

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



19 November 2018 at 2.00 pm

Members Present:-

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

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

Jacqui Jensen - Executive Director Adults, Children and Education

3. Declarations of Interest

Cllr Smith declared that he is a manager in a GP practice in South Gloucestershire; and a non-executive director of OneCare (BNSSG) Ltd, which is owned by and represents GP practices in Bristol who get BCC public health grants.

4. Minutes of Previous Meeting

Agreement that the draft minutes are accurate records of the previous meeting.

5. Chair's Business



- OFSTED Report – Commission members have an opportunity to attend a briefing on the outcomes. Date of the meeting to be confirmed.
 - Membership of the SEND Task & Finish Group is Cllr Claire Hiscott (Chair); Cllr Ruth Pickersgill; Cllr Carole Johnson; Cllr Harriet Bradley; Cllr Brenda Massey; Cllr Eleanor Combley; and Cllr Jos Clark.
 - Chair confirmed the task is to ensure the right provision is available to all children within the financial framework. Three key priorities for the SEND T&F group: Finance; Quality of provision; and Perception (building bridges with parents/families).
 - There is a national concern over funding. Independent review taking place.
 - Important that SEND is a cross cutting theme within Learning City Partnership, rather than a priority alongside others.
- o All Members of T&F group confirmed, except Cllr Clark (not present) and Cllr Bradley (not part of the ACE commission)
 - o Three/four meetings planned before the end of municipal year
- ACTION: Members to provide Chair with suggestions and comments about focus and content of the SEND T&F group

6. Public Forum

The following Public Forum was received:

Statements

Statement 1: Item 6 Annual Business Report and Agenda Item 8: Better Lives Programme - Julie Boston

The Chair thanked Julie Boston for her submission and the Commission Members noted the submission.

7. Female Genital Mutilation (FGM)

Anne Farmer (Service Manager, Care and Support - Children and Families), Bristol City Council delivered a presentation.

Anne Farmer chairs the FGM safeguarding and delivery group, which oversees the development of knowledge, training and services amongst professionals and communities to raise awareness and tackle the practice of FGM.

The following are some of the key discussion points:

- Anne Farmer took over the group in October 2017 and there were issues of practice that needed reviewing, in order to move the agenda of tackling FGM forward
- A need to change practice and do things differently was identified, including join up datasets. The data sets which record FGM are either the Health based or individual LA data sets. They record different information.
- Many of the families referred to Children's services by schools were done so via 'static risk factors', not necessarily caused by FGM.



- A new assessment tool (risk assessment) has been developed which is more sophisticated than previous tools, including written agreements which are no longer used. The risk assessment tool helps understand additional factors and provides increased confidence for professionals.
- There is now a group of social workers who have become specialised and have expertise regarding FGM, and will be able to offer advice to colleagues.
- Referrals to children's services dropped significantly. This reduction shows more proportionate intervention, although there needs to be more analysis of reasons, so as to ensure girls and young women are properly protected.
- The work in Bristol is nationally recognized by Central Government and has been viewed as a model of good practice.

Layla Ishmael (Refugee Women of Bristol) delivered a presentation from the perspective of the African communities.

The following are some of the key discussion points:

- The overwhelming feedback from women is they felt unsupported.
- Refugee Women of Bristol worked with African communities and Forward.
- 500 women being supported by Refugee women of Bristol. Forward project lost funding but still needed to support them.
- After the criminal case collapsed women reported feeling vulnerable and being attacked on social media.
- Research shows that there are low rates of trust between local communities and professionals.
- FGM community programme to take action to stop FGM and enable community to have a voice and to be listened to. Women are coached and trained for leadership, and provided with 1:1 support, advocacy; direct engaging in schools, and workshops delivered locally.

Cabinet Member welcomed response the Council has made. There are community members who report feeling vilified due to perceptions and policies relating to FGM. The change of approach is among other things a good recognition that FGM is not only an issue for the Somali community. Thanks to officers and wider engagement, more groups have been meeting. FGM policy is funded via Safer Bristol – this needs to be reviewed.

A Member stated that there is an understanding of safeguarding and of institutional racism, although there is less an understanding of how these relate; and so it should be recognised that institutional racism can affect statutory working. The FGM safeguarding and delivery group membership should be wider and more diverse, including gender and race.

Officer response:

- One of the Group's main objectives is to raise awareness of FGM. The challenges are wider than this, including statutory responsibilities (mandatory reporting) and multi-agency working (getting partners on board and sharing information).

The Chair asked what help is available from religious leaders to explain FGM is not a religious practice.

Officer and Layla Ismael response:

- FORWARD (Foundation for Women's Health Research and Development) is working with 500 mosques. People have different understandings which can produce some confusion. This is part of the raising awareness and education process.



A Member commented that schools, within the context of safeguarding duties, need to be supported to include FGM in pupils and teachers learning; and how primary schools can safely and appropriately include FGM.

