supported new and innovative approaches to care provision, which led to better outcomes for people. The Commissioning Strategy (2022-2025), which was also the Market Position Statement, was updated every financial year and included the local authority's strategic vision, operating principles and data, and tendering intentions, so the local care market was aware of the commissioning priorities for the year ahead. This provided the 'golden thread' for team objectives and commissioning project priority areas for the coming year. The Commissioning Strategy 2024/25 iteration set out the strategic direction for commissioning which was to enable the shift away from the use of longer-term care providers with plans to increase the direct payment rate for personal assistants and encourage the VCSE markets to support and work directly with people who received a direct payment. The Commissioning Forward Plan set out all the active projects across both complex and community-based commissioning for managing the local care market and facilitating strong, 'value for money' care services that offered choice and continued to be high quality.

Senior staff told us the need to refocus commissioning around prevention and other service alternatives was challenging in the context of budget pressures and as existing long-term funding was tied into traditional care home and domiciliary care services. The local authority continued to work towards a reduction in the number of bedded care placements and an increase in community-based and domiciliary support. There was a commitment to prevention which was supported by the leadership.

Staff confirmed the new local authority Adult Social Care Single Framework had enabled them to set clear expectations with care providers, for example around being person-centred in their approach, working in an enabling way, meeting cultural needs and being flexible. The framework had one set of terms and conditions, one quality assurance framework and one forward plan for tenders. Innovation was also built into the framework. Staff generally felt relationships with care providers were good and open lines of communication enabled issues to be raised and addressed proactively.

A number of market shaping projects had either taken place, were underway or were planned. Different members of the Commissioning Team were involved in different project areas, including learning disability and autism, community-based services and supported accommodation and extra care. Person centred commissioning supported people's needs. For example, through the use of specialised supported housing, one person with complex needs had been able to move from a secure mental health setting where they had lived for long time into bespoke accommodation in Bristol, near to their family and community. The local authority told us this work had generated government interest and interest more widely across the health and social care sector.

An integrated Learning Disability and Autism Commissioning Team had been established within the local authority. The joint commissioning with the Learning Disability and Autism team, working alongside the ICB to develop plans and address areas where supply was hard to find both in terms of quality and price. The purpose of the team was to deliver system priorities, having a better understanding of the growth in demand, housing needs and types of services people with a learning disability wanted and needed. The local authority planned to relieve pressure on adult social care budgets by developing more supported housing, providing a wider choice of community-based accommodation options, and meeting people's needs in a better and less costly way than existing residential settings. The increased provision of supported housing was part of the supply management workstream within the Adult Social Care Transformation Programme.

The Provider Forum helped commissioners have conversations with providers around market shaping and they told us they wanted to support smaller providers to develop and thrive. An example was provided of working with a small, supported living provider to enable them to remodel their building so more complex needs could be met. Staff were involved with work with community providers in their localities to develop pathways for people with mental health needs stepping down from complex bed based care.

Partner feedback included that more work could have been done with commissioning with the involvement of health to improve outcomes for Autistic people. However, other partners had opportunities to interact with the local authority at a strategic level but felt it would be helpful to have more feedback following initial discussions, for example, they were involved in some work around extra care housing but had not heard back about this. Feedback from the local authority was discussion around extra care housing had been paused due to the procurement and implementation of the single framework. With the framework now in place, the local authority planned to re-start monthly meetings with providers to further refine models. More positively one partner had regular meetings with the commissioning team and felt members of the team were very open to listening to ideas and suggestions and the co-production work done with the local authority was good. They went on to say there had been very good team work with the commissioning manager. Partners told us the local authority had a social care housing policy which defined best practice. This focused on landlords and relationships which helped inform the market. Feedback was the local authority wanted to do work to a high standard.

Ensuring sufficient capacity in local services to meet demand

Information from the local authority submitted as part of their information return in July 2024 explained that Bristol had struggled over the years for quality market supply for more complex care, for example, for people with a learning disability and mental health. Also, for emergency respite which had been feedback from people, unpaid carers, and partners. Feedback included there was a gap in respite provision for young people. There were alternative services such as shared lives services (where someone was matched to an approved carer to stay in that person's home) although they found a lot of the young people they supported had needs that were too high to access this.

Staff told us about the lack of provision for those people experiencing mental health issues and felt this could be improved with better communication between them and commissioning to better understand the issues. There was a need for more mental health specialist provision to meet the needs of people, particularly following the Covid-19 pandemic and increased levels of mental ill health.

However, the local authority were starting to see some changes which they hoped would be accelerated by the implementation of the Learning Disability and Autism commissioning team, created last year, and the teams work programme which included a specialist housing policy and aligning strategic providers on the new single framework. Both of which the local authority felt would start to create the right quality supply of housing and care within the city to meet people's complex needs.

Data provided by the local authority in January 2025, showed the average wait for homecare for people at end of June 2024 was 6.4 days on average compared to December 2024 when it was 4.6 days. For December 2024 supported living and residential care showed improved performance of 7.3 days.

In terms of people placed outside of Bristol for care (either through capacity or choice) there was a steady reduction in numbers. For example, in July 2019, 835 (out of 5,287) people were placed outside the city (16%). That figure fell to 701 despite the total number of people using services going up to 5,564. Overall, this was a fall across the past 5 years of 144 people being placed outside of the city, bringing the out of area placements down to 12.6%. The local authority acknowledged there was still a long way to go, however the trend was positive. Of the 701 people placed out of the city, 62% of them resided within neighbouring local authority areas, with many being just across the border. Of those placed beyond the neighbouring local authorities, 85% were working age adults primarily with a learning disability or mental health as their primary support reason. There were currently 107 people living within specialist residential care homes, outside of the Bristol and neighbouring local authority areas. For most of these people this was due to not having provision to meet their needs in the local area.

Senior staff told us they would like to be able to offer the opportunity to come back to Bristol if people wanted to when building accommodation. They wanted to make a home for life, for people with complex needs including extra room to accommodate carers. The extra care housing offer was good in Bristol and staff gave an example of how this had been arranged for one person who was self-neglecting, and how this support had made a huge difference to their wellbeing and outcomes. The care home market was also strong.

Commissioning strategies included the provision of suitable, local housing with support options for adults with care and support needs. The High Stability Housing Service was an example of effective joint commissioning with housing. It provided an alternative supported accommodation option for people where other options of accommodation had not worked. It could be accessed by people with eligible needs who were experiencing multiple disadvantages. The accommodation provided a stable basis for recovery with support from a complex case worker. The local authority staff told us this service had led to improvements in health and wellbeing for people, such as people re-engaging with their GP's, hospital or mental health services to build their independent living skills.

There were challenges around costs and availability of property in Bristol. A shortage of suitable housing and accommodation was a key area of focus for the local authority. As part of their 'Policy and Advice on Housing for Adult Social Care Clients' 2024, the local authority stated Bristol was currently facing a significant unmet demand for specialised supported housing to cater for individuals with complex social care needs. At the time of our assessment there were 81 young people receiving care support in either a residential or supported living environment. Young people transitioning into Adult Social Care in Bristol made up a significant amount of the need for accommodation over the next few years which needed to be planned for.

Senior staff said they had additional housing in the pipeline of around 70 to 100 units but ideally it would need 500, there was a rolling programme to try address this including the programme to develop Specialised Supported Housing. The local authority continued to work with providers to involve them.

Housing partners were involved with a local authority surplus assets disposal scheme which was where any surplus properties were triaged between priority services for use, before being sold off. The local authority had sourced 8 properties through this scheme which would see around 20 units of complex housing being built. Senior staff told us care providers liked this idea as they knew they were able to create a bespoke product and they had complete ownership in the development of this.

Partners feedback was that the local authority could not always deliver what they would like to do due to funding restrictions. Some partners also felt there was a lack of services available in the area for people with mild to moderate dementia. For example, when people were diagnosed there was often no support with the diagnosis until a higher level of care was required. This gap in service provision led to higher levels of anxiety and distress in the people they supported, which could translate into greater care needs.

