

Bristol City Council
Minutes of the Adults, Children and Education
Scrutiny Commission



18 October 2018 at 5.00 pm

Members Present:-

Councillors: Claire Hiscott (Chair), Jos Clark, Eleanor Combley, Jude English, Carole Johnson, Gill Kirk, Brenda Massey, Celia Phipps, Ruth Pickersgill and Steve Smith

Officers in Attendance:- Jacqui Jensen - Executive Director Adults, Children and Education; Ann James - Director, Children and Families

Also in attendance:

Cllr Helen Godwin - Cabinet Member for Women, Children and Young People, and Lead Member for Children's Services; Cllr Asher Craig - Deputy Mayor with responsibility for Communities (Public Health, Public Transport, Libraries, Parks), Events and Equalities; Cllr Anna Keen - Cabinet Member for Education and Skills

Plus:

- Henry Chan on behalf of the LGBT+ Employee Group
- Marie Mighty and Andy Burton on behalf of the Disabled Employees Group

1. Welcome, Introduction and Safety Information

The Chair welcomed everyone to the meeting and explained relevant the safety information.

2. Apologies for Absence and Substitutions

- Cllr Paul Goggin
- Cllr Helen Holland, Cabinet Member with responsibility for Adult Social Care
- Sue Milner, Interim Director of Public Health
- Catherine Wevill - Partnerships and Engagement Manager Bristol NHS , North Somerset & South Gloucestershire CCG

3. Declarations of Interest



Cllr Smith said that he had been involved in meetings to set up the Adult Community Health Services

4. Minutes of Previous Meeting

- People Scrutiny Commission – 17 July 2017
- People Scrutiny Commission Meeting in Common – 31 January 2018
- People Scrutiny Commission Meeting in Common – 8 May 2018

Cllr Massey had attended all of the above meetings and said to the best of her knowledge the minutes were accurate records of each of the meetings. Others that had been in attendance concurred.

5. Chair's Business

The Chair said that the work programme was very full this year but she hoped this is would be a positive and constructive year for the commission. Everyone was encouraged to participate in the process.

The Chair specifically noted the sad news of the recent death of a well-regarded head teacher Sue Wilson, of Ashton Gate Primary School. Sue had worked in Bristol for almost thirty years and in that time had demonstrated a passion and commitment to improving the education and outcomes of pupils across the city. It was said that Sue's service to the pupils and families of Bristol has been considerable and for that we are all very grateful.

Cllr Massey said that she had sent a letter to the school expressing her condolences.

6. Annual Business Report

The Commission Members noted the charring arrangements for the 2018 – 2019 municipal year. Cllr Celia Phipps was elected as the Vice Chair of the Commission (nominated by Cllr Pickersgill and seconded by Cllr Comley).

- Members noted the Scrutiny Commission's Terms of Reference.
- The meeting dates were agreed.
- Members noted the topics that were selected as priorities for the Commission at the OSMB workshop on the 30th May 2018 and the up-to-date scrutiny work programme.

Members noted that the meetings would be themed where possible i.e. topics were focussed on adults; children; education; health and SEND Task & Finish Group.



One member remarked about the limited amount of health scrutiny. It was acknowledged that unfortunately time on this was limited.

The Chair asked Members to consider whether or not there were gaps in this year's work programme. A short discussion took place on this:

- It was stated that the topics had been agreed by all the Party Leads and Party Group Leads (PGL).
- The Chair said she also wanted to include the Learning City Partnership in some way
- A member said that she had previously requested at Full Council that the Learning City Partnership minutes came to the scrutiny commission but that this hadn't happened.
- The following other items were also suggested:
 - Adult Learning
 - Children in Care
 - Attendance and inclusion
- It was asked if the Commission for Racial Equality was being informed about ACE Scrutiny Commission meetings. The Chair responded that yes they were and the notifications and invitations are sent out widely.
- The Chair added a note of caution that she would rather do a fewer things well than skirting over lots of issues.

