

Bristol City Council

Minutes of the People Scrutiny Commission

22 October 2020 at 2.00 pm



Members Present:-

Councillors: Claire Hiscott (Chair), Eleanor Combley, Carole Johnson, Tim Kent, Gill Kirk, Brenda Massey, Celia Phipps, Ruth Pickersgill, and Steve Smith

Also present:-

Councillor Asher Craig, Deputy Mayor (Communities, Equalities & Public Health); Councillor Helen Holland, Cabinet Member (Adult Social Care); Councillor Helen Godwin, Cabinet Member (Women, Families and Homes, Lead Member For Children's Services); Judith Brown, Co-optee

1. Welcome, Introduction and Safety Information

The Chair welcomed all attendees to the meeting.

2. Apologies for Absence and Substitutions

No apologies for absence were received.

3. Declarations of Interest

Cllrs Brenda Massey, Carole Johnson, and Celia Phipps declared their recent appointments as Deputy Cabinet Members.

Cllr Celia Phipps declared her role as Social Prescriber in South Bristol.

4. Annual Business Report

RESOLVED;

That ;

- The Annual Business Report be noted;



- The Scrutiny Commission's Terms of Reference be noted;
- The election of a Vice-Chair for the Commission be deferred to the next meeting, after the Party Group Leads had provided guidance on the role of Deputy Cabinet Member;
- The membership of the Commission for the 2020/2021 municipal year be noted;
- The 2020/2021 meeting dates for the Scrutiny Commission be noted.

5. Minutes of Previous Meeting

The minutes of the meeting held on 27th February 2020 were agreed as a true record.

6. Chair's Business

The Chair explained that the scheduled Public Health item for this meeting (impact of Covid-19 on Black, Asian & Minority Ethnic communities) had been put back to the agenda on the 14th December due to the extra focus the Public Health team had as a result of new public health guidance and the increased rate of Covid-19 cases.

The Chair explained that the Scrutiny Working Group Final Report would be brought to the Overview & Scrutiny Management Board on the 2nd November. All Group Leads of the Commission confirmed they were satisfied with the report and the recommendations.

The Scrutiny Advisor informed Members that the nominations for the statutory co-optees for education matters were being requested; that there were 4 vacancies; and that if the Commission received nominations they would be invited to join the Commission to contribute on education matters for the municipal years 202-21 and 2021-22; and that they would be invited to attend the next meeting on the 14th December.

The Chair thanked Judith Brown, Bristol Older People's Forum Ambassador and Chair of Bristol Ageing Better, for her continued engagement and valuable contribution to the work of the People Scrutiny Commission as non-statutory co-optee.

The Chair proposed the election of the Vice-Chair be deferred to the next meeting, after Party Group Leads provide guidance on the role of Deputy Cabinet Member.

RESOLVED;

That;



- The scheduled Public Health update focussing on the impact of Covid-19 on Black, Asian & Minority Ethnic communities be deferred to the next agenda on the 14th December, subject to review closer to the date;
- The Commission welcomed recruitment to any, or all, of the four vacant statutory co-optee positions for education matters;
- The Scrutiny Working Group Report be published and brought to the Overview & Scrutiny Management Board in its present form;
- Judith Brown remain non-statutory co-optee for the municipal year 2020-21;
- The election of Vice-Chair be deferred to next meeting on the 14th December, after the Party Group Leads have provided guidance on the role of Deputy Cabinet Member.

7. Public Forum

There were no Public Forum submissions.

8. Public Health Update

The Director of Public Health introduced the report, and explained the new national alert system.

- There was a discussion about hospital capacity, and Members were informed that it would be reduced to ensure increased Covid-security.
- Members were advised that this was a fast moving situation, the way patients were treated had improved and so better outcomes were expected although detailed information would be better provided by NHS clinical leads.
- An update on the system response was planned to be brought to the Health Scrutiny Committee (sub-committee of the People Scrutiny Commission), and/or the Joint Health Scrutiny Commission.
- There was a discussion about how schools were operating in a Covid-secure way, and Members were advised the Director of Education & Skills had been working closely with head teachers and school settings were very Covid-secure. School leaders made informed decisions with the Council's support and advice.
- The Commission was told that the age profile of cases showed the majority were under the 30 year age group, and that, within that cohort, fewer than 50% were likely to be students.