Ensuring quality of local services

National data from the Adult Social Care Workforce Estimates for 2023/24 showed 7.37% of adult social care job vacancies. This was the same as the England average (8.06%). Additionally, the same data source, showed 54.84% of adult social care staff had a care certificate in progress or partially completed, or completed which again was the same as the England average (55.53%).

National data from the Adult Social Care Workforce Estimates for 2023/24 showed an ASC staff sickness absence rate of 5.17 which was the same as the England average (5.33). and the same data source showed an adult social care staff turnover rate of 0.23. This was the same as the England average (0.25).

The overall ratings of adult social care services in Bristol in January 2025 were positive with 4% of services rated Outstanding, which was the same as the England average. 91% of services were rated Good, which was much better than the England average. 5% of services were rated requires improvement which again was much better than the England average of 16%, and 0% were inadequate which was better than the England average of 1%. Overall, 95% were rated good or better in Bristol compared with 82% England average.

The local authority had clear arrangements to monitor the quality and impact of the care and support services being commissioned for people and it supported improvements where needed. The Quality Assurance team monitored all services commissioned by Adult Social Care whether they were part of the Single Framework or not (whereas the Contract Management Team work with framework providers). Around 75% of the providers on the Single Framework were new providers, not yet known to them.

The Quality Assurance team activity was based on risk. The number of packages or hours was taken into account but also other factors such as risk to people using the service, intelligence gathered from various sources and previous knowledge of the services. Staff feedback was it had been challenging for them having so many new care providers joining the new framework. The quality team worked mainly reactively, driven and guided by the information and intelligence received. This included concerns, compliments and complaints received. It also included Service Monitoring Information Forms (SMIF) completed by adult social care staff when there were concerns about quality or safeguarding, and routine service data gathered by the Contracts Team for example, the number of safeguarding concerns raised. A SMIF tracker was used to look for themes to enable the team to be proactive in addressing concerns on a thematic basis. Further training was planned for frontline teams around the use of the SMIF tracker, which was not always completed correctly by practitioners, for example, not always telling providers they were raising a concern.

The Quality Assurance Team provided a quality monitoring service that covered home care, care homes, extra care and community support services. The team were fully staffed. The team carried out both full assurance visits and thematic visits (that focused on a specific topic or area of concern). The frequency and duration of visits varied based upon the type of visit, the information that had prompted the visit and the size of the provider. The level of contact was determined by the assessments of risk carried out by the team. There were some providers that were well known to the team with regular contact and others that could go for long periods without any communication.

Staff in the Quality Assurance Team did not generally have capacity to carry out quality assurance visits for out-of-area placements. However, there were agreed processes with other local authorities to notify them when an out-of-area placement was arranged which helped to ensure they would be alerted to any current or new concerns relating to that provider. There was also a regional South West Quality Assurance Forum that enabled intelligence to be shared around concerns or service embargos.

Experts by experience were used as part of the quality assurance process for care homes, home care providers and extra care. This involved lay assessors speaking to people using the service (with consent) and providing feedback to the Quality Assurance Team. Staff were hoping to expand their use of experts by experience into supported living and community support service assurance processes.

Staff told us the quality assurance process was flexible to adapt in response to the information being gathered. For example, if a particular issue was being looked at but another one arose, the process could be adapted. If needed, a Service Improvement Plan would be developed. Follow up visits would be carried out to monitor progress towards the actions in the plan. In mid-2024 the local authority had provider learning and improvement plans in place for 8 providers. We found these to be comprehensive. There was evidence of follow up visits and further actions that needed to be taken by providers to make the necessary improvements, with dates for actions.

The Quality Assurance Team aimed for quality assurance to be a supportive process. The service provider would be given feedback and any areas for improvement were discussed. This included offering advice about potential changes that could be implemented and to connect providers with each other and with community resources to support improvements.

The local authority had adopted a new regional quality monitoring tool which provided an assessment and reporting framework for services and was used for all of the quality assurance visits. Staff told us their quality assurance framework was under review. As part of the review, there were also plans to start seeking feedback from providers about their experience of the quality monitoring process.

Partners feedback was polarised about the local authority in relation to ensuring the quality of services. One partner told us told us the local authority had numerous processes in order to evaluate and monitor the quality of care services and quality assurance was a priority for the local authority. Other feedback however was that the local authority focused more on financial considerations and less on quality assurance.

Ensuring local services are sustainable

Clear data provided by the local authority in July 2024 showed the reasons why contracts had been handed back early, including financial viability. Seven adult social care locations had been registered as de-activated in the last 12 months in Bristol.

The local authority told us there had been a consistent trend over the past 12 months of a reduction in residential and nursing care and an increase in community-based models of support. For example, nursing care 684 to 666 and residential 779 to 764.Supported accommodation 775 to 824, and homecare 1344 to 1457.

The local authority had tendered a new Adult Social Care Single Framework in September 2023, which included over 160 providers. With domiciliary care agencies the local authority was working on a localised model with the aim of giving more choices for people. Adult Social Care Policy Committee Members told us told us they took steps to protect niche providers particularly to support communities and in supporting more profoundly disabled people.

The Market Analysis Team worked using a national pricing tool and staff gave us positive feedback about this. The aim was to help the team to work with individual providers to better understand the 'fair cost of care' and work to national benchmarks and fair and transparent negotiations.

Staff told us about the challenges in relation to funding care and that delays in the process of getting care approved had led to several financial queries they received from care providers due to late payments. Also, when people had been in receipt of continuing healthcare and they were no longer eligible, fees for care were much higher than the local authority funded so it was hard to do the transfer of care. The outcome was in some cases people had to move from a service they had been living in. Further work was being done by the local authority with their health partners in relation to this issue.

The Adult Social Care Commissioning Strategy and Market Position Statement 2024/25 stated the local authority had an open dialogue with providers where they disclosed financial sustainability issues and had an annual contractual uplift mechanism to distribute funds equitably across services. The operational principles included to reduce reliance on institutional care, sustainability in delivering a care market within the set adult social care budget, be co-produced to use lived experience to promote equity in access to services and locally delivered services to support new locality models that build sufficiency of supply within the local market, also more focus on early intervention.

The local authority worked with providers and stakeholders to understand current trading conditions and how providers were coping with them. Some partners told us about the positive support given to them by the local authority. For example, there had been an uplift to grant money they received to account for increases in the cost of living and to consider sustainability. However, other partners felt the local authority needed to do more to ensure local voluntary and community sector organisations were sustainable as receiving only 12 months of funding from the local authority did not allow them to plan ahead. Feedback from the local authority was they understood the views of partners around the limitations imposed by 12 months of funding, as they too had grants only for one year.

Other partners felt it had been difficult to communicate with the local authority until recently however the new interim senior leader in commissioning had effectively improved engagement in the past few months. Some also fed back concerns in relation to the new single framework that it was impractical and presented many challenges. However, other partners felt the local authority staff were genuine and passionate about providing good care and worked hard with what they had but were restrained and limited by systems and limited resources available.

Partnerships and communities

Score: 3

3 - Evidence shows a good standard

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

The local authority commitment

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.

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority had developed relationships with local partners and providers including health, and the voluntary, community and social enterprise sector (VCSE). The local authority worked closely with health partners and took an active role as part of the ICB and in wider system discussions. Practical commissioning examples of joint work included the Learning Disability and Autism Programme, a new Discharge to Assess model (D2A) and unpaid carers support work. The first two being examples of system wide transformational work taking place.

In most areas relationships between the local authority and health partners were strong, for example some reciprocal training was now taking place between Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) and front-facing teams in each organisation to meet and learn more about each other's role, and referral pathways. However, senior staff told us they would still like to improve their relationships with health partners and care providers in some cases to strengthen these.

The partnership with mental health services was particularly highlighted as an area of focus. For example, in relation to section 117 aftercare funding (the purpose of Section 117 aftercare is to support a person safely back into the community, to prevent them from having to be readmitted to hospital because of their mental health needs). A health partner told us both the local authority and health were committed to working together in relation to funding, communicating and ensuring people using services were central to all the decisions made. Consequently, a newly created section 117 'hub' was about to be launched. This example of joint working would bring services together in one place with the aim of improving people's access to support.

