

Bristol City Council

Minutes of the People Scrutiny Commission

26 September 2016 at 10.00 am



Members Present:-

Councillors: Brenda Massey (Chair), Lesley Alexander, Mark Brain, Eleanor Combley, Anna Keen, Gill Kirk, Cleo Lake, Celia Phipps, Ruth Pickersgill, Liz Radford, John Swainston and Judith Brown

Officers in Attendance:-

John Readman (Strategic Director - People), Hilary Brooks (Service Director, Care and Support - Children & Families), Michele Farmer (Service Director Early Help and Targeted Support), Mike Hennessey (Service Director, Care and Support - Adults), Paul Jacobs (Service Director Education & Skills), Netta Meadows (Service Director, Strategic Commissioning & Commercial Relations), Karen Blong (Policy Advisor) and Claudette Campbell (Democratic Services Officer)

1. Welcome, Introduction and Safety Information

Cllr Brenda Massey (Chair of People Scrutiny Commission) welcomed everyone to the meeting and led introductions.

2. Apologies for Absence and Substitutions

Apologies were received from Cllr Jos Clark.

3. Declarations of Interest

None

4. Minutes of Previous Meeting

5. Minutes of AGM on 18th July 20016

Resolved:

That the minutes of the commission held on the 18th July 2016 be agreed as the correct record and signed by the Chair.



6. Minutes of Meeting In Common with South Gloucestershire Health Committee 12th August 2016

Resolved:

To note the minutes of the meeting on the 12th August and agreed them as a correct record.

7. Actions from 18th July 2016

Noted.

8. Chair's Business

None

9. Public Forum

Alderman Price submitted, statement and questions on:

- Bristol Strategy for Children, Young People & Families
- Children's Services Improvement Plan

10 Bristol's Strategy for Children, Young People and Families & Children and Family Partnership Work Programme

Michele Farmer, Service Director: Early Help and Targeted Support together with Bonnie Curran, Planning & Development Advisor, presented the draft strategy to the Commission.

The Strategy aims to:

- Establish a shared vision for the Partnership's work with children, young people and families
- Set out the focus of the shared work for the next four years
- Promote prevention and early intervention
- Provide the strategic context to drive future commissioning
- Support the implementation of the Mayoral City vision and other city planning
- Demonstrate how partners fulfil the duty to cooperate to improve children's wellbeing

There is a duty to co-operate with partners to ensure that shared resources are managed and channelled in the right way. The Children and Families Partnership Board jointly chaired by John Readman, Strategy Director People and Vice Chair Kirsty Alexander GP of the CCG intends to drive this unified priority.

Board memberships extends to cover those with responsibility as City Policy Makers and Senior Leaders with strategy and commissioning responsibilities.



The partnership board have four subgroups that represent the breath of the work of the partnership.

- Special Education Needs and Disability – new inspection framework
- Joint Health Outcomes
- Think Family
- Youth and Participation

The Strategy document had been written with the audience in mind, covering the joint underlining priorities of child poverty and inequality.

The following points were noted from the discussion that followed:

- a. The report authors were commended for the way in which they reflected the outcome of the consultation process in the final document. The use of the term 'Think Family' was considered a far better phrase than problem families. The emphasis on family health and wellbeing was viewed as a positive move forward. As was the inclusion of fathers in the area of maternity.
 - b. The document steered away from identifying specific services but the basis of service delivery would, where necessary, be through the work of children's centres.
 - c. The underlining priority of child poverty and inequality continued to be the basis of the strategy.
 - d. Acknowledged that further work was required in respect of the support required for children/students in education with Mental Health issues.
 - e. The strategy is intentionally concise and focused to ensure the work identified is achievable.
 - f. There are a number of services that support young people and those aged between 16 – 18 so not directly identified in the strategy but the service is aware of the multiple and complex needs surrounding this demographic.
 - g. Members shared that children centres in communities on the outskirts of the city engage with communities and therefore those working in these areas have insight and intelligence about the immediate community that can feed into further work. Members were concerned that some communities did not have the opportunity to fully engage in any consultation process.
 - h. Action: Michel Farmer to contact Cllr Keen for points of contact within the Hillfields community.
- Resolved:
- i. To note the report

11 Appendix A Draft Strategy 'Children & Families Partnership'

12 Presentation on the Strategy

13 Bristol Children's Services Improvement Plan 2016 - 2017



Hilary Brooks, Service Director – Care And Support Children & Families, shared with the members an update on the Children’s Services Improvement Plan. Members were requested to provide comments on the review and endorse the work underway.