- University clusters had been well managed, with no evidence of transmission into the wider community.
- It was noted that there had been an increase in the rate of cases within adults of working age, and that it was anticipated rates would continue to rise.
- The Council had been working closely with care homes, employers and schools to ensure advice and support was in place to enable Covid-secure environments and to make appropriate interventions to stop transmission.

RESOLVED;

That;

- The Public Health Update be noted;
- The Health Scrutiny Committee (sub-committee of the People Scrutiny Commission) invite the NHS to provide an update on the health system response.

9. Performance Report Q1

The Executive Director of People introduced the report.

- There was a discussion about apprenticeships. Members were advised this was a national concern, and that, as per the One City Plan, the Council had reached out to partners, including voluntary sector and Small and Medium-sized Enterprises, to encourage and support apprenticeships.
- Members were informed the Apprenticeship Levy did not pay for the post, only for training.
- The take-up of free early educational entitlement by eligible 2 year olds was discussed. Members were advised that COVID-19 had impacted take-up of places, but nurseries had been available, encouraging as many families as possible by working hard to stay open over the months throughout the pandemic.
- School as a safe place was emphasised, and that this evidence should be demonstrated to the wider community.
- The performance indicator for Education Health Care Plans (EHCPs) was discussed and improvement was noted, and more detailed information was requested by the Commission regarding the number of applications waiting to be assessed and how the target had been set.



- The performance indicator 'Reduce the number of adolescents (aged 13-17) who need to enter care' was discussed. The Commission was advised that this was a difficult area to achieve good outcomes, and that there was a need for about 6 years to enable trauma informed trusted relations to produce positive outcomes.
- Young people had informed ways of working, and 'edge of care' teams had been created, similar to the Essex model. This had been successful in reducing placement numbers by 70.
- Members were informed that there had been a rise in extra-familial harm over the past year, and the Council was focusing on contextual safeguarding methods.
- The Commission enquired about the performance indicator relating to breastfeeding and requested further information to break down the figures by ward.
- The Commission was advised that Children's and Education services had a range of resources, including films online, which provided an overview of the experience of a child, which included domestic abuse, neglect, and substance misuse. The Chair welcomed the offer to share those resources with Members.
- There was a discussion about the performance indicator 'Increase the number of adults in low pay work & receiving benefits accessing in-work support' (BCPC268), and it was agreed further information regarding what had been done and what was planned to improve access to in-work support was needed.

RESOLVED;

That;

- The Commission noted the Performance Report;
- The Commission receive more detailed information regarding the processing of EHCP applications (refer to BCPB225), including the numbers waiting to be assessed, related information impacting on reducing the backlog, and how the target had been set;
- The Commission receive a breakdown of data by ward relating to the breastfeeding rates (referring to DPEC123);
- Examples of training resources, including films online, be shared with the Commission;
- A Member briefing be requested to provide further information and context about how the Council approached the need to improve the number of adults in low pay work & receiving benefits accessing in-work support (reference to BCPC268).



10 Risk Report Q1

The Executive Director of People introduced the report.

- The Commission was advised that there was a high risk around safeguarding vulnerable children, that there was a growing risk around criminal exploitation; and that the likelihood and ability to mitigate risk when outside the family was high.
- There was a discussion about Special Educational Needs and Disabilities (SEND) with regard to known risks and it was noted that these had been addressed in the performance item. Members were advised that a written statement of action and action plan had been produced and was monitored through government bodies.

RESOLVED;

That;

- The Commission noted the risk report;
- The Commission noted the known risks regarding SEND and would continue to review performance, including at the next scheduled Commission meeting.