Arrangements to support effective partnership working

The local authority recognised the need to develop at a greater pace the level of integration with NHS partners at a practical level that delivered pooled or aligned budgets, integrated multi-agency operational teams, and joint commissioning and brokerage. Also to look for opportunities to align co-production principles.

Staff told us one of the challenges they faced was different services were using different systems to record information which could hinder good communication. This was essential to make sure people were cared for correctly and a shared system would improve this process. For example, to share safeguarding information with the GP they had to call them, which took time when it was crucial information the GP needed to know. As a consequence, the local authority data and performance team were in conversation with health care partners in relation to data sharing.

The transfer of care hub (ToC) was an example of effective partnerships working where health partners had worked closely with the local authority since 2023. Staff were co-located in hubs and worked together on a daily basis. Strategic meetings were held regularly including with other local authorities in the ICB.

The Commissioning and Discharge to Assess Teams, along with provider services (Reablement Service) had worked with the ICB to review data around hospital discharge, particularly the number of people waiting in hospital for an assessment of need. This had led to a service being jointly developed that enabled people to be discharged and then assessed.

Partners told us funding was provided to the voluntary and community sector to help improve hospital discharge outcomes for people. They felt the local authority listened to them when they gave feedback in relation to the support people required and the local authority were creative and innovative in their approach. For example, they had funded 'step-up' beds for 18 months. Step-up beds assisted with preventing and reducing hospital admissions. Feedback was this service was working well with effective communication between the hospital and reablement team involved.

The local authority Commissioning Team were building strong, effective working relationships with partners, including the ICB, AWP, housing and other local authorities. They attended a number of partnership boards and meetings. There had been a real drive and commitment to working with partners since the start of the COVID-19 pandemic, and this was now more embedded.

Impact of partnership working

The local authority, partners and people were able to share positive experiences of partnership working in Bristol. People receiving care told us they found services generally worked well together. In one example, wheelchair services and occupational therapy worked together to provide adaptations to support one person to be able to continue to drive. In another example for one person in hospital, their accommodation back in the community was arranged by the local authority, but care and support jointly funded by the local authority and the Integrated care board. This resulted in them being able to return to live independently in their own home after a long period of time away.

An OT gave another example of successful partnership work with health. A person living in a care home had wanted to return to supported living where they had lived previously. There were risks around mobility and their skin where specialist equipment would be needed. The OT told us how they worked with the care home, district nurse and tissue viability nurse to enable the person to return home fully independent.

Staff explained they had good working relationships across teams, especially with the housing team, who also delivered training to build staff knowledge. Staff gave an example of how housing staff had worked with one person by allowing further flexibility in the housing process to support them with managing their anxiety in relation to this.

The local authority Technology Enabled Care Hub had been involved in a number of trials funded by NHS England and the ICB. This had included a trial with a community health provider to provide technology enabled care to people with ineligible, or low-level needs as part of the hospital discharge process. Equipment had included memory prompting devices, pendant alarms and bed and chair sensors. Data from the ICB had shown that hospital readmissions had been reduced as a result.

Working with voluntary and charity sector groups

Feedback about the work the local authority did with the VCSE sector was positive overall. Partners told us they felt Bristol had a strong and vibrant voluntary and community sector and this was due in part to the support the sector was given by the local authority. The local authority worked hard to support VCSEs, even in the face of difficult funding constraints. They ensured different communities were represented, and there were various grants available which could be used for local organisations to address health inequalities. One partner told us local authority commissioners were also good at listening to feedback and acting upon this. For example, commissioners supported the group in accessing additional funding to support staff wellbeing.

The local authority had in place a 'Make it Local' initiative, which commenced in 2019, and brought together partners to explore opportunities to sustainably provide services and interventions in Adult Social Care. This enabled some voluntary sector partners to develop services to support self-directed care at a local community level. They had used the relationships built through this initiative to further develop other pilots such as the Hospital Link Worker Scheme (Link Workers are independent support workers, based in local hospitals who talk to people before they are discharged and make suggestions around independence and wellbeing at home). This had encouraged voluntary sector partners to join the Adult Social Care Single Framework so they could target future commissioning opportunities, creating a more sustainable environment for the sector.

One partner told us they found an invitation for collaborative working with the local authority quality assurance team to be encouraging and supportive. Local authority staff had actively sought their feedback and opinions, listened to any concerns raised, followed up and reported back to them in a timely way. Meetings were held monthly online with health colleagues invited, fostering an even stronger approach.

Partners from the VCSE told us the local authority worked with them in relation to strategy development. One partner told us how the local authority, in collaboration with themselves and other partners, were involved with 'The Bristol One City Approach'. They described this as a very positive piece of work which brought together different local organisations to work together on common goals. The VCSE sector were able to highlight any risks which may be present within the system to leaders, which supported effective market shaping and oversight. A Community Resilience fund was also set up by the local authority which local voluntary and community groups could use to support the sector in providing services.

The local authority had a good understanding of advocacy, and partners said they had had a strong relationship with both the previous and current provider of advocacy in Bristol. They had undertaken a consultation exercise to decide how an advocacy services should be commissioned. The result of this was that they would use a single lead provider delivering all elements from an “Advocacy Hub” whilst also developing a non-statutory offer from VCSE partners so supporting an increased level of self-advocacy within communities.

Staff told us they had good partnerships in place with the VCSE such as the Carers Support Centre. Staff from the centre attended team meetings and engaged well with the local authority. They supported the local authority to manage risks whilst unpaid carers were waiting to be assessed. The local authority had a partnership board called the Bristol Carers Voice. Membership included carer and parent carer representatives, carers support organisations, the ICB and senior leadership from Adult Social Care. The local authority told us how Bristol Carers Voice played a key role in highlighting key emerging issues for carers and served as part of their governance for strategy and improvements.

Theme 3: How Bristol City Council ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

We may not always review all quality statements during every assessment.

Safe pathways, systems and transitions

Score: 3

3 - Evidence shows a good standard

What people expect

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.

I feel safe and am supported to understand and manage any risks.

The local authority commitment

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.

Key findings for this quality statement

Safety management

The local authority understood the risks to people across their care journeys, risks were identified and managed proactively, the effectiveness of these processes in keeping people safe was routinely monitored. The Principal Social Worker (PSW) told us that although the numbers of people waiting for an assessment were falling, the local authority maintained a close scrutiny of risk through both their Waiting Well Strategy and auditing processes. This allowed them to assess risk and address safety for individuals within the system.

A transitions forum was held as a space for informed discussion about cases with practitioners. The forum's aim was to ensure complex issues related to risk management, mental capacity, safeguarding, housing/commissioning, and other circumstances were discussed in a timely way, with a focus on horizon scanning, early planning and problem solving. Principles were to ensure safety during transitions and continuity of care through structured collaboration. Forum decisions were advisory and requiring management review before implementation, ensuring considered and safe adoption. This approach supported continuity when people were transitioning from children to adult services, ensured safe hospital discharge, and allowed oversight of care when this was provided outside of the local area.

Staff worked with care providers to ensure safety across systems. For example, information was shared between the local authority and care home staff to ensure people's needs were assessed effectively.

Information sharing protocols supported safe, secure and timely sharing of personal information in ways that protected people's rights and privacy. The Swift Response Team and the Discharge to Assess teams had access to Connecting Care, which is a digital care record system for sharing information in Bristol, North Somerset and South Gloucestershire. If a person consented to sharing their information, this was used to gather additional information to help prioritise responses. For example, staff could understand their most recent GP interventions or hospital admissions.

Health partners were overall positive about arrangements for working with local authority staff. Feedback was some of the senior operational staff were great and worked well across the teams. This impacted positively on people's safety, the flow out of hospital and had enabled stronger working relationships. Partners confirmed using different IT systems could pose some challenges, however work arounds had been created together, and there were shared agreements about using these. Sharing of data was one area which could still be improved however, and both the local authority and health partners wanted to develop this as currently it meant they were talking about different numbers at times (for example of people waiting for care) due to different systems and ways of counting this.