Overview & Background

The Children’s Improvement Plan was drawn up and agreed as the steps required to secure improvement, to deliver consistently good services for children and young people in Bristol. This was necessary following the outcome of the Ofsted inspection in October 2014. The overall judgement was that services for children in need of help and protection, children looked after, and care leavers, required improvement. The following was noted from Members whilst they read through the plan and the RAG rating given.

- a. All were pleased to note the progress made in the performance of children in care (CIC) but the question was posed about the variation of outcomes depending on when a children was placed in care. Those children in the system from earlier years experienced consistency of care therefore more secure as they progress through the education system. Those entering following family trauma during the GCSE years faced harder challenges and often found it harder to meet the required standards. This group would take longer to go through the education system. The service continued to work to ensure that individuals received the most appropriate support. The service had made a step forward but work continues to narrow the gap.
- b. Early intervention was viewed as the way to provide solid support and improve outcomes. The good work being done by the Hope Governors was acknowledged.
- c. The national inspection framework now undertook inspections on a thematic basis. The result of such scrutiny was that it allowed for deep dive into a single area resulting in better improvement outcomes.
- d. Concern that many agencies/partners would be involved in the care of a child fostered outside the Bristol boundary. Often placing children outside the boundary was necessary to satisfy safeguarding issues. The aim was to limit such placements. There is a cost impact so every effort is made to place children within area.
- e. CIC are supported by social workers. Social workers are monitored and the service is aware of the contact time, between CIC and social workers, and the periods CIC are without contact. With the change in available resources Social Workers are involved in noting all contact as case minutes are a legal requirement. The time spent in administering caseloads is under consideration. Bristol continues to have a good retention of staff although there is a national shortage.
- f. Work continues to widen the numbers of BME foster carers. Following any recruitment campaign the time line for training new carers averages 6-9 months. Outreach work had been done within local communities and churches to encourage wide pool of foster carers. The service faces the



additional challenge of competing with other authorities and agencies whose fees far exceed that offered by Bristol.

g. Action – Bulletin would provide details on recruiting foster families from BME groups.

Resolved:

- i. To note the report

14 Summary of Progress

15 Year 2 Getting to Good

16 Break

17 Introduction to the Cabinet Member for City Health and Wellbeing

Councillor Fi Hance, Cabinet Member of City Health and Wellbeing addressed the scrutiny:

- a. Public Health Brief – A recent presentation from DPH explained the 4:4:48 model that identified the 4 activities that relate to 4 diseases leading to 48% of premature deaths. The aspiration is for the principles of health and wellbeing to be the underlying driver in all areas that impact on the public health of people. Similarly the aspiration for 2000 homes to be built that are fit for purpose, within a good built environment to support public health.
- b. Mental Health – the work arising from the scrutiny’s working group to translate would be supported into outcomes. The need to support those who work in the area of children’s mental health. Encourage school activities and group sporting activities that’s proven to support good mental health. To embrace the commissioning of community activity to support public mental health.
- c. Integration into NHS – with improved public health less people would need to access hospital services. When they do, the need to support work that moves patients through the service after treatment and back into their own environment. Ensuring strong partnership working to support this aspiration of keeping people well for as long as possible.

The Chair thanked the Cabinet Member for her contribution.

18 Performance Report for 2016 - 2017 Quarter 1

Paul Jacobs, Strategic Director Education & Skills, presented the report.

Members made a number of comments on the key performance indicators and the rag rating attributed.

Points of note:

- a. The education attainment results were not provided as they were classified as invalidated data. To enable formal publication LA had to wait for the release of national data later in the year. The service was able to share that there had been a 4% increase in attainment levels in English and Maths. All were reminded that the way improvement would be measured had changed.