11 Mental Health Strategy

The Deputy Mayor (Communities, Equalities & Public Health) thanked the Public Health team, the Bristol North Somerset South Gloucestershire Clinical Commissioning Group (BNSSG CCG), and the Voluntary and Community Sector, with regard to the response and work undertaken within the context of COVID-19; that everyone needed to pivot quickly in terms of the work which was required surrounding mental health. It was noted that learning from the lockdown highlighted the need to prioritise mental health due to the effect on the work force, children, parents, and our communities.

The Consultant in Public Health and the Co-Chair BNSSG Mental Health Cell (COVID-19 Response) introduced the report.

- The Commission was advised that the strategy was evolving with continual revision based on wider participation so as to embed learning; and that this was a 'whole system' approach, which took into account interconnectivity of different areas, importance of relationships, and utilised co-production.
- Members were advised that there was mental health helpline available; 24/7 Support & Connect, which was a confidential helpline staffed by experienced counsellors, who people could talk to with emotional support provided. People would also be able to be connected to appropriate organisations



in Bristol, North Somerset, and South Gloucestershire. The helpline number (available 24 hour) was provided: **0800 0126549**.

- There was a discussion about waiting lists for mental health provision, and Members were informed there were a range of metrics created, and Members welcomed the offer of details to be circulated.

The Senior Public Health Specialists introduced the work streams which supported the COVID-19 response, including Children, Young People, Schools & Students; Thrive at Work; Communities; Mental Health Literacy; Suicide prevention and self-harm reduction.

- Members were advised that the plans were closely aligned with the BNSSG strategy.
- It was noted by Members it was positive that there was a focus on prevention.
- The closure of the wards at the Priory was noted by Members and there was a discussion about how the strategy intersects with the need for acute care. Members were advised that there was close working relationship with the BNSSG CCG, and the need for in-patient beds, including for young people, was taken seriously and would be pursued.
- Members were advised that beds were commissioned by NHS England, and so was a national issue, but meetings had been undertaken with NHS England and the CCG about the matter.
- It was noted that the Health Scrutiny Committee (Sub-Committee of the People Scrutiny Commission) had received a briefing on the issue of acute care and availability of beds.
- The Commission enquired about availability of support for the Council's workforce, and Members were advised that, within the Thriving at Work stream, there had been collaboration with the Council's Health & Wellbeing Manager to ensure appropriate services and training were available for staff; Council staff also have access to support through the [Employee Assistance Programme](#).
- There was a discussion about mental health resource within schools, and Members were advised that there was a series of funding and teams would be trained and ready to work in schools.
- Members were advised that commissioned services would include counsellors undertaking 1:1 with children in schools. These teams would be established and services available by the beginning of 2022.
- Members were advised that the strategy rightly had a lot of focus on Black, Asian, Minority Ethnic communities; and also on older people and those with disabilities – including having specific related criteria for community grants applications. There had been several applications received from groups representing older people and disabled people.
- The Mental Health at Work Commitment was discussed and Members were advised that, following the Stevenson/Farmer Review of Mental Health and Employers report in 2017, 25 organisations were



brought together into the [Thriving at Work Leadership Council](#) which had developed the [Mental Health at Work commitment](#). Thrive at Work Bristol worked with local businesses to encourage City-wide sign up to the commitment and implementation of the standards, to create mentally healthy workplaces in Bristol.

- It was agreed that Members would receive further details to inform any more questions and to help communicate the commitment to businesses across Bristol.

RESOLVED;

That;

- The Commission noted the report;
- The Commission receive details of how waiting lists are monitored, including detail and explanation of the range of metrics created;
- The Commission receive information about the Employee Assistance Programme and mental health support for the Council workforce;
- The Commission request further details from the BNSSG Mental Health Cell (COVID-19 Response) about how older people and people with disabilities negatively affected by Covid-19 are identified and supported;
- The Commission receive further information about the Mental Health at Work Commitment and Members communicate to businesses across the city.

12 Work Programme

The Commission noted the Work Programme.

Meeting ended at 4.20 pm

CHAIR _____