The local authority had recognised they needed to improve pathways and planning for young people transitioning to adult services from children's and education services. Their aims were to improve their understanding of young people, commission appropriate housing and support provision, and enable better planning.

The Young Adults Transitions Service included social workers, social care practitioners and occupational therapists, working with young people from age 14 to 25, with a focus on ensuring prevention, early planning and promoting independence, and positive outcomes for young people. The service was formed in 2023 from a merger of two other teams and the Transitions Project was set up in 2023 creating a new direction for the future of the service.

The local authority emergency duty team (EDT) was employed by a neighbouring local authority as part of an agreement with Bristol and covered 4 local authority areas in total. This team worked out of office hours and was described as stable and knowledgeable. Staff could access local authority crisis teams when needed and told us availability was ‘good’. The team worked autonomously with most of their calls coming from professionals. Practitioners supported them on an 'on call' basis such as Approved Mental Health Practitioners (AMHP's). Handovers of information were given to them as needed to ensure continuity of information. Staff were supported with regular supervision and a manager was available if they needed support. Feedback was this work was busy, but embedded processes were in place and staff could access the various local authority IT systems as needed. A lack of resources for people in the community was deemed to be their biggest challenge plus they would like other teams to have a better understanding of their role. The rota for the local authority at Bristol could also be improved, for example contact numbers sometimes needed updating, however support could be obtained from their own service managers when needed.

Safety during transitions

The majority of people we spoke with were positive about their experiences of moving between services. For example, people told us they felt listened to, with options and choices being provided. Case recording information was clear, concise and timely, reflecting good communication with families, and teams working well together. Some transitions were done over a period of time to enable people to adjust gradually to changes and gain confidence. One person told us there were no delays in transition processes for them and everything felt smooth. Another person told us they were well supported in their transition from hospital to live back at home. Some people told us of good experiences of partners working together, for example, sharing information to ensure they had the right equipment in place to support them in returning home. Feedback from some people, however, was they did not like having no named social worker in terms of continuity of care and one person had not had a good experience moving from children to adult services. Some people felt the partnerships between agencies could be better as well as sharing of information, which could cause confusion at times.

Staff working in relation to hospital discharge and reablement worked with several partners when someone was ready to leave hospital. Most of their referrals came from the community health provider. Referrals were triaged to ensure they went to the right local authority teams and reablement was used where possible. The views of people who use services, partners and staff were listened to and considered.

The Multi-agency Safeguarding Hub (MASH) was a partnership which included the local authority, Housing, NHS partners, Police, domestic abuse services and the Fire and Rescue Service. Staff in the MASH told us the Integrated Care Board were close partners, positively attending calls with them and they were keen to work with health colleagues further to develop these relationships. However, staff acknowledged there had already been some examples of joint working to ensure people's safety.

In April 2024, the local authority adopted a systemwide prioritisation tool for Transitions services to better manage the numbers of young people waiting for a response and to support better monitoring, assessment of risk and timely allocation. Referral numbers had increased as partners were referring people in a timely way from age 14. However, the waiting list for transitions had reduced significantly and that the waiting list for young people who had turned 17, was now 20 people. Staff told us when moving young people from the transition service to adult locality teams, this was done on a case-by-case basis, considering the needs of the person and the support network they had around them. They gave the example of those with complex needs who would stay with them longer so the right care could be placed around them.

Staff had recently started working with a clearer criterion for those who would be eligible for the transitions team, including being diagnosed with an impairment and having a transitional need. Young people could be brought forward from 14 years old with the team starting conversations with them and signposting. At 16, young people had the support conversation with staff, and this is when more formal support started. They explained the team did a lot of work with the special educational needs' coordinator and transitional lead at special needs schools, so they could also pick up people from here that might not already be known in the local authority.

For those young people awaiting allocation to practitioners, risk was managed jointly with Education Services. Young people had support conversations with staff, then following this were contacted with signposting information and duty contact information in case they need to speak with someone whilst waiting for further support. Staff worked closely with other partners to support young people through the transition process including other agencies such as employment and training.

Staff felt the direction of travel for transitions work was very positive. Positive plans were in place to have occupational therapists in the team. Although there was a potential gap in service provision for those people who had more complex needs, so more evolving was needed in that area. Choices for young people and the range of options available to them could also improve as there was a lack of accessible accommodation, and provision of supported living was difficult to source in Bristol.

The Quality Assurance Team took a proactive role in ensuring safe transitions of care when contracts were terminated due to quality issues or provider failure. For example, with one short notice home care closure, staff coordinated internal meetings and external meetings, sending pen pictures to providers with availability to ascertain if they could meet people's needs. In another example of a care home closure, the team arranged a relatives meeting to provide reassurance, held regular meetings with other local authorities who had people placed there and worked with care management teams to identify suitable new placements. This involved looking at people's friendship groups in services, working maintain these where possible.

Hospital admissions in Bristol were higher than the England Average. For example, in 2021/22 there were 1,610 female emergency hospital admissions due to falls in people aged 65 and over. The Bristol rate was 2,573 per 100,000 population which was significantly higher than the England average of 2,099 per 100,000. Local authority teams worked closely with NHS colleagues to support discharges from hospital, improve flow through the acute hospitals and discharge pathways, and ensure people received 'the right care in the right place'.

Discharge to Assess Transfer of Care (ToC) hubs had been in place for 15 months. These changed the way people left hospital with multi-disciplinary teams working within acute hospitals to support discharges with NHS partners, social work, occupational therapy, and VCSE professionals working together in co-located office spaces. Feedback was this model of working aided creative conversations about discharge. The focus of conversations was on the 'Home First' principles to ensure more people were able to return home.

Partners confirmed a new Transfer of Care Hub was being introduced in early February 2025 for people with mental health needs and they felt this would be an improvement to the way they currently worked as having social workers as part of that team would allow for more co-ordinated care. The new Mental Health Integrated Network Teams aimed to address inequalities in accessing mental health services and support individuals who have been unable to access secondary mental health services. Partners explained patient flow especially for those with complex needs was difficult. They saw a high number of clinically ready for discharge people not moving on and trying to unblock this was challenging. Feedback from leaders was that individual staff were excellent, but the system was 'clunky'. They felt there needed to be more mental health social workers as they did not see there was parity with acute services who had more social workers supporting their teams. Although the MINT were in their infancy, work was progressing, the plan being to address some of the issues identified.

Other partners told us the local authority had experienced a high turnover of staff which they felt had impacted on outcomes for people and could extend times, for example, when supporting a move from hospital to a permanent bed in a care setting. Some care providers told us some improvements had been made with transitions between services however it could still be better, for example, they were not always informed if someone had moved to a new provider following a hospital stay.

Contingency planning

Plans were in place to cover unexpected events for people. An unpaid carer told us the social worker had spoken with them about contingency planning and had increased their contingency hours from 4 weeks to 6 weeks should they need extra support at short notice which had given them peace of mind in case they became unwell. Some people told us they had the contact information for the local authority should their needs change in the future. However, other people were less sure of who to contact if they needed further support. Feedback from partners was the biggest challenge unpaid carers faced was the lack of respite provision and difficulty in being granted respite.

Engagement and monitoring arrangements enabled the local authority to get early warnings of potential service disruption or provider failure and contingency plans were in place to ensure people had continuity of care provision in this event. Different scenarios were planned for and information sharing arrangements were set up in advance with partner agencies and neighbouring authorities to minimise the risks to people's safety and wellbeing. Directorate Management Teams were made aware of emerging new high risks of care providers for business continuity planning.

The local authority provider failure/service interruptions process meant staff with the relevant skills were able to support with closures, suspensions or major service interruption where needed. Learning plans from provider concerns documentation evidenced the local authority quality team undertook audits with care services following concerns being raised. Incorporated in quality assurance reports was a section on business continuity which was reviewed by staff as required. This covered whether risk assessment processes were in place which identified, recorded and mitigated service-wide risks and risks to business continuity, and if the service business continuity plan had been reviewed within the last 12 months.

Safeguarding

Score: 2

2 - Evidence shows some shortfalls

What people expect

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people to understand what being safe means to them and work with our partners to develop 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.