- b. Consideration would be given to reporting the performance indicators for school attainment results at an alternative time in the year.
- c. The term 'worklessness' was considered and a request made for a replace the term.
- d. Direct payments take up – Approximately 4000 service users have access to DP opportunities out of a possibly 6000. With the remainder not qualifying for the service. DP allocations are becoming very popular as it allowed carers to access funds for one off need.
- e. The targets set for improvement in attainment for young people, in the care-leavers category were ambitious to drive improvement.

Resolved:

- i. To note the report.

19 Risk Register

John Readman, Strategic Director People, presented the Directorate Risk Register. The report provided the Corporate Risk in the context of the Directorate risk consideration. Going forward the risk register will be provided to scrutiny at 6 months intervals.

The report allows scrutiny to note the risk and the actions aligned to reduce the risk. Members were invited to comment:

- a. The question was raised about the risk for care homes recruiting in the current climate. The impact of Brexit is being considered national. A number of commission services rely on staff from European continent and until the wider issue is rationalised by Government and guidance provided it would not be possible to determine any impact.
- b. Overall the service is impacted by the demand arising from those living over 85 years of age. The service is in the 3rd year of the medium term financial plan when many strategies were adopted to manage the necessary savings. The move to commissioning practice saved money and provided good outcomes for service users. The identifiable risk centres around the commercial market not having sufficient stability to support the services future need, at the price that the service can afford to pay.
- c. The potential unitary charge, risk relating to student shortfall was discussed. Members sought fuller understanding on the risk to schools and academies where Skanska applied a 9% increase in charges. Request for additional information of the challenges being faced by academies because of the increase to be included in the risk register. **Action**

Resolved:

- i. To note the report



20 Adult Social Care Strategic Plan 2016-2020

Mike Hennessey, Service Director, Care and Support (Adults) presented the Adult Social Care Strategic Plan 2016-2020. Rachel Allbless and Jamie Mahood spoke to the presentation.

Scrutiny were requested to comment on the draft plan and provide suggestions on issues that should be emphasised, added or removed. Finally, to offer their support for the implementation of the plan.

The Adult Social Care (ASC) Strategic Plan outlines the Council's vision, approach and priorities for ASC. The strategy adopts the principles of the three tier model of care and support. It sets out how the service will:

- Put in place a new, more cost effective approach to delivering adult social care
- Provide services within budget
- Work with partners to provide a more joined up health and social care system
- Focus on preventative services which help people to remain independent or regain the independence they want and value
- Reduce demand and focus resources on those who most need them

The following was noted from the discussion that followed:

- a. Members viewed the report as having a cost saving theme from the organisations perspective rather than the service users view point. Although the presentation provided a more favourable view of the plan.
- b. Members highlighted:
 - The need to identify the level of the standard of care expected
 - Noted that elements of the Mayor's manifesto was missing from the strategy
 - The practice of 'social prescribing' was not mentioned
 - The language in the report fails to reflect an older people's theme
 - That older people and those in care homes would not be able to access the online self-assessment form.
 - The online service would be prohibitive to those with limited IT skills , disabilities particularly those with sight challenges and English as a second language
- c. The Cabinet Member for People affirmed her support for the plan. It reflected the need for service users to stay in control of their own health care provision to support the pathway back to independence, following being incapacitated.
- d. It was acknowledged that the plan's tone should have more emphasises on service users need for dignity and not just financial savings.



- e. Members were assured that not all assessment would be undertaken on line. There was an awareness that many care homes did not provide wifi for service users.
- f. There had been an appointment of a Champion for Autism and worked continued in supporting the appointment of the Champion for Older People.
- g. Worked continued on integration between health care and social care. The service worked closely with the NHS because it acknowledged that the longer a patient stayed in hospital there was an increased possibility of that patient remaining sicker for longer.
- h. The developing 3-tier model supported the principle of providing 'help when you need it'. Social workers were encouraged to have different conversations with service users that allowed the service user to request solutions. The aspiration was for movement between the 3 tiers and avoid the need for crisis management.
- i. Members requested further information
 - about the Care Direct service and its functionality.
 - together with details of Bristol standard of care quality framework and
 - the standard required for commissioned care homes and homecare services. – **Action – Rachel Allbless**

Resolved:

- i. That the report authors note Members comments.

21 The draft ASC Strategic Plan

22 Work Programme - For Information

Meeting ended at 1.00 pm

CHAIR _____

