

Health and Wellbeing Board Agenda



BRISTOL CCG

Date: Wednesday, 27 January 2021

Time: 2.30 pm

Venue: Virtual Meeting - Zoom Committee Meeting
with Public Access via YouTube

Distribution:

Board Members: Dr Alison Bolam (Co-Chair), Helen Holland (Co-Chair), Asher Craig, Evelyn Barker, Eva Dietrich, Hugh Evans, Elaine Flint, Christina Gray, David Jarrett, Jacqui Jensen, Vicky Marriott, Hugh Poole, Julia Ross, Janet Rowse, Jean Smith and Robert Woolley

Issued by: Jeremy Livitt, Democratic Services

City Hall College Green Bristol BS1 5TR

Tel: 0117 9223758

E-mail: democratic.services@bristol.gov.uk

Date: Monday , 18 January 2021



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Agenda

1. Welcome, Introductions and Safety Information

Dr Alison Bolam is chair for this meeting.

(Pages 4 - 5)

2. Apologies for Absence and Substitutions

3. Declarations of Interest

To note any declarations of interest from the Councillors. They are asked to indicate the relevant agenda item, the nature of the interest and in particular whether it is a **disclosable pecuniary interest**.

Any declarations of interest made at the meeting which is not on the register of interests should be notified to the Monitoring Officer for inclusion.

4. Minutes of Previous Meeting held on Wednesday 28th October 2020

To agree the minutes of the previous meeting as a correct record.

(Pages 6 - 12)

5. Public Forum

Up to 30 minutes is allowed for this item.

Any member of the public or Councillor may participate in Public Forum. The detailed arrangements for so doing are set out in the Public Information Sheet at the back of this agenda. Public Forum items should be emailed to democratic.services@bristol.gov.uk and please note that the following deadlines will apply in relation to this meeting:-

Questions - Written questions must be received 3 clear working days prior to the meeting. For this meeting, this means that your question(s) must be received in this office at the latest **by 5pm on Thursday 21st January 2021**.

Petitions and Statements - Petitions and statements must be received on the working day prior to the meeting. For this meeting this means that your submission must be received in this office at the latest **by 12 Noon on Tuesday 26th January 2021**.



The statement should be addressed to the Service Director, Legal Services, c/o
The Democratic Services Team, City Hall, 3rd Floor Deanery Wing, College
Green, P O Box 3176, Bristol, BS3 9FS or email -
democratic.services@bristol.gov.uk

Anyone who wishes to present their public forum statement, question or petition at the zoom meeting must register their interest by giving at least two clear working days' notice prior to the meeting by 2pm on Monday 25th January 2021.

PLEASE NOTE THAT IN ACCORDANCE WITH THE NEW STANDING ORDERS AGREED BY BRISTOL CITY COUNCIL, YOU MUST SUBMIT EITHER A STATEMENT, PETITION OR QUESTION TO ACCOMPANY YOUR REGISTER TO SPEAK.

6. Draft Forward Plan

To note the draft forward plan.

2.40 pm

(Page 13)

**7. COVID-19 outbreak management update and vaccines
(Christina Gray, Director of Public Health - Verbal Report)**

A verbal report will be given on the day as there will be up to date data.

2.45 pm

8. Pause Bristol (Anna Smith, CEO of One25)

3.00 pm

(Pages 14 - 17)

**9. Working Group Reports of the People and Health Scrutiny
Committees - Councillors Claire Hiscott and Brenda Massey**

3.20 pm

(Pages 18 - 59)

10. Date of Next Meeting

The next meeting is scheduled to be held at 2.30pm on Thursday 18th March 2021 as a remote zoom meeting.



Public Information Sheet

Inspection of Papers - Local Government (Access to Information) Act 1985

You can find papers for all our meetings on our website at <https://www.bristol.gov.uk/council-meetings>

Covid-19: changes to how we hold public meetings

Following changes to government rules, we will use video conferencing to hold all public meetings, including Cabinet, Full Council, regulatory meetings (where planning and licensing decisions are made) and scrutiny.

Councillors will take decisions remotely and the meetings will be broadcast live on YouTube.

Members of the public who wish to present their public forum in person during the video conference must register their interest by giving at least two clear working days' notice to Democratic Services of the request. To take part in the meeting, you will be required to register for a Zoom account, so that Democratic Services is able to match your named Zoom account to your public forum submission, and send you the password protected link and the instructions required to join the Zoom meeting to make your statement or ask your supplementary question(s).

As part of our security arrangements, please note that we will not permit access to the meeting if your Zoom credentials do not match your public forum submission credentials. This is in the interests of helping to ensure a safe meeting environment for all attending or observing proceedings via a live broadcast.

Please note: Members of the public will only be invited into the meeting for the duration of their submission and then be removed to permit the next public forum participant to speak.

Changes to Public Forum

Members of the public may make a written statement, ask a question or present a petition to most meetings. Your statement or question will be sent to the Committee Members and will be published on the Council's website before the meeting. Please send it to democratic.services@bristol.gov.uk. The following requirements apply:

- The statement is received no later than **12.00 noon on the working day before the meeting** and is about a matter which is the responsibility of the committee concerned.
- The question is received no later than **5pm three clear working days before the meeting**.
- Any statement submitted should be no longer than one side of A4 paper. For copyright reasons, we are unable to reproduce or publish newspaper or magazine articles that may be attached to statements.
- **Your intention to attend the meeting must be received no later than two clear working days in advance. The meeting agenda will clearly state the relevant public forum deadlines.**



By participating in public forum business, we will assume that you have consented to your name and the details of your submission being recorded and circulated to the Committee, published on the website and within the minutes. Your statement or question will also be made available to the public via publication on the Council's website and may be provided upon request in response to Freedom of Information Act requests in the future.

We will try to remove personal and identifiable information. However, because of time constraints we cannot guarantee this, and you may therefore wish to consider if your statement contains information that you would prefer not to be in the public domain. Other committee papers may be placed on the council's website and information within them may be searchable on the internet.

During the meeting:

- Public Forum is normally one of the first items on the agenda, although statements and petitions that relate to specific items on the agenda may be taken just before the item concerned.
- There will be no debate on statements or petitions.
- Public Forum will be circulated to the Committee members prior to the meeting and published on the website.
- If you have arranged with Democratic Services to attend the meeting to present your statement or ask a question(s), you should log into Zoom and use the meeting link provided which will admit you to the waiting room.
- The Chair will call each submission in turn and you will be invited into the meeting. When you are invited to speak, please make sure that your presentation focuses on the key issues that you would like Members to consider. This will have the greatest impact.
- Your time allocation may have to be strictly limited if there are a lot of submissions. **This may be as short as one minute, and you may need to be muted if you exceed your allotted time.**
- If there are a large number of submissions on one matter, a representative may be requested to speak on the group's behalf.
- If you do not attend the meeting at which your public forum submission is being taken your statement will be noted by Members.

For further information about procedure rules please refer to our Constitution <https://www.bristol.gov.uk/how-council-decisions-are-made/constitution>

Webcasting/ Recording of meetings

Members of the public attending meetings or taking part in Public forum are advised that all virtual public meetings including Full Council and Cabinet meetings are now broadcast live via the council's [webcasting pages](#). The whole of the meeting will be broadcast (except where there are confidential or exempt items).

Other formats and languages and assistance for those with hearing impairment

You can get committee papers in other formats (e.g. large print, audio tape, braille etc) or in community languages by contacting the Democratic Services Officer. Please give as much notice as possible. We cannot guarantee re-formatting or translation of papers before the date of a particular meeting.



Bristol City Council
Minutes of the Health and Wellbeing Board

28 October 2020 at 2.30 pm



Board Members Present: Helen Holland, Asher Craig, Christina Gray, Jarrett, Elaine Flint, Poole, Rowse, Evans and Smith

Officers in Attendance:-

Sally Hogg and Claudette Campbell (Democratic Services Officer)

1. Welcome, Introductions and Safety Information

The Chair, Cllr Holland welcomed those present and led introductions.

2. Apologies for Absence and Substitutions

The following apologies and substitutions were noted:

- Alison Bolam
- Julia Ross
- Vicky Marriott – Karen Whitaker Sub
- Georgie Bigg
- Jacqui Jenson
- Robert Woolley – Cathy Caple Sub
- Eva Dietrich
- Andrea Young – Tim Keen Sub

3. Declarations of Interest

There were none.

4. Minutes of Previous Meeting

The minutes of the meeting held on 19th August were agreed as a correct record.



5. Public Forum

There were none.

The Chair invited Christina Gray, Director Public Health to present the Situation Report.

The Board was provided with a presentation that shared the current direction of travel of the pandemic in the Bristol region.

- That although the City remains at tier 1 a number of factors has led the Mayor & Partners to issue a new designation of Tier1 plus to enable direct action.
- That at present; infection rates had risen to 340.8 per 100.00 in 7 days; 14% positivity; that LA was ranked 34 out of 149 authorities; 84 Covid19 patients in hospital; low number of care home residents are positive; 55% of the cases are in those under 30 years, students and children in school; a steady increase in adults of working age 27% (30-60).
- Bristol Covid19 Local Outbreak Management Plan was shared; Multi agency group convened because of the changes in the growth of the infection over the last two weeks, chaired by Mike Jackson and attended by key agencies dealing with the pandemic; that the change in the spread of the virus has resulted in the region moving on to the national watch list.
- Work is being done to 'Keep Bristol Open – Safely'; reduce the spread of the virus; protect at risk groups; prevent harms to health from job loss; enable young people to engage in education; promote mental health and wellbeing;
- Tier 1 plus targeted actions from local outbreak plan - launch local Marshalls; increase local testing; effectively use data to target local breakouts for specific action.
- Seven Areas for enhanced joint action namely; to understand; to engage; to support; to protect; to contain; to restrict; to enforce.

The following was noted from the discussion that arose:

- a) North Bristol Trust reported that as of Friday 23rd October there were 37 patients being treated and now up to 55; that the hospital continued to experience the standard seasonal pressure on beds, not only as a result of patients with Covid19; that the loss of bed space results in less capacity to deliver other service provision.
- b) University Hospital Bristol: they had a lack of capacity and had to declare a major incident; that they were moving forward to maintain service and manage the backlog in treatment; that they are determine to keep services operational; that an operational plan was in place to manage when and how the Nightingale Hospitals come on line.
- c) Questions were asked on whether the Nightingale Hospital could be used for covid19 patients thereby removing them from the mainstream to a specialist setting. In answer the Board was advised that; the staff required to deliver services in the Nightingale hospital would be drawn from current resource impacting the overall deliver of care; that the Nightingale was for those patients very poorly requiring critical care whilst unconscious.



- d) Reassurances were given that hospital had capacity in the ICU for those requiring critical care. That Primary Care & GP practices have reported high demand and additional pressures across all areas of health care. That joint working continues across the partnership to deliver services.
- e) Elaine Flint explained that access to good data would support those local networks supporting those families in communities at higher risk of transmission; For example data for Lawrence Hill & Barton Hill that house families in high rise flats and homes occupied with multiple generations. There is a need to know what is actually happening to enable the networks to share the right information with these communities.
- f) Chair shared that the work undertaken community volunteers continues to be important; that they were also experiencing the fatigue similar to health professionals because of the extended length of the pandemic.
- g) The Chair thanked the DPH for the updating the Board with the Situation Report.

6. Work Programme

The Chair invited members to consider the forward plan schedule. Proposing that the 26th November development meeting should be seen as an opportunity to plan the stakeholder event to ensure the voice of those who are represented by the Board is heard. Encouraged all to come along to this session with suggestions to input into formatting an engaging and unique event.

7. Fuel Poverty Action Plan

The Board received the presentation of the final version of the Fuel Action Plan for sign off from Aisha Stewart and Hannah Spungin the programme Managers.

The No Cold Homes Steering Group (a collective of organisations across Bristol that are committed to taking action to tackle fuel poverty in the city) has developed a Fuel Poverty Action Plan for the city. The aim is to provide strategic roadmap for actions that support and lift households out of fuel poverty.

The plan was presented to the Board in August and over the intervening period had been presented to other key organisations for comment and feedback.

- The plan provides a strategic approach for engaging with and supporting the residents of Bristol that are in fuel poverty.
- The plan would continue to evolve and is open to be revisited by the Board
- The Board was requested to agree and support the action plan to enable it to be published.

The Board Resolved to Agree and Endorse the Fuel Poverty Action Plan

8. Bristol Future Parks

Hayley Ash programme manager, Jane Powell UWE Professor of Public Health and UWE Lecturer Sanda Ismail spoke to the report & presentation.



Outlined the nature of the 2 year accelerator project funded by National Trust, Heritage Lottery and the Ministry for housing, communities and local government. The aim is to transform the way in which parks are managed, to ensure sustainability for the future. The budget allocated to parks and green spaces service reduced by a third from £5.96 million to £4 million. The full presentation is available on line.

- a. Jane Powell from the University of West of England shared the conclusions drawn from the project centred on the population that should be encouraged into the City's parks & greenspace.
- b. The aspiration is for all to access a good quality park within ten minutes walking distance from their home address.
- c. The project examined the target groups; those who didn't use parks; people who need to use parks for health and wellbeing;
- d. The project mapped those areas with less greenspace and health deprivation and disability finding that the two correlate.
- e. Access to parks & greenspaces it has been proven that it encourages positive outcomes for those facing health inequalities.
- f. There were several asks of the Board, detailed in the report, primarily how health partners could direct funds to support activities in parks & greenspaces.