Key findings for this quality statement

Safeguarding systems, processes and practices

National data from the Adult Social Care Survey for 2023/24 showed 91.04% of people who use services said those services have made them feel safe and secure. This was somewhat better than the England average (87.82%). However, national data from the Adult Social Care Survey for 2023/24 showed 63.43% of people who use services felt safe. This was worse than the England average (71.06%).

Staff involved in safeguarding work were suitably skilled and supported to undertake safeguarding duties effectively. A virtual Multi-Agency Safeguarding Hub (MASH) was introduced in November 2024 and was currently being piloted, running a minimum of 2 days a week, reviewing more complex cases with the final intention of every case going through the MASH. There was a Safeguarding Advice line in place which had widened its remit to support enquiries of potential safeguarding referrals. This supported the changes made to the safeguarding professionals referral form implemented to improve process following outcomes and findings from a safeguarding adults review.

Partners told us they queried whether there was a shared risk management model in place around safeguarding with partner agencies. Phase 2 of the MASH development was going to address this. Feedback from the local authority in relation to this was the MASH was a growing process that supported the regular sharing of safeguarding risk 'in real time' with multiple agencies. Risk was considered jointly as per the MASH Draft Standard Operating Procedure and actions agreed by multiple agencies.

Systems, processes, practices were in place to ensure people were protected from abuse and neglect. However, feedback was these still required some improvement. The Swift response team at the front door worked closely with the Safeguarding Team to ensure the most appropriate action was taken with referrals. Some staff told us they did not feel they always had the resources or time to do the work they would like to do. Decisions taken by partners agencies had an impact on their work, for agencies not always responding to mental health calls which created a knock-on effect.

Staff expressed some anxiety about how safeguarding risk was 'held' between the time the Safeguarding Team role ended (after triage of referrals) and the time the enquiry was allocated to a worker in a locality team. They felt more clarity was needed around this to ensure the risk continued to be well managed whilst people were waiting. Staff felt safeguarding was prioritised in locality teams, but this could be at the expense of other work and there was a currently a disconnect from the vision of the local authority and the reality of what happened at the front door. Feedback from the local authority was this was being addressed in the short term through the introduction of the safeguarding hub, and in the medium and longer term through the new target operating model.

The Organisational Safeguarding Team sat within the Safeguarding Team, undertaking section 42 enquiries relating to providers and organisational concerns, including related to persons in positions of trust. Established working relationships with key partners including the Police and the Care Quality Commission (CQC) were an integral part of the response provided by the team. In situations where there were concerns about widespread institutional abuse or a range of safeguarding issues accompanied any regulatory or other whole service performance failure, the local authority conducted a whole service performance failure investigation. This process was well established and contributed to the co-ordination of multi-agency efforts where there have been systematic failures.

The Keeping Bristol Safe Partnership strategy plan for 2023-26 outlined the vision and values for safeguarding which was the development of a culture that promoted good practice and continuous improvement, where agencies worked together in a timely and effective way and services delivered high quality support and care. A safeguarding adults procedures document supported staff practically in managing safeguarding referrals and cases correctly.

The local authority previously undertook a review of the Standard Operating Procedure for Safeguarding. The local authority recognised that since the COVID-19 pandemic safeguarding had become more complex and staff resources had reduced. Areas of concern included people were waiting too long, and decision making was compromised which challenged best practice. The local authority had set out an action plan to reduce these concerns at an operational level with a data review, case audits, reviews of capacity and training. They worked with staff and carried out internal audits in 2022-2023. Quality monitoring arrangements for safeguarding enquiries were in place. In April and May 2024 workshops were held for leaders and practitioners and subsequently a new quality assurance framework was developed.

Consistent feedback from a number of care providers was that communication could be better in relation to safeguarding as they often had to chase up outcomes. It could be difficult to get hold of certain staff at times and other staff did not seem to be able to update in their absence, which partners felt was a risk.

Responding to local safeguarding risks and issues

Information provided by the local authority in relation to safeguarding trends and themes documented that hidden and unheard voices were frequently overrepresented where risk was the highest. In the Joint Strategic Needs Assessment data there were high levels of substance misuse in Bristol, with the second largest estimated rate of opiate and/or crack users of the English core cities. There were 2,727 hospital stays in Bristol due to alcohol-related harm in 2022/23, a rate of 675.1 persons per 100,000 population. This remains significantly worse than the national average of 474.6 per 100,000.

There was a clear understanding of the safeguarding risks and issues in Bristol. Senior leaders told us the main area of risk was around Deprivation of Liberty Safeguards (DoLs) and people waiting, within that area, the risk over time had been greater. However, the overall trajectory around safeguarding waiting times was now reducing. Staff told us they saw a lot more self-neglect cases now however did not always feel they had resources to deal with those well and this was an area that needed more work. Safeguarding and equality, diversity and inclusion was also noted as an area for development. There had been some serious safeguarding cases involving people such as asylum seekers and other ethnically diverse groups, where staff felt they did not fully understand the nuances of these situations and therefore the impact on people.

Actions had been taken by the local authority to enhance safeguarding arrangements. For example, the local authority had developed three decision support tools to improve practice around intersectionality in safeguarding decision making. This came from a Safeguarding Adults Review learning which showed the local authority and partner agencies did not consider the layers of risk inherent in intersectionality, to inform protection planning. Intersectionality is a framework for understanding how people's social and political identities can result in unique combinations of discrimination and privilege.

The pilot of a financial protection lead officer in the Safeguarding Team had been successful and was now being extended. This role focused on prevention in relation to financial protection and staff worked in partnership with locality teams, reducing the risk of exploitation of people, for example, by using statutory functions such as appointeeship to prevent situations from escalating.

The local authority worked with partners to deliver a coordinated approach to safeguarding adults in the area. The Keeping Bristol Safe Partnership priorities relating to safeguarding adults included the implementation of a MASH arrangement which was underway, improve systems for safeguarding and managing risk to adults experiencing multi-disadvantage and complex needs, plus improving safeguarding for young adults. Feedback was partners were well engaged in the partnership, however more effective relationships could be developed, for example, with the Police and health partners. Also work tended to be mainly local authority led and other agencies could take a greater lead in some areas in relation to safeguarding.

Lessons were learned when people had experienced serious abuse or neglect with action taken to reduce future risks and drive best practice. Following a Safeguarding Adults Review, practice was updated to ensure other local authorities were notified when placements were made outside of Bristol. Safeguarding Adults Reviews were now taken to the Adult Social Care Policy Committee Chair's Briefing which provided additional learning and scrutiny from members. A Safeguarding Risk and Assurance Meeting, chaired by the Chief Executive, and attended by directors from across children's, adults, housing and legal services met monthly where issues of safety were discussed across the city.

Staff told us they tried to keep informed of Safeguarding Adult Reviews and for example, now involved the fire service in discussions following recent incidents the local authority had learnt from. However, staff felt robust dissemination and clear evidence of learning from Safeguarding Adult Reviews could still be improved further across the directorate and they would welcome being able to undertake more learning.

Strategic safeguarding was now part of the Adult Social Care quality assurance framework (launched in April 2024). This included a listening audit where feedback was requested from people after a safeguarding intervention and used to create a feedback loop to make service improvements. Audits so far had taken place on intersectionality, repeat referrals and risk, and protection planning.

Partners feedback was generally positive about safeguarding in terms of the local authority response to risks and issues. Examples included concerns being easy to raise, staff were quick to respond, and they had confidence in the local authority's safeguarding systems and processes, that concerns would be dealt with thoroughly. Other partners were involved in regular safeguarding meetings and training. The local authority advised partners on identifying safeguarding issues, for example, in one case looking at issues around isolated people becoming radicalised. However, it was felt the local authority could not easily do any preventative work due to resources and changes around staff responsibilities. Some partners were involved in some joint working on how learnings from safeguarding could be fed up better to be considered at a system level and were committed to ensuring quality assurance was done in partnership across the system.