A Member asked if women are put off accessing services, including GPs, due to concerns about disclosure or being asked questions, or perceptions about FGM.

Officer response:

- There isn't evidence of this occurring. Layla Ismael stated that she has not heard of anyone withholding information from a GP.
- There are challenging conversations in schools.

A Member asked whether the significant reduction in referrals means that there is a risk that some girls and young women are being missed and not protected.

Officer responses:

- One of the reasons for the significant reduction is due to how the data is now recorded. Some of process changes will give us opportunity to have more accurate data going forward. Out of the previously high amount of referrals, most of these did not progress and did not need intervention.

The Chair asked if, due to the focus on Somali community and upset caused, is there a risk that we are missing girls and young women at risk within other communities across Bristol.

Officer response:

- The FGM Delivery group includes representatives from across wider African communities.

The Chair asked why, within the Declaration on the Group's Terms of Reference, the signatories have stated 'Female Genital Mutilation is not a religious requirement. Causing harm and distress is not condoned by our faith', suggesting there is only one faith across communities who have interest in the group. Is this appropriate as FGM is not linked to any faith.

Officer response:

- Somali community is a large community group, and it is the biggest group out of all African groups. There are example of Christian groups who said that they felt ignored. This will be reviewed. The Chair thanked Layla Ismael for attending and for her good work.

ACTION: Officer to circulate link to the information about the work undertaken into tackling violence against women which includes FGM

ACTION: Officer to review the Declaration on the Terms of Reference

8. Better Lives Programme

Cllr Helen Holland thanked all those who took part in the Social Care Task Group, which was helpful for policy development, enabling cross party support.

Terry Dafter (Director of Care and Support – Adults, Bristol City Council) delivered a presentation

The following are some of the key discussion points:

- New system will be more stable and resilient – although it is not a quick solution.



- Social care is a challenge nationally . There is the demand of an aging population and budget pressures.
- Adult Care has very working relationship with housing colleagues. There is a need to work more closely with Children’s services.
- We use a person centred approach, which asks, not ‘what’s the matter with you’, but ‘what matters to you?’ This is a person centred approach.
- Looking to invest in technology, including voice activation, enabling people to have more control in their home.
- The Ethical Care Charter is to be signed in the new year. (A set of commitments that Councils make which fix minimum standards that will protect the dignity and quality of life for those people and the workers who care for them)

A Member asked about joint commissioning with health service.

Officer response:

- Our current progress on joint commissioning with health is limited but we are now looking to do more around mental health and learning disability services.

A Member asked what approaches are available for integrating care and health.

Officer response:

- There are various models for integrating care and health: the two principal ones are either based around and led by an acute hospital, or by collaboration between community providers in an alliance arrangement.
- The preferred arrangement is the community approach.

A Member asked if the Council can use DFG (Disabled Facilities Grants) in a more constructive way.

Officer response:

- We are looking to make sure we maximise our use of DFG.
- There is a significant amount of this grant available and we want to use it in ways that encourage greater use of accommodation in the community, either through purchasing houses or upgrading existing stock.

A Member asked why the cost of new nursing care for age group 65+ has reduced substantially from the beginning of 2018.

Officer response:

- This may reflect a higher demand in the winter months

A Member commented on the work force figures, showing a substantial reduction in turnover and average working days lost, stating that to achieve these figures is excellent and the service should be commended for this. Officer stated all staff are responsible and take credit.

The Council is looking at refurbishment of existing sheltered housing and childrens homes. The dialogue with housing colleagues has just started, including scoping out what is required, and what options and innovation are available including refurbishment, off site manufacture, new build, and assistive technology.

Member asked whether the Council is liaising with GPs.

Officer response:



- GPs are key. Achieving a common approach with GPs is a challenge. Need to try and ensure the message to GPs is this isn't a burden but will make life easier.

A Member asked whether there are robust systems in place to ensure quality does not reduce.

Officer response:

- Sharing good practice with colleagues from Manchester. Bristol is full of voluntary groups – but all are not engaged at the moment, so we need to think about how we engage.

The Chair thanked Officer, stating that the information provides confidence that the service is not silo working; and is proactively looking for solutions.

ACTION: Officer to circulate to Commission Members details of findings around the Better Lives Programme

9. Public Health Grant

Sue Milner (Interim Director of Public Health), Bristol City Council delivered a presentation.

The following are some of the key discussion points:

- Public health grant provided to Bristol City Council has reduced year on year for several years and we expect a further reduction in 19/20
- Cabinet made decisions about diverting some of the public health grant to other areas of spend across the Council.
- Some services will need to be decommissioned and proposals will be put forward for public consultation in the new year.
- There are a number of functions and services that the Council has to provide or commission (Mandatory and discretionary).
- Local authorities have been given back the local leadership role for public health, controlling the key socio-economic determinants of health such as education, housing, employment opportunities, the physical and cultural environment, transport and planning infrastructure.

Appendix: Detailed allocation of the Public Health Grant.

Meeting ended at 5.00 pm

CHAIR _____