Actions:

- **Taking the above points into consideration, the Chair and Lead Members to consider what, if anything further can be added to the Commission's work programme.**
- **Enquiries to be made re about the Commission Members receiving the Learning City Partnership minutes.**

7. Public Forum

The following Public Forum was received:

Questions

- Question 1: Adults, Children and Education Performance Progress Report - Alderman Price
- Question 2: Corporate Risk Register Report - Alderman Price
- Question 3: Corporate Risk Register Report - Judith Brown

Statements

- Statement 1: Corporate Risk Register Report - Judith Brown

The Commission Members noted all the submissions. Answers to the questions had been provided to Alderman Price.

8. Suicide Prevention and Response



Leonie Roberts, Consultant in Public Health and Mark Ames, Director of Student Services, University of Bristol

The Chair stated how important she felt it was to bring this issue to commission. This was within the context of a 'spike' in student suicides and a new Minister for suicide prevention. The Chair added that the item was timely as Members were keen to understand how Bristol was addressing this.

Leonie Roberts gave a presentation (the slides are included with the published meeting papers). Some of the key points were as follows:

- The Bristol suicide rate is higher than the national average. 69% of cases are male.
- A national report showed the risk to be higher in non-students. But there are particular concerns in Bristol.
- It is difficult to identify those at risk. It was said that it is important to reduce 'male stigma' around mental health issues. Male dominated sports such as football and rugby are being targeted.
- It was said to be important to reduce those at risk's 'access to means'. E.g. improving barriers bridges.
- A Suicide Prevention Action Group now exists.
- Multi-agency response: to target at-risk groups e.g. middle aged men.
- Media coverage on this subject falls below the expected standards at times.

- A Member enquired about slide 11 of the presentation and how many individual people the groups and partnerships consisted of. The response was that it was difficult to put a specific figure on it and that some people sat on multiple groups which helped the flow of information and communication. The Chair said she saw this as a sign that people were not working in silos. It was confirmed it's 'joined –up' working.

Mark Ames (Director of Student Services – on how we support student mental health, well-being and student inclusion). The slides are also included in the published meeting papers.

- Traditionally it was a reactive approach to student well-being. Now a new model for supporting students is to have a whole institution approach. Focus on health and wellbeing and physical activity. But also recognising where extra help for students with disabilities required.
- Issues can be complex so they are introducing a new team of 'student well-being advisors'. These will compliment academic staff to support student well-being. Now a greater focus for tutors on personal development planning.
- Also introducing Bristol Futures Programme – this has a focus on sustainability. It includes personal sustainability and managing one's own wellbeing. They have also now introduced a Science of Happiness Unit – to be accredited next semester. This has already attracted 450 students.
- Now professionalising the approach to supporting students. Also, recruiting residential 'life advisors' which is 24/7 round the clock support.



The new strategy includes:

- Suicide prevention and response plan being developed.
- A new online reporting tool to report unacceptable behaviour (anonymously if preferred).

Headlines of suicide prevention and response plan:

- Prevention / Intervention / Post-intervention

Following on from this, Members asked a number of questions:

- What training and supervision do wellbeing advisors have? Response: they come from wide-ranging professional backgrounds including probation, social work, charity sector. They have a diverse profile, so a wide range of students can identify with them. They are not clinical practitioners but providing effective support for wellbeing and an ongoing training programme for substance misuse, mental health; supervision.

- Are there statistics on suicide rates for overseas students and is there specific support for them?

Response:

- Audits show high levels of risk among mature students; not specifically international students.
- Chinese students can sometimes have more difficulty disclosing mental health issues. The head of inclusion is focusing on the needs of international students.
- All students across profiles are in proportion in accessing support. But working to make services more inclusive.

- What support is in place for BME students?

Response: Data shows BME students have the same academic results coming in but attainment drifts away. This is not unique to Bristol. Research shows (university) BME students do not always find the culture of university inclusive. The University of Bristol (UoB) is attempting to address this via an evidence led approach i.e. what BME students tell UoB about what prevents them enjoying university and being successful.