The following was noted from the discussion that arose;

- g. Cllr Craig shared that one of the outcomes from the quality of life survey indicated that residents had lost faith in the way parks were managed; that parks were seen as vital during the pandemic restrictions; that every effort was being made to find ways to fund parks & greenspace; that Newcastle Public Health had provide a grant of £1 million pounds investment per year to maintain parks & greenspace to address health inequalities; that the aspiration would be to have conversations with our health partners on what could be done in Bristol.
- h. The Chair extended thanks to those health partners who had engaged with the programme team on many of the events led by the team and may have and/or are looking into ways to input into the programme.
- i. Elaine Flint commented as a representative of those local community voluntary networks who delivered social prescribing in liaison with the primary care partners. That this was a project these local networks should be linked with suggesting they should be invited to participate.
- j. **David Jarrett Action:** would link the 6 locality groups joint meeting with the programme leads.
- k. Jane Rowse suggested that the programme contact Kyle Lansdown Sirona the prevention and well-being lead. That she would be the link with the work of the PCNs are doing on population health management. **Action:** the programme leads to make contact.

Resolved:

- That the Board would endorse the report
- That the Board would share the asks with their organisations

9. A Cross Sector Approach to Tackling Hate Crime

The Board received a presentation from Alex Raikes (Sari), Mark Parry & Clare Sims (Safer Communities team), that is attached for information.



The presentation aimed to update the Board on the work of the Strategic Partnership Against Hate Crime (SPHAC). Outline its history and to inform the Board of the work carried out by the Bristol City Council funded service- Bristol Hate Crime & Discrimination Service (BHC&DS).

The report made the following recommendation:

The Board is asked to:

- a. To support the development of the hate crime needs assessment.
- b. To offer access to professionals for advice when working with high risk and complex hate crime cases that feature either victims or perpetrators with mental health problems.
- c. To support with efforts to secure future funding to enable the continuation of services for victims of hate crime in Bristol.
- d. To support SPAHC with attendance of professionals from health and wellbeing services in the city.

The following was noted from the discussion that arose:

- e. Reference was made to the need to train staff at different levels to recognise those who are victims of hate crime. The question was asked about access and who should have the training. It was suggested that training should extend from customer facing staff to those who manage. That there was good equality training available to support organisation and in turn to support staff gain knowledge and insight on the issues that face all victims. That the training should extend to members of all governing bodies and organisation leads which will enable all to identify and challenge missed opportunities in all organisations.
 - f. Hate Crime was a particular strand of training in addition to Equality & Inclusion training.
 - g. Cllr Craig gave assurances that the LA had no intention to reduce funding; that community safety formed part of the remit of Adult Care; that the data shared reflected the upturn in hate crime incidents and the challenges to come as Brexit approaches; she acknowledged the good work all partners are doing to support the needs of victims.
 - h. Alex Raikes reminded all that the issue was to be owned by the City and not just the LA to enable better outcomes for all. That the organisations the Board members represented could have a vital input to support the resources needed to deliver support to this area of work. The consequence of Hate Crime impacts the whole city not just the LA.
 - i. Bristol Safeguarding Board is commissioning the training that can be provided to partner organisation.
- The Chair thanked the presenters for an overview of the situation and looked to a time that the continued reporting of hate crime is correctly reflected in all data stats.

The Board Resolved

- To endorse the report and
- To consider the recommendation among partner organisations

10 Migrant, Refugee and Asylum Seeker Health



The presentation from Anne James, Commissioning Manager Refugees with her colleagues Anne Gachango from Haven, and David Barclay provided the Board with oversight of the key issues of inclusion and accessibility experienced by migrants & asylum seekers & refugees.

The following was highlighted from the presentation that is available online.

- a. Provided an explanation on how migrants engage with the health service and the hurdles they face.
- b. That a number of refugees had been resettled in the UK to support serious health issues; that they spoke little English; that many were illiterate so translating papers into their own language may not be as beneficial as officials believe; explained the role of the Haven to advocate on behalf of those accessing the health service; that post-traumatic stress was prevalent amongst their clients; that they represented those children who travelled on their own to the UK.
- c. An explanation was given on the impact of those receiving letters demanding payments for services delivered by the NHS and the impact on their well-being. That this has given rise to a number of migrants in fear of using NHS service.
- d. The Board was asked to consider the recommendation outlined in the report on ways to improve information, to review how charging is delivered and to consider funding to ensure equal access to services.

The following was noted from the discussion:

- e. The Chair thanked the team for the report and noted the request for a working group to be established to progress the recommendations.
- f. David Jarrett – hoped to take the presentation to our organisation and meet with the right representatives from the CCG to address the questions & asks highlighted in the presentation.
- g. Cllr Craig – a time limited task and finish group had been established but the presentation demonstrated the need for it to continue its remit but with public health partners participation; that Covid19 conversations would be adapted to target refugee and asylum seekers community.
- h. Action: Janet Rowse agreed to note the request and follow it through.
- i. Action: Tim Keen advised that there are regulations on charging to be followed but the system was failing to identify those who should not be charged; agreed a piece of work should be undertaken to enable the sharing of information between agencies. The need to better identify the status of patients and distinguishing those who are travelling just for free health care.
- j. The following comment was fed into the discussion from Beth Wilson of Refugee Rights commented on the report recommendations:
- k. We would agree with the recommendations in the report and suggest that they should go further to include:
 - i. Publicity (in different languages) about the rules around not charging for Covid treatment;
 - ii. Improved, compulsory training for all involved in gatekeeping and charging to ensure they are applying the rules correctly and appropriately;
 - iii. Translated information to be provided with bills/invoices about how to access assistance to: understand the bill, why you have been charged, and how you can arrange a payment plan. This assistance should be provided free of charge and provision should include referral on for advice and assistance to challenge a bill where individual's think they have been incorrectly charged



The Board Resolved:

- To endorse the report
- To take the action noted above to progress the recommendations

Meeting ended at 5.00 pm

CHAIR _____



DRAFT Forward Plan as January 2021

Tuesday 2nd February, 10am-12pm - Stakeholder Event

Thursday 25th February, 2:30-5pm - Development session

- Food Equality Plan
- City Funds TBC

12th March, 10am-1pm - City Gathering

Thursday 18th March, 2:30-5pm - Formal Board

***1:30pm closed meeting - Drugs and alcohol strategy

- Plan on a Page update
- Joint Strategic Needs Assessment update

Thursday 22nd April, 2:30-5pm – Formal Board



Bristol Health and Wellbeing Board

Title of Report:	Pause Bristol
Author (including organisation):	Anna Smith, One25
Date of Board meeting:	27.1.21
Purpose:	Decision

1. Executive Summary

The main purpose of this paper is to outline the purpose and benefits of Pause Bristol and for the board to support the approach and identify possible funding streams. Funding is not secured beyond 2021

2. Purpose of the Paper

To inform the board about causes, aims and outcomes of the Pause Bristol programme and develop a funding relationship to secure the futures of women who have suffered the trauma of permanent removal of their children.

3. Background and evidence base

Since June 2018, One25 has been running Pause Bristol. The overall mission of Pause is to prevent the damaging consequences of children being taken into care. It is a national programme of 18 months' support, for 20 women who have had two or more children permanently removed. It is delivered by a team of five, a lead, a coordinator and three Pause Practitioners who work intensively with a caseload of 7-8 women over the time, building trust and working one to one, to support her to meet goals she sets. These may include, registering with a GP, getting fit, writing a letter to their child, reducing drug addiction or attending group work. Group work for the women is held weekly and is usually an activity. In the past this has included skating, the cinema, or making cards. The group work builds confidence and allows women to spend time with others who have had similar experiences without the stigma and shame they feel as women and as mothers. Integral to the programme is the agreement that women will chose some form of Long Acting Reversible Contraception (LARC) to prevent pregnancy for the duration of the programme and often beyond.

Pause was founded by two senior social workers in East London, who were passionate about filling a gap that they observed, the lack of support for women once their children were removed. As one head of children' services in London put it to us "*Basically we take away their children and then drop them*". As well as disengaging from all services, this leads to long lasting trauma for mothers and poor relationships with children taken into care. We are also failing to work with the circumstances which led to permanent removal. This leads to further birth and removal.

The women do not get any other support with this traumatic experience and 65% battle with addiction, many are suicidal when we engage with them, 91% struggle with poor mental health, much of which is undiagnosed, 100% experience domestic and sexual violence. By working to engage

and support women, many of who are totally alienated from services, we aim to support them to set goals for themselves work with the issues that led to their children being removed.

The programme supports City Plan Health to reach the following goals

83: 30% more people living in the most deprived wards will be doing more than 30 minutes' physical activity per week compared to 2020 - Pause women have very poor physical health and often set themselves goals of getting fit or joining a gym. We often start walking with them.

90: Citywide action to ensure the Adverse Childhood Experiences (ACE) model is embedded across Bristol's statutory organisations and trauma informed practice is commonplace – Pause works to prevent the birth of children who may be removed and also to improve mothers' contact with children

103: Reducing the gap in life expectancy - premature deaths are very high amongst women eligible for Pause. A scoping exercises in 30 areas in the UK noted that 233 women had died between their children being in care. They were 36 times more likely to die than women their age

137: Following successful implementation of the Bristol Drug and Alcohol Strategy 2020-2024, everyone will have the right to a healthy life safe from the harms of alcohol and other drugs – reducing drug use, detox and rehab, are often goals and achievements of women on the programme

482: Bristol is a city of no social isolation and loneliness is no longer a systemic challenge in the city - the women Pause works with are profoundly socially isolated both from support networks and from services. Many do not have healthy relationships with families or friends and do not have a GP

516: Bristol will be a zero suicide city – Pause women have very poor health and are often suicidal

533 Bristol will be a city free from domestic abuse and gender inequality – all of the women Pause Bristol works with have experienced domestic abuse, many are in very abusive relationships.

From the **Health board** we note that 56% of Bristol's population is overweight or obese – this is reflected in a high number of the women we work with. Often their goals including getting fit.

From the **JSNA**: data shows 15% have “below average mental wellbeing”, rising to 20% in the most deprived areas. – poor mental health is a key issue for Pause women. References are all listed below

4. Community/stakeholder engagement

Pause has developed excellent relationships with external partners through presentations, ongoing referrals and through two boards run by the programme: The Pause Operational Board and the Pause Strategic Board. These problem solving forums, have both interrogated the programme and built in system change processes to improve the way it works. They include partners in a non-exhaustive list:

- The police
- Bristol Drugs Project and ROADS
- SARSAS – sexual violence support
- Bristol council Children's Services
- Unity Sexual Health

- Social care
- Housing

Pause national also attend these meetings; this links us with the national Pause programmes and good practice. Our profile and involvement in strategic groups, means One25 is integral to city plans. We are, for example, currently involved in discussions with Bristol Council and Golden Key about the delivery of the Changing Futures bid, submitted as an EOI on 21.1.20. If successful, this will bring £1.5-4 million into the city, to work with people with complex needs. Our active partnership building, involvement in research and our other services, complement and add value to Pause.

5. Recommendations

We are proposing a partnership with the health and wellbeing board in supporting the continuation of funding for Pause and the outcomes for the women on the programme. We recommend that the Board supports the approach and identifies possible funding streams.

6. City Benefits

The programme benefits the support of mothers as a member of communities in the city who are otherwise marginalised and left alone to deal with their trauma. Whilst they are often invisible and so not of concern, this means that women then present in crisis at services. By not supporting and intervening through the provision of Pause, we delay and increase a cost to the city.

Each programme prevents pregnancies which would otherwise result in the removal of babies at birth. An in-depth calculator used as part of the evaluation of the national programme, projected for our first cohort, that the programme prevented 14 pregnancies. Without Pause, it is almost certain these pregnancies would result in women not being able to keep these children in their care.

The National Pause evaluation states in its summary that the impact of Pause is *“positive change in women’s lives, meeting longstanding unmet health and welfare needs and addressing significant histories of trauma and adversity... The costs of intervention are significantly offset by savings to the public purse. There are also benefits to the children who have been removed, leading to improved contact with their birth parent and improved relations.”*

7. Financial and Legal Implications

Pause costs £360K to run annually but saves double this cost in child proceedings alone. The national evaluation of Pause established that for every £1 spent, £4.50 is saved in child protection processes. This is likely to be much higher when other costs are factored in: visits to A&E, drug crisis services, arrests, time in prison and evictions, all of which are reduced by the programme.