Responding to concerns and undertaking Section 42 enquiries

National data from the Adult Social Care Workforce Estimates for 2023/24 showed 29.20% of independent/local authority staff completed Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) training. This was worse than the England average (37.58%). National data from the Adult Social Care Workforce Estimates for 2023/24 showed 37.83% of independent/local authority staff completed safeguarding adults training. This was worse than the England average (48.70%). However, we did not find that staff understanding of the Mental Capacity Act 2005 or safeguarding was noted as an area of concern during our assessment.

Feedback from the local authority was that staff also completed optional training modules not included in this data, so the true training rates were higher. Data provided by the local authority stated 88% of adult social care staff completed compulsory safeguarding training in 2024 which was above the national average.

Whilst there were some evident improvements in safeguarding waiting times for people, there was further work to be done to continue this trajectory and maintain these improvements. In the last 12 months to 19 January 2025 there were 9,264 safeguarding concerns received which was a 12% increase from the previous year. The average waiting time to enquiry decision had reduced from 9 to 6 days. The number of people waiting for a safeguarding response had reduced by 44% from 970 in April 2024 to 506 in January 2025. The average number of days to allocate cases was 18. These improvements were in part due to the new safeguarding hub being implemented in February 2024.

The number of people awaiting a DoLS authorisation had also reduced by 17% in the last 12 months from 1007 to 831 people. The median period had reduced from 15 days in July 2024 to 12 days in January 2025. The local authority was using a nationally recognised prioritisation tool as part of their people waiting well strategy to monitor who was waiting and continually reprioritise where needed. The strategy and prioritisation system (including the prioritisation tool) supported authorisations for people at the highest risk at the right time. In the 12 months to 31 March 2024 there were 2233 DoLS decisions made. In January 2025 831 people were waiting for assignment and 138 were being assessed. Staff told us some DoLS were not person centred and the quality of referral forms and DoLS applications was sometimes an issue.

There was effective triaging of referrals combining a positive strength-based approach taken by staff. The introduction of a safeguarding hub had reduced safeguarding Section 42 enquiries within the locality teams substantially. Section 42 enquiries are the action taken by a local authority in response to a concern that a person with care and support needs may be at risk of or experiencing abuse or neglect. Staff worked with partners where relevant to produce good quality safety plans.

Staff told us there was a positive attitude from partners to engage with them and reduce risks for people. Although there were more limited staff resources available in some areas, for example, when working with care homes, which could cause delays at times. The Quality Assurance Team had a proactive role in safeguarding relating to providers. This included sharing intelligence to support safeguarding triage decisions and there was a Quality Assurance Officer dedicated to safeguarding activity. As well as providing intelligence or gathering additional information to support decision-making, they would carry out enquiry actions and work jointly with practitioners. Where enquiries were not required, the Quality Assurance Officer would support colleagues in their team to carry out monitoring activity and support providers to address safety issues.

Although feedback from some partners was that they did not receive updates on outcomes, other partners cited good communication with the local authority, describing the safeguarding team as understanding and knowledgeable.

Making safeguarding personal

The local authority had recognised there was work to do to ensure that the Making Safeguarding Personal (MSP) approach was embedded through systems and processes and monitored at the first stage of people's journey, from referral, through to team level. The forms used to record safeguarding activity were being amended to support this approach with plans to use the local authority quality, improvement and performance board to focus on assurance. Staff practice, supervision and team management, as well as independent audits and listening exercises, were also utilised to embed this further.

Staff told us the safeguarding team worked in a person-centred way and championed human rights. Their focus was to ensure people's best interests were kept at the heart of everything they did. They used creative means of communication where necessary, for example, the use of drawing to support people to be involved in the safeguarding process if they could not communicate by other means. MSP was considered with each case and meaningful. When cases were allocated, leaders considered who would be best placed to support the person considering factors such as continuity and whether they had worked with a social worker before.

Social Workers worked from a strengths-based approach. We found evidence case recording was thorough and proportionate to the risks identified, whilst remaining in line with the person's wishes and preferences. The person's voice and aspirations were clearly documented in the assessment and review process with evidence of a positive relationship between the social worker and person in records.

Staff told us about instances of how people's preferences or voice was not always considered in decision making, for example, in relation to deprivation of liberty safeguards (DoLS) however they had challenged this. For example, in a situation where a young person was objecting to their support and a DoLS had not been applied for. This resulted in the young person's voice not being heard through the DoLS process. However, staff worked within the principles of the Mental Capacity Act 2005, assuming capacity until they met the person to carry out a further assessment.

Theme 4: Leadership

This theme includes these quality statements:

- Governance, management and sustainability
- Learning, improvement and innovation

We may not always review all quality statements during every assessment.

Governance, management and sustainability

Score: 3

3 - Evidence shows a good standard

The local authority commitment

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.

Key findings for this quality statement

Governance, accountability and risk management

Work to review the local authority existing operating model had commenced 3 years ago, with the issues identified being subsequently verified by a Local Government Association Peer Review in 2023. These included identification of waiting lists being too long, there was a need for clearer team parameters and boundaries that would reduce the number of internal transfers, the need to address safeguarding and pressures on staff. This had been the focus of the changes the local authority had made and were evident in our findings. All the areas identified were being addressed, some were improving, such as waiting lists and more work was continuing on the other areas. The main area of risk remained the number of people waiting for assessments and the length of time they were waiting.

The roles of the Principal Occupational Therapist (POT) and Principal Social Worker (PSW) were well defined and embedded, connecting the pursuit of good practice with research and development. Separate Social Work and Occupational Therapy Forums provided staff with opportunities for reflective learning and innovation in practice.

An Inter-professional Practice & Competency framework had been developed, bringing together existing systems but focusing on strength based, relationship and trauma informed practice. This was built on the Vision for Adult Social Care which was co-produced with key stakeholders in early 2024. It was a model and map that set out what practitioners do and why, as individuals and as teams, to deliver on the Vision for Adult Social Care. Leaders showed a commitment and enthusiasm for ensuring that the vision was embedded in both strategy and practice. Staff told us about working well together so people only had to tell their story once and felt there was a real commitment to the vision in how they were working with people.

The profile and awareness of occupational therapy had improved since the POT had been in post with feedback from OT's that they felt valued, involved and represented in more decision-making meetings. The POT told us their role was to drive quality assurance in practice and workforce development. They had been in the role since February 2021 and it had been 'a journey' where their main focus had been fulfilling the vision of adult social care, embedding interprofessional practice and developing a competency framework. The local authority had taken a decision in recognition of the value that OT's bring, to recruit more OT's and there was a preceptorship programme in place for newly qualified OT's.

The PSW post was held by an interim senior manager, and feedback was the local authority placed importance on this role. They had strategic influence as well as direct contact with staff and had been encouraged to bring their ideas to the role. The PSW took a lead in workforce planning which had been a particular area of focus for the local authority and although staff turnover rates had reduced, it was still difficult making sure they had the right balance of experience in teams.

Workforce sufficiency remained challenging in terms of meeting Care Act duties, however had improved and stabilised. There was a rolling programme of recruitment and agency staff were used, with conversations to try to retain some of these. Staff wellbeing had been another area of focus and the PSW told us about an employee assistance programme which was well received and used by staff. Consequently, they had seen an improvement in the retention of workforce from 21.1% turnover down to 12.1%. A pay increase alongside a progression pathway made their offer much more competitive regionally, along with a monetary referral scheme to any staff member who referred someone who went on to gain employment with the local authority.

There were clear and effective governance, management and accountability arrangements which provided visibility and assurance on Care Act duties for the corporate team. For example, a monthly Quality Improvement and Performance Board (QUIP) was held with senior leaders present and chaired by the Director Adult Social Care. Service managers produced reports which enabled the board to identify trends, and a deep dive was done into some. Complaints and compliments were reviewed. Where needed, performance improvement plans could be produced which were then monitored. Information from QUIP could be escalated to the Divisional Management Team, the Executive Director meeting, then to the Corporate leadership Board and the ASC Policy Committee Chair's Briefing. Systems were embedded and had been adapted and strengthened over time. Although the numbers of people waiting for an assessment were falling, the local authority maintained a close scrutiny of risk through the strategy and auditing processes, which allowed them to assess risk and address safety within the system.