It was asked if they have examined the culture of UoB to try and make it less daunting or threatening for people who are not white and middle-class?

Response:

- The Inclusion Service understands the social jump and difference for some students.
- They recognise some students don't come as they don't see themselves in the UoB environment. So there is additional mentoring support. (Bristol scholars programme).

It was asked what is success going to look like and how is it measured?

Response:

- Broad measures around well-being.
- Utilise the Graduate Outcome Survey.
- Softer measures: student's feelings about how they can access services.
- Performance Indicators on student services as well as the softer / qualitative measures.



A Member commented on the issue of inclusion and diversity in that in some communities mental health issues are not recognised at all and as far as some are concerned 'they do not exist'.

Response: this was acknowledged and it was explained that it is even more difficult to address.

The Chair thanked the presenters and asked if they would come back the following year to update the commission, to which they agreed.

9. Strengthening Families Programme Update and Adverse Childhood Experiences

The following are some of the key discussion points:

- The Invest to Save bid: the Strengthening Families programme – will contribute to savings of £8M+
- 76% of all children's services national funding going towards placement costs for 'looked after' children.
- A lot of this public money eventually ends up in private hands. Officers said they wanted to cut this figure down locally.
- The 'whole family approach' is high quality practice with proportionate interventions and is very effective. If children can't stay in their family we want them to stay with our in-house foster carers. This figure is currently 60%+.
- Outcomes are poor when children come into care older. Also, problems often start when children leave care.
- There are reductions in older children entering care and they are expecting further reductions in time.
- 2017 – High entrance numbers into care but figures are down in 2018.
- Caseloads have reduced. Social workers do not stay in family's life longer than they need to.
- There are concerns about the potential impacts of universal credit when it come in
- More key worker housing is needed
- Officers are focusing on trying to get resources in the right place, i.e. very targeted support
- Nationally the number of looked after children is rising. Not in Bristol however. Supporting children to stay in birth families is a major achievement.

A Member raised housing as a big issue. The response was that we need to look at deposits for key workers; shared ownership and generally more key worker housing.

A Member asked about private agencies paying foster carers more. Another asked how far behind the 'going rate' is BCC social worker pay? The response was:

- BCC have done some financial modelling i.e. whether there is potential for additional and substantial investment. BCC isn't currently losing out to private agencies. There is however an aging workforce many of whom are very altruistic.



A Member asked if there is an issue around foster care recruitment and if/how BCC making sure every demographic targeted? There was a particular interest in how BCC are targeting BME communities. Officers sought to reassure Members that they are targeting all groups in the community and across all areas of Bristol using a variety of methods.

A number of comments were made about a national report released the previous day about the current state of children's mental health. There was a general consensus that that it is not good a good picture and that it is getting worse year on year.

A Member asked if BCC is working alongside targeted youth services. Response:

- This part of the integrated localities offer. Contracts started in June and they are building a professional network to ensure the children are safe; but also build networks in the community.
- Officers said they want to explore whether CIL money can be used for key worker housing.

The Members complimented the Officers on their hard work and asked if they would come back with an up-date.

ACTION: Chair was asked to consider holding a future a closed session on the Programme.

Adverse Childhood Experiences

Jacqui Jensen - Executive Director Adults, Children Education and Public Health introduced the subject and took Members through the (published) slides.

There were a number of reasons for undertaking this piece of work that taken 6 months. It was said that 100% of teenage boys in care come from homes where domestic violence has been prevalent.

- Task and Finish Groups have been held and around 40 people engaged including reps from the voluntary sector, health workers and the police. The outcomes will inform the programme and then a conference in January 2018. Officers are also engaged with other local authorities.
- It is providing better insights to effect change across statutory services. Looking at how they stop doing something that is high cost and yet low impact so the funding can be directed better to have higher impacts.

ACTION: All Commission members to be invited to the Conference on 17 January 10-4pm at We are the Curious

ACTION- Video documentary link about ACE's out to the Commission Members to be circulated

10 Children Centres and Locality Integration

Jacqui Jensen - Executive Director Adults, Children Education and Public Health introduced the report.



It was explained that this change in governance and arrangements for children's centres originally stemmed from the Bundred Report. The three local areas are moving rapidly towards a 'Systemic Leadership' approach and working together to provide a seamless service to families and their children.

Previously the Head of Early Years had oversight of everything but this wasn't particularly good governance. The future governance model embraces a locality integration model.

The Chair asked how it will be ensured that monitoring doesn't stigmatise or marginalise families.
Response:

- The universal offer will still be there for those who want it; but the locality offer is now more targeted help. It helps with those hard to reach families. It also support the people/professionals who can get in and work with these families and share information. It's about helping them and providing mutual support.

A member asked about how budget control had changed at children's centres. The response was that each centre now has a bursar via financial services.

11 Adults, Children and Education Performance Progress Report (Quarter 1 2018/19)

It was explained to the Commission that the report contained only a small amount of the data that is actually collected.

Due to time constraints the Members focussed their attention on the performance indicators that were showing as 'well below target'.

The following comments were made and a discussion took place:

- NHS Improvement; positive feedback and supportive comments were made about BCCs Home First model and approach.
- It was suggested that BCC need to do better with recruitment of apprentices. Although it was acknowledged this early on in the reporting process and improvements are continually being made.
- Members asked about school attendance figures and how councillors can help families who are not managing to get kids to school. Absence levels in Bristol are too high and above the national average it was said. Response:
 - Recently launched piece of work via the Learning City Partnership which is collaborative but held by BCC. A summit last week attended by head teachers, safeguarding leads where this was discussed. Certain groups need a clear message on importance of school but the issues are also very complexed for some families; a different story for each individual family.
 - Families need clarity around how many days are acceptable for religious festivals as the current information being provided is not consistent. Also, there is other work ongoing e.g. alleviating 'period poverty'.



- 96% is the national average attendance and Bristol is approx. 94-5 %. However, it was highlighted that students who miss 5% of a school year are missing out on many ours of valuable lessons and studying time.
- The Cabinet Member for Education and Skills said that a School Attendance Strategy Consultation had recently been launched and suggested that a link to the consultation be circulated to the Commission Members

ACTION: a link to the consultation to be emailed to the Commission Members

12 Corporate Risk Management Report and Corporate Risk Register

Due to time constraints Officers offered the Commission a closed session to discuss this report in-depth if they so wished.

13 Adult Community Health Services Procurement

Officer Presenting Report: Dr Kate Rush, CCG Associate Medical Director

Dr Rush briefly took Members through the (published) report. And the following points were among those explained and discussed:

- Timelines; developing service specifications phase is until December and there are challenges. Tenders will go out in January to choose a provider and contracts will go live in 18 months.
- There will be consistent community services - not dependant on where you live or which side of the road you live on. They very much want to keep people in their communities i.e. stay at home and continue to be independent.
- There are good reasons for the long term 10 year contracts. i.e. allowing good partnerships to develop and work well over time.
- They would like to see social workers and mental health workers as part of a team in 'Locality Hubs'.

Some Members said they had concerns about how big the contracts are likely to be: Would they be with only one provider or sub-contractors too?

Dr Rush said they would like one leader provider but there will be some sub-contracting. However they would like the main contractor to be 'very active'. This is part of the 'Integrated Care System'. There is also a vital role for the voluntary sector here.

Some Members also said that they were concerned about the length of contracts i.e. 10 year contracts and for large amounts of money. There were also concerns raised about the levels of accountability within contracts. It was said that previous long term contracts have shown how providers stop investing after the first two or three years. Dr Rush said that they will be held to account on this point.



It was confirmed that the Clinical Commissioning Group (CCG) and other stakeholders make decisions on procurement process. There had to date been a lot of potential interest in the contracts.

A Member asked about whether social value principles would be built in to the contracts. The response was yes and that point had come out very strongly in the workshops that have been run on this.

The Chair asked that this be revisited at scrutiny when the process is further developed.

Meeting ended at 8.20 pm

CHAIR _____