8. Appendices - References

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/932816/Pause - Sussex.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/932816/Pause_-_Sussex.pdf)

<https://www.bristol.gov.uk/documents/20182/33379/Bristol+Health+Needs+-+A+highlight+report+2020.pdf/cbf6006d-139b-472e-8d1c-ae9beb7e1156>

<https://www.bristol.gov.uk/documents/20182/4611852/JSNA+2020+-+Mental+Wellbeing.pdf/403345dd-946b-32b5-9929-c9c1b3a50bce>



Bristol Health and Wellbeing Board

Title of Report:	Scrutiny Working Group Reports
Author (including organisation):	Councillors Claire Hiscott and Brenda Massey
Date of Board meeting:	27th January 2021
Purpose:	oversight and assurance / information and discussion

- Paper to be no more than two pages long
- Draft papers are reviewed by the Public Health team
- Final papers will be published on the [public website](#)
- Board correspondence: HWB@bristol.gov.uk

1. Executive Summary

The Scrutiny Working Groups were convened in July 2020.

The Health Scrutiny Working Group focused on the effect Covid-19 has had on equitable and timely access to planned health care in Bristol. Findings and recommendations focus on 3 key areas; (i) Communication and messaging, (ii) Communities and support, (iii) Capacity and ways of working.

The People Scrutiny Working Group focused on what effect Covid-19 has had on safeguarding children and young people in Bristol. Findings and recommendations focus on 6 key areas; (i) Identifying who needed support and assessing risk, (ii) School attendance during lockdown, (iii) Family tensions and stress, (iv) Community support, detached youth work and contextual safeguarding, (v) Children's and young people's mental health, (vi) Back to school.

Both working groups held evidence sessions, attended by the executive, NHS, and local and national expert practitioners, to look at the city-wide response and what learning there is to help inform and build resilience for the ongoing challenges and for risks of future pandemics.

2. Purpose of the Paper

For the Health & Wellbeing Board to have insight of the findings of the Scrutiny Working Groups for information, discussion and to inform its work plan and development sessions.

3. Background and evidence base

Members of the Health Scrutiny Working Group heard from 10 participants in person, and received a further 9 written submissions. Members of the People Scrutiny

Working Group heard from 22 participants in person, and received a further 5 written submissions.

Members of both Working Groups heard how the pandemic had shone a light on structural inequalities across society, which, firstly, makes the task of enabling equitable and timely access to appropriate health care whilst ensuring people are supported, more difficult, and also makes the task of keeping children and young people safe more challenging.

The Working Groups also referred to the following papers;

World Health Organisation (2020) '[Disability Considerations During the Covid-19 Outbreak](#)'

National Institute of Health Research (2020) '[The impact of COVID-19 on black, Asian and minority ethnic communities](#)'

Public Health England (2020), '[Disparities in the risk and outcomes of COVID-19](#)'

Healthwatch (2020), '[Shielding stories – an insight into how vulnerable people coped in North Somerset](#)'

BNSSG CCG (2020), '[Impact of COVID-19 and lockdown on health inequalities and steps that need to be taken to address this in BNSSG](#)'

4. Community engagement

HealthWatch; Healthier Together Citizens Panel

5. Recommendations

That the Health & Wellbeing Board consider the reports and use them to inform forward planning and development work of the Board.

6. City Benefits

To inform the development of policies to enable more resilience and equitable health and wellbeing outcomes for Bristol's communities.

7. Financial and Legal Implications

n/a

8. Appendices

Appendix 1; Health Scrutiny Working Group Report: Access to planned health care within the context of Covid-19 response and recovery planning -

Appendix 2; People Scrutiny Working Group Report: Safeguarding children and young people within the context of Covid-19 response and recovery planning



Access to planned health care within the context of Covid-19 response and recovery planning

Report of the Health Scrutiny Committee (Sub-Committee of the People Scrutiny Commission)

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Executive Summary

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The Health Scrutiny Working Group, a cross-party group of elected Members, Chaired by Councillor Brenda Massey, was convened in July 2020 to focus on the effect Covid-19 has had on equitable and timely access to planned health care in Bristol, what the city-wide response has been, and what learning there is to help inform and build resilience for the ongoing challenges and for risks of future pandemics. In August 2020 evidence was heard from 10 participants and the Working Group also considered 9 further submissions. The issues, reflections and responses that came out of the two evidence sessions have been organised across 3 key areas: (i) Communication and messaging; (ii) Communities and support; (iii) Capacity and ways of working.

Significant findings were;

- Despite complex changes being implemented extremely quickly and efficiently to ensure NHS settings were made as safe as possible for patients, many still stayed away due to, for some, not fully understanding information, and fear of catching Covid-19. Members thought that better, more accessible and culturally competent communication was required to support people to attend their elective care appointments and help manage the huge increase of patients on waiting lists.
- Limitations with digital communications were flagged as an issue. This included vulnerable and older people finding it difficult to access services on digital platforms; and some households having limited access to online resources due to a lack of devices and/or broadband. There had been distribution of devices with connectivity to economically deprived households, although this was limited. There was a need, therefore, to tackle digital poverty; and for additional coaching and training to use digital technology.
- Capacity across the health system had been severely reduced with the need to implement infection control measures, impacting the time taken for care, and adding to the numbers of people waiting longer. This demanded a greater focus on community support and resilience.
- The role of Social Prescriber Link Worker was noted as vital to help people navigate the health and social care system, and to free up capacity for health professionals. Members agreed that there should be a greater focus on this role within the context of community-led provision. An approach to welfare and service provision which involved building relationships and enabling capabilities was identified as essential.¹ The positive development of locality-based community health, care and wellbeing services during this period was welcomed and Members thought this should be developed further.
- An awareness of a 'second pandemic' of mental health was raised as a concern; and the Members heard about the Healthier Together joint systems approach as a response to this. Members thought this example of positive collaboration should be encouraged.

¹ Members were recommended [Hilary Cottam's 'Radical Help'](#) which includes principles and ideas grounded in on [Cottam's relational welfare](#) approach, including the importance of relationships and capabilities.

- There had been an increased and deepened partnership working across the system and with the voluntary sector. This had provided for innovative and quick change, and those working arrangements should remain and develop.
- The social status and importance of health and social care workers increased during this period. Members thought this should be built upon to make the recruitment more attractive, helping to build more capacity. The expertise, dedication and flexibility of the workforce across social care and NHS settings was highlighted and commended.

Introduction

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Cllr Brenda Massey, Chair of the Health Scrutiny Committee, convened the Health Scrutiny Working Group, a cross-party group of elected Councillors (also known as Members) in July 2020. The Working Group's focus was the effect Covid-19 has had on equitable and timely access to planned health care in Bristol, what the city-wide response has been, and what learning there is to help inform and build resilience for the ongoing challenges and for risks of future pandemics.

A starting point for Working Group was that a health system working well requires equitable and timely access to effective health care. Covid-19 has shone a light on inequalities, delays and concerns across the health system. The pandemic has also highlighted the positive work already underway across health providers; and it has illustrated the 'art of the possible', how people and partnerships have pulled together and risen to the immense challenge.

In August 2020 evidence was heard from 10 participants and the Working Group also considered 9 further submissions. The findings and recommendations are made in the knowledge this is a fast moving landscape with many changes and challenges to come, and so elected Members, following [Centre for Public Scrutiny guidance](#), have concentrated on consideration of how well partners work together across the system to address people's concerns, and aims for its findings to contribute to smooth, effective decision-making to address blockages, barriers and inequalities.

The Health Scrutiny Committee's priority is to ensure local communities and individuals' needs and experiences inform Bristol's health services; and that those services are effective and safe.² Therefore, within the context of how Covid-19 has affected, and continues to affect, Bristol's health and wellbeing, the role of health scrutiny is now more important than ever.

² [Department of Health \(2014\), 'Local Authority Health Scrutiny: Guidance to support Local Authorities and their partners to deliver effective health scrutiny'](#)

The purpose of the Working Group

Reflection and Learning

The Working Group would like these findings and recommendations to support the Bristol, North Somerset & South Gloucestershire Clinical Commissioning Group (BNSSG CCG), local health providers, the Council and city partners to reflect and learn from the experience of lockdown so as to:

1. Increase resilience and improve accessibility should Covid-19 remain for the foreseeable future or escalate again, and also for the risk of future pandemics;
2. Help improve timely access to planned health care whilst keeping people safe during the recovery period; and to support people where there are delays.
3. Aim for equitable access to planned health care and support for people from different backgrounds, with all protected characteristics, and for those with economic disadvantages.

How the Working Group investigated and collected evidence for this report

The 3 aims above were framed around the following key questions which were referred to when collecting and reviewing evidence;

1. In your view, observations and experiences, how is the waiting list for planned health care being managed and what are the most successful methods of supporting people in need of, but have not had timely access to, required health care?
2. What can be learnt from the response to Covid-19 in terms of ensuring timely access to planned health care; that people are properly supported if delays occur; and that timely access is equitable for all people with different protected characteristics and socio-economic backgrounds across the city?

Participants and submissions

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Members of the Health Scrutiny Working Group heard from 10 participants in person, and received a further 9 written submissions.

Session 1

Christina Gray Director, Public Health, Bristol City Council

Hugh Evans Director, Adult Social Care, Bristol City Council

Lisa Manson, Director of Commissioning, Bristol, North Somerset & South Gloucestershire Clinical Commissioning Group

Mark Smith Chief Operating Officer, University Hospitals Bristol and Weston NHS Foundation Trust

Evelyn Barker, Chief Operating Officer, North Bristol NHS Trust

Session 2

Vicky Marriott Area Manager, Healthwatch Bristol, North Somerset & South Gloucestershire

Rhian Loughlin Regional Learning Coordinator for Social Prescribing (South West)

Ruth Thorlby Assistant Director (Policy), The Health Foundation

Evidence not in person

Ade Williams, Community Pharmacist, Bedminster Pharmacy

Healthier Together Citizens Panel (x8)

Cllr Asher Craig Deputy Mayor, Communities, Equalities & Public Health

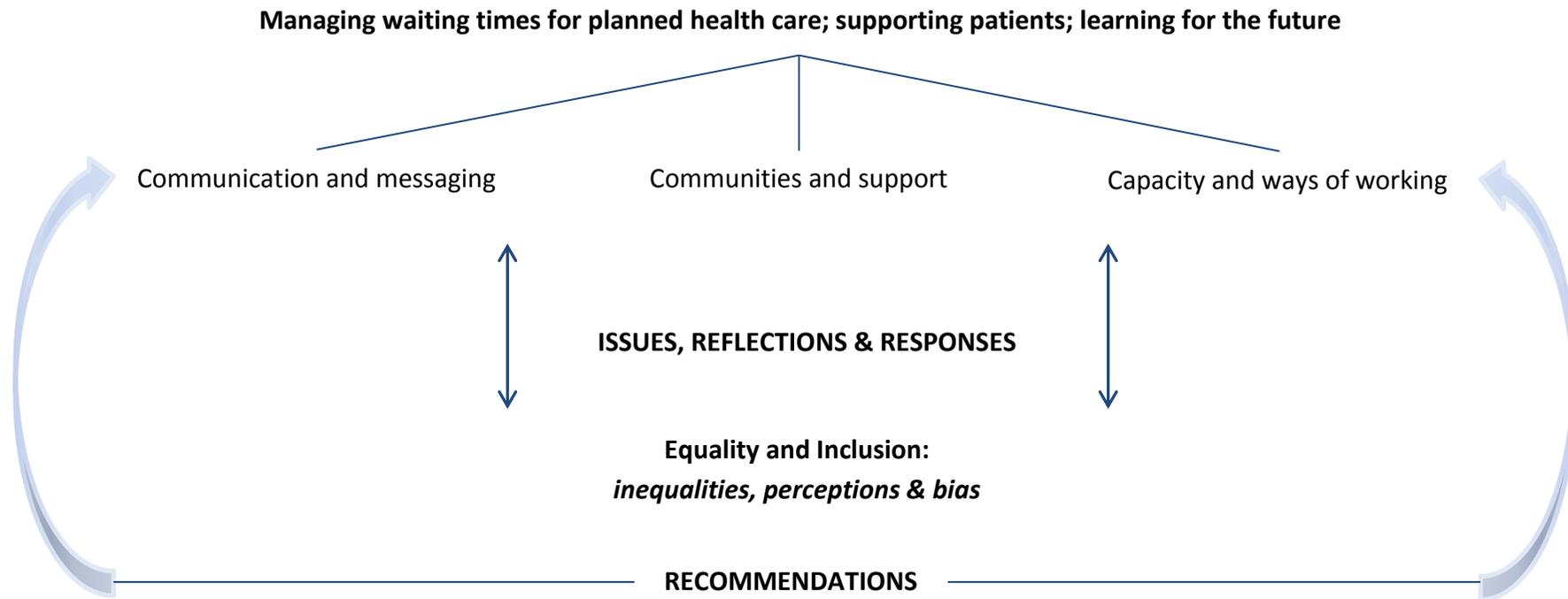
Cllr Helen Holland Cabinet Member, Adult Social Care; Co-Chair of the Health & Wellbeing Board

Findings

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The diagram below is a visual representation of what the Working Group has found. Members organised the issues, reflections and responses that arose from the two evidence sessions into 3 key areas: (i) Communication and messaging, (ii) Communities and support, and (iii) Capacity and ways of working.

Members asked questions about patients’ support and managing waiting times for planned health care during the period of lockdown; and, as lockdown restrictions have been relaxed (although with a clear understanding guidance and rules may change quickly), there were reflections on what has worked well and what has been learnt to help increase resilience and generally improve patients’ experiences. Members appreciated the relationships and interconnectivity between the 3 key areas, demanding a holistic approach to analysis. Their recommendations are all framed and informed by issues of equality and inclusion.