The local authority used their Quarterly Assurance Report to provide assurance on how adult social care had delivered its Care Act duties in the previous quarter. This also reported on in-house CQC regulated services and provided an update from the PSW. The report highlighted key risks and the potential impact of these and set out mitigations. This reporting system provided a clear escalation route where risks and good practice were identified and supported corporate ownership, championed by the Chief Executive and the Adult Social Care Policy Committee Chair.

Staff had a range of views about working at the local authority. Some staff felt they would benefit from more staff, improved supervision and a more stable management team. Feedback was although leaders did understand practice issues and challenges, action could feel more reactive than proactive sometimes. The online briefings with the senior leadership team were widely attended by large numbers of staff and were positively interactive but staff were not always clear what happened with the information after and sometimes felt unclear about the high-level language used.

Other staff understood recruitment challenges but said once they had staff working there, they often stayed. One newer staff member was impressed to see people using services as part of interview panels. Plans for increasing the number of OT's was welcomed for supporting teams and with early intervention and prevention. However, a planned reduction in social workers was causing some anxiety amongst staff. Social Care Practitioners expressed some concern about the level of responsibility they had and complexity of cases which was increasing. They felt lines were sometimes very blurred between them and social workers, however this had been recognised by the local authority.

A number of positive comments from other staff teams included, being well supported by managers, valuing the local authority approach to well-being and feeling morale was good. Some staff said their caseloads were manageable and they had regular supervision with managers to discuss cases. Other staff told us communication between them and senior management was the best it had been.

Partners told us due to capacity issues local authority staff were not always able to attend meetings and they were aware of issues with staff resources, which meant agency staff were used at times. Feedback was that local authority had some excellent operational staff however it could be a struggle to influence change with leaders, and that over the past few years there had been changes at senior levels, which had made it difficult in terms of partnership working. However, leaders were willing to work together with them and they hoped to see this moving forward now. Another partner told us the local authority worked hard to meet the needs of the local community, although communication could be better. Others however felt the leadership was already improved and leaders were listening to feedback.

Strategic planning

In early 2024, the local authority developed its Vision for Adult Social Care. The local authority described the vision as acting as a 'north star' and a starting point for everything they did. The vision aligned with the values set out in the Bristol City Council Corporate Strategy 2022 to 2027 and were 'to enable all people in Bristol to enjoy independent, fulfilled lives in their communities with access to personalised support if they need it'. Local authority leaders told us the Vision was about proactive care and support with the aim of supporting people to lead 'glorious ordinary lives' which they believed if done right the first time, would be cost effective.

Leaders wanted to see a one council approach, as they felt this was needed. Bristol is one of 11 'core cities' in the United Kingdom and whilst there is a strong sense of Bristol identity, there are differences between the localities of the city, known as the North and West, Inner City and East, and South Bristol. Due to this, Bristol is often described as 'A Tale of Three Cities'. It was described as a city where partners wanted to come together and where there was a culture of pride, commitment and passion, across all staff groups, especially adult social care.

The was an ongoing transforming adult social care programme underway and the key drivers were delivering adult social care within budget, whilst developing a sustainable model of care that built upon community assets and improved outcomes for people. For example, managing demand for and transforming the supply of Adult Social Care services and optimising the adult social care workforce to ensure productivity and value for money.

Staffing and retention was an ongoing issue for the local authority and remained a risk, however had improved and stabilised more. The Bristol Workforce Development Plan, June 2024, was developed to address the issues of staff working in adult social care teams which included low staff capacity, fragmented pathways for people, and with longer-term teams having to operate like emergency teams at times, resulting in a lack of focus on people's personal outcomes and preventative working.

The local authority used information about risks, performance and outcomes to inform its adult social strategy and plans, allocate resources and understand the actions needed to improve care and support outcomes for people and local communities. The local authority continued to develop data and reporting capability along with confidence of managers and staff to use the data and insights available to them. The improved use of data systems had had a huge impact on leaders being able to understand where resources were needed and where to prioritise these. Data enabled them to understand what they could expect to see in the future and set expectations. Leaders worked with teams to ensure that they were capturing the right data recognising their old reporting systems did not fully capture certain types of demographics, but this was something they were addressing. Partners feedback was that the local authority used complex needs data more effectively and the quality of data being shared with them had improved.

Most staff felt change was being managed well by the senior leadership team. They told us about the briefings that had taken place around the new Target Operating Model (TOM) and said these had been helpful in communicating what was happening whilst allowing time for questions. The TOM was described by the local authority as the blueprint of how they would achieve their adult social care vision and objectives by aligning core capabilities, resources and processes, and was aligned to their continuous improvement plan. It was co-produced and co-designed with people and data informed. Written information was provided to staff about the changes, although feedback was this was sometimes lengthy and there was not always the time to read it fully. Some staff were unsure how the changes were linking together into an overarching strategy and felt this could be clearer and communicated better. However, staff were being offered training on managing change and a transformation lead was available to provide support.

Senior leaders understood their roles were in ensuring strong oversight, meeting people's needs under the Care Act and looking at preventative measures. There would be an increase in spending in adult social care for complexities as they needed to be able to delivery differently with more preventative measures through the target operating model and transformation. They still had work to do in relation to waiting times for assessments, there had been significant improvement over the last few years, which could be sustained, but they were aware they could not get complacent and still needed to improve. They felt there was a strong approach in how they shape and commission, and that quality assurance was good, but they could still sustain this and diversify. Quality assurance work in commissioning was established and the local authority saw high CQC-rated provision at levels above national averages. Initiatives such as 'Make it Work' and ongoing work with community partners demonstrated progress in diversification of care provision.

The local authority's political and executive leaders were well informed about the potential risks facing adult social care. These were reflected in the corporate risk register and considered in decisions across the wider council. The council had changed and now worked to a committee system from May 2024 with 8 policy committees, one of which was adult social care. Feedback was this system was robust. Policy Committee members told us they worked hard to be accessible, available and approachable and were there to give challenge and scrutiny. The focus was that they wanted to do the best for people. The public Adult Social Care Policy Committee received regular performance, finance, risk and transformation reports. The Policy Committee chair and vice-chair received more regular information, and member briefings were arranged should further dissemination of information be required. When questions were asked for more details, for example in relation to spend and waiting times, officers were responsive.

The Executive Director of Adults and Communities (DASS) told us with the new committee systems, adult social care got a lot more time publicly. They were finding conversations were much richer and more considered. They felt enthusiastic about the significant work undertaken and this was an opportunity for them to show what they are proud of. There had been significant improvements with some short-term work and they wanted to sustain this, feeling they have learned a lot and really developed.

Cabinet members told us there was a mix of people on the overview and scrutiny committee from a range of diverse backgrounds. They had open conversations and dialogue with health colleagues and with partners in the integrated care partnership. Health scrutiny was statutory, however adult social care was taken seriously too.

Cabinet members had faith in the local authority executives, who were described as a strong team, with a balance of performance and people focus and told us work had been done which was to be acknowledged. Feedback was of good working relationships with the adult social care senior leadership team and in terms of integrated working.

Relationships in the senior leadership team were good and had been collaborative, moving towards making change and getting feedback. The team was strong and cohesive, offering support and with a drive around performance. They described teams as now facing more in the same direction with a greater sense of purpose and shared values.

Some partners had attended monthly meetings with the local authority and told us there was motivation to improve relationships. Care partners told us it had been really difficult to communicate with the local authority in the past, but engagement was improving. Other partners told us the local authority's leadership was strong and the DASS was approachable with relevant experience.

Information security

The local authority had robust information governance arrangements in place supported by an internal service which provided oversight and guidance and implemented their information governance framework. The Director of Legal and Democratic Services was the Senior Information Risk Owner, and the Executive Director of Adults and Communities was the Caldicott Guardian responsible for protecting the confidentiality of people's health and care information and making sure it was used properly. Lead information custodians were in place for all Adult Social Care programs and information systems.

Staff had mandatory annual training around information security and data protection with automatic reminders when this was due. Identifiable personal information was removed from documents such as quality assurance reports, which were shared via secure email. Staff told us they sought consent of people to share information (including assessing mental capacity if this was in doubt), and when information was shared online, emails were always encrypted. Staff in data and performance teams had built reports so these did not contain any sensitive data to allow them to share these across teams. If sharing externally staff had a different format, which further removed data, to fully redact information. They also had the ability to see who was viewing documents and what information was accessed, which added an enhanced level of security.