Communication and messaging

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ISSUES	RESPONSES & REFLECTIONS
<ul style="list-style-type: none"> • Fear of catching Covid-19 in hospital has deterred some people from attending appointments. • Some information needs more clarity, and some should be more culturally or linguistically appropriate for minority groups. • There were reports of people having difficulties navigating the health system. • People still required support whilst face to face contact was reduced. • Limitations with digital communications, including vulnerable and older people had difficulty accessing digital platforms; and some households had limited access to resources due to lack of devices or broadband. 	<ul style="list-style-type: none"> • There is national guidance, public information and local public information about new safety measures, which included separate zones for patients with confirmed negative tests for accessing health care. • Face to face contact had been maintained where necessary (based on risk assessments); and for shielding patients there had been a special pathway, including clearer waiting areas for social distancing. • It was noted that clear, accessible, and more culturally competent communication was required. • Safety measures could prevent family members and carers attending consultations; Members heard that there could be more clarity around how this has been applied. • Patients’ feedback and stories were raised as an important source of learning; patients could utilise the Healthwatch share your views page. • Healthwatch document ‘North Somerset: stories of shielding or self-isolating, June 2020’ was identified as providing relevant recommendations for clear, age appropriate communication and guidance. • Members heard the Joint School App had supported patients waiting for orthopaedic surgery, replacing services otherwise disrupted by Covid-19. Specialist nurses had kept in contact with patients; and physiotherapy teams contacted patients to take them through the exercises to support them. • Members heard that devices with connectivity had been distributed to economically deprived households, although this was limited and further work was required to address digital poverty; and a need for coaching and training opportunities to use digital technology was recognised. <div data-bbox="1335 673 2063 986" style="border: 1px solid black; padding: 10px; margin-top: 20px;"> <p><i>“One of the important things to us is reassuring patients that they are safe coming into any of the NHS facilities, and how we are putting in place changes to make sure we can create as Covid secure environment for patients as possible”.</i></p> <p>Lisa Manson, Director of Commissioning, BNSSG CCG</p> </div>

Communities and support

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ISSUES	RESPONSES & REFLECTIONS
<ul style="list-style-type: none"> • There were reports of increased isolation and anxiety during this period. • An awareness of a ‘second pandemic’ of mental health. • Black, Asian, Minority Ethnic (BAME) communities were more likely to fear hospitals and preferred community-based services. • There was an identified risk of losing local accountability with the evolution to ‘Integrated care systems’ • Economic disadvantage had come more into focus during this period, with the risk of it becoming worse within the context of an expected economic downturn. 	<ul style="list-style-type: none"> • Public Health and BNSSG CCG co-chaired the mental health and well-being response cell, which took a systems approach (involving clinicians, front-line workers and people with lived experience) to respond to increased demand, including focus on intervention, prevention, and protecting capacity. This work was described as a ‘collaborative bid to address the second pandemic in mental health’. • It was noted that Social Prescriber Link Workers have played a vital role to help people navigate the health and social care system; and could free up capacity, including for GPs to focus on medical issues. • There had been a positive recognition that ‘health is made in communities’; and that personalised care had become ‘business critical’ for the NHS. • An approach to welfare and service provision which involved building relationships and enabling capabilities was identified as essential, which would avoid communities being ‘managed’ by way of top down transactional arrangements.³ • It was noted that the development of Integrated Care Systems demand a focus on local needs and democratic accountability. • Members were advised that there should be higher investment in community based resources; allocations should be more flexible to target areas of need; and that Covid financial support received by Public Health had been allocated to community development and health champions to reach those most in need. <div data-bbox="1402 639 2063 994" style="border: 1px solid black; padding: 10px; margin-top: 20px;"> <p><i>“It’s all about relationships; you can badge it as social prescribing link work, and you can badge it as humans talking to other humans; It’s about normalising that in a way that that makes it really straight forward and reduces barriers.”</i></p> <p>Rhian Loughlin, Regional Learning Coordinator for Social Prescribing (South West)</p> </div>

³ Members were recommended [Hilary Cottam’s ‘Radical Help’](#) which includes principles and ideas grounded in on [Cottam’s relational welfare](#) approach, including the importance of relationships and capabilities.

Capacity and ways of working

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ISSUES	RESPONSES & REFLECTIONS
<ul style="list-style-type: none"> Existing NHS problems exacerbated by Covid-19, including staff shortages. Covid-19 caused a dramatic fall in planned care to save beds and ICU capacity. Promoting Covid safety has placed huge restrictions on the NHS and created a lack of capacity. A greater demand on primary care and adult mental health services within the recovery phase is expected. Upcoming winter pressures, including flu demands, require strong planning taking into account the extra impact Covid-19 would create. 	<ul style="list-style-type: none"> Waiting lists were intensified due to fear associated with Covid-19 and a requirement to shield for 2 weeks either side of an operation impacting child care and employment, leading to some not attending. It was noted that patients who had not engaged in elective treatment weren't referred back to their GPs and so remained on the waiting list. Whilst routine surgery was stood down, medical staff were trained to work differently; many anaesthetists and surgeons were trained to support medically ill patients. The mobilisation of 'whole system' 'out of hospital' service approaches ('Home-First') during this period was positive, and could address a discharge system that has had challenges. There had been a positive development of locality-based community health, care and wellbeing services. An increase and deepening of partnership working across the system and with the voluntary sector was noted. The contribution of private hospitals was limited, as they relied on surgeons and anaesthetists from NHS, not adding to workforce capacity. The status of health and social care workers increased; this should be built on to make the recruitment more attractive, helping to build capacity. <div data-bbox="1406 472 2063 778" style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p><i>"Infection control measures have meant reduced capacity within the acute sector, and it is likely the much attention will still need to be paid to the challenges of upcoming Covid-19 waves"</i></p> <p>Hugh Evans, Director, Adult Social Care, Bristol City Council</p> </div> <div data-bbox="1323 962 2063 1318" style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p><i>"Although Covid has been very stressful for everybody, there has been a tremendous amount of transformation that has occurred in a matter of weeks; the deepening relationships and the working arrangements we have got in place will now stand us in good stead".</i></p> <p>Mark Smith, Chief Operating Officer, University Hospitals Bristol and Weston NHS Foundation Trust</p> </div>

Equality and inclusion

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ISSUES	RESPONSES & REFLECTIONS
<ul style="list-style-type: none"> • Communication and guidance was difficult to understand for some people. • Not all households have access to the internet. • Older people have found it difficult to access digital platforms. • Health inequalities persist in the city. • Gaps in data, including ethnicity and mental health. 	<ul style="list-style-type: none"> • It was noted that clear, accessible, and culturally competent communication of information was required. • Members’ heard about the national information standard where every hospital records how a patient prefers to receive information, recognising not everyone has access to the internet or is able to use it. • It was noted that devices with connectivity have been distributed to economically deprived households, although this was limited and required further work to address digital poverty. • Coaching and training opportunities to use digital technology were needed to enable access. • Members were advised that community organisations need to be supported during this period to help bring about culturally competent responses and services; and be adequately resourced. <div data-bbox="1626 571 2074 1165" style="border: 1px solid black; padding: 10px; margin-top: 20px;"> <p><i>“We know that the contribution of unhealthy weight, smoking, and underlying health conditions have created much higher risk factors in some groups; and whether its Covid or not, if we can address those risk factors in our population, which we all know are associated with inequality, then we will improve health outcomes across the piece”</i></p> <p>Christina Gray, Director, Public Health, Bristol City Council</p> </div>

Summing up

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Despite an array of national and local guidance and information about Covid-19, the Working Group heard that some people have either been unable to access it or it has lacked clarity. Members found that health providers have clearly worked hard to reassure patients, and they have implemented complex changes, including special pathways for vulnerable patients, in a quick and efficient manner. Regardless, and although there have been recent improvements, a great deal of people stayed away due to fear and anxiety of catching Covid-19 in hospital, and decided to not attend their elective care appointment. The huge increase in numbers on the waiting list is partly a result of this with hospitals preferring, for better outcomes for patients, to keep them on the list rather than referring back to GPs due to missed appointments.

It was noted that people from Black, Asian, Minority Ethnic (BAME) communities, and especially Black people, felt inclined to avoid hospital visits due to fear of catching Covid-19, within the context of the knowledge Covid-19 has disproportionately affected BAME communities, with people from Black ethnic groups most likely to be diagnosed, and that death rates from Covid-19 had been highest among people of Black and Asian ethnic groups.⁴ Members heard that there was a clear need for a more culturally competent approach to communications and information. Although Covid-19 has shone a light on the need for more cultural competency (as it has also highlighted all structural inequalities), it is relevant and important not just for communications, but for all future policy and service development to ensure health care is available and responds to the needs of the diverse communities across the city.

The Working Group also heard that people with disabilities were also likely to be more fearful of hospitals and preferred community based services. This may be tied to a greater risk in contracting Covid-19 due to extra barriers to social distancing and implementing hygiene measures, including access to regular hand-washing.⁵ Due to the fact the largest disparity in how the national population has been affected by Covid-19 was by age⁶, it was noted clear and accessible information for older people was vital, as well as ensuring hospital and community services were accessible.

“People will be worried and frightened; good care at the moment means someone being in touch with that person to make sure that they are ok, they know what’s happening and there is care put in place; it’s a worrying and, for some a very painful time, while they wait.”

Ruth Thorlby, Assistant Director (Policy), The Health Foundation

As face-to-face contact needed to be reduced, online communications and service provision was introduced, which although broadly successful, Members were advised about limitations with digital communications including that vulnerable and older people found it difficult to access services on digital platforms; and some households had limited access to online resources due to lack of devices and/or broadband. Face-to-face contact, as well as other methods of communication, was therefore flagged as important for people. Members

⁴ [Public Health England \(2020\), ‘Disparities in the risk and outcomes of COVID-19’](#)

⁵ [World Health Organization \(2020\) ‘Disability considerations during the Covid-19 outbreak’](#)

⁶ [Public Health England \(2020\), ‘Disparities in the risk and outcomes of COVID-19’](#)

heard about the national information standard where every hospital records how a patient prefers to receive information, recognising not everyone has access to the internet or is able to use it.

Members were advised, therefore, that digital solutions to mitigate disrupted services due to Covid-19, including the '[Joint School App](#)' which supported patients waiting for orthopaedic surgery, were just one element of supporting patients needing to wait longer who may be concerned and in pain. Specialist nurses had kept in contact with patients and physio-therapy teams had contacted patients to remotely take them through exercises to support them.

“There has been very good close contact with our specialist nurses; a lot of our physio-therapy teams have been contacting patients and taking them through the exercises as well. So, although there are lots of people using it, it’s not just all about the app”.

Evelyn Barker, Chief Operating Officer, North Bristol NHS Trust

Elected Members acknowledged the work of Healthwatch, which helped inform the Working Group about the needs, experience and concerns of patients across the area. Recommendations from recent research based on peoples experiences of shielding and self-isolating were reflected upon and it was noted that learning could be applied to Bristol, and Members supported Healthwatch recommendations, including that communication and guidance should be clear and age appropriate.⁷

The Working Group heard that there is an awareness of a ‘second pandemic’ – that of mental health; that is, people have presented with increasingly poor mental health, anxiety and trauma, and Members were advised a rise in demand of mental health services was expected. Health providers’ and the Council’s response involving clinicians, front-line workers and people with lived experience, with focus on intervention, prevention, and protecting capacity, was flagged as an example of what could be achieved in collaboration with shared purpose.

“We need to prepare for the scenario that those communities who have been hardest hit by Covid will be hardest hit by second pandemic of mental health.”

Rhian Loughlin, Regional Learning Coordinator for Social Prescribing (South West)

Concern was raised about the risk of losing local accountability within the context of the evolution of Integrated care systems, although Members heard that if utilised correctly a more collaborative approach was possible with community care organisations. Members were advised that there has been a positive recognition within the NHS that ‘health is made in communities’; with a strong focus on personalised care and agency of individuals and communities. Members thought that there should be higher and targeted investment in

“We felt that involving community organisations and local groups was a really key part of helping to ensure those people who are isolated and those without internet access could be reached; and [Volunteer NHS Responders](#) who didn’t play a huge part in the initial community involvement could be utilised more in the future”.

Vicky Marriott, Area Manager, Healthwatch Bristol, North Somerset & South Gloucestershire

⁷ [Healthwatch \(2020\), ‘Shielding stories – an insight into how vulnerable people coped in North Somerset’](#)

community based resources; and they were advised that this was happening in Bristol with Covid financial assistance allocated to community development and health champions to reach those most in need.

The role of Social Prescriber Link Workers was highlighted as vital to help people navigate the health and social care system; they could not only free up capacity and remove barriers (such as arranging transport for ill and vulnerable people), but also help enable a relational approach⁸ to services and welfare, avoiding communities being 'managed' by way of top down transactional arrangements. Members were advised that there had been a positive development of locality-based community health, care and wellbeing services.

Maintaining some capacity within the context of responding to Covid-19 was a huge challenge. The Working Group heard that promoting Covid safety placed wide-ranging restrictions on health providers and created a lack of capacity. Members heard that with challenges came opportunities, and acceleration and strengthening of partnership working across the system and with the voluntary sector was noted. Examples of how deepened partnership working created efficiency included, during this period, the mobilisation of 'whole system' 'out of hospital' service approaches ('Home-First'), which, Members were advised, could address a discharge system that has had profound challenges.

"One of the highlights is how quickly we have been able to adapt, pivot and work differently."

Cllr Asher Craig, Deputy Mayor,
Communities, Equalities and Public Health

Members were advised that the Nightingale Hospital, converted from the Exhibition and Conference Centre at the University of the West of England to address the risk of lack of capacity for intensive care beds, would be re-purposed unless a second wave demanded use. Re-purposing options had yet to be agreed, but included use for diagnostics, 'step-down', and/or training facilities – all assisting with building capacity.

The expertise, dedication and flexibility of the workforce across social care and NHS settings was highlighted and commended. Members heard that whilst routine surgery was stood down, medical staff were trained to work differently, including anaesthetists being trained to support medically ill patients and trained to work in intensive care. Members were told that the contribution of private hospitals was limited due to the reliance on NHS surgeons and anaesthetists not adding any workforce capacity.

"There's a really important piece about making sure those health and care jobs look attractive to young people and to returners"

Cllr Helen Holland, Cabinet Member
Adult Social Care; Co-Chair of Health &
Wellbeing Board

The workforce had received a positive profile during this period, and it was noted that the status of health and social care workers increased. Members agreed that this should be built upon to make recruitment more attractive, helping to build more capacity.

⁸ An approach to welfare and service provision which involves building relationships and enabling capabilities. Members were referred to [Hilary Cottam's 'Radical Help'](#); see also [Cottam's relational welfare approach](#).

The Working Group heard how the pandemic had shone a light on structural inequalities across society, which makes the task of enabling equitable and timely access to appropriate care, whilst ensuring people are supported, more difficult, and so a focus on community-led provision according to the needs of local communities, cultural competency, economic disadvantage and health inequalities were called for.

Recommendations

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The Health Scrutiny Working Group recommends that;

1. Health partners should work with the Council to consider how guidance about keeping safe and well and information about elective care appointments could be more easily understood, and more accessible to everyone. This should involve consulting with the Race Equality Covid-19 Steering Group, community groups, Healthwatch and social prescribers to better understand the needs of Bristol's diverse communities and increase the cultural competency of information provision.
2. The Council should work with city partners to place a greater focus on tackling the digital divide, and explore options that would enable every household to have equitable access to the internet.
3. BNSSG CCG and the Council should build on the recognition that 'health is made in communities', and so should further invest in community-led provision, including supporting local assets and expertise such as social prescribers and community pharmacies.
4. Preparations for the 'second pandemic' of mental health should be prioritised by health partners and the Council in terms of building capacity to meet increased demand as well as a focus on prevention. The systems approach being developed was commended as a good example of collaborative work between the Council and health partners and this should be built upon, taken forward, and an update of progress brought to by the Health Scrutiny Committee in 2021.
5. Healthier Together and its constituent parts should explore ways to make recruitment to health and care roles more attractive, helping to build more capacity. The expertise, dedication and flexibility of the workforce across social care and NHS settings was highlighted and commended, and arrangements should be made to ensure the work force is supported and able to manage increased demand in the future.

6. The feedback from patients was extremely useful, although better value could be gleaned by enabling more responses and a wider and more representative range of views across Bristol's diverse communities. Healthier Together should, therefore, explore ways to extend the patients' voice in future service developments of health care; and Healthwatch should be supported to build better representation of Bristol's communities within its valuable insights.
7. The positive role of volunteers and mutual aid groups during this period should be learnt from and the Council ought to explore further ways of supporting them.
8. Covid-19 has shone a light on structural inequalities, and so the Council's and health partners' response and recovery planning should build on the current focus on tackling underlying causes of health inequalities and ways to better enable equitable access to health care, no matter people's economic or ethnic backgrounds. This requires utilising the insight and expertise of the Health & Wellbeing Board, as well as local community groups, Healthwatch and national organisations including the Health Foundation. Also, this requires Healthier Together partners to investigate and agree a strategy to increase cultural competency across health care provision, and should ask the Race Equality Covid-19 Steering Group for advice.
9. Through robust data collection, Healthier Together should continue to reflect on known disparities in the risks and outcomes of COVID-19⁹ to help gain an understanding of the disproportionate effects on BAME communities. The BNSSSG CCG report 'Impact of COVID-19 and lockdown on health inequalities and steps that need to be taken to address this in BNSSG'¹⁰ should also be referred to and built on, and the Health and Wellbeing Board ought to be supported to identify how health inequalities effect Bristol's diverse communities, building knowledge, preventative strategies, and resilience for the future.
- 10a. This report should be considered at the Health & Wellbeing Board and be brought to the Healthier Together Executive and the Bristol, North Somerset & South Gloucestershire Clinical Commissioning Group Governing Body for response.
- 10b. The development of plans to manage waiting lists and support patients within the context of the impact of Covid-19 and to build resilience for the future should be considered by the Health Scrutiny Committee at the next meeting of the Health Scrutiny Committee in 2021, and there should be a review on the 2021-22 work programme.
- 10c. The scope of the Working Group did not allow time to explore the developments of testing and a Test and Trace system. Due to the importance of a robust Test and Trace system, and that there have been developments which may provide more local control (although this is not certain at the time of publication), an update should be brought to the Health Scrutiny Committee in 2021.

⁹ [Public Health England \(2020\), 'Disparities in the risk and outcomes of COVID-19'](#)

¹⁰ [BNSSG CCG \(2020\) 'Impact of COVID-19 and lockdown on health inequalities and steps that need to be taken to address this in BNSSG'](#)

Cllr Massey and all the Members of the Health Scrutiny Working Group (listed below) would like to thank all those who submitted evidence and participated in the Evidence Sessions, sharing their knowledge and experience, which has helped provide valuable scrutiny.

Health Scrutiny Working Group

Cllr Brenda Massey (Chair)

Cllr Celia Phipps

Cllr Eleanor Combley

Cllr Gill Kirk

Cllr Harriet Clough

Cllr Paul Goggin

Cllr Chris Windows



Health Scrutiny Working Group Report

Access to planned health care within the context of Covid-19 response and recovery planning - Report of the Health Scrutiny Committee (Sub-Committee of the People Scrutiny Commission), Bristol City Council

28th October 2020

Contact: scrutiny@bristol.gov.uk



Safeguarding children and young people within the context of Covid-19 response and recovery planning

Report of the People Scrutiny Commission

Foreword

In July 2020, Bristol City Council's scrutiny commissions were given the opportunity to convene cross-party scrutiny working groups to focus on the effect of Covid-19 on Council services, communities and individuals across Bristol. The People Scrutiny Commission Working Group agreed to focus on 'Safeguarding vulnerable children within the context of Covid-19 response and recovery planning', concentrating on what practices worked well, and where improvements could be made.

The aim was to capture reflections and learning while the issues were still fresh in people's memories. However, ensuring the correct timing of this has meant finding the right balance between capturing initial reflections and learning as opposed to waiting until the whole impact of lockdown became apparent. It was felt that capturing thoughts and ideas early was imperative and useful for ongoing policy development to support the hard work and dedication of the Council's Children's Services and wider City partners. At the time of writing this foreword, the issue around timing has been brought into sharp relief as we, once again, face a period of lockdown restrictions; it is of course too early to implement all learning for this coming difficult phase, but it is hoped the content could inform and assist the Council and its partners.

The Working Group has taken note of and reported solely on the evidence gathered during the scrutiny sessions or from written submissions by invited partners. It is expected that wider and interconnected issues and policies, which were not within the remit of the Working Group and so not directly addressed, should also be considered and taken into account alongside this report.

The Working Group would like to formally recognise the high level of commitment, flexibility and insight shown by the Council's leadership team and the whole workforce during the Lockdown phase of the pandemic. Their work, as well as that of all City partners - youth organisations, schools, Bristol's community groups and volunteers, Police and community safety partners - has been exemplary during one of the most challenging times in our recent history. It was also inspiring to hear from the children and young people themselves, who have needed to adapt and support each other. We would like to extend our sincere thanks to all those who have worked so tirelessly to keep Bristol's children and young people safe during the COVID-19 pandemic.

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Executive summary

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The People Scrutiny Working Group, a cross-Party group of elected Members, Chaired by Councillor Claire Hiscott, was convened in July 2020 to focus on what effect Covid-19 has had on safeguarding children and young people in Bristol, what the city-wide response has been, and what learning there is to help inform and build resilience for the ongoing challenges and for risks of future pandemics. In August 2020 evidence was heard from 22 participants and the Working Group also considered 5 further submissions.

The issues, reflections and responses that came out of the evidence sessions can be organised across 6 key areas: (i) Identifying who needed support and assessing risk, (ii) School attendance during lockdown, (iii) Family tensions and stress, (iv) Community support, detached youth work and contextual safeguarding, (v) Children's and young people's mental health, (vi) Back to school; and underpinned by issues of Communication & Messaging, Service Provision & Joint working, and Equality & inclusion.

Significant findings were:

- Members felt it essential, firstly, to commend the exceptional work of all youth and child services practitioners in the Council and across partner organisations during the period of lockdown and after.
- Members heard that misunderstandings about what practitioners from the Council and youth organisations could and couldn't do within lockdown restrictions created some gaps in services, and so agreed there should be clear and standardised guidance that would be easily available for all practitioners and organisations. Members also felt that there should be an increased profile and positive messaging about youth services as a trusted point of contact and engagement for young people and their families, and that the Council ought to further utilise the rich resource and knowledge across the sector for training and sharing good practice, including taking up the direct offer from the Association of Child Protection Professionals of support.
- Although it was found that when lockdown restrictions came into force the Council acted quickly and appropriately, Members heard that it was at times unclear how to access support for those young people who would not have previously considered themselves vulnerable, but who came to be so due to the extra stresses and pressures associated with Covid-19 and lockdown restrictions. Members recognised suitable provision of guidance, including in schools, although found there was a need for clearer messaging and also that child-friendly advice and guidance should be made available.
- Members were told that young people are experiencing what's described as 'Covid anxiety' with increases in mental health issues; and that a renewed focus on mental health and wellbeing has placed it fully within the remit of safeguarding concerns. Members felt that this refocussed approach should be encouraged and developed within the Council, youth organisations and across school settings. Members commended the young people who contributed to Barnardo's report, ['Mental Health and Covid-19: In Our Own Words'](#), and

thought these documented experiences should be referred to, learnt from, and similar projects encouraged and developed.

- School attendance figures were found to be low amongst the eligible cohort during lockdown. Members thought clearer messaging was required as schools reopened, providing reassurance that the option of school attendance was a good one, and ensuring messages from schools and partners were aligned to avoid confusion. Members heard that the Designated Safeguarding Leads Network was well utilised and was a positive and invaluable resource, and so agreed the Network should be supported and be front and centre in ongoing recovery planning.
- Members heard that whilst online service provision and connectivity rose out of necessity due to reduced face to face contact, many families were unable to access the internet. It was noted that most schools knew students who were unable to access digital platforms and worked hard to provide hard copies of resources to them. However, despite distribution of devices with connectivity by the Council and youth organisations, it was recognised that there were still gaps across the city where families were unable to connect virtually. Members thought greater focus should be placed on tackling the 'digital divide', and the Council and all its partners should aim to ensure every household had equitable access to the internet.
- Assumptions and perceptions about young people involved in street conflict, serious violence and/or drug related offending were flagged as potential barriers to support and safeguarding, including societal perceptions of some young Black people as offenders rather than victims of criminal exploitation. Therefore, Members thought that the culturally competent responses within the Council's child-centred services were welcome and should be built upon by way of appropriate training and utilising more local organisations that already had close relationships in Black Asian Minority Ethnic (BAME) communities to help co-produce services.
- Members heard about the importance and value of detached youth work and a contextual safeguarding approach which would provide for an understanding of extra-familial factors; and felt the Council, whilst being at the forefront of collaborative working arrangements to utilise these methods, should investigate ways to increase the use of detached youth work and a contextual safeguarding approach across the city.
- It was noted that the usual 9-5 office hours could prevent or delay access and support where it was needed, and so Members agreed that the Council should investigate how its service delivery could be more balanced with the work in voluntary and community organisations, including infrastructure outside those usual office hours.
- Members found that the City had strong existing networks and partnerships. However Covid-19 had shown that they need to be built on and arrangements should be put in place enabling them to be utilised even more, which would create firmer resilience for future pandemics.
- It was recognised that Covid-19 shone a light on structural inequalities, including that economically deprived households required extra support including food parcels, which placed children under further stress and risk of harm. Members commended the role of mutual aid groups who had stepped up during the crisis, and Social Prescribing services were highlighted as valuable for supporting and signposting young people and families; and that there should be more investment and development of Social Prescribing in communities.

Introduction

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As in every workplace and household, the Council saw big changes as a result of lockdown in March 2020, including how day to day work was carried out, how partnerships across the city were maintained (and in most cases developed), and how elected Councillors (also known as Members) carried out their duties. Rules were amended to enable 'virtual council meetings' with public participation; and processes, plans and priorities were refocused to ensure safety and that support was available where it was needed.

Finally, relevant questions and discussions were had to enable learning so as to build confidence and resilience for the future. This included ensuring that, in line with the [Centre for Public Scrutiny guidance](#)¹, the Council's scrutiny function was maintained and utilised to act as a [critical friend](#) to the administration in terms of supporting the Covid-19 response and recovery planning. With that in mind, the Chairs of the Council's scrutiny commissions convened Working Groups, overseen by the Overview & Scrutiny Management Board, with the remit to focus on the effect of Covid-19 on Council services, communities and individuals across Bristol.

Safeguarding children within the context of Covid-19 response and recovery planning was prioritised by the People Scrutiny Commission. This focus was based on Scrutiny Members' views that, at this time of crisis, Bristol's children and young people's safety and wellbeing are of top concern and so the scrutiny function was best placed to help reflect and learn from the response, and inform recovery planning and future policy with regard to keeping children and young people safe.

The purpose of the Working Group

Reflection and Learning

The Working Group would like these findings and recommendations to support the Council and city partners reflect and learn from the experience of lockdown so as to:

1. Build resilience should Covid-19 remain for the foreseeable future or increase again, and also for the risk of future pandemics and other city emergencies;
2. Inform ongoing recovery planning to support the protection of vulnerable children as we experience the rolling back of some lockdown restrictions;
3. Inform ongoing policy development across the city, gaining improvements for:
 - identification of risk and vulnerable children and families;
 - support and preventative measures available for vulnerable children and families;
 - equitable access to prevention and support services for all vulnerable children and families from different backgrounds, with all protected characteristics, and for those with economic disadvantages.

¹ The name has now changed to [Centre for Governance and Scrutiny](#)

How the Working Group investigated and collected evidence for this report

The 3 aims above were framed around the following key questions which were referred to when collecting and reviewing evidence;

1. What were the most successful methods, and what has been found to be unsuccessful, in identifying risk and safeguarding vulnerable children during lockdown?
2. What are the lessons learnt and what new methods can be implemented to identify, support and protect vulnerable children, young people and families coming out of lockdown period?

“The questions you ask will probably be an exam question for public servants in years to come”

Jacqui Jenson, Executive Director, People, Bristol City Council

Participants and submissions

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Members of the People Scrutiny Working Group heard from 22 participants in person, and received a further 5 written submissions;

Session 1: Council & City Partners

Jacqui Jenson Executive Director, People, Bristol City Council

Alison Hurley Director, Education and Skills, Bristol City Council

Ann James Director, Children, Families and Safer Communities, Bristol City Council

Ivan Powell Independent Chair, Keeping Bristol Safe Partnership

Jim Bowyer Head, Bristol Hospital Education Services

Henry Chan Safeguarding in Education Team Manager; Chair, Education Reference Group

Victoria Caple, Lighthouse Safeguarding Unit Partnership Manager, Avon & Somerset Police

Gerry Bates Head of Children's Services, Sirona Care & Health

Cllr Asher Craig Deputy Mayor, Communities, Equalities & Public Health

Session 2: National picture

Dr. Carlene Firmin Social Researcher, University of Bedfordshire

Wendy Thorogood Chair, Association of Child Protection Professionals

Fiona Carnie, Educationalist

Evidence not in person

DCI Larisa Hunt Operation Topaz, Avon & Somerset Police

Androulla Nicolaou Prevention Officer and Coordinator, Topaz, Avon and Somerset Police

Empire Fighting Chance

Royal College of Paediatrics and Child Health

Office of the Children's Commissioner

Cllr Helen Godwin Cabinet Member, Women, Families and Homes (Lead Member for Children's Services)

Session 3: Children & young people

Rob Farrow, Head of Service (Young People) Learning Partnership West

Kate Gough, Head of Bristol Youth Services, Creative Youth Network

Jack Beech Chief Operating Officer, Creative Youth Network

Anthony Hill Service Manager, Helping Young People Engage (HYPE), Barnardo's

Ella Remes Service Manager, Barnardo's Against Sexual Exploitation (BASE), Barnardo's

Maya Mate-Kole Golden Key/ The Call In; Commissioner, Commission on Race Equality

Tom Owen Chief Executive Officer, The Green House

Molly Flitcroft Member of UK Youth Parliament; Bristol Youth Council

Cllr Helen Holland Cabinet Member, Adult Social Care; and Co-Chair of the Health & Wellbeing Board

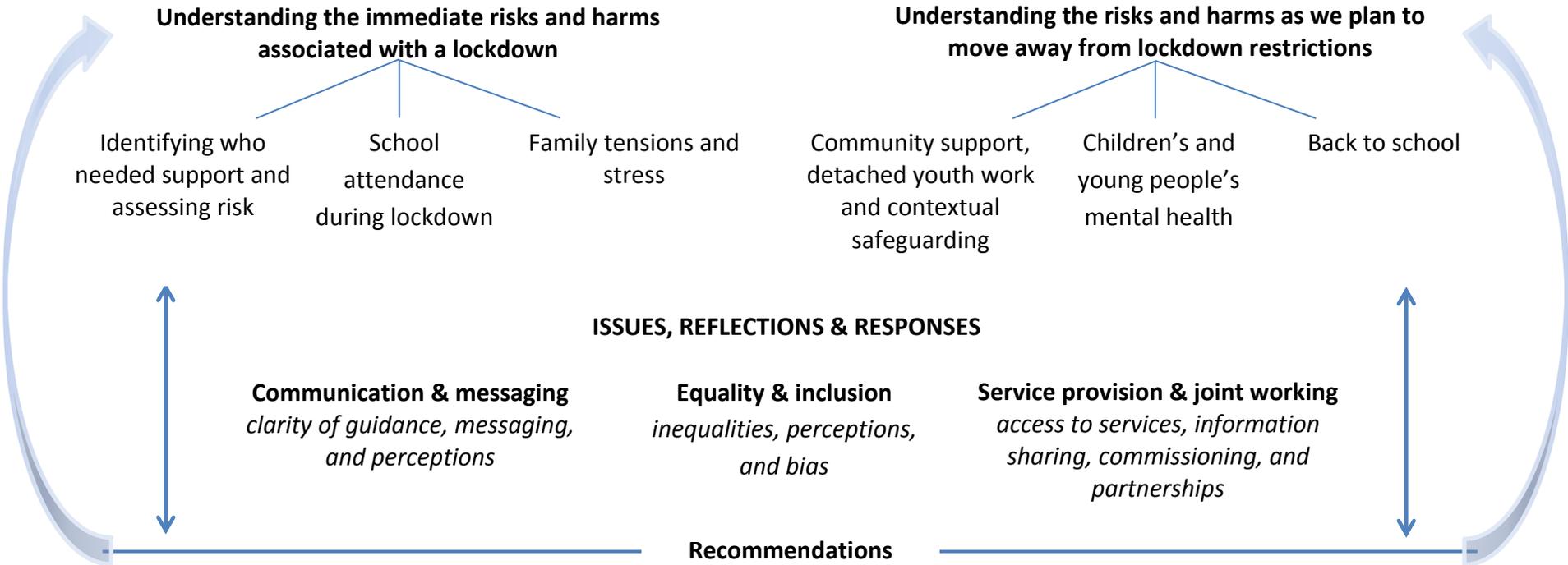
Findings

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The diagram below is a visual representation of the Working Group’s findings. Members organised the issues, reflections and responses that arose from the evidence sessions into 6 key areas: (i) Identifying who needed support and assessing risk; (ii) School attendance during lockdown; (iii) Family tensions and stress; (iv) Community support, detached youth work and contextual safeguarding; (v) Children’s and young people’s mental health; (vi) Back to school. The first 3 areas were with regard to ‘*Understanding the immediate risks and harms associated with a lockdown*’ and the second group of 3 areas were informed by ‘*Understanding the risks and harms as we plan to move away from lockdown restrictions*’ (with the understanding guidance and rules may change quickly).

Members appreciated the relationships and interconnectivity between them all, demanding a holistic approach to analysis. Recommendations are framed and informed by 3 overarching themes: (i) Communication & messaging; (ii) Service provision & joint working; (iii) Equality & inclusion.

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Understanding the immediate risks and harms associated with the lockdown period

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ISSUES	REFLECTIONS & RESPONSES
<p>Identifying who needed support and assessing risk</p> <ul style="list-style-type: none"> • Risks of intra-familial harm exacerbated by lockdown. • Some children and young people affected may not have been known to social services. • Less availability of safe spaces led to difficulties in contacting young people. • Groups of children and young people disproportionately affected by lockdown, including low income and Black, Asian, Minority Ethnic communities. • Risks of transmission of Covid-19 to unwell and vulnerable children. • Lack of digital access for some children and young people. 	<ul style="list-style-type: none"> • Risk assessments were undertaken and plans put in place for every vulnerable child known to the Council at the earliest stage. • Participants raised concerns in relation to `hidden harm`; as children and young people were not able to disclose to trusted professionals, there were less opportunities to safeguard and reduce risk. • The Council pointed to good data analytics with the ability to identify risks of harm so as to reach out to families. There is ongoing developmental work with government. • Face to face contacts were prioritised by the Council based on a risk analysis of families and Council workforce. • There was a focus on harm in the home - outside spaces may have been perceived as less problematic, and so it is unclear how much was missed in extra-familial contexts. • The Council had a focus on providing cultural competent services, and the positive connections with community organisations could be built upon in future coproduction opportunities. • System-wide response was required with the purpose to keep the most unwell and vulnerable children out of hospital - the Lifetime team moved to 7 days a week. • Laptops with connectivity have been distributed by the Council, Hope Virtual School and youth network groups to families without online access; although there are still gaps across the city where families are unable to connect virtually. <div data-bbox="1541 587 2063 948" style="border: 1px solid black; padding: 10px; margin-top: 20px;"> <p><i>“Every child had a Covid-related risk assessment with a contingency plan should their main carer not be able to continue to care for them”.</i></p> <p>Ann James, Director of Children, Families and Safer Communities, Bristol City Council</p> </div>

ISSUES	REFLECTIONS & RESPONSES
<p>School attendance during lockdown for eligible cohort of children</p> <ul style="list-style-type: none"> Centralised school attendance reporting meant there was a week’s time-lag with the data with risks of missing non-attendance of vulnerable children. Children and young people not having contact with professionals, including pastoral care at school, meant subtleties could not be spotted in the same way. There was low take-up of school places for vulnerable children during the period of lockdown, especially in low income areas. 	<ul style="list-style-type: none"> The Council created a local reporting system; the Education Reference Group focussed on attendance; there were integrated working arrangements including Hope Virtual School, Social Workers and education and skills colleagues – all working together to wrap around those families eligible for school during this period. The Designated Safeguarding Leads Network was the main way of checking and monitoring. The importance of the post was flagged. It was noted that there was, in general, historically less contact with households in mainstream practice, meaning a larger adjustment was needed to ensure continued education during lockdown period. Some children and young people who found mainstream settings challenging reported feeling safer online. The sector developed local partnerships with other settings when capacity and continuity were identified as risks and concerns. Many schools took on children temporarily during the lockdown period. Food packages and free school meals were provided to identified families who needed them. Schools worked together to provide a ‘Think Family’ response if children from the same family attended different settings. <div data-bbox="1547 368 2063 719" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>“The environment we were in at that time was very much about the fear of Covid and everyone was in lockdown and being asked to remain in their homes”.</i></p> <p>Alison Hurley, Director of Education & Skills, Bristol City Council</p> </div> <div data-bbox="1603 802 2063 1190" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>“For some young people in-person school bullying is the main concern as well as feeling unsafe on the school journey, so we need to think how to support those children back into education”.</i></p> <p>Dr. Carlene Firmin, Social Researcher</p> </div>

ISSUES	REFLECTIONS & RESPONSES
<p>Family tensions and stress</p> <ul style="list-style-type: none"> • Tensions in households and other factors have led to teenagers leaving, or being asked to leave, the family home. • Scarcity of foster placements exacerbated by Covid across the wider region with some foster placements breaking down (not specific to Bristol’s experience). 	<ul style="list-style-type: none"> • The Council invoked the amendments in the Children’s Act needed to speed up assessment and approval of foster carers to meet the needs of children. • Increased anxiety and tensions were reported in many families already under pressure. • Use of placement stability plans with family work was identified as important, including providing extra emotional and practical support to families. • There was a positive response in Bristol, with many additional carers stepping forward, which increased the carer base by 20. <div data-bbox="1335 300 2063 691" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>“Talking to young people how to keep calm, how to keep well, how to remove themselves from situations and resolve conflict before it escalates has been really important. Family work has been important - reaching out, providing extra emotional and practical support to family members in order to keep calmness and safety at home wherever possible”.</i></p> <p>Ella Remes, Service Manager, BASE Barnardo’s</p> </div> <div data-bbox="1525 767 2063 1018" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>“There has been increased anxiety and tensions in many families already under pressure”.</i></p> <p>Tom Owen, CEO, The Green House</p> </div>

Understanding the risks and harms as we plan to move away from lockdown restrictions

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ISSUES	REFLECTIONS & RESPONSES
<p>Community support, detached youth work and contextual safeguarding</p> <ul style="list-style-type: none"> • Coming out of lockdown saw an increase in risks of criminal exploitation, including teenagers’ involvement in organised crime, street conflict and serious violence. • More children in Bristol are victims of ‘County Lines’ which involve organised crime networks trafficking children to deal drugs. • Economic disadvantage has come more into focus during this period, with the risk of it becoming worse within the context of an expected economic downturn. 	<ul style="list-style-type: none"> • Increased youth worker and community presence was noted as beneficial for enabling young people to feel safe. • Training in adolescence development was raised as important for focus on child welfare in communities. • There was a need to understand extra-familial factors; and a contextual safeguarding approach. • Detached youth work could reach the most vulnerable young people – it was described as the most successful way of understanding how young people are coping. • Relationships could be built through detached work, enabling referrals to services where necessary. • Agreement across participants that street detached work was important to build relationships, gain intelligence and identify groups and locations of harm. • Collaborative working arrangements between Police, Council and Youth networks has enabled detached work to make positive impacts - Safer Options, noted as a positive culturally competent partnership, is the Council’s programme that supports young people in partnership with youth organisations, the Youth Offending Team, Police and other community safety partners. • There were examples of positive stories from youth groups of young people helping each other and neighbours; and helping out at foodbanks. <div data-bbox="1279 703 2063 959" style="border: 1px solid black; padding: 10px; margin-top: 20px;"> <p><i>“Our work is all about relationships; we need to be able to see young people and be able to act at the right time”.</i></p> <p>Ann James, Director of Children, Families and Safer Communities, Bristol City Council</p> </div>

ISSUES	REFLECTIONS & RESPONSES
<p>Children’s and young people’s mental health</p> <ul style="list-style-type: none"> • There were reports of a lot of ‘Covid anxiety’ among young people, e.g. deep concern about the ability to socially distance, what to do about needing to travel by bus, and fear of mixing at school – especially for those from families with health issues. • With the increase of online platforms enabling visual contact, body image and presentation was affecting some young people’s mental health. • The children who were hard to reach during lockdown became isolated and may present with increasing mental health issues. 	<ul style="list-style-type: none"> • Linking children’s services, mental health services and schools more closely to deliver effective and confidential mental health support to young people was raised as important, and that young people should be involved in co-designing those services. • Participants reported a renewed focus on mental health and wellbeing during lockdown which is being maintained during the recovery period; a focus that has placed mental health fully within the remit of safeguarding concerns. • Young people set up a blog to support other young people. Young people co-authored a report about their experiences, ‘Mental Health and Covid-19: In Our Own Words’. • There have been Council-led initiatives to provide a voice to children and young people including #wearebristolkids and the developing ‘Belonging’ strategy by the Youth Council. • Online skills of youth workers have been raised; with a focus on art/backgrounds rather than faces within online engagement, which has helped to overcome some anxieties about being online. • There were reports of children and young people with anxiety and mental health issues feeling supported online as it was less daunting and more accessible for them. • The Working Group was told to expect an increase in demand for mental health services when schools return. <div data-bbox="1603 272 2063 520" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>“Young people are reporting an increase in mental health concerns”.</i></p> <p>Anthony Hill, HYPE Barnardo’s</p> </div> <div data-bbox="1603 831 2063 1254" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>“Schools should treat mental health as a safeguarding responsibility. This corresponds to the wider work around trauma informed approaches to behaviour”.</i></p> <p>Henry Chan, Safeguarding in Education Team Manager, Bristol City Council</p> </div>

ISSUES	REFLECTIONS & RESPONSES
<p>Back to school</p> <ul style="list-style-type: none"> • Risk of low attendance. • Concerns from young people about confidentiality if they disclose any concerns and issues. • Schools’ difficulties accommodating pupils due to social distancing rules and concerns and anxiety from parents and children. • Children and young people finding it difficult to disclose issues and concerns to teachers and other professionals. 	<ul style="list-style-type: none"> • It was reported that some young people don’t feel safe going to school. • The Working Group was told some parents felt frightened about sending children back to school; refugees and asylum seekers being particularly concerned. This required proactive work to engage marginalised groups. • A point was made that schools’ issues, including concerns about accommodating pupils safely could be partially addressed by outdoor learning where possible. • Return to school was seen as an opportunity to identify those who need support, such as if there is truancy. • It was noted that Hospital Education has smaller classes and a higher student to staff ratio, and extra support being available with stronger links with families than main stream. • Live virtual lessons went ahead in some settings. • There needed to be support for young people to support their peers – requiring clear messaging: <i>“what to do if a friend tells you something in confidence.”</i> <div data-bbox="1525 547 2063 943" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>“Outdoor learning can be restorative, and can address mental health needs. In Orkney GPs prescribe outdoor activity to boost mental health. Using outdoor spaces can also help meet distancing requirements. Weather doesn’t need to be a barrier”.</i></p> <p>Fiona Carnie, Educationalist</p> </div> <div data-bbox="1525 1016 2063 1268" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>“Clear messaging to peers is important – one of the best ways to identify support and safeguarding need”.</i></p> <p>Dr. Carlene Firmin, Social Researcher</p> </div>

Communication and messaging

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ISSUES	REFLECTIONS & RESPONSES
<p>Clarity of guidance; types of messaging; and perceptions</p> <ul style="list-style-type: none"> • Generally, guidance highlighted vulnerabilities for those who had social workers, so people prioritised those - others may have been left behind. • Families were worried about being in breach of lockdown if they reported missing children. • Information and guidance for young people wasn't clear enough. • Young people found it difficult to access appropriate information. • Messages about Covid-19 were frightening for some children. • Young people at risk of exploitation have been perceived as causing harm. 	<ul style="list-style-type: none"> • It was reported that some young people were unaware of available support – there was a need better communication. • A need for clear messaging for all parents whose children are missing during a lockdown – including the need to contact social services. Strong message required, including <i>'we can support parents support their children'</i> • It was highlighted that there was a need for positive messaging about youth services, including cementing the idea that youth workers are a critical service, being a trusted point of contact and engagement for young people and their families. • Participants advised that there was a need for child friendly advice and guidance. • Training and clear messaging required about extra-familial harm and contextual safeguarding, building on the innovative work the Council has undertaken with Dr Firmin. • There had been positive and innovative responses to the need for virtual communications, including extra training and information for professional practitioners and members of the public as a result of expanding the online usage, including Association of Child Protection Professionals' podcasts. <div data-bbox="1503 491 2063 778" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>"The pandemic has brought this into focus - locally there is not enough clarity over the availability of support for young people".</i></p> <p>Anthony Hill, Service Manager, HYPE Barnardo's</p> </div> <div data-bbox="1592 850 2063 1246" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>"The effect of lockdown with the associated messages has left some children and young people feeling like a burden as there is so much going on in society".</i></p> <p>Rob Farrow, Head of Service (Young People), Learning Partnership West</p> </div>

Service provision and joint working

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ISSUES	REFLECTIONS & RESPONSES
<p>Equitable access to services; information sharing, commissioned services, and partnerships</p> <ul style="list-style-type: none"> • It is not known how many children, young people and families have not been able to access appropriate services. • Safeguarding and confidentiality concerns with online services, not knowing who else could be in the room with the young person. • Myths about what professionals could do during lockdown. • Some misunderstanding of youth worker’s rights and responsibilities during lockdown created a gap in provision. • Funding mechanisms were described as complicated - “Currently a jigsaw”. 	<ul style="list-style-type: none"> • The Council’s Children and Families services continued to work through lockdown and children still had face to face visits from Social Workers and other practitioners on a risk assessed basis. • It was noted that some children who weren’t connected to Social Workers (who may have become vulnerable due to effects of Covid-19) would not necessarily have received all available support. • Sharing more information with Police meant detached workers could identify hotspot areas and contact young people. • Access to statutory services are mainly 9-5 – this could prevent or delay support; services should be more balanced with community work, meaning a need for infrastructure outside usual office hours. • Most provision went online; access to IT devices, although there was some distribution, was not available for all. • Face to face provision for vulnerable children and young people should be maintained as much as possible. • Information had been shared more openly across the youth sector with statutory organisations. • Age range of the Council’s current youth services commissioning was discussed, that it could include over 18’s. • The city already had strong relationships and partnerships, with the Council’s Children’s and Education services being a key part. Covid-19 had shown that this needs to be built on and utilised even more. <div data-bbox="1527 805 2063 1161" style="border: 1px solid black; padding: 10px; margin-top: 20px;"> <p><i>“Online support usually only works if there is already a relationship between the young person and the youth worker – it’s difficult to start relationships over a computer”.</i></p> <p>Molly Flitcroft, Member of UK Youth Parliament and Bristol Youth Council</p> </div>

Equality and inclusion

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ISSUES	REFLECTIONS & RESPONSES
<p>Structural inequalities; Perceptions and assumptions</p> <ul style="list-style-type: none"> Groups of children and young people have been disproportionately affected by lockdown, specifically low income and Gypsy Roma Traveller backgrounds. Assumptions and perceptions about young people involved in street conflict, serious violence and/or drug related offending were raised as barriers to support and safeguarding. Stigma and perceptions surrounding mental health and also lack of cultural competent mental health services prevent young people accessing appropriate support. 	<ul style="list-style-type: none"> The digital divide had been highlighted by Covid-19; equality of access to digital connectivity was raised as a priority. Focus was required on young people with additional needs; and young carers who maybe caring for someone still shielding. Culturally competent service provision to support complex needs of young people from diverse backgrounds was raised as essential. The Council’s Safer Options and Children & Young People’s services have a partner approach based on cultural competent practice led by young people, informed by communities. This positive approach should be built upon with more coproduction with community organisations. A focus was needed on Gypsy Roma Traveller young people and children from disadvantaged backgrounds in general, ensuring they received essentials such as food parcels. Social prescribing services were highlighted as valuable for supporting and signposting young people and families. Positive messaging and communication about mental health is helpful for young people. <div data-bbox="1570 405 2024 756" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>“There was some success in getting IT equipment to young people during lockdown, this brought into focus a need to fully recognise and act on digital poverty”.</i></p> <p>Jack Beech, Chief Operating Officer, Creative Youth Network</p> </div> <div data-bbox="1373 842 2024 1265" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>“Lots of organisations refer to young Black people as offenders, and that narrative makes it really hard for those young people to be supported as victims of exploitation. We need to think about those organisations who already have close relationships in BAME communities and how they can be utilised and co-production can take place”.</i></p> <p>Maya Mate-Kole Golden Key/ The Call In; Commissioner, Commission on Race Equality</p> </div>

Summing up

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Understanding immediate risks and harms associated with a lockdown

With less ability for professionals and youth workers to make face to face contact visits, the Working Group heard evidence about hidden harm. Some children and young people were not able to disclose to trusted professionals who would usually be in a position to make referrals to the Council, and so there were less opportunities to safeguard and reduce risk. The Council acted quickly and appropriately, undertaking risk assessments and prioritising face to face contacts with the most vulnerable families. Those children open to Social Workers still received face to face visits which mitigated the risk of hidden harm. The Council, with partners, acted speedily to focus on school attendance where centralised reporting mechanisms didn't hit the mark. Members heard that the Designated Safeguarding Leads Network was well utilised and is a positive and invaluable resource.

Poor school attendance during lockdown for the eligible cohort of children was a concern, especially as the vast proportion were the most vulnerable in the city. Members heard that fear of Covid-19 and communication to stay at home was a strong factor over-riding the messaging that the option of school was a good one.

Members were advised that risks of intra-familial harm were likely to have been exacerbated by lockdown – this, together with less availability of safe spaces, with the extra pressure and stress young people and families were under, meant the issue of hidden harm extended to children and young people the Council and services were not aware of – those who would not have previously considered themselves vulnerable came to be so. Evidence was heard that it was unclear for this cohort how to access support. More than that, some children and young people felt burdened with a sense of responsibility about the issues of wider society which meant feeling as though they wouldn't meet any criteria for support anyway.

Whilst safe spaces for young people diminished due to closures and lockdown, Members heard that this did not mean all young people retreated to the home and so all outside spaces were less problematic. This perception may have led to missed opportunities to safeguard young people who for different reasons needed to be in different environments. These perceptions extended to determining the support available for different cohorts, including the perception of whether young people are victims or perpetrators when involved in drugs and street conflict. Members heard that arrests of young people increased during this period and drove activities underground making it more difficult to identify those vulnerable young people at risk of criminal exploitation.

Another issue regarding identifying those needing support during lockdown which brought structural inequalities into focus was that of access to online activities and contacts. Members heard that schools knew who the students were who were unable to access digital platforms and worked hard to provide resources and learning packs, and also that there was a mass-distribution of devices with connectivity which involved close sophisticated

“Connectivity is something we really do need to crack across the city”.

Alison Hurley, Director of Education & Skills

joined up working across youth networks, the Hope Virtual School and the Council. But, Members heard there are still gaps across the city where families are unable to connect virtually.

Members heard evidence that the extra tensions and stresses associated with lockdown led to some young people leaving the family home and, in some areas, foster placements breaking down, although this was not the experience in Bristol. Despite the scarcity of foster placements being exacerbated by Covid-19 in some areas, Bristol saw a significant rise in people applying to be foster carers, and with that an actual increase of 20 carers. Evidence was heard that the Council responded by using the amendments in the Children's Act needed to speed up assessment and approval of foster carers which Members agreed was the appropriate thing to do and commended officers and Bristol's foster carers who all stepped up to ensure looked after children were kept safe. Placement stability plans were cited as good practice, linked to family work providing extra emotional and practical support to families.

Understanding risks and harms as we plan to move away from lockdown restrictions

Enabling and building relationships was a thread running through the evidence heard about young people in the community; and increased youth worker presence across communities was cited as beneficial to children and young people's well-being and sense of safety. Members heard, therefore, that where possible extra face to face contact should be prioritised and resourced; and also good communication and education to workers and communities about adolescence development would be beneficial to child welfare in communities.

Members heard evidence of the benefits of increased detached youth work during this period; it was described as "the most successful way of understanding how young people are coping." Evidence was heard that good relationships can be built through detached work, at which point valuable intelligence could be gathered to help identify those in need of support; and more successful referrals to appropriate services could be made.

"Detached youth work needs to remain a key part of any service offer in the future".

Rob Farrow, Head of Service (Young People), Learning Partnership West

Evidence was heard that the Council, in collaboration with Police and Youth networks, follows a contextual safeguarding approach to identify and support young people, and that it was an important focus coming out of lockdown. Members heard that during the lockdown period Safer Options, the Council's programme that supports young people at risk of criminal exploitation in partnership with youth organisations and community safety partners including the Police, had an increase in referrals, and continued to have a positive impact as lockdown restrictions relaxed. Safer Options was noted as a positive culturally competent partnership which should be developed further.

There was evidence provided of positive stories of young people helping each other and neighbours, including helping out at foodbanks; although there was also troubling evidence of some children struggling though poverty and mental health issues.

As the pandemic has brought into sharp focus the stresses and strains of family life, especially with the worries and restrictions associated with it, Covid-19 has also shone a light on mental health. Evidence was provided of Covid-anxiety among children (including deep concerns about how children can effectively social distance when on buses and at school, and, relating to this, a fear of transmitting the virus to vulnerable family members) - this affecting mental health and could be a factor in school attendance as they re-open. Members heard evidence of the renewed focus on mental health and wellbeing during lockdown being maintained and placed fully within the remit of safeguarding concerns. There was advice that there should be an expectation of increased demand for children and young people's mental health services as schools reopen.

"The Designated Safeguarding Lead Network has been invaluable; I think having that post in a mainstream school with somebody with that responsibility is fantastic. Having that DSL Network is useful all the time, during lockdown it was essential".

Jim Bowyer, Head Bristol Hospital Education Services

Members were told that the reasons underlying the risk of low school attendance as they reopen extends to some parents feeling frightened about sending children back to school. Evidence was provided that concerns of parents and professionals about accommodating pupils safely could be addressed by outdoor learning, which was described as restorative – with weather not needing to be a barrier.

As schools reopen, this time was highlighted as an opportunity to identify those who need support, such as if there is truancy. Members heard that Hospital Education has smaller classes and a higher student to staff ratio, and extra support is available; and that there are also stronger links with families than in main stream.

"There have been much better conversations around multiagency working, hosted by the Council, with school nurses; and also with mental health services".

Kate Gough, Head of Bristol Youth Services, Creative Youth Network

Finally, Members heard that some children and young people may not disclose concerns to a teacher due to lack of reassurance that they will be treated in confidence; and so clear messaging was needed to help young people support their peers, Dr Carlene Firmin describing this as "one of the best ways to identify support and safeguarding need".

"We need to explore technological benefits - the way we engage with young people will change and should change, we need to ensure anything we do is co-produced with those children, young people and their families to make change effective and meaningful to communities in Bristol".

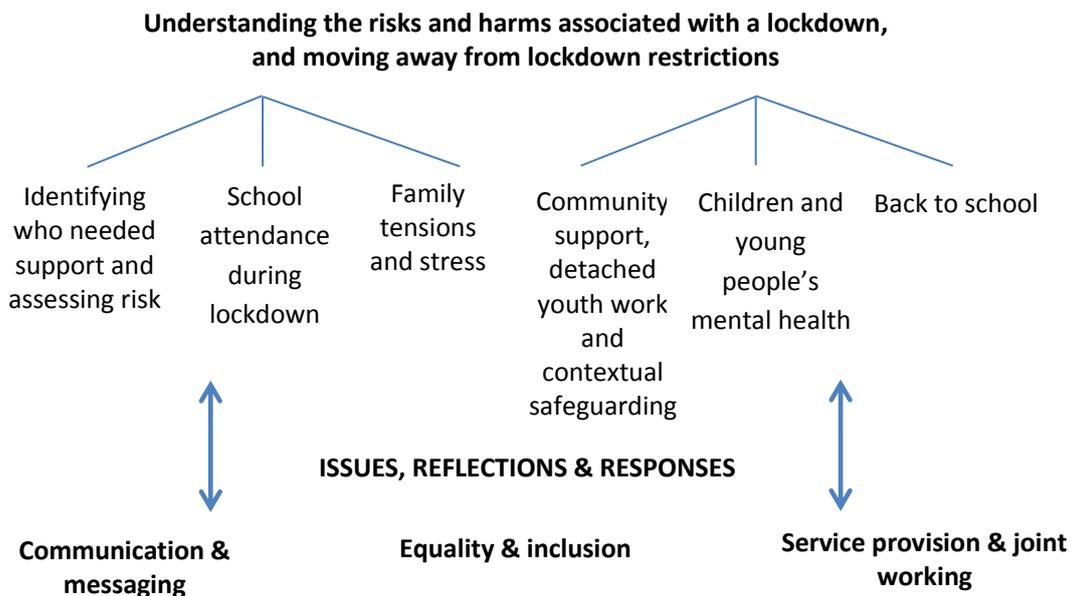
Victoria Caple, Lighthouse Safeguarding Unit Partnership Manager, Avon & Somerset Police

Recognising the relationships and interconnectivity across organisations, partnerships and people

The Working Group has taken a holistic approach to the evidence, recognising the relationships and interconnectivity across organisations, partnerships and people involved in safeguarding children and young people.

This approach provides an insight into the need to understand the underlying arrangements, structures and views we generally don't see which lead to negative outcomes that we react to and need to manage on a daily basis.

The evidence presented to Members has highlighted the key themes of (i) Communications and messaging; (ii) Service provision and joint working arrangements; (iii) Equality and inclusion. They influence reflections and responses (positive and negative) relating to all 6 areas detailed in the findings.



“The lockdown period reinforced the protective benefits of a universal health visiting and service”.

Gerry bates, Head of Children’s Services, Sirona Care & Health

“Due to lack of capacity in many areas during this period, it was important to pull together expertise and share best practice to tackle complex issues that practitioners were raising”.

Wendy Thorogood, Chair, Association of Child Protection Practitioners

Communications and messaging; Service provision & joint working; Equality & inclusion

The findings show that the way guidance and communication is presented informs people’s responses. For example, Members heard how families delayed reporting missing children as they were worried about breaching lockdown rules; and messaging about Covid-19, so as to be strong, came across as frightening for some children, causing anxiety and in some cases a feeling of being a burden due to the focus on crisis in society.

Participants called for clear and ‘child-friendly’ messaging and clarity surrounding where and how support can be accessed, and who it is for. Evidence was heard how there were myths and misunderstandings about what practitioners would and could do; and it was highlighted that reinforcing the importance of youth workers to the system would help with much needed information sharing, and afford confidence leading to trust and stronger relationships with young people and their families.

“Our approach should be how do we ensure a person-centred psychologically informed approach required to overcome challenges associated with perceptions of, for example, a young person as offender rather than exploited and at risk of harm”.

Maya Mate-Kole Golden Key/ The Call In; Commissioner, Commission on Race Equality

Training and clear messaging around extra-familial harm and contextual safeguarding, including challenging perceptions of young people who are criminally exploited was also called for.

Evidence was heard that partnership working, although well-established across the city, improved in some areas, including closer working relationships and communications across agencies (for example between schools and Social Workers); and Covid-19 has shown how important collaboration and intelligence sharing across the system is.

The collaboration that led to distribution of laptops with connectivity was an example of the ‘art of the possible’, although Members heard that virtual working practice requires consideration around confidentiality and safety and, despite the successful distribution to many families, the continuing digital divide means there is work to do to ensure fair and equitable access for all.

“Better connections across partnerships have developed with short focused meetings, and, in terms of success and learning, it is those very quick concentrated sharing of ideas and experiences that people have found very helpful to understand the challenges in other bits of the system”.

Ivan Powell, Independent Chair, Keeping Bristol Safe Partnership

Members heard that the funding mechanisms for commissioned services were over-complicated, described as a ‘jigsaw puzzle’, and there was a discussion as to whether the age range for commissioned youth services should be raised.

Members heard how the pandemic had shone a light on structural inequalities across society, which all make the task of keeping children and young people safe more difficult, and so a focus on bias, cultural competency, economic disadvantage and health inequalities was called for.

Recommendations

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The People Scrutiny Working Group recommends that;

1. The Council has an excellent record of working with partners and experts to tap into and share best practice and develop innovation, including the contextual safeguarding work with Dr Firmin. The Council should continue to ensure the rich resource and knowledge across the sector for training and support is utilised; including being informed by expertise and insight of local youth organisations and engage with national support and advice, including from the Association of Child Protection Professionals.
2. The extra pressure on the Children's Services and Education and Skills Directorates since March has been highlighted, and the Council should consider ways to offer extra support for the work force. This is noted within the context of welcoming the growing satisfaction with support and leadership in the survey of children's professionals and practitioners, which should be acknowledged and built on to ensure each member of staff, from operational practitioners to senior leaders, feel able to manage the expected increase in demand for support as children return to school with continued uncertainty.
3. The positive increase in networking and close partnerships facilitating big changes quickly and efficiently should be captured and built upon; and networks such as the Designated Safeguarding Leads Network, brought together and supported by the Education and Skills directorate, should be encouraged, developed and incorporated into collaborative plans to help utilise expertise and build capacity and resilience.
4. The Council, in consultation with partners and communities, should investigate how to produce clear child-friendly advice and guidance about keeping safe and well during lockdown restrictions with a focus on mental health. It could explain the effects of Covid-19, how people may be affected and react, what support is available, and how to access that support. Any guidance should be adaptable and reactive to a fast changing environment, and be available for all school settings, youth networks, and community groups.
5. The Council, with city partners, should explore more ways to support parents, carers and families cope with the extra stress and strains Covid-19 has, and continues to, put them through. This may include family and household guidance in the form of tips, advice and coping strategies to help prevent and diffuse stressful circumstances escalating into unmanageable and harmful situations.
6. It is welcomed that the Council has continued to commission detached youth work across the city. This should continue and be built on as a priority; and its value should continue to be considered by the Council when planning for future commissioned services.
7. The positive role of volunteers and mutual aid groups during this period should be learnt from and the Council should explore further ways of supporting them. Social Prescribing within community settings should be encouraged and further developed,

helping to provide much needed local information and signposting for families and young people.

8. The Council should work with city partners to place a greater focus on tackling the digital divide, and explore options that would enable every household and child to have equitable access to the internet.
9. The Council, building on the existing positive work including #wearebristolkids and the developing 'Belonging' strategy by the Youth Council, should continue to explore how services to help children and young people stay safe and foster well-being could be more accessible. This could include building on the existing community outreach by inviting more co-design of provision, increasing cultural competency with stronger involvement of grass roots community organisations and with focussed training, investigating how Council services could be accessed in different ways and at different times, and listening to and learning from children's and young people's voices.
10. This report should be considered by the Executive and the senior leadership team, and that all findings should be taken into account when planning to mitigate both the continuing negative effects of Covid-19 on children and young people, and the risks of pandemics causing similar issues in the future.

10a. This report should be considered at the appropriate partnership groups and boards (including but not restricted to the following):

- Health and Wellbeing Board
- Keeping Bristol Safe Partnership (Keeping Children Safe)
- Children and Families Programme Board
- Learning City Partnership Board
- Race Equality Covid-19 Steering Group

10b. The development of plans to keep children and young people safe within the context of the impact of Covid-19 and to build resilience for the future should be considered by the People Scrutiny Commission at the scheduled meeting on 14 December 2020, and there should be a review in the 2021-22 work programme.

Cllr Hiscott and all the Members of the People Scrutiny Working Group (listed below) would like to thank all those who submitted evidence and participated in the Evidence Sessions, sharing their knowledge and experience, which has helped provide valuable scrutiny.

People Scrutiny Working Group

Cllr Claire Hiscott (Chair)

Cllr Celia Phipps (Vice-Chair)

Cllr Eleanor Combley

Cllr Carole Johnson

Cllr Tim Kent

Cllr Gill Kirk

Cllr Cleo Lake

Cllr Brenda Massey

Cllr Ruth Pickersgill

Cllr Tim Rippington

Cllr Steve Smith



People Scrutiny Working Group Report

Safeguarding children and young people within the context of Covid-19 response and recovery planning - Report of the People Scrutiny Commission, Bristol City Council

28th October 2020

Foreword added 6th November 2020

Contact: scrutiny@bristol.gov.uk