Learning, improvement and innovation

Score: 3

3 - Evidence shows a good standard

The local authority commitment

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.

Key findings for this quality statement

Continuous learning, improvement and professional development

There was an inclusive and positive culture of continuous learning and improvement at the local authority. Local authority staff had ongoing access to learning and support, so Care Act duties were delivered safely and effectively. Senior leaders told us a strong training and professional development offer had been developed in partnership with other areas of the council and externally including children's services, housing and neighbouring local authorities. Senior leaders were committed to learning and sharing the voice of people with lived experience and they included presentations from these people at their adult social care conferences which were held every six months.

The local authority had launched the ‘Adult Learning Hub’, bringing together all strands of learning, development, and innovation into one place to make it easily accessible to practitioners. Staff were aware of a programme of mandatory training but were also offered additional training around specific issues, such as anti-racism, anti-hate training and risk. Feedback was managers generally supported and facilitated staff to attend additional training which staff said was interesting, informative and useful to their roles.

There was support for continuous professional development to ensure staff remained competent. A number of staff had gone through or were part of the social work apprenticeship scheme. Staff told us they had enjoyed this, were supported throughout this and once qualified, the support continued. Staff were encouraged to consider professional development in other areas such as becoming an Approved Mental Health Practitioner or Best Interests Assessor.

OTs fed back that the training offer for newly qualified OTs had greatly improved and now replicated the assessed and supported year in employment (ASYE) programme provided to their social work colleagues. They also spoke highly of the local authority OT apprenticeship programme. For staff who did not want to qualify as a social worker or OT, they found there were limited options available to progress within adult social care, although ongoing training in areas of professional interest was encouraged.

Some black ASYE staff reported passing the social work training was hard and it had been noted the pass rate among black staff was lower. Consequently, the local authority was undertaking some work to understand this better and ensure this group of staff were being suitably supported and not being discriminated against.

The Workforce Development Team, under the leadership of the PSW provided leadership and support to students, learners, practitioners and teams in different areas, including in relation to the Care Act, Mental Capacity Act and safeguarding.

A supervision policy set out clear standards around the quality of supervision. Staff described an environment which was supportive and caring. This included support from line managers and colleagues in teams and across the wider service. Supervision was used as an effective tool to manage wellbeing, discuss complex cases and to encourage learning, development and career progression. Some staff stated that additional support around clinical supervision would be beneficial especially for those teams who were exposed to cases of a more challenging nature such as safeguarding.

The local authority had undertaken the co-design of the co-production policy and process for adult social care with a working group comprising people with lived expertise and community organisation representatives (the co-production policy group were now known as the co-production advisory group). This was described by everyone as a solid piece of co-production, fully supported by the local authority. The new policy had been formally signed off in December 2024. The policy and process were to be used as guidance for local authority officers to support the embedding of co-production throughout both the commissioning and assessment pathways. Bristol had also led a regional co-production network and shared experience, learning and advice about co-production at a national conference.

The co-production advisory group told us they hoped the new co-production policy would stop co-production from being ad-hoc. The group were not clear how the impact and outcomes of the new co-production policy would be measured, or their role in this evaluation, however they hoped they would be involved. Feedback from the local authority was that more work was planned with the group in the immediate future which would help to clarify further plans. The group commented they felt co-production could be better communicated and celebrated at the local authority.

The Commissioning Team told us there was a commitment to embedding co-production into commissioning activity and a much greater awareness of the value of this following the development of the co-production policy. The team gave examples of co-production with the HIV community, people with a learning disability and for people with mental health needs. Information and intelligence from people had directly influenced commissioning activity, for example the recommissioning of a specialist HIV prevention service.

Partners described good co-production between the local authority and organisations within the voluntary and community sector, and there was a commitment from the local authority to support the sector. For example, they described how the local authority ensured they recognised the voice of people with lived experiences when developing new strategies.

There were some good examples of how co-production was being used, however this continued to be developed in some areas. For example, co-production had not been a feature of some of the Technology Enabled Care Hub trials of new equipment and this had been identified as one area for improvement. The Technology Enabled Care Hub told us about plans to better gather customer feedback with satisfaction questionnaires planned and a focus group to better hear the voice of people with lived experience.

The local authority was now using a software data tool to produce reports. Senior leaders explained how the teams were involved in the development of data reports ensuring the data being produced accurately reflected the needs within individual teams. This was an area of continued improvement and development. For example, some DoLS and transitions reports were currently still under development. There was a clear process of development and testing of reports to ensure they met bespoke reporting requirements. The data and performance team provided bespoke training to teams on how to get the best out of their reporting, designing the reporting functions to be accessible.

The local authority worked collaboratively with people and partners to actively promote and support innovative and new ways of working that improved people's social care experiences and outcomes. Staff feedback was the technology team were approachable and provided relevant training and support for staff when needed. Staff were able to keep abreast of new developments in technology that could support people. For example, there were several assistive apps being used in relation to care and support of people and this area of technology was accelerating quickly.

Staff and leaders engaged with external work, including research, and embedded evidence-based practice across the organisation. The local authority took part in a Research and Governance Programme for adult social care and health. They described how the development programme supported applied research projects and advanced degrees, such as PhDs. This helped ensure practice in the organisation was informed by the latest research.

Learning from feedback

The local authority learned from people's feedback about their experiences of care and support, and feedback from staff and partners. This informed strategy, improvement activity and decision making at all levels.

The local authority routinely collected data about complaints and compliments. This was reported through their quality assurance framework, which twice annually included a thematic review. They shared that learning from complaints and compliments had increased their awareness of the value placed by people on high quality, skilled intervention of staff, but also reiterated the struggles some people had had getting timely assessment or support.

The local authority used feedback from people to improve service delivery. One example given was when a complaint was received from a family member about a social work practitioner, the investigation found that record keeping was not of the standard they would expect. As a result of the complaint, the procedures for record keeping and support planning were reviewed, and practitioners received the training, supervision and guidance needed to meet the requirements of practice standards and regulations. It was also agreed that the service area should undertake further regular audits of case records to ensure quality of recording and timely action.

Staff involved in quality assurance felt the findings of practice audits demonstrated good practice in assessments across all services. They said that most assessments and support plans had been audited and scored 80% or above, against their internal framework which was good. Their findings had been supported by feedback sought from a small number of people with lived experience.

The local authority held staff briefings so staff could hear the latest updates and information and feedback, for example, in relation to the transformation of services. Leaders recognised they could do more to gather staff feedback and staff were overall confident to challenge and raise issues were relevant.

There were a range of opportunities for practitioners to share learning and practice, and to hold reflective discussions. This included reflective practice sessions, feeding into the Social Work Board, and different practitioner drop-in sessions. Practitioners also shared their examples of good practice at the Adult Social Care Conferences, the most recent example was about the support provided to newly qualified social workers and their managers.

The local authority provided data concerning compliments and complaints. There were 593 contacts made by the public regarding adult social care in 2023-2024, 53% were compliments and 28% complaints with the remainder either concerns or representations. Among the complaints, the quality or non-delivery of services was the biggest area. Of the 105 complaints formally made, 35 were not upheld and 29 upheld. There was a comparative increase in the time taken to respond, 49% were responded to within 15 days in 2021-2022 against 40% in 2023-2024. There were practical examples given of how upheld complaints led to changes in service provision, including improvements in communication between services and to unpaid carers.

The local authority had 10 detailed investigations undertaken by the Local Government Social Care Ombudsman (LGSCO) in early 2023/24. The average number of investigations for this authority type is 4. Of the local authority complaints investigated by the LGSCO, 90% were upheld (which means the LGSCO found fault) which is high when compared to the average rate of 76.07% in similar authorities. In 100% of cases the LGSCO were satisfied. However, the local authority had successfully implemented recommendations, although 40% of these were late remedies which was higher than the average of 21.38% across all other local authorities